

PUBLIC RECORD**Dates:** 14/04/2025 - 25/04/2025**Doctor:** Dr Sotirios FOUTSIZOGLOU**GMC reference number:** 6134875**Primary medical qualification:** MB BS 2006 University of Newcastle upