Record of Determinations –
Medical Practitioners Tribunal

PUBLIC RECORD

Dates: 09/10/2019 - 11/10/2019
Medical Practitioner’s name: Dr Adeyemi JAIYEOLA

GMC reference number: 6094970
Primary medical qualification: MB BS 2002 Lagos

Type of case
New - Misconduct

Outcome on impairment
Impaired

Summary of outcome
Suspension, 2 months.

Tribunal:

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<tr>
<td>Legally Qualified Chair</td>
<td>Mr Leighton Hughes</td>
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<td>Lay Tribunal Member:</td>
<td>Mrs Susan Staveley</td>
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<td>Medical Tribunal Member:</td>
<td>Dr Louis Savage</td>
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<td>Tribunal Clerk:</td>
<td>Miss Jan Smith</td>
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Attendance and Representation:

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<td>Medical Practitioner:</td>
<td>Present and represented</td>
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<td>Medical Practitioner’s</td>
<td>Mr Stephen McCaffrey, Kings View Chambers</td>
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<td>Representative:</td>
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<td>GMC Representative:</td>
<td>Mr Robin Kitching, Counsel</td>
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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.

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 Facts and Impairment - 10/10/2019

Background

1. Dr Jaiyeola qualified in in Nigeria in 2002 and registered with the GMC in 2008. He qualified as a GP in 2013 after training on the Chesterfield GP training scheme. In April 2018 Dr Jaiyeola applied for a post as a salaried GP with the Barnsley NHS Healthcare Foundation (the Federation). The post required the applicant to hold a full UK driving licence.

2. The allegation that has led to Dr Jaiyeola’s hearing can be summarised as follows. In May 2018 Dr Jaiyeola was offered and accepted the post for which he had applied. On 8 May 2018 Dr Jaiyeola signed a contract of employment with the Federation, which stated clearly that a full driving licence was a requirement of the post and that a copy of the licence must be supplied. Part of his role involved home visits to patients. At the time of his application for and acceptance of the post, Dr Jaiyeola only had a provisional driving licence which required him to have a qualified driver in the car with him when he drove.

3. In the course of his work for the Federation, Dr Jaiyeola drove with a provisional licence without a qualified driver to accompany him. In July 2018, the Human Resources Department of the Federation (HR) conducted a review of drivers’ licences and realised that Dr Jaiyeola had only provided a provisional licence. HR twice asked him to provide his full licence and Dr Jaiyeola said he would but on neither occasion did he do so. On 15 August 2018, he had a meeting with Dr A, Medical Director of the Federation, who asked Dr Jaiyeola if he had a full driving licence. Dr Jaiyeola said that he did but he had misplaced it. He maintained that position when he met with HR later that same day. On the following day, Dr Jaiyeola sent a text message to Dr A in which he confirmed that he had previously obtained an international driving licence which had expired and he had not renewed it or sought to acquire a full UK driving licence. In his text, Dr Jaiyeola said...
he would take a driving test to obtain his full licence; in the meantime he asked to take unpaid leave.

4. The Federation took disciplinary action and imposed a 12-month final written warning on Dr Jaiyeola. On 29 August 2018, Dr Jaiyeola passed his driving test.

The Admitted Facts

5. The Allegation made against Dr Jaiyeola is as follows:

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

1. On 8 May 2018, you began your employment with Barnsley Healthcare Federation (‘BHF’) on the basis that you had a full UK driving licence, when you did not possess a full UK driving licence. **Admitted and found proved**

2. You knew that a full UK driving licence was required in order to be accepted for the post. **Admitted and found proved**

3. During the course of your work for BHF, you drove with a provisional driving licence without having a qualified driver in the car. **Admitted and found proved**

4. On 15 August 2018, you informed Dr A that you had a full UK driving licence, or words to that effect, which was untrue. **Admitted and found proved**

5. You knew that the information you gave Dr A was untrue. **Admitted and found proved**

6. Your actions as described at paragraphs 1 and 4 were dishonest by reason of paragraphs 2 and 5. **Admitted and found proved**

