

PUBLIC RECORD**Dates:** 14/07/2025 - 17/07/2025

Doctor: Dr Olga KASTRITSI

GMC reference number: 7880121

Primary medical qualification: Ptychio Iatrikes 2020 University of Crete

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts relevant to impairment found proved	Impaired

Summary of outcome
Suspension, 2 months.

Tribunal:

Legally Qualified Chair	Mr Steve Chappell
Lay Tribunal Member:	Mr Andrew Waite
Registrant Tribunal Member:	Dr Mark Wilshire

Tribunal Clerk:	Mr Sewa Singh
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Patrick Cassidy, Counsel, instructed by BMA Law
GMC Representative:	Ms Louise Cowen, 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 Facts and Impairment - 16/07/2025

Background

1. Dr Kastritsi qualified from the University of Crete in 2020.
2. The allegation that has led to Dr Kastritsi's hearing can be summarised as follows: It is alleged that on 22 November 2023, Dr Kastritsi logged in to Ms A's (a close relative) university website in order to access questions published online that were part of an examination Ms A was due to take that day; and provided Ms A with the answers to three questions during a medical exam. It is alleged that Dr Kastritsi knew or ought to have known that she was not permitted to assist Ms A with her exam. It is further alleged that Dr Kastritsi's actions were dishonest.
3. At the time of the events, Dr Kastritsi was working as a junior doctor in plastic surgery at the University Hospital of Coventry and Warwickshire NHS Trust ('the Trust'). The matters came to the attention of the GMC when Dr Kastritsi self-referred in an email to the GMC, dated 6 December 2023.

The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted an unopposed application made by Ms Louise Cowen, counsel for the GMC, pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to amend paragraph 1a of the Allegation. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

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

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

1. On 22 November 2023 you:

a. logged in to Ms A's online medical school examination logged in to Ms A's university website in order to access questions published online that were part of an examination Ms A was due to take that day;
(Amended under Rule 17(6))

Admitted and found proved

b. provided Ms A with the answers to three questions.

Admitted and found proved

2. You knew or ought to have known that you were not permitted to assist Ms A with her examination.

Admitted and found proved

3. Your actions at paragraph 1 were dishonest by reason of paragraph 2.

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, through her Counsel, Mr Patrick Cassidy, Dr Kastritsi made full admissions to paragraphs 1(a) and (b), 2 and 3 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.

The Facts to be Determined

7. In light of the above, the Tribunal did not have to consider and make a determination in relation to any of the alleged facts.

Evidence

8. The Tribunal received witness statements from the following witnesses on behalf of the GMC who were not called to give evidence:

- Dr B, Plastic Surgery Registrar at the Trust, dated 7 August 2024, together with associated exhibits;
- Dr D, Locum Doctor at the Trust, dated 7 March 2025, together with associated exhibits;
- Mr E, Associate group Manager at the Trust, dated 7 April 2024;
- Mr F, Chief Medical Officer and Dr Kastritsi's Responsible Officer (RO) at the Trust, dated 4 June 2025.

9. Dr Kastritsi gave oral evidence. The Tribunal also received her witness statement dated 25 June 2025.

Documentary and Other Evidence

10. The Tribunal had regard to the documentary and other evidence provided by the parties. This evidence included but was not limited to:

- An email from Dr B to a colleague, Mr C dated 24 November 2023;
- A screenshot of a WhatsApp message from Dr Kastritsi to Dr D, dated 22 November 2023, and two further screenshots of WhatsApp messages from Dr Kastritsi to Dr D;
- Dr Kastritsi's email to the GMC, dated 6 December 2023 in which she self-reported her conduct;
- An undated statement from Dr Kastritsi in which she provided an explanation as to what had occurred, why and how;
- Exhibits associated with Dr Kastritsi's statement which included her power point presentation delivered to colleagues in the form of a presentation regarding, Good Medical Practice (GMP) Probity and Ethics.
- Certificates of attendance on 18 online courses, including a Doctors with Probity: Healthcare Ethics and Standards Part 2 course attended in March 2025, Probity and Ethics course attended on 5 April 2025, and Coping with Stress, Level 1 course attended on 26 April 2025;
- A bundle which contained 15 testimonials on behalf of Dr Kastritsi from her clinical colleagues and her chaplain;
- Extracts from journals authored by Dr Kastritsi in relation to the courses she had attended and her learning and reflections from those courses.

IMPAIRMENT

11. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of facts admitted and found proved, as set out above, Dr Kastritsi's fitness to practise is impaired by reason of misconduct.

The Evidence

12. The Tribunal considered all the documentary evidence received.

Summary of Dr Kastritsi's Evidence

13. Dr Kastritsi gave oral evidence at the hearing. She provided a brief background to her career history since qualifying as a doctor. She said that her family lived in Greece. She also described the personal circumstances of close family members, XXX.

14. Dr Kastritsi explained that at the material time Ms A was in her XXX year of medical school. She said that usually it takes six years to complete a medical degree in XXX but as Ms A had failed one of the subjects (XXX) previously, she was due to sit an exam for that subject on 22 November 2023. She told the Tribunal that two to three days before 22 November 2023, Ms A contacted her via Facebook Messenger to say that she was due to take her XXX exam shortly and asked Dr Kastritsi for help as she did not want to fail the exam again. Ms A told Dr Kastritsi that it was “now or never” for her to seek to pass the exam as under the XXX system time would soon run out for her to qualify. Dr Kastritsi told the Tribunal that at that time she contemplated whether or not to assist Ms A but decided against it. She added that she did take the step of asking a colleague whether she would hold the on call “bleep” for her for an hour or so on the day of the exam as a back-up or precautionary measure whilst still mulling over her decision as to whether to help. However, she did not go further and seek a rota change.

15. Dr Kastritsi said that prior to being asked by Ms A to help her, she had been going through a difficult time, XXX and personal relationship issues (she was living alone in Coventry at the time, did not have a support network and XXX).

16. Dr Kastritsi said that on the morning of 22 November 2023, Ms A contacted her again and put pressure on her to assist her. Dr Kastritsi said that Ms A was becoming increasingly desperate and stressed XXX. In the process of thinking about whether to go ahead and help Ms A, Dr Kastritsi said she executed the back-up plan with one of her colleagues to take her bleep cover for her shift for an hour during lunchtime, which was when the exam would be taking place in XXX.

17. Dr Kastritsi explained that the questions were accessible to anyone who had a log-in generally, not just those taking the exam. As she herself was a former student of the University where the exam was going to be sat and she could log into the system using her own details. She said that Ms A also logged in to the online portal so she could see the exam questions which in this instance consisted of thirty multiple choice questions. Ms A took photographs on her phone of three questions she wanted help with from the location she was in (a hall at the University) and sent them to Dr Kastritsi. Dr Kastritsi provided Ms A with the answers to those questions via Facebook Messenger and Ms A then selected the matching multiple-choice answer and inputted it. Dr Kastritsi said that there was a time lag on her providing her answers and therefore she thought that Ms A had only been able to use 2 of the answers provided.

