



31st January 2023

Charlie Massey
Chief Executive
General Medical Council

Dear Mr Massey,

Re Dr Azubuike Valentine Udoe, GMC 6094869

We need to bring your attention to the case of Dr Udoe who has a further misconduct hearing scheduled for 27th February 2023. This will be the 4th hearing since mid-2019 and Dr Udoe's ordeal started with a GMC referral in March 2018.

We have significant concerns about this case and must highlight to you the devastating impact the whole process has had on Dr Udoe. This cannot be overestimated. We all know of the dreadful and distressing data about doctors subject to tribunals and the levels of significant harm seen including suicide. The recent independent learning review into the Arora case made some recommendations: *The GMC should consider whether the level of support they offer to doctors in a fitness to practice process is sufficient. They should also encourage medical defence organisations to improve the support they provide to doctors going through a fitness to practice process and extending to a period beyond the tribunal hearing; and responsible officers to ensure local pastoral support.*

What support has been offered to Dr Udoe in light of the long-drawn-out timeline of this matter and his recent ill health?

Dr Udoe was subjected to another Medical Practitioner Tribunal (MPT) - partly heard from 29th September 2022 – 17th October 2022. This has been adjourned until 27th February 2023. The hearing was stopped due to Dr Udoe being rushed to hospital with chest pain. Dr Udoe was admitted to hospital and was treated in a cardiac unit, found to have hypertrophic cardiomyopathy and is ongoing further investigation and treatment. The ordeal of the last almost 5 years has had a devastating impact on Dr Udoe's physical and mental health and caused irreparable damage to his career and personal relationships. His ordeal continues and we find ourselves (once more) asking many questions of the GMC and its process in this case. Charlie Massey said in regard to the Arora review: *"It is absolutely right that the GMC's decisions about a doctor's ability to practise in the UK are open to scrutiny. I believe that the GMC can be a positive force for improvement, and we will only be able to fulfil that role if we are open to learning from every case that we investigate."*

We believe Dr Udoye's case must also be scrutinised and reviewed again as we have grave concerns about the process by which he has been judged.

Our questions are these:

- 1) Why did NHSE refer this case to the GMC when Dr Udoye made it very clear he needed to be guided and was placed on this complex scheme in the first place by Health Education England (HEE)?
- 2) When referred to the GMC, how did the GMC satisfy itself that this matter could not have been resolved by the referring organisation? Especially as HEE was the organisation responsible for accepting and placing Dr Udoye on the I&R scheme. They referred Dr Udoye to NHSE in February 2018 – right at the end of his placement that they had approved in September 2017 – also recall that the process started with the submission of the form in May 2016 and the assessments passed in April and July 2017. Dr Udoye was given the green light to progress to the next stage of the I&R scheme at each point.
- 3) What made this case meet the threshold for referral to the MPT? As per the independent learning review into the Arora case: *We recommend that the GMC embeds a culture where referrers are encouraged to seek and feel responsible for a local first solution, where appropriate and where patient safety is not at risk.* At no point was Dr Udoye working independently as a GP, he had glowing reports from the doctor supervising him and others he worked with. At no point was patient safety in question.
- 4) How does the GMC decide on which cases to appeal? How did this case meet the threshold for appeal especially as no misconduct was found – so this case did not progress past stage 1?

We asked Medical Practitioners Tribunal Service (MPTS) to review the cases appealed under stage 1 and obtained this answer:

I write further to previous correspondence with a response under the Freedom of Information Act 2000. I apologise for the delay in responding. In response to the specific question of how many cases has the GMC appealed when the case has not progressed past stage 1 (facts) at MPT, the answer is none. The GMC has, however, appealed in a total of 17 cases where the MPT did not proceed past stage 2 (impairment).

We need to clarify if Dr Udoye's case ended at stage 1 – if so, why did the GMC appeal this case – possibly the only one appealed at this stage? The main allegation of dishonesty was found not proven by the initial MPT and thus no misconduct found. Why did the GMC exercise its right to appeal this case when it ended at this stage?

- 5) Why did the GMC pursue Dr Udoye to meet its appeal costs of £26,500 which he has now been saddled with? How is subjecting an individual doctor to this amount of debt in line with the aims and principles of the GMC which is funded by doctors?
- 6) The Arora independent learning review discussed a misplaced legal test around dishonesty and recommended that: *There must not be a culture of attempting to formulate the most severe charges to enhance likely sanction.*

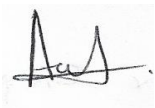
And we believe there is a need for the GMC to reconsider what constitutes 'low-level dishonesty', including whether tribunals should be able to find that something was misleading but not done with a dishonest mind.

Can it be considered that there has been a misplacement of the use of dishonesty here?

We are deeply concerned about the welfare of Dr Udoye and want the GMC to answer to why it seems set on the vindictive pursuit of doctors (especially international medical graduates), who just want to serve in our NHS. The tribunal made the statement that Dr Udoye had practiced in the UK from 2005-2016 with no blemish or complaint and no issues raised about his character. This is a doctor who is much needed in our workforce and has been totally devastated by this whole terrible ordeal.

We look forward to hearing back from you on these grave concerns.

Yours sincerely,



Dr Chris Agbo

President - Medical Association of Nigerians Across Great Britain(MANSAG)



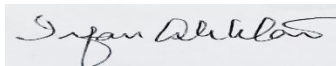
Dr Ramesh Mehta

President - British Association of Physicians of Indian Origin(BAPIO)



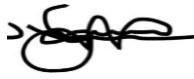
Dr Matt Kneale

Co-chair – Doctor`s Association UK (DAUK)



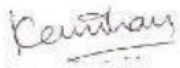
Dr Irfan Akhtar

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