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

The Admitted Facts

6. At the outset of these proceedings, Mr McCaffrey, on behalf of Dr Jaiyeola, admitted all the paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (‘the Rules’). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs of the Allegation as admitted and found proved.
Witness Evidence

7. The Tribunal received written evidence on behalf of the GMC, in particular a witness statement from the following witness who was not called to give evidence in person:
   - Dr A, GP and Medical Director of the Federation

8. Dr Jaiyeola provided his reflective statements of 1 April 2019 and 11 September 2019. In addition, Dr Jaiyeola gave his oral evidence, under oath.

Documentary Evidence

9. The Tribunal was provided with document evidence from both the GMC and from Mr McCaffrey which included, but was not limited to:
   - A copy of Dr Jaiyeola’s employment contract with the Federation
   - Dr Jaiyeola’s self-referral to the GMC
   - Dr Jaiyeola’s Practical Driving Test Pass Certificate
   - Character references from professional colleagues of Dr Jaiyeola
   - Certificate of attendance at a course on “Maintaining Professional Ethics”
   - Testimonial evidence from Dr A and Ms B, a Senior Practice Nurse

Determination on Impairment

10. The Tribunal now has to decide in accordance with Rule 17(2)(i) of the Rules whether, on the basis of the facts it has found proved, as set out earlier, Dr Jaiyeola’s fitness to practise is impaired by reason of misconduct.

GMC Submissions

11. Mr Kitching submitted that, by virtue of the facts admitted and found proved, Dr Jaiyeola’s fitness to practise is currently impaired. His submission was based on two of the three limbs of the statutory overarching objective. In relation to protection of the public, Mr Kitching submitted that this limb is not engaged in the particular facts of this case; however the remaining two limbs relating to maintaining public confidence in the profession and the promotion and maintenance of proper professional standards and conduct for the members of the profession most certainly were engaged.

12. Mr Kitching reminded the Tribunal of the aspects of dishonesty in this case and referred to paragraph 1 of Good Medical Practice (GMP), 2013 issue, which states:
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“Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.”

He also referred to paragraphs 65 to 71 of *GMP* which deal with honesty and integrity.

13. Mr Kitching submitted that Dr Jaiyeola’s conduct was serious, notwithstanding his expressions of apology and remorse, and sufficiently serious that only a finding of impairment will satisfy the public interest in this case. He reminded the Tribunal that Dr Jaiyeola had been driving with only a provisional licence, knowing that he required a full driving licence, and signed an employment contract with the Federation which included a clause that a full driving licence was a requirement of the post. Subsequently, Dr Jaiyeola was not open with the HR Department after they had carried out a check of their records and found that he only had a provisional licence. Furthermore, on 15 August 2018, Dr Jaiyeola lied to Dr A by telling him that he did have a full licence.

14. Mr Kitching acknowledged that not all acts of dishonesty are equally serious and accepted that Dr Jaiyeola’s conduct was not at the top end of seriousness of misconduct or at the lower end. He reminded the Tribunal that this was not a case of a single act of dishonesty but persistent acts over a sustained period of time. Mr Kitching acknowledged that acts of dishonesty were harder to remedy than clinical misconduct but he accepted that Dr Jaiyeola had shown a significant degree of insight as demonstrated by his admission of the allegation and his reflective statements. Nevertheless, Mr Kitching submitted, the seriousness of Dr Jaiyeola’s misconduct and its impact on the public interest renders his fitness to practise impaired and the Tribunal should reach that finding.

Mr McCaffrey’s Submissions

15. Mr McCaffrey submitted that doctors are human and can make mistakes and, whilst it is important to consider the wrongdoing, it is equally important to consider the doctor’s response to it, what he has done to remedy it, the courses he has undertaken and the statements he has written.