18. Dr B was the on-call registrar and Dr Kastritsi told her of her need to be away from her workstation for an hour or so and what she was doing and why. Dr Kastritsi told the Tribunal that throughout the morning she was on “auto pilot” and was not thinking coherently as she was like a “robot”. She was not paying much attention to what anyone was saying to her or advising her. This she said was an explanation of why she did not heed the advice of Dr B who she told of her plan to assist in the exam before she did so. Dr B told Dr Kastritsi that her plan was a “really bad” idea and would have “massive implications” for her and Ms A.

19. Dr Kastritsi said that after she had finished helping Ms A that she went back to work but felt guilty about what she had done and was disappointed with herself. She said that she then went to the office where other colleagues were and broke-down crying. Dr Kastritsi told her colleagues including Dr B that she had helped Ms A in the exam.

20. Dr Kastritsi told the Tribunal that the University authorities in XXX had not at the time discovered that there had been cheating in the examination but that a few hours later she and Ms A independently owned up to what had been done. Dr Kastritsi said she confessed to what she had done to her clinical supervisor and expressed remorse for her actions. Dr Kastritsi said that she was later informed that the Trust would undertake an internal investigation into the matters.

21. Dr Kastritsi explained, when asked why she referred herself to the GMC, that it was because she knew what she had done was completely wrong and against Good Medical Practice (GMP). Dr Kastritsi said that she fully understood the implications of what she had done and for this reason, sought help from XXX, with whom she has since had weekly sessions for the past eighteen months, and also decided to undertake some courses to address the issues which contributed to her acting the way in which she did. She said that her actions compromised GMP, adding that she was feeling shame and guilt for her actions. She added that she struggled to come to terms with what she had done because she knew it was wrong and that is probably why she was XXX.

22. Dr Kastritsi told the Tribunal that in her self-referral letter of 6 December 2023, she described what she did as “going against” GMP and that it reflected adversely on her probity which would impact on the trust that the public and her colleagues had in her. Dr Kastritsi went on to say that to describe her actions as she had done in her letter was a bad choice of words on her part. She said that although she did not use the word ‘dishonest’ in her letter, she thought that the message was clear from what she had written that she had acted dishonestly. Dr Kastritsi said that she had now learnt more about probity and ethics and with the benefit of the journey she had been on over the last 2 years, she would have worded this letter differently.

23. Dr Kastritsi said that having completed the courses she had been on and reflected on the content, keeping a journal and talking things over with her colleagues who had supported her that she could understand and see what she did was 100% wrong and that she realised the implications for the wider public, her colleagues and the medical profession. Dr Kastritsi acknowledged that from a patient’s point of view, they could lose trust in the medical profession and/or her as a doctor if they knew of her dishonesty. She said that it was important to maintain the public’s confidence in the medical profession and public’s trust in doctors. She added that doctors work as a team and it was important that they are able to be open and honest and trust each other. To lose that trust would mean they could not work effectively together.

23. Dr Kastritsi said that in addition to XXX, she had also for the past several months been having one to one sessions with the Chaplain at the Trust. This had helped her gain spiritual

guidance and strength and helped her overcome the difficulties in her life at the time and since, and be able to cope better with adversity.

25. Dr Kastritsi then went on to describe the PowerPoint presentation which she prepared and delivered as a lecture to anyone who wished to attend. A number of senior colleagues attended this talk which took place sometime in early 2025. In the presentation Dr Kastritsi spoke of her own experience and what she had done to overcome the struggles she faced, including her personal and family issues, and to raise awareness about how working under pressure can impair judgement, and about how important it is to be honest and to abide by GMP.

26. Following on from this, Dr Kastritsi said that she definitely should have handled the situation that presented itself with Ms A differently, stating that she should have spoken to her colleagues about her stress and about her family's health issues, and perhaps taken time off and XXX. She said that she should have tried to take care of herself instead of attempting to cover everything, staying beyond her working hours to complete tasks. Dr Kastritsi said that she now knows that perfectionism is not always the right thing, and in this respect, had done a course about stress and burnout management. She said the course had significantly improved her way of thinking, for example, in the course it stated that after a busy day, you should not go straight home and instead spend some time out outdoors and relax. Dr Kastritsi went on to say that she now recognised indicators of stress and burnout within herself such as being less engaged in conversations with colleagues, low mood in terms of socialising with others and she could manage these situations better now.

27. Dr Kastritsi told the Tribunal that she had attended eighteen courses all of which were relevant to addressing the concerns in this case, and to deal with matters which led to her acting as she did. She added that this included a half day face-to-face Probity and Ethics Course in April 2025 which involved participants discussing why they were attending the course, what they had done wrong and why it was wrong. In addition, following this course, she said that she had kept a journal in which she recorded details about the aims of that course and her learning, explaining that this helped her to look back and analyse in detail that what she did was wrong. She said that she shared her reflections from the courses with her clinical supervisor who commented that, despite this incident, she was a trusted colleague who was doing a very good job.

28. Dr Kastritsi acknowledged that there may be times in the future when she might be stressed and under significant pressure. However, she told the Tribunal that she had now put in place strategies to help her cope and manage the stress. She was now married and could speak to her husband about issues, was XXX, and with the Chaplain and so had the support of people she could openly talk to about issues and express herself. She said she was not the same person she was two years ago and that she had learnt a lot since the events which had brought her before this Tribunal.

29. Dr Kastritsi said that the reasons for helping Ms A was to avoid her going into a downward spiral if she had failed her exam. Dr Kastritsi acknowledged that looking back, she

now realised that her judgement was completely wrong, and her actions were not helping Ms A, adding that she was not thinking clearly at the time. She said that cheating was not the correct way to help Ms A and it only served to enable her to do the wrong thing too.

30. Dr Kastritsi went on to say that although Ms A achieved the required pass mark in her exam helping her as she did could have been potentially damaging to her knowledge and skills in pursuit of her medical career. Dr Kastritsi said that cheating is completely wrong especially as the safety of patients is involved at the heart of everything doctors do.

31. Dr Kastritsi accepted that her actions had breached GMP and that it was important that public's trust in doctors and in the medical profession is maintained. She said she understood how dishonest, unprofessional and, unethical her actions were. Dr Kastritsi told the Tribunal that what she did was wrong, however, what had happened had helped her in a way as she was now more open and honest about things that were affecting her as an individual in her medical life, and that the whole experience had changed her as a person. She went on to say that she had been open and honest about what she had done from day one and never tried to conceal what she did, had done a lot of courses to address the matters contributing to her behaving as she did, and had mechanisms in place to help her become a better person and a better doctor.

