

PUBLIC RECORD**Dates:** 26/09/2025**Doctor:** Dr Alexandra KENNARD**GMC reference number:** 7051197**Primary medical qualification:** Vrach 1998 Ivano-Frankovsk State Medical Academy

Type of case	Outcome on impairment
Review - Conviction	Not Impaired
Review - Misconduct	Not Impaired
XXX	XXX

Summary of outcome

Conditions, 9 months.
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Nathan Moxon
Registrant Tribunal Member:	Dr Nigel Langford
Registrant Tribunal Member:	Dr Fatima Ali,

Tribunal Clerk:	Ms Ciara Fogarty
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Vivienne Tanchel, Counsel, instructed by MDDUS
GMC Representative:	Mr Jonathan Lally, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held 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 - 26/09/2025

1. This determination will be handed down in private. However, as this case concerns Dr Kennard's misconduct and conviction/caution a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal now 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 Kennard's fitness to practise is impaired by reason of misconduct, XXX and a conviction or caution for a criminal offence.

The Outcome of Applications Made during the Impairment Stage

3. Ms Tanchel, counsel on behalf of Dr Kennard, made an application for the entirety of this hearing to be heard in private session under Rule 41XXX. Mr Lally did not oppose the application. In reaching this decision, the Tribunal accepted that Dr Kennard's conviction and misconduct were XXX, and therefore considered it appropriate for the hearing to be heard in private.

Background

4. Dr Kennard qualified in 1998 from Ivano-Frankovsk State Medical Academy, Ukraine. She practised as a Senior House Officer ('SHO') in Child and Adolescent Psychiatry at Ivano-

Frankivsk Regional Psychiatric Hospital from 1999 to 2003. She transitioned to Adult Psychiatry in April 2003, working as a middle grade doctor until her move to the UK in 2005.

5. Dr Kennard joined a Specialty Training Programme in Forensic Psychiatry with Health Education England - Wessex ('HEEW') in February 2019 and she undertook her clinical training in forensic psychiatry with Southern Health NHSFT ('Southern Health'). Following the completion of both Dr Kennard's educational and clinical training on 1 June 2022, and after a short break, Dr Kennard worked in locum posts as a Consultant Psychiatrist in the South of England until 31 March 2023.

The 2024 Tribunal

6. At the outset of Dr Kennard's hearing, which took place from November 2024 to March 2025 (the 2024 Tribunal), she admitted various paragraphs and subparagraphs of the Allegation.

7. Dr Kennard self-referred to the GMC on 11 November 2022. XXX

8. The facts found proved at Dr Kennard's hearing, which took place in March 2025, can be summarised as follows. On 20 May 2022, in a non-professional setting, Dr Kennard was involved in a road traffic incident. Police discovered CS spray in her car, for which she accepted a conditional caution at Southampton Central Police Station. She provided a breath test reading of 100 microgrammes of alcohol in 100 millilitres of breath, nearly three times the legal limit, and was charged with driving with excess alcohol. At Southampton Magistrates' Court in July 2022, she initially pleaded not guilty, but on 21 October 2022 she changed her plea to guilty and was convicted, fined £2,500, and disqualified from driving for 24 months.

9. In registering with HCL Doctors on or around 7 July 2022, Dr Kennard failed to declare the drink-driving charge, knew she should have done so, and her omission was dishonest. After registering, she failed to inform HCL of her conviction and later GMC investigation. On 30 December 2022 Dr Kennard gave an untrue explanation to a Southern Health consultant (Dr B) about not driving, which she knew to be untrue and which the Tribunal found dishonest.

10. The Tribunal found that Dr Kennard failed to notify the GMC without delay of the caution and charge, and that whilst undertaking her clinical training at Southern Health, she failed to inform her employer of these matters. It was also found proved that, when

registering with HCL Doctors in July 2022, she failed to disclose the drink-driving charge, that she knew she should have done so, and that her omission was dishonest. Further, she failed to inform HCL of her conviction and the subsequent GMC investigation. In December 2022, Dr Kennard knowingly gave a false account to a colleague at Southern Health to conceal her disqualification from driving, which the Tribunal also determined was dishonest. The GMC became involved after Dr Kennard self-referred on 11 November 2022. XXX

11. The Tribunal concluded that Dr Kennard's fitness to practise was impaired by reason of her conviction, her misconduct XXX. In considering sanction, the Tribunal determined that taking no action would not sufficiently protect the public or uphold confidence in the profession, and that conditions of practice would not adequately reflect the seriousness of the conviction and repeated dishonesty. Erasure was considered disproportionate given her remediation, XXX, and positive evidence of clinical competence. The Tribunal therefore determined that a period of suspension was the appropriate and proportionate sanction. It directed that Dr Kennard's registration be suspended for six months, noting this would protect the public, uphold proper professional standards, and mark the seriousness of her conduct, whilst allowing her the opportunity to demonstrate full remediation at a review hearing before the order expires.

12. The Tribunal stated that any future reviewing Tribunal would be assisted by a further reflective statement, evidence of developing insight, XXX, evidence of continuing professional development, and any other information Dr Kennard considers will assist in demonstrating her readiness to return to safe and unrestricted practice.

The Evidence

13. The Tribunal has taken into account all the evidence received, both oral and documentary.

14. XXX

15. XXX

16. XXX

17. XXX

18. XXX

19. XXX

20. Dr Kennard provided various written reflective statements, including a document, dated 26 September 2025. In her reflective statements, Dr Kennard acknowledged the findings of the previous Tribunal and accepted full responsibility for her misconduct and conviction. She explained that her failure to be open and honest was a serious lapse which undermined public trust in the profession. She expressed remorse for her actions and described the personal and professional consequences that had followed, including damage to her reputation, career, and wellbeing.