16. Mr McCaffrey acknowledged that Dr Jaiyeola “fell down badly” one year ago over one issue, with no history of any other issues or concerns. He told the Tribunal that Dr Jaiyeola accepts that what he did was “patently wrong” but he did not accept that his misconduct impaired his fitness to practise. Mr McCaffrey submitted that, since August 2018, Dr Jaiyeola has tried to remediate his behaviour and put things right and he reminded the Tribunal of Dr Jaiyeola’s self-referral to the GMC, an acknowledgement of the doctor being ashamed of what he has done. Mr McCaffrey
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also referred to Dr Jaiyeola’s reflective statements and the oral evidence he gave at this hearing.

17. Mr McCaffrey submitted to the Tribunal that the events giving rise to the allegation occurred over a year ago and that since Dr Jaiyeola has had time to reflect and to learn from his previous behaviour. He reminded the Tribunal that Dr Jaiyeola’s employer had not dismissed him but had issued him with a final written warning, demonstrating that they saw value and worth in him.

18. In relation to impairment, Mr McCaffrey submitted that there is no basis to find current impairment. It was his contention that, if the public were informed in August 2018, there would have been a case for impairment. Given the facts and the circumstances one year later, and the absence of any clinical issues, it can be justified that a finding of impairment is not required and would not be fair.

The Relevant Legal Principles

19. The Tribunal and parties accepted the advice of the Legally Qualified Chair. The Tribunal reminded itself that, at this stage of the proceedings, there is no burden or standard of proof and the decision on impairment is a matter for the Tribunal’s judgement alone.

20. In reaching its decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, which must be serious. If so, whether the finding of serious misconduct amounted to current impairment of fitness to practise.

21. The Tribunal reminded itself that it must determine whether Dr Jaiyeola’s fitness to practise is impaired today, taking into account his conduct at the time of the events in question and any relevant factors since, such as whether the matters are remediable, have been remedied and where there is any likelihood of repetition.

22. Throughout its deliberations, the Tribunal has borne in mind the statutory overarching objective, which includes:

- protecting, promoting and maintaining the health, safety and well-being of the public;

- promoting and maintaining public confidence in the medical profession; and

- promoting and maintaining proper professional standards and conduct for members of that profession.
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The Tribunal’s Decision on Impairment

Misconduct

23. The Tribunal has found that Dr Jaiyeola was dishonest on several occasions and he maintained that dishonesty over a sustained period of time. It found that he was dishonest when he signed a contract of employment, knowing that holding a full driving licence was a pre-requisite of his employment and that he only had a provisional licence. Furthermore, he lied to the HR department and Dr A when he claimed he had a full driving licence and had misplaced it, knowing that he did not have a full licence at all. It is clear to the Tribunal that Dr Jaiyeola is in breach of several principles of GMP, in particular paragraphs 1, 65 and 71 which state:

1 “Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.”

65 “You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession.”

71 “You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

   a. You must take reasonable steps to check the information is correct

   b. You must not deliberately leave out relevant information.”

24. Whilst Dr Jaiyeola’s dishonesty was in relation to one discrete issue, it was persistent and repeated from the date of his application for employment with the Federation until August 2018. From mid April 2018 Dr Jaiyeola knew that he would need a full driving licence in order to accept the post. Subsequently, on 8 May 2018, he signed a contract and thereafter continued to work within the contract knowing that he did not have a full UK driving licence.

25. The Tribunal has also taken into account Dr Jaiyeola’s evidence that, prior to his employment with the Federation, he had worked as a locum and drove to and from his places of employment with a provisional driving licence and without a qualified driver in the car. He continued to drive on a provisional licence without being accompanied by a qualified driver, when he accepted that he would not have been covered by a valid insurance policy, from the commencement of his employment with the Federation on 8 May 2018 until he passed his driving test on 29 August 2018.
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26. The Tribunal has noted that there are no clinical issues in this case. However it is of the view that both the public and members of the profession expect doctors to be honest and to act with integrity. This is the cornerstone of GMP. Whilst there may be a sliding scale of dishonesty, it has been accepted by both parties that the dishonesty on the part of Dr Jaiyeola was very serious. The Tribunal is satisfied that Dr Jaiyeola’s dishonest acts, and driving otherwise than in accordance with a driving licence, were matters that individually and cumulatively fell far short of the standards of conduct expected of a registered medical practitioner. If the Tribunal did not categorise such acts as misconduct it would fail to promote and maintain public confidence in the medical profession and fail to promote and maintain proper professional standards and conduct within the profession. Accordingly, the Tribunal has determined that such persistent and repeated dishonest acts are serious and represent misconduct.