Submissions

On behalf of the GMC

32. Ms Cowen submitted that Dr Kastritsi's fitness to practise is currently impaired although she acknowledged that this is a matter for the Tribunal exercising its own independent judgment. She reminded the Tribunal that impairment is a two-stage process: firstly, whether the matters found proved amount to serious professional misconduct; secondly, whether the doctor's fitness to practise is impaired as a result of the misconduct found.

33. Ms Cowen referred the Tribunal to Good Medical Practice (GMP) (2013 version) and submitted that Dr Kastritsi had breached paragraphs 1 and 65 of GMP. She acknowledged that the Tribunal has been provided with significant material by Dr Kastritsi to demonstrate how she had addressed the concerns in this case but she submitted that Dr Kastritsi's conduct had certain aggravating features as set out at paragraph 8 of her skeleton submissions, stating that namely:

- a. Dr Kastritsi's conduct involved some degree of planning;
- b. Dr Kastritsi's access to the exam questions was through use of a password that had been given to her when she was a student at the same university as that attended by Ms A; the conduct therefore involves misuse of the university resources;

- c. Dr Kastritsi was explicitly advised by a colleague not to help Ms A with her exam, and that there would be “massive implications” should she provide help to Ms A; Dr Kastritsi nonetheless went on to assist Ms A.
- d. Dr Kastritsi’s conduct involves assisting Ms A to cheat on an exam, an act encompassing significant dishonesty;
- e. Dr Kastritsi’s conduct also involves helping Ms A to cheat on a professional exam that was part of her medical training, and which she had failed “multiple times” before.
- f. By her own admission, Dr Kastritsi’s conduct was at least in part to help Ms A to avoid the consequences of a recent legislative change in XXX limiting the time that medical students could take to complete their degrees.

34. Ms Cowen reminded the Tribunal that Dr Kastritsi admitted to having had discussions with Ms A which included her helping Ms A with the exam questions. She said that Dr Kastritsi misused university resources in accessing the exam questions through the use of the password which was inappropriate. She reminded the Tribunal that Dr Kastritsi was advised by her senior colleague to not help Ms A in the way she intended to do. This matter involved assisting Ms A to cheat a professional body medical exam which Ms A had failed multiple times previously and actually involved helping Ms A to demonstrate skills and knowledge that she lacked, clearly raising concerns about Ms A’s ability to qualify as a doctor and to practise safely.

35. Ms Cowen submitted that assisting anyone to cheat in exams could not involve anything other than an act of dishonesty. Ms Cowen submitted that Dr Kastritsi’s actions amounted to serious professional misconduct.

36. In relation to whether Dr Kastritsi’s fitness to practise is impaired, Ms Cowen drew the Tribunal’s attention to the helpful guidance set out in Dame Janet Smith’s fifth Shipman Report, adding that elements b, c and d are engaged. She then took the Tribunal to relevant case law highlighting key principles set out in those rulings. She added that any instance involving dishonesty is likely to impair a doctor’s fitness to practise. She said that dishonesty was a significant breach of a tenet of the profession.

37. Ms Cowen acknowledged that Dr Kastritsi may have been under significant stress and pressure but submitted that her actions were not a spontaneous response but rather a planned action involving arranging for a colleague to cover her shift, using a password acquired to access the university systems as a student, and ignoring the advice of a colleague.

38. Ms Cowen went on to say that, given Dr Kastritsi admitted what she had done at the outset to her colleagues and continues to do so up to and during these proceedings, the Tribunal will need to consider her level of insight into her conduct and consider the risk of repetition. Ms Cowen acknowledged all the steps Dr Kastritsi had taken to address the matters in this case, and that her circumstances were now a lot different from what they were two years ago. However, she submitted that there were features of Dr Kastritsi’s evidence which were concerning and which suggested that her insight may be limited. For

example, on 22 November 2023, Dr Kastritsi's recollection of what happened is vague - she cannot remember whether she told Dr B that morning or later that she would need to be somewhere else for some time during her shift and whether she advised her not to help Ms A. This is in contrast to Dr B's evidence that Dr Kastritsi told her why she needed to be away for part of her shift and that she advised her against it.

39. Ms Cowen submitted that whilst Dr Kastritsi has completed detailed reflections upon her conduct, she, at times, described her actions in terms of suggesting she views it as a mistake rather than a deliberate and dishonest act. Further, during her evidence, Dr Kastritsi described what she put in her self-referral letter as a bad choice of words stating that she considered what she wrote conveyed the message she had acted dishonestly. Ms Cowen invited the Tribunal to carefully consider whether Dr Kastritsi actually accepted her actions were dishonest.

40. Ms Cowen submitted that Dr Kastritsi had demonstrated limited insight regarding the wider consequences of her actions in terms of assisting Ms A to pass an exam, which she otherwise would have failed. She submitted that during her evidence Dr Kastritsi seemed to suggest that Ms A would have passed in any event having answered correctly 27 out of the 30 questions.

41. In relation to the journals, Ms Cowen submitted that there was limited insight given Dr Kastritsi's response when asked about whether a patient could trust her, Dr Kastritsi said that her good patient care and the fact that patients really loved her would lead them to trust her. Ms Cowen submitted that this might demonstrate limited insight. However, Ms Cowen did acknowledge that Dr Kastritsi later in her evidence clarified that her response was based on patients having knowledge of the full information. Ms Cowen invited the Tribunal to consider whether Dr Kastritsi's acknowledgement of the impact of her dishonest conduct on patient's trust is limited and the implications that this may have regarding her insight and any potential risk of repetition.

42. Finally, Ms Cowen reminded the Tribunal of the three limbs of the overarching objective, and invited the Tribunal to find Dr Kastritsi's fitness to practise is impaired.

On behalf of Dr Kastritsi

43. Mr Cassidy, Counsel for Dr Kastritsi, submitted that the Tribunal has the discretion to determine the question of impairment without having to satisfy the burden on anyone and he too reminded the Tribunal that it should reach a decision exercising its own independent judgement.

44. Mr Cassidy submitted that the starting point today sharply threw in to focus how relevant all of the evidence subsequent to the events of 22 November 2023 and the material before the Tribunal is. He said it is clear from the evidence that there is a difference of approach between the registrant and the GMC in terms of the assessment of the events. He acknowledged that this case involved dishonesty but submitted that there are different types

of acts of dishonesty and misconduct in which the doctor involved themselves, and that some acts of dishonesty are more serious than others. He added that any act of dishonesty had to be contextualised and then examined to determine the degree of culpability involved, and then how that dishonesty sits against the overarching objective.