21. In her reflective statement, Dr Kennard reflected on the importance of honesty, probity, and professional boundaries, and considered how stress, XXX, and personal vulnerabilities had contributed to her past failings. She explained that she now recognises the need to seek support at an early stage and to practise with openness and transparency at all times.

22. Dr Kennard described the steps she has taken towards remediation, including the completion of CPD modules on medical ethics, probity, stress management, resilience, and professional boundaries. She also referred to her engagement with peer groups and the preparation of personal development plans, including during her period of suspension.

23. Dr Kennard stated that she is committed to applying the lessons learned from these experiences in her future practice, maintaining strategies to XXX, and upholding the standards of professionalism expected of a doctor.

24. The Tribunal has taken into account all the documentary evidence received, which included but was not limited to:

- Record of Determinations, 20 November 2024 – 18 March 2025;
- XXX;
- Medical Ethics Online, 4 September 2025;
- Professional Boundaries, July 2025;
- Probity in professional practice: Part 1 – 21 February 2025;
- Probity in professional practice: Part 2 – 27 May 2025;
- CPD activity log June 2024- May 2025;
- CPD activity log June 2025 – 31 May 2026 (ongoing);
- Various written reflections;
- Reference from Dr E;
- Reference from Dr F – XXX; and
- Royal College of Psychiatrists CPD Activity, Dr A Kennard, 01-June-2024 to 31-May-2025;

Submissions

On behalf of the GMC

25. Mr Lally submitted that the issue of current impairment was, in respect of conviction and misconduct, a matter for the Tribunal. He stated that the GMC remained neutral on that question. He noted that Dr Kennard had provided comprehensive reflections which demonstrated some insight into her actions, but it was ultimately for the Tribunal to determine the weight to be attached to that evidence before deciding whether Dr Kennard remained impaired by virtue of the misconduct found at the previous hearing and the conviction itself.

26. XXX

27. XXX

28. XXX

29. XXX

30. XXX

On behalf of Dr Kennard

31. Ms Tanchel submitted that the question for the Tribunal was whether Dr Kennard was currently impaired, as of today's date, rather than on a speculative basis as to what might occur at some point in the future if and when she were to obtain employment. XXX

32. XXX

33. XXX

34. XXX

35. Ms Tanchel placed reliance on the extensive reflective evidence provided by Dr Kennard. She submitted that the depth of those reflections, together with the evidence of XXX, CPD, and positive testimonials, demonstrated that Dr Kennard now has the skills and insight to manage any future difficulties without the need for intervention by the Tribunal.

36. In conclusion, Ms Tanchel invited the Tribunal to find that Dr Kennard's fitness to practise is not currently impaired.

The Relevant Legal Principles

37. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for Dr Kennard to satisfy it that she would be safe to return to unrestricted practice.

38. This Tribunal must determine whether Dr Kennard's fitness to practise is impaired today, taking into account Dr Kennard's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition.

39. The Tribunal was advised to have regard to the findings of fact and reasons of the previous Tribunal, and to consider what Dr Kennard has done during the intervening period to demonstrate that her fitness to practise is no longer impaired. In particular, the Tribunal should consider the extent to which she has demonstrated insight and remediation.

40. The Tribunal was reminded that that the issue for the Tribunal was whether Dr Kennard's fitness to practise is impaired as of today's date. The doctor bears the persuasive burden of demonstrating that she is fit to return to unrestricted practice. The Tribunal was reminded that it had received written reports and oral evidence XXX.

41. The Tribunal was further advised that the Tribunal is the ultimate arbiter of all the evidence before it, XXX. The Tribunal's decision on impairment must be based on the evidence as a whole, XXX.

42. Finally, the Tribunal were reminded that the decision on impairment is a matter for its own judgment, and that written reasons must be provided explaining its determination.

The Tribunal's Determination on Impairment

Conviction

43. The Tribunal first considered whether Dr Kennard's fitness to practise remains impaired by reason of her conviction. It noted that the 2024 Tribunal determined that her conviction engaged the overarching objective and impaired public confidence in the profession. The Tribunal noted that Dr Kennard has complied fully with the requirements imposed by the 2024 Tribunal.

44. The Tribunal accepted that her conviction was XXX at the time, and that since then she has taken substantial steps to address those underlying issues. The Tribunal was satisfied

that she has developed genuine insight into the circumstances of her conviction and the impact of her actions on public confidence in the profession. It further noted that there has been no repetition of such behaviour.

45. The Tribunal reminded itself that a review hearing is not a forum for punishment. Taking account of the insight shown, the remediation undertaken, and the absence of any repetition, the Tribunal concluded that Dr Kennard's fitness to practise is no longer impaired by reason of her conviction.

Misconduct

46. The Tribunal next considered whether Dr Kennard's fitness to practise remains impaired by reason of her misconduct. The Tribunal noted that she has complied with the requirements set by the 2024 Tribunal, providing a significant body of documents evidencing her efforts. These include two testimonials attesting to her progress and character, as well as evidence of the completion of courses in medical ethics and probity.

47. The Tribunal was satisfied that these steps demonstrate that Dr Kennard has engaged in sustained reflection and that she now has significant insight into the seriousness of her previous misconduct. It considered that the risk of repetition has been materially reduced, and that professional standards have been maintained during the period of suspension.

48. In the circumstances, the Tribunal concluded that Dr Kennard's fitness to practise is no longer impaired by reason of her misconduct.

XXX