Impairment

27. Having found that the facts found proved amounted to misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Jaiyeola’s fitness to practise is currently impaired.

28. The Tribunal has carefully considered all the evidence before it, including the oral evidence of Dr Jaiyeola. It has borne in mind that Dr Jaiyeola knew that he needed a full UK driving licence but did not take a driving test in order to obtain one. He proceeded to drive for some months without a full driving licence, knowing that he needed to pass his test. In his oral evidence, Dr Jaiyeola told the Tribunal that it had been his intention to pass his driving test and obtain a full licence but that he had been too busy to do so and that he had “never fully weighed the consequences of his actions”. Furthermore, the Tribunal has heard that Dr Jaiyeola knew from 2011, after his international licence had expired, that he was required to pass a driving test and obtain a full UK driving licence. He took no steps to do so until he was, in effect, caught out by his employer.

29. The Tribunal has borne in mind the efforts that Dr Jaiyeola has made to remediate his behaviour. It has noted that he made a self-referral to the GMC in a matter of days after his dishonesty came to light, that he has taken a relevant course in Maintaining Professional Ethics from The Clinic for Boundaries Studies and he has passed his driving test. The Tribunal has also borne in mind the reflective pieces which Dr Jaiyeola has written.

30. The Tribunal acknowledges that dishonesty is always difficult to remediate, particularly if found to be attitudinal in nature. In observing Dr Jaiyeola during his oral evidence, the Tribunal was concerned that his demonstration of insight did not address directly the serious allegation in paragraph 3 of the charges against him. Accordingly, in the Tribunal’s view, Dr Jaiyeola has demonstrated significant but incomplete insight into his actions.
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31. However, in the light of all the available evidence, the Tribunal is satisfied that the risk of repetition of such misconduct by Dr Jaiyeola is very low.

32. The Tribunal has had regard to the over-arching objective and has borne in mind the questions posed by Dame Janet Smith in the Fifth Shipman Report and the case of CHRE v NMC and Paula Grant [2011] EWHC 927 (Admin) as follows:

“Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that he/she:

a. 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; and/or

b. Has in the past or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached or is liable to breach in the future one of the fundamental tenets of the medical profession...’

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.’

The Tribunal accepts that there are no clinical issues in this case but has determined that limbs (b), (c) and (d) above are clearly engaged in this case.

33. In view of the seriousness of the misconduct which involved persistent dishonesty and repeatedly driving a vehicle otherwise than in accordance with a licence and when not properly insured, the Tribunal has concluded that a finding of impairment is required to satisfy the public interest. It is of the view that a fully informed member of the public would be shocked, in all the circumstances of this case, if a finding of impairment were not made.

34. Accordingly, the Tribunal has determined that Dr Jaiyeola’s fitness to practise is impaired by reason of misconduct.

Determination on Sanction – 11/10/2019

1. Having determined that Dr Jaiyeola’s fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.
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The Evidence

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

3. The Tribunal was not provided with any further evidence at this stage of the hearing.

GMC Submissions

4. On behalf of the GMC, Mr Kitching submitted that suspension was the appropriate sanction in this case. He reminded the Tribunal that it should take the issue of proportionality into account and consider each sanction, starting with the least restrictive. Throughout his submissions, Mr Kitching referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (SG) (February 2018 edition).

5. Mr Kitching submitted that the aggravating features of this case are the paragraphs of the allegation which have been found proved, ie the repetition of dishonesty, lying to Dr A and driving with a provisional licence without having a fully qualified driver in the car.