45. Mr Cassidy submitted that the dishonesty in this case was not a desire for Dr Kastritsi's own advancement or for financial gain, and this was not a case where there were falsehoods concerning for example, medical research. Mr Cassidy submitted it was important to understand the context in which Dr Kastritsi acted the way in which she did. He reminded the Tribunal that the context in this case was that had Dr Kastritsi not helped Ms A, Ms A would potentially XXX.

46. Mr Cassidy referred the Tribunal to case law in respect of the types of dishonesty commonly identified in them which ordinarily require a finding of impairment. He invited the Tribunal to accept that there is a different category of dishonesty which involves unusual circumstances. He submitted that it is a matter for the Tribunal to assess and contextualise the events in this case, and how Dr Kastritsi's dishonest action compares to the other forms of dishonesty. He submitted that in his view, this matter sits outside the normal pattern of dishonesty. He argued that this was a matter of a family crisis, and XXX, with the examination being the tipping point for Dr Kastritsi to act as she did.

47. Mr Cassidy submitted that Dr Kastritsi's actions were completely out of character and what she did was an act of desperation. He added that Dr Kastritsi would never have gotten involved in assisting Ms A if it was not for the singular factors present in this case.

48. Mr Cassidy submitted that the facts in this case are very unusual in that immediately after having acted as she did, Dr Kastritsi owned up and confessed to her colleagues what she had done. He said it was important for the Tribunal to look forward. He submitted that there is a public interest element in this case but there is also a need to be fair to the doctor. He further submitted that if a member of the public was aware of all of the facts in this case, they would be more interested in what Dr Kastritsi had done to recover from the aftermath of what she did.

49. Mr Cassidy went on to draw the Tribunal's attention to all of the remediation Dr Kastritsi had undertaken and highlighted, what he submitted, were the key points. He said that Dr Kastritsi had now developed her understanding of the reasons why she behaved as she did and why it had happened. Mr Cassidy added that Dr Kastritsi had sought to protect herself and the medical profession and patients by developing structures which help her to understand and cope with stresses and pressures.

50. Mr Cassidy submitted that Dr Kastritsi is someone who admitted her wrongdoing, has taken steps to remediate, and has developed support networks and strategies to help her cope with difficult and pressured situations.

51. In relation to the seriousness of Dr Kastritsi's misconduct, Mr Cassidy disputed that accessing the university website was an aggravating feature of the conduct. Mr Cassidy, however, explained that Dr Kastritsi had a password from when she was also at the same university, and that there is no evidence to suggest that she misused it in anyway. He went on to say that it is wrong to suggest there was a significant level of planning involved. He submitted that the conversation with Ms A took place only a couple of days prior to the events and the evidence before the Tribunal is that up until that day, there was no intention to act dishonestly. Dr Kastritsi then almost immediately confessed to colleagues what she had done which goes to provide some understanding as to the state of her mind and confusion on the day.

52. Mr Cassidy went on to speak about Dr Kastritsi's usual reputation and conduct which was of straightforwardness and honesty, which has impressed all of the people she has met and worked with since arriving in this country and thereafter. He said it just is not something Dr Kastritsi would do, and the evidence clearly shows that on the day she was in "a bit of a mess".

53. In relation to remediation, Mr Cassidy submitted that there is a lot of evidence of the steps Dr Kastritsi has taken to remediate her misconduct. This involved attending relevant courses, giving a PowerPoint presentation to her colleagues where she spoke openly about her own dishonest act and her family circumstances, accessed and secured the help of a XXX and a chaplain with whom she had regular meetings. Mr Cassidy submitted that given all of the evidence before it, the Tribunal could be satisfied that Dr Kastritsi had insight into her wrongdoing, and had done all she could to remediate her misconduct. He submitted that there was no risk of Dr Kastritsi repeating the misconduct in this case.

54. Mr Cassidy submitted that this was a case which could be concluded with Dr Kastritsi being given a warning on which he would make submissions at the appropriate time. In all the circumstances of this case, Mr Cassidy invited the Tribunal to conclude that Dr Kastritsi's fitness to practise is not impaired.

The relevant legal principles

55. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

56. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task of the panel, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and

- whether the misconduct is likely to be repeated.

57. The Tribunal must determine whether Dr Kastritsi's fitness to practise is impaired today, taking into account her conduct at the time of the events and any relevant factors since then. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

58. Throughout its deliberations, the Tribunal has been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

- a. to protect, promote and maintain the health, safety, and wellbeing of the public
- b. to maintain public confidence in the profession
- c. to promote and maintain proper professional standards and conduct for members of the profession

59. The Tribunal considered the overall risk to public safety and the impact of its findings on all three elements of the overarching objective. It also considered whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment was not made.

60. In approaching its decision, the Tribunal was mindful of the two-stage process to be adopted: firstly, it must consider whether the facts as found proved amount to misconduct which was serious; and secondly, whether such misconduct leads to a finding of impairment.

61. Misconduct has been defined and described in several cases. In *Roylance v GMC (No 2) [2001] 1 AC 311* it was said that professional misconduct is falling short by omission or commission of the standards of conduct expected among medical professionals and such falling short must be serious. The decision in every case as to whether the misconduct is serious has to be made by the Tribunal in the exercise of its own skilled judgment on the facts and circumstances and in the light of the evidence.

62. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Grant*. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

'..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that he has or is liable in the future to:

- a. *act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *bring the medical profession into disrepute; and/or*

- c. *breach one of the fundamental tenets of the medical profession;
and/or*
- d. *have acted dishonestly and or is liable to do so in the future'*

63. The Tribunal also bore in mind the guidance in Grant (above) at paragraphs 71 and 74, that:

“it is essential when deciding whether fitness to practise is impaired, not to lose sight of fundamental considerations [...] namely the need to protect the public and the need to declare and uphold proper standards of conduct and behaviour so as to maintain public confidence in the profession”.

“.....the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public.... but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”

The Tribunal’s Decision on Misconduct

64. The Tribunal first considered whether the facts found proved amounted to serious professional misconduct. It decided to consider all the alleged facts together.

65. At the outset of these proceedings and in her earlier correspondence with the GMC, Dr Kastritsi admitted that she had helped Ms A in her exam to answer three questions. The Tribunal took into account the evidence of Dr Kastritsi that she logged in to Ms A’s university website in order to access questions published online that were part of an examination Ms A was due to take and that she provided Ms A with the answers to three questions. Dr Kastritsi knew what she was doing was wrong and that she should not have assisted Ms A with her examination.

66. In her own evidence, Dr Kastritsi acknowledged that her actions could have had potentially serious consequences, particularly for patients, because by assisting Ms A as she did, there was a risk Ms A would have gone on to qualify as a doctor when she did not have the necessary knowledge or skills. Ms A had already failed to pass the exam previously. Further, Dr Kastritsi accepted that her actions had the potential to damage patients trust in the medical profession and in doctors if they were to learn that a doctor had acted dishonestly as she had.

