General Medical Council

Victor Olukayode WILLIAMS Doctor

GMC reference number: 7581690

Registered with a licence to practise

GP This doctor is not on the GP Register

SR This doctor is not on the Specialist Register

This doctor is subject to revalidation;

Designated body	Surrey and Sussex Healthcare NHS Trust
Responsible officer	Edward Cetti

Profession	Doctor
Registered qualification	MB ChB 2005 Olabisi Onabanjo University
Full registration date	19 Sep 2019
Gender	Male

General information

Substantive, honorary and fixed term consultants working in the NHS are required to be on the Specialist Register, however there are exemptions. Please refer to the National Health Service (Appointment of Consultants) Regulations 1996, as amended.

Doctors working in general practice in the UK health service are required to be on the General Practitioner Register. Please refer to the relevant NHS performers lists regulations.

More information about employment check requirements

Annual retention fee due date: 19 Sep 2027

Registrant history

Fitness to practise history (Since 20 October 2005)

From	To	Status	Details
09 Jan 2025	09 Jan 2026	This registrant was given a warning - view	

Warnings on the registrant's registration

Warnings are issued to indicate when a registrant's behaviour or performance is significantly below the standards expected, but when restricting a registrant's practice is not necessary. See more on warnings.

From 09 Jan 2025 to 09 Jan 2026

The following warning should now be issued to Dr Williams: Between February and April 2020, whilst working for an online prescribing company Dr Williams issued in excess of 300 prescriptions, and on one or more occasions, failed to obtain an adequate clinical history of the patient prior to prescribing the medication by either: physically examining the patient himself; discussing the patient's case with their GP; accessing the patient's medical records; reviewing the patient's medical records to ascertain whether the patient required a physical examination. Furthermore, on more than one occasion Dr Williams acted outside of his competence. Dr Williams actions presented a risk to patient safety by reason of the failings listed above and by the nature of the prescriptions he issued, many of which were for opioid drugs. This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good medical practice and the associated guidance Good practice in prescribing and managing medicines and devices. In this case, paragraphs 3, 4, 6, 7, 9, 39, and 40 of Good medical practice and paragraphs 20, 22, 24, 27 – 32, 34 – 38, 56, 57, and 59 – 62 of Good practice in prescribing and managing medicines and devices are particularly relevant: Good medical practice 3. You must keep up to date with guidelines and developments that affect your work. 4.You must follow the law, our guidance on professional standards, and other regulations relevant to your work. 6. You must provide a good standard of practice and care. If you assess, diagnose, or treat patients, you must work in partnership with them to assess their needs and priorities. The investigation or treatment you propose, provide or arrange must be based on this assessment, and on your clinical judgement about the likely effectiveness of the treatment options.

7. In providing clinical care you must: a adequately assess a patient's condition(s), taking account of their history, including i. symptoms ii. relevant psychological, spiritual, social, economic, and cultural factors iii. the patient's views, needs, and values b carry out a physical examination where necessary c promptly provide (or arrange) suitable advice, investigation or treatment where necessary d propose, provide or prescribe drugs or treatment (including repeat prescriptions) only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment will meet their needs e propose, provide or prescribe effective treatment based on the best available evidence f follow our more detailed guidance on professional standards, Good practice in prescribing and managing medicines and devices, if you prescribe g consult colleagues or seek advice from your supervising clinician, where appropriate h refer a patient to another suitably qualified practitioner when this serves their needs 9. You must provide safe and effective clinical care whether face to face, or through remote consultations via telephone, video link, or other online services. If you can't provide safe care through the mode of consultation you're using, you should offer an alternative if available, or signpost to other services. 39. You should ask patients about any other care or treatment they are receiving – including over-the-counter medications – and check that any care or treatment you propose, provide or prescribe is compatible. 40. If a patient is taking multiple medications, you should discuss the importance of regular reviews to check that the medications continue to meet the patient's needs and are optimised for them. You should consider the overall impact of the patient's treatments, and whether the benefits outweigh any risk of harm. Good practice in prescribing and managing medicines and devices

20. You should only prescribe medicines if you have adequate knowledge of the patient's health and you are satisfied that the medicines serve the patient's needs. You must consider: a. the suitability of the mode of consultation you are using, for example face to face or remote, taking account of any need for physical examination or other assessments b. whether you have sufficient information to prescribe safely, for example if you have access to the patient's medical records and can verify relevant information c. whether you can establish two-way dialogue, make an adequate assessment of the patient's needs and obtain consent d. whether you can share information appropriately after an episode of care. 22. Circumstances in which a face-to-face consultation may be more appropriate than a remote consultation include when: a. you are unsure of a patient's capacity to decide about treatment b. you need to physically examine the patient c. you are not the patient's usual doctor or GP and they have not given you consent to share their information with their regular prescriber; this is particularly important if the treatment needs following up or monitoring, or if you are prescribing medicines where additional safeguards are needed d. you are concerned that a patient does not have a safe and confidential place to access healthcare remotely, for example due to domestic abuse e. you are concerned that a patient may be unable to make a decision freely because they are under pressure from others. 24. Before you prescribe, you must be satisfied that you can make an adequate assessment, establish a dialogue and obtain the patient's consent through the mode of consultation you are using