6. Mr Kitching reminded the Tribunal of the mitigating factors in Dr Jaiyeola’s case, namely:
   - considerable insight into his deficiencies, although not yet complete
   - his previous adherence to the principles of GMP
   - no previous concerns referred to his professional regulator
   - his attempts to remedy his behaviour by undertaking a course of relevant learning
   - his expressions of regret and apology as set out in his reflective statements

7. Mr Kitching submitted that to take no action would not be appropriate as there are no exceptional circumstances in this case. He submitted that conditions would be neither appropriate nor proportionate because of the seriousness of the misconduct which Dr Jaiyeola has admitted. Mr Kitching referred to paragraph 81 of the SG which details the sort of cases where it would appropriate to impose conditions and submitted that none of those options are applicable and would not address the misconduct found in this case.

8. Mr Kitching referred the Tribunal to paragraphs 91 to 98 of the SG which deal with the sanction of suspension and submitted that the misconduct in this case is so serious that “appropriate action must be taken”. He further submitted that the misconduct found, whilst serious, is not fundamentally incompatible with continued registration as a doctor. Mr Kitching invited the Tribunal to consider the factors
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contained within paragraph 97 of the SG which indicate when a period of suspension would be appropriate. He also invited the Tribunal to consider the relevant paragraphs of the SG which address misconduct due to dishonesty.

Mr McCaffrey’s Submissions

9. Mr McCaffrey told the Tribunal that it is difficult for a registrant to understand, after he has done all he can to remediate his behaviour, how a Tribunal can still find impairment and go on to suspend his registration. He referred to the Tribunal’s view in its determination on impairment that Dr Jaiyeola has demonstrated some, but incomplete, insight into his misconduct and submitted that this is a case where the imposition of conditions would be appropriate.

10. Mr McCaffrey submitted that the effect of a suspension on Dr Jaiyeola’s career would be devastating, bearing in mind his employer’s decision to issue a final written warning for a period of 12 months. He submitted that, at Dr Jaiyeola’s current place of employment, there is a network of people who would support him and that a period of conditional registration would give him a chance to further develop his insight.

11. Mr McCaffrey acknowledged that Dr Jaiyeola did not accept impairment of his fitness to practise but that he has admitted all the paragraphs of the allegation in their entirety. He accepted that there was more than one instance of misconduct but submitted that they were all related to one single issue and he reminded the Tribunal that no other instances of dishonesty have arisen.

12. Mr McCaffrey submitted that, if the Tribunal were not minded to impose conditions, then a very short period of suspension would be sufficient to mark the seriousness of the misconduct and that Dr Jaiyeola’s primary concern is to keep his post with the Federation.

The Tribunal’s Determination on Sanction

13. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgment.

14. In reaching its decision, the Tribunal has referred to the relevant paragraphs of the SG to which it has been referred. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect the public and the wider public interest, although sanctions may have a punitive effect.

15. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Jaiyeola’s interests with the public interest, recognising that the reputation of the profession is more important than that of an individual
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member of the profession. It has also had regard to the statutory overarching objective.

16. The Tribunal has already given a detailed determination on impairment and it has taken those matters into account during its deliberations on sanction. The Tribunal then went on to consider the aggravating and mitigating factors in this case.

Aggravating and Mitigating Factors

17. The Tribunal’s opinion was that the only aggravating feature to this serious misconduct was that, by Dr Jaiyeola’s admission, when he was repeatedly driving otherwise than in accordance with a valid driving licence, he was consequently also driving without a valid policy of insurance.

18. The Tribunal has taken into account the mitigating features in this case, namely:

- admissions at the first opportunity to his employer, the GMC at the investigation stage and at this hearing
- his self-referral to the GMC within a matter of days
- rectifying the situation by passing his driving test within two weeks
- a demonstration of substantial remediation through learning and mature reflection
- the absence of any previous regulatory concerns
- the events in question occurred 12 months ago and there has been no repetition
- genuine remorse and sense of shame.