67. The Tribunal accepted that Dr Kastritsi’s dishonest action involved a degree of planning. She was contacted by Ms A and had discussions with her two days before the event about assisting her, and that although a number of ways to help Ms A may have been discussed, assisting with answering three exam questions was one of them. Dr Kastritsi was advised against helping Ms A by a colleague who warned her that there could be serious consequences of her actions. In the Tribunal’s view, this is significant in considering the

seriousness of Dr Kastritsi's conduct. The Tribunal noted that Dr Kastritsi logged in to the University system using her own password but did not consider this to be a particularly aggravating aspect of the conduct, it was merely the means by which she accessed the questions.

68. The Tribunal accepted that what Dr Kastritsi did was not for financial or personal gain.

69. The Tribunal then considered paragraphs 1 and 65 of GMP. These 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.'

70. Having considered the evidence, the Tribunal decided that Dr Kastritsi's actions breached the above paragraphs of GMP because she had acted dishonestly and brought into question the reputation of the medical profession such that the public's trust in the medical profession and doctors could be damaged. The Tribunal also decided that assisting anyone, but in this case an individual who was known to her personally, Dr Kastritsi's actions fell below the standard expected of a doctor.

71. In all the circumstances, the Tribunal concluded that Dr Kastritsi's actions amounted to serious professional misconduct.

The Tribunal's Decision on Impairment

72. The Tribunal had regard to the submissions from both parties, and to the documentation that has been provided to it.

73. The Tribunal first considered whether Dr Kastritsi's misconduct was remediable, had been remedied and whether there was a risk of repetition.

74. The Tribunal had regard to the context in this case. It noted that at the time of the events, Dr Kastritsi had only been in the UK for a short time and had been working at the Trust for about five or six months. She had no family support as she was the only member of her family in the UK, there were personal and family circumstances which had an impact on her, XXX. She was under a lot of stress and pressure. Dr Kastritsi spoke to a colleague about what she had been asked to do by Ms A and was advised against it.

75. The Tribunal acknowledges that the context in this case is unusual and that the circumstances in which Dr Kastritsi found herself were unfortunate, and XXX.

Insight, Remediation and Risk of Repetition

76. The Tribunal took into account that Dr Kastritsi admitted the entirety of the Allegation against her. The evidence before the Tribunal is that prior to the event in question, Dr Kastritsi was under a lot of stress and pressure and that she spoke to a colleague about her dilemma about assisting Ms A because she knew it was the wrong thing to do. Having then gone ahead and assisted Ms A, Dr Kastritsi could not justify actions such that she later the same day broke down and then confessed what she had done to her senior colleagues. Dr Kastritsi shortly after the event self-referred to the GMC. In her letter of 6 December 2023, she openly admitted what she had done, setting out the circumstances which led her to behave as she did, and stated *‘I apologize again and I would like to mention that it was an unprofessional and "stupid" mistake. I completely understand that my actions went against good medical practice guidelines’* and *‘Being a doctor means that my responsibility to be trustworthy is far greater than any emotional responsibility I feel towards my family.’*

77. Dr Kastritsi went on to identify steps she was going to take to address the issues in her life and to prevent a repeat of her actions. The Tribunal noted that today Dr Kastritsi now has a partner and is married, and that she has a support network around her to help her cope with difficult and stressful situations. It took into account Dr Kastritsi’s evidence that if faced with difficult situations in the future, she would speak to her husband and to the wider support network she had established about her issues. She had continued to undergo XXX as well as with the Chaplain.

78. Further, the Tribunal had regard to the PowerPoint presentation which Dr Kastritsi gave to her colleagues, noting that those who attended the presentation were senior to her. Dr Kastritsi told the Tribunal during her evidence that the presentation involved her speaking about her own experience and using herself as an example to get the message out as to how to manage stressful and difficult situations, and how important it was to be open and honest with your colleagues. Dr G in his evidence confirmed what Dr Kastritsi had told the Tribunal and he said that Dr Kastritsi had shown profound remorse and regret for her actions on the day of the event and in her presentation. The Tribunal also heard from two other witnesses on behalf of Dr Kastritsi, Dr H and Ms I. Both gave glowing references about Dr Kastritsi’s clinical practice and character.

79. The Tribunal noted and was encouraged by the significant continuous professional development (CPD) Dr Kastritsi had undertaken. She has participated in eighteen courses specifically targeted to addressing the concerns identified in this case. These included

- ‘Professionalism and Professional Standards for Doctors’ course on 17 January 2025, ‘Practicing with Probity: The Essential of Dishonesty, GMC
- Healthcare Ethics and Standards for Providers’ course on 27 January 2025,
- A half day Probity and Ethics course on 5 April 2025, Doctors with Probity: Healthcare Ethics and Standards Part 2 in March 2025,
- Coping with Stress - Level 1 dated 26 April 2025.

80. The Tribunal was mindful that during cross examination, Dr Kastritsi answered questions, particularly those relating to patient safety, clearly and candidly. And whilst the Tribunal noted that during her evidence, Dr Kastritsi was at times vague in her recollection, particularly in relation to being advised by her colleague against assisting Ms A, the Tribunal had regard to the stressful and difficult situation she found herself in. She said that this affected her ability to recollect the conversation with her colleague and understand what she was being told. Dr Kastritsi did not deny the conversation happened but simply that she did not now recall it.

81. The Tribunal noted that in her statement, dated 25 June 2025, Dr Kastritsi states at paragraph 8:

‘In some cases, the damage to the trust’s reputation can be damaged which can lead to stricter policy changes which might affect all other staff. It could also be levelled that my actions were akin to putting my family before my better judgment. I accept, in retrospect, and upon much reflection I should have taken a different course of action and understand why helping anyone cheat in a medical exam is unethical and potentially dangerous to patients even if it is a family member who is asking for such assistance.’

82. The Tribunal had regard to the testimonials provided by Dr Kastritsi’s clinical colleagues, all of whom attested to her clinical work and good character. In particular, it noted the testimony of Mr C, Dr Kastritsi’s Education Lead in Plastic Surgery, at the Trust. He stated:

‘It’s an important lesson that Olga has learnt in that she cannot let emotions and loyalty to family ever cloud her judgement in the future and she has self-reflecting on her actions. I am confident that she will continue to work in the to the high standard that we have known her to going forward and we your wish her all the very best with receiving closure of this episode. ...’