27. You must only prescribe if it is safe to do so. a. It's not safe to prescribe if you don't have sufficient information about the patient's health or if the mode of consultation is unsuitable to meet their needs. b. It may be unsafe if relevant information is not shared with other healthcare providers involved in the patient's care – for example because the patient refuses consent. 28. Before prescribing, you must consider whether the information you have is sufficient and reliable enough to enable you to prescribe safely. For example, whether: a. you have access to the patient's medical records or other reliable information about their health and other treatments they are receiving b. you can verify other important information by examination or testing c. the patient would be at risk of death or serious harm if they are also obtaining medication from other sources. 29. If you are not the patient's regular prescriber, you should ask for the patient's consent to: a. contact their GP or other treating doctors if you need more information or confirmation of the information you have before prescribing b. share information with their GP when the episode of care is completed. 30. If the patient objects to information being shared with you, or does not have a regular prescriber, you must be able to justify a decision to prescribe without that information. 31. If the patient refuses to consent to you sharing information with their GP, or does not have a GP, you should explain to the patient the risks of not sharing this information. This should be documented in their medical records.

32. If failing to share information could pose a risk to patient safety, you should explain to the patient that you cannot prescribe. You should outline their options and signpost them to appropriate alternative services. You should clearly document your reasons for any decisions made. 34. You must establish a dialogue with your patient to help them consider information about their options and so they can decide whether or not to have care or treatment. Good dialogue should give both you and your patient the opportunity to ask questions to get the information you both need. 35. Together with the patient, you should assess their condition before deciding to prescribe a medicine. You must have or take an adequate history, which includes: a. any previous adverse reactions to medicines b. current and recent use of other medicines, including non-prescription and herbal medicines, illegal drugs and medicines purchased online or face to face c. other medical conditions. 36. You should encourage your patient to be open about their use of alternative remedies, illegal substances and medicines obtained online or face to face, as well as whether or not they have taken prescribed medicines as directed in the past. 37. If you need more information to help you decide which options would serve the patient's needs, you must ask for it before recommending an option or proceeding with treatment. 38. If it's not possible to clarify or ask for more information from the patient in the environment you are working, you should consider whether it is safe to prescribe, and raise concerns as appropriate. For example, it may be appropriate to raise concerns if the system in which you're working involves prescribing remotely on the basis of a questionnaire and there is no mechanism for two-way dialogue or communication with patients.

56. If you are not the patient's GP, when an episode of care is completed, you must tell the patient's GP about: a. changes to the patient's medicines along with reasons, including if existing medicines are changed or stopped, and new medicines are started b. length of intended treatment c. monitoring requirements, including who will carry this out d. any new allergies or adverse reactions identified. 57. If a patient refuses to give consent for their information to be shared, or if the patient does not have a GP, you should follow the guidance at paragraph 31. 59. Some categories of medicine may pose particular risks of serious harm or may be associated with overuse, misuse or addiction. When prescribing, you should follow relevant clinical guidance, such as drug safety updates on the risk of dependence and addiction associated with opioids. 60. If you don't have access to relevant information from the patient's medical records you must not prescribe controlled drugs or medicines that are liable to abuse, overuse or misuse or when there is a risk of addiction and monitoring is important. Exceptions to this are when no other person with access to that information is available to prescribe without unsafe delay and it is necessary to:

a. avoid serious deterioration in health or avoid serious harm b. ensure continuity of treatment where a patient is unexpectedly without access to medication for a limited period. 61. In these circumstances, you should provide a limited quantity and dose – one that is sufficient to make sure the patient receives suitable care until a) they are able to see an appropriate health professional who has access to the relevant information from their medical records or b) you are able to verify that information yourself. In making this decision you should consider the possibility that the patient may be obtaining medicines from other sources. You should also follow the guidance at paragraphs 56-58. 62. If you are prescribing remotely, you must also be satisfied that appropriate safeguards are in place to support safe prescribing. Relevant safeguards include: a. robust identity checks to make sure medicines are prescribed to the right person b. if you are not the regular prescriber, check to make sure the patient has given consent for their regular prescriber to be contacted about their prescription c. making sure all relevant information about the prescription is shared with the patient's GP or added to the primary care record. Whilst this failing in itself is not so serious as to require any restriction on your registration, it is necessary in response to issue this formal warning. This warning will be published on the List of Registered Medical Practitioners (LRMP) in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

Registration and licensing history (Since 20 October 2005)

From	To	Status
19 Sep 2019	Present	Registered with a licence to practise

Please note:

All doctors who were registered before 20 October 2005 have their registration 'From' date set to 20 October 2005.

This is the date when the register went online.

If you need to know whether the doctor was registered before 20 October 2005 please contact us.

Results of search on: 22 Sep 2026 at 16:26 BST

The details shown are valid at the date and time of the search only.