No action

19. In reaching its decision as to the appropriate sanction to impose, the Tribunal first considered whether to conclude Dr Jaiyeola’s case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify a Tribunal taking no action where a finding of impairment has been made and has concluded that there are no such exceptional circumstances in this particular case.

Conditions

20. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Jaiyeola’s registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

21. The Tribunal has had regard to the relevant paragraphs of the SG which indicate when it would be appropriate to impose conditions. The Tribunal has
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considered Dr Jaiyeola's misconduct and has determined that suitable conditions could not be formulated which would address the dishonesty in this case. Furthermore, it would not be proportionate given the seriousness of Dr Jaiyeola’s misconduct.

22. The Tribunal has determined therefore that conditions are neither an appropriate nor a proportionate response to address the serious misconduct, nor sufficient to uphold professional standards and public confidence in the profession.

Suspension

23. The Tribunal then went on to consider whether a period of suspension would be an appropriate and proportionate sanction to impose on Dr Jaiyeola’s registration. It considered the relevant paragraphs of the SG, in particular paragraphs 91, 92 and 93 which state:

91 “Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.”

92 “Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration”

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”

24. The Tribunal is satisfied that nothing short of a suspension would be a sufficient deterrent or would send out a signal to the public about such unbefitting behaviour on the part of a doctor. It is of the view that a period of suspension is required in order to maintain public confidence in the profession.

25. The Tribunal has taken into account paragraphs 120 to 128 of the SG relating to dishonesty and has concluded that any dishonesty on the part of a doctor is a serious failing.

26. In assessing the appropriate period of suspension, the Tribunal has borne in mind that there is no risk to patient safety or the protection of the public. It
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acknowledges the seriousness of Dr Jaiyeola’s misconduct but accepts that there are significant mitigating factors and this is not a case where the Tribunal needs to offer the doctor any further time to remediate his behaviour.

27. The Tribunal has also borne in mind that it is not in the public interest to deprive patients of the services of a competent doctor and it is desirable to return such a doctor to unrestricted practice as soon as possible in order that he can continue to practise safely.

28. The Tribunal considered that an order suspending Dr Jaiyeola’s registration for two months was the appropriate sanction in this case and the least restrictive necessary to reflect the gravity of his misconduct, to lay down a marker to the profession and to the public, and to satisfy the overarching statutory objective. The Tribunal is satisfied that any greater sanction than suspension would be disproportionate.

29. The Tribunal has determined not to direct a review of Dr Jaiyeola’s case as it is satisfied that Dr Jaiyeola appreciates the seriousness of his misconduct, it is unlikely that the misconduct will be repeated and, also, this is not a clinical case. There is no reason for the Tribunal to be further reassured that Dr Jaiyeola will be fit to return to unrestricted practice after the expiry of the period of suspension.

30. The effect of the foregoing direction is that, unless Dr Jaiyeola exercises his right of appeal, his registration will be suspended 28 days from the date on which written notice of this decision is deemed to have been served upon him. A note explaining his right of appeal will be sent to him.

Determination on Immediate Order - 11/10/2019

1. Having determined to suspend Dr Jaiyeola’s registration, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Kitching submitted that the GMC does not seek an immediate order in this case.

3. On behalf of Dr Jaiyeola, Mr McCaffrey agreed that an immediate order is not necessary in this case.
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The Tribunal’s Determination

4. The Tribunal noted that this case concerns the public interest and not patient safety. It was satisfied that there would be no risk to patients if an immediate order were not made and that Dr Jaiyeola could use his time before the substantive direction becomes effective to ensure there will be continuity of care for his patients during the period of his suspension.

5. Accordingly, the Tribunal has determined that it is not necessary to impose an immediate order in this case.

6. This means that Dr Jaiyeola’s registration will be suspended from the Medical Register 28 days from when notice of this decision is deemed to have been served upon him, unless he lodges an appeal. If Dr Jaiyeola does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

7. There is no interim order to revoke.

8. That concludes the case.

Confirmed
Date 11 October 2019  Mr Leighton Hughes, Chair