83. The Tribunal had considerable objective evidence that Dr Kastritsi understands what she did was wrong and why. It considered that she has demonstrated to this Tribunal that she has sufficient insight into the concerns identified in this case, and she has taken adequate steps to remediate her misconduct. Given all the evidence before it, the Tribunal was of the view that the registrant presenting before it today, two years on from the events, is a registrant who is a different person now and whose circumstances are very different to what they were two years ago.

84. The Tribunal also bore in mind that Dr Kastritsi was of good character with no evidence before this Tribunal of any previous fitness to practise history or concerns raised since these events.

85. The Tribunal was satisfied that Dr Kastritsi now appreciated the gravity and seriousness of her actions on the public, the reputation of the profession, and on her patients and colleagues.

86. The Tribunal was satisfied that Dr Kastritsi has taken sufficient steps to remediate her misconduct through the courses she has undertaken, the journey she has been on of learning and gaining insight, and that there was little more she could have done to remediate her conduct. It follows that Dr Kastritsi now has full insight into her actions and that the risk of any repetition is highly unlikely.

87. The Tribunal did not therefore conclude that there remains any basis for finding that Dr Kastritsi's fitness to practise is impaired on public safety grounds.

88. When considering the need to promote and maintain public confidence in the medical profession, the Tribunal considered that a member of the public aware of all the facts in this case would be rightly concerned that Dr Kastritsi had assisted someone to cheat in a medical exam and breached a fundamental tenet of the profession.

89. The Tribunal was satisfied that limbs b, c and d were engaged in respect of the test set out by Dame Janet Smith and referred to in the case of Grant, namely that Dr Kastritsi:

- ‘
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or
 - c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or...
 - d. has in the past acted dishonestly and/or is liable to act dishonestly in the future.’

90. The Tribunal therefore determined that Dr Kastritsi had undermined the second limb of the overarching objective and that public confidence in the profession will have been undermined by her actions.

91. In addition, the Tribunal determined that a finding of impairment is necessary to declare and uphold proper professional standards of conduct and behaviour for members of the profession, in order to maintain the public's trust in the profession. It considered that it should send a message to the profession that such conduct was unacceptable.

92. The Tribunal has therefore determined that Dr Kastritsi's fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 17/07/2025

1. Having determined that Dr Kastritsi'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.

The Evidence

2. The Tribunal took into account the evidence it received during the facts and impairment stage of the hearing. It had already determined that Dr Kastritsi's fitness to practise is currently impaired due to her dishonesty.

3. No further evidence was provided by the parties at this stage.

Submissions on Sanction

For the GMC

4. Ms Cowen reminded the Tribunal that sanction was a matter for the Tribunal's own judgment. She referred it to the Sanctions Guidance (SG) (February 2024 version) and took the Tribunal through the relevant paragraphs. In particular, Ms Cowen submitted that the Tribunal may consider that the factors set out in paragraphs 25a, 25b, 25d, 25e, 31 – 33 and 45 of the SG are applicable in this case. She reminded the Tribunal that it must also consider the aggravating factor in this case as referenced at paragraph 56a of the SG.

5. Ms Cowen then moved on to the options available to the Tribunal submitting and highlighting why taking no action or imposing a period of conditional registration would not be appropriate in this case. She submitted that the appropriate and proportionate sanction in this case is one of suspension, adding that suspension has a deterrent effect and sends a signal as to the behaviour expected of a doctor. She referred the Tribunal to paragraph 97 of the SG and submitted that subparagraphs a, e, f and g are applicable in this case. Ms Cowen said that there is no evidence to suggest that remediation is unlikely to be achievable.

6. In relation to the length of any suspension, Ms Cowen submitted that it was a matter for the Tribunal although she acknowledged that any period of suspension need not be at the upper end.

7. Ms Cowen acknowledged that erasure would be disproportionate in this case. In all the circumstances, Ms Cowen invited the Tribunal to impose a period of suspension and to direct a review hearing.

On behalf of Dr Kastritsi

8. Mr Cassidy argued that this case could be concluded with no action. He acknowledged that to conclude a case with no action would require a case to be unusual and exceptional. Mr Cassidy submitted, however, that this is the correct course of action given the circumstances in this case.

9. Mr Cassidy drew the Tribunal's attention to paragraphs 73 – 74 of its determination on facts and impairment, which set out that Ms A had indicated XXX should she fail the exam again. Mr Cassidy said that these and the other circumstances identified by the Tribunal are "exceptional". He said that it is clear these circumstances would have destabilised Dr Kastritsi and it is apparent that her colleagues noticed her low mood and disengagement, in the lead up to the events in question.

10. Mr Cassidy reminded the Tribunal that it must place these set of circumstances against the overarching objective and the public interest. He took the Tribunal to paragraphs 68 – 70 of the SG which he said apply in this case. He said the Tribunal should consider the circumstances in this case as mitigation against the overarching objective. He said that the misconduct in this case did not automatically lead to a need to suspend Dr Kastritsi's registration.

11. Mr Cassidy reminded the Tribunal that Dr Kastritsi has no previous adverse history with the GMC, and that there is a wealth of material before the Tribunal about her character, her contribution to the profession, her skill base and how well she works with her clinical colleagues. Mr Cassidy highlighted the background and the circumstances of this case including Dr Kastritsi's personal and family issues which impacted upon her. Mr Cassidy reminded the Tribunal that Dr Kastritsi confessed to what she had done almost immediately.

12. Mr Cassidy submitted that taking no action did not suggest the Tribunal had ignored its duty to protect the public interest and to maintain standards of behaviour in the medical profession. He argued that a fully informed member of the public looking at this case would say that taking away the doctor's licence to practice was disproportionate and that publication of the finding of no action was a proportionate response.

13. Mr Cassidy further submitted that if the Tribunal is minded not to conclude the case with no action, then a short period of suspension would be proportionate, and that a review is not required. He said that a review should only be directed if it is needed and he reminded the Tribunal that it had already found that Dr Kastritsi's remediation is complete.

The relevant legal principles

11. The decision as to the appropriate sanction, if any, is a matter for this Tribunal exercising its own judgment. In reaching its decision, the Tribunal has taken account of the February 2024 version of the SG and the statutory overarching objective. It reminded itself that, where appropriate, it should only impose the minimum sanction necessary to protect the public and the public interest.

12. Throughout its deliberations the Tribunal has applied the principle of proportionality, balancing Dr Kastritsi's interests with the public interest.

13. The Tribunal reminded itself of the requirement in SG to consider the least restrictive sanction first and then, if necessary, consider the other sanctions, taking into account the evidence and submissions that have been heard, including its earlier findings on facts and impairment.

14. The Tribunal accepted the Legally Qualified Chair's advice. It also considered and balanced any aggravating and mitigating factors in this case.

The Tribunal's Determination on Sanction

15. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the overarching objective.

Aggravating Factors

Aggravating and Mitigating Factors

16. In reaching its decision, the Tribunal considered the mitigating factors (paragraphs 24 – 49 of SG) and the aggravating factors (paragraphs 50 – 60 of SG) in this case.

Mitigating

- Dr Kastritsi had shown insight, and has taken significant steps to remediate her misconduct;
- She confessed to what she had done almost immediately on the same day;
- She apologised for her actions to her employer and her colleagues;
- Dr Kastritsi has no previous adverse history with the GMC and there is no evidence to suggest there have been any further concerns about her practice since these events;
- At the time of the event Dr Kastritsi was under a lot of stress and pressure due to her own personal issues, her family's and Ms A's health issues; XXX;
- The lapse of time since these matters which occurred almost two years ago;
- The glowing testimonials received from Dr Kastritsi's clinical colleagues all of whom speak very highly of her, and positively about her clinical practice and her character;
- Dr Kastritsi self-referred to the GMC almost a week later following the events;
- Dr Kastritsi's admissions at the outset of these proceedings.

Aggravating

- The issues in this case relate to probity and involve Dr Kastritsi's dishonest actions in assisting Ms A during her medical exam;

- Dr Kastritsi's actions were pre-planned having discussed options with Ms A prior to the events;
- Dr Kastritsi's actions had the potential to damage public confidence in the medical profession and to place patients at risk of harm by assisting someone to qualify as a doctor when they might otherwise not be capable.

17. The Tribunal bore in mind and balanced the aggravating and mitigating factors throughout its deliberations as regards the appropriate and proportionate sanction.

18. The Tribunal then considered each sanction in ascending order of severity, starting with the least restrictive.

No Action

19. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Kastritsi's case, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal considered the oral submissions made by both parties. It also considered paragraphs 68-70 of the SG which highlight that taking no action following a finding of impaired fitness to practise would only be appropriate in "exceptional" circumstances.

20. The Tribunal considered the circumstances of this case carefully to determine whether firstly, they were exceptional, and secondly, whether based on its findings, the case could be concluded with no action.

21. The Tribunal had regard to paragraphs 68 and 69 of the SG which state:

'68 Where a doctor's fitness to practise is impaired, it will usually be necessary to take action to protect the public (see paragraphs 14–16). But there may be exceptional circumstances to justify a tribunal taking no action.'

69 To find that a doctor's fitness to practise is impaired, the tribunal will have taken account of the doctor's level of insight and any remediation, and therefore these mitigating factors are unlikely on their own to justify a tribunal taking no action.'

22. The Tribunal reminded itself of its findings at paragraphs 73 and 74 of its determination on facts and impairment, where it set out the circumstances leading up to Dr Kastritsi's misconduct. These are:

- Dr Kastritsi had only been in the UK for a short time and had been working at the Trust for about five or six months;
- She had no family support as she was the only member of her family in the UK;
- There were personal and family circumstances which had an impact on her;
- XXX;

- She was under a lot of stress and pressure such that she spoke to a colleague about what she had been asked to do by Ms A and was advised against it;
- XXX.

23. The Tribunal acknowledges that Dr Kastritsi must have been under a lot of stress and pressure due to her own personal circumstances, and because of her father's health issues and those of Ms A.

24. However, Dr Kastritsi knew what she was doing was wrong. She acknowledged to the Tribunal that she and Ms A had other options available to them. Dr Kastritsi had spoken to a colleague about what she was going to do and was advised against it, and was made aware of the potential consequences. Nevertheless, Dr Kastritsi went ahead and acted as she did. The Tribunal found her actions were dishonest and that the implications of her assisting Ms A to pass a medical exam potentially could have placed patients at risk of harm.

25. The Tribunal has already noted the considerable level of insight Dr Kastritsi has into her actions and it has already taken into account the significant remediation she has undertaken to address the misconduct found. The Tribunal determined that a finding of impairment was required because the act of dishonesty was serious enough to warrant such a finding.

26. In the circumstances, the Tribunal determined that the circumstances in this case do not reach the threshold of exceptional circumstances to warrant concluding the case with no action. Taking no action would be neither appropriate, proportionate nor in the public interest.

Undertakings

27. No undertakings were submitted to the Tribunal.

Conditions

28. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Kastritsi's registration.

29. The Tribunal took account of paragraph 80 of the SG which highlights that, in many cases, the purpose of conditions is to help the doctor remedy any deficiencies in their practice, while protecting the public. Further, the Tribunal noted paragraph 81 of SG which confirms that conditions might be most appropriate in cases involving issues around the doctor's performance or where there is evidence of shortcomings in areas of the doctor's practice.

30. The Tribunal also considered paragraph 82 of SG which advises that:

'82 Conditions are likely to be workable where:

- a. *the doctor has insight;*
- b. *a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings;*
- c. *the Tribunal is satisfied that 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.'*

31. It also had regard to paragraph 85, which states:

'85 Conditions should be appropriate, proportionate, workable and measurable.'

32. The Tribunal reminded itself that it is not concerned with Dr Kastritsi's clinical performance in this case but with her dishonest conduct which was serious.

33. The Tribunal concluded therefore that conditions would not be a sufficient response given the seriousness of Dr Kastritsi's misconduct.

Suspension

34. The Tribunal then went on to consider whether imposing a period of suspension on Dr Kastritsi's registration would be sufficient to satisfy the statutory overarching objective.

35. The Tribunal took account of the SG in relation to suspension, including particularly paragraphs 91, 92 and 93. These 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 (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession);

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 (see paragraphs 24–49).'

36. The Tribunal considered what factors, if any, indicated that suspension was the appropriate and proportionate sanction. It noted paragraph 97 and determined that sub-paragraphs (a), (e), (f) and (g) were engaged. These state:

'a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.

f No evidence of repetition of similar behaviour since the incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

37. The Tribunal determined at the impairment stage that Dr Kastritsi's actions were a serious departure from GMP. Her actions breached paragraphs 1 and 65 of GMP. Paragraph 65 states that *'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'*

38. The Tribunal had regard to its findings set out at paragraphs 76 – 78 of its determination on facts and impairment. In summary, it found that:

- Dr Kastritsi had confessed to her wrongdoing almost immediately on the same day of the events. In her letter of 6 December 2023, she openly admitted what she had done, setting out the circumstances which led her to behave as she did, and stated *'I apologize again and I would like to mention that it was an unprofessional and "stupid" mistake. I completely understand that my actions went against good medical practice guidelines'* and *'Being a doctor means that my responsibility to be trustworthy is far greater than any emotional responsibility I feel towards my family.'*
- She went on to identify steps she was going to take to address the issues in her life and to prevent a repeat of her actions.; and was now in a better place being married, and she had a support network around her to help her cope with difficult and stressful situations.
- If faced with difficult situations in the future, she would speak to her husband and to the wider support network she had established about her issues.
- She had put in place and continued to XXX as well as with the Chaplain.
- She had given a PowerPoint presentation to her senior colleagues where she spoke of her own experience and used herself as an example to get the message out

as to how to manage stressful and difficult situations, and how important it was to be open and honest with your colleagues.

- She had undertaken significant CPD which included eighteen courses specifically targeted to addressing the concerns identified in this case and included:
 - ‘Professionalism and Professional Standards for Doctors’ course on 17 January 2025, ‘Practicing with Probity: The Essential of Dishonesty, GMC
 - Healthcare Ethics and Standards for Providers’ course on 27 January 2025,
 - A half day Probity and Ethics course on 5 April 2025, Doctors with Probity: Healthcare Ethics and Standards Part 2 in March 2025,
 - Coping with Stress - Level 1 dated 26 April 2025.

39. The Tribunal took into account that it had found Dr Kastritsi had done all she could to remediate her misconduct and that her remediation was complete.

40. For all of the above reasons taken together, the Tribunal concluded that a period of suspension would be an appropriate and proportionate sanction in this case. The Tribunal was mindful that there are no patient safety concerns in this case. It had determined in its determination on facts and impairment that there was no basis for finding that Dr Kastritsi’s fitness to practise was impaired on public safety grounds.

41. However, the Tribunal concluded that suspension would properly mark the seriousness with which it viewed Dr Kastritsi’s conduct. A period of suspension would send out a clear message to the public, the medical profession and Dr Kastritsi that this type of behaviour is not acceptable. Further, a period of suspension would appropriately satisfy the second and third limbs of the statutory overarching objective – to maintain public confidence in the medical profession and to maintain and uphold proper professional standards in the medical profession.

Erasure

42. In view of the seriousness with which it viewed Dr Kastritsi’s misconduct, the Tribunal also considered whether erasure would be an appropriate sanction. The Tribunal considered paragraphs 107 – 109 of the SG, particularly 109 (b) and (h), which state:

‘109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

h Dishonesty, especially where persistent and/or covered up...’

43. Dr Kastritsi's behaviour showed a deliberate disregard for the principles set out in GMP. The Tribunal considered that Dr Kastritsi's misconduct involved a planned approach. Further, Dr Kastritsi accepted her wrongdoing almost immediately and did not seek to cover up her actions. Whilst Dr Kastritsi's actions were serious, and departed from paragraphs of GMP, the Tribunal was of the view that her actions were not fundamentally incompatible with her continued registration on the medical register. The Tribunal took into account the considerable insight she had shown into her actions, and the considerable remediation she had undertaken since.

44. The Tribunal therefore determined, in the circumstances, that a period of suspension was the appropriate and proportionate sanction in this case.

Length of suspension

45. In determining the length of the suspension, the Tribunal had regard to paragraphs 99 – 102 of the SG.

46. The Tribunal considered the seriousness of Dr Kastritsi's misconduct and had regard to the matters set out in the table following paragraph 102 within the SG which deals with the factors to be taken into account when determining the length of a suspension. In light of its previous findings, it considered the following to be relevant factors:

- Dr Kastritsi's actions were a serious departure from the principles of GMP;
- Her actions risked public confidence in the medical profession.

47. When considering the question of proportionality, the Tribunal considered that the length of suspension should recognise the seriousness of Dr Kastritsi's misconduct, the level of her insight, the steps she has taken to remediate her misconduct, and be sufficient to maintain public confidence and uphold proper professional standards of behaviour. It noted Ms Cowen's submission that a period of suspension need not be at the upper end of the scale. It also noted Mr Cassidy's submission that a period of suspension with no review would address the public confidence issue in this case.

48. Having considered all the evidence before it, the Tribunal determined to suspend Dr Kastritsi's registration for a period of two months.

Review

49. Paragraphs 163 and 164 of the SG deals with review hearings and states:

'163 It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.'

164 *In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing.'*

50. The Tribunal determined, in light of its findings at the facts and impairment stage, that a review hearing is not required. It therefore did not direct a review of Dr Kastritsi's case.

Determination on Immediate Order - 17/07/2025

1. Having determined to suspend Dr Kastritsi's registration for a period of two months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether her registration should be subject to an immediate order of suspension.
2. The Tribunal has borne in mind the test to be applied with regard to imposing an immediate order; it 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.

Submissions

3. On behalf of the GMC, Ms Cowen submitted that an immediate order is not necessary given there are no concerns regarding patient safety in this case. She confirmed that there is no interim order to revoke.
4. Mr Cassidy, on behalf of Dr Kastritsi, submitted that the substantive sanction of suspension should not be effective until the beginning of August 2025 as Dr Kastritsi had planned shifts within the hospital taking place in the last week of July.

The Tribunal's Determination

5. In reaching its decision, the Tribunal took into account the submissions made by both parties. It also considered the relevant paragraphs of the SG and exercised its own independent judgement. In particular, it took account of 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.'

6. The Tribunal considered all the evidence adduced in this case, including its findings on facts and impairment and sanction. It took into account that there are no concerns regarding patient safety. The Tribunal therefore determined that in all the circumstances of this case, an immediate order was not necessary to maintain public confidence in the medical profession or to uphold and maintain high standards in the medical profession.

7. This means that Dr Kastritsi's registration will be suspended 28 days from the date on which written notification of this decision is deemed to have been served, unless she lodges an appeal. If Dr Kastritsi does lodge an appeal, she will remain free to practise unrestricted until the outcome of any appeal is known.

8. The Tribunal noted that there is no interim order to revoke.

9. That concludes the case.

Submissions on behalf of the GMC

1. On 14 July 2025, (Day 1), under Rule 17(6) of the General Medical Council ('GMC') (Fitness to Practise) Rules 2004 ('the Rules'), Ms Louise Cowen, Counsel for the GMC, made an application to amend paragraph 1a of the Allegation to read:

- '1. On 22 November 2023 you:
 - a. logged in to Ms A's university website in order to access questions published online that were part of an examination Ms A was due to take that day;'
2. Ms Cowen submitted that the amendment would cause no injustice to Dr Kastritsi and it was agreed between the parties. She invited the Tribunal to grant the application.
3. On behalf of Dr Kastritsi, Mr Patrick Cassidy, Counsel, did not oppose the application.

The Tribunal's Decision

4. The Tribunal considered Rule 17(6) of the Rules which states:

'Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and

(b) the amendment can be made without injustice,

it may, after hearing the parties, amend the allegation in appropriate terms.'

5. The Tribunal took into account the submissions made by the parties. The Tribunal was satisfied that the amendment could be made without any injustice to Dr Kastritsi. It therefore granted the application to amend paragraph 1a of the Allegation to read as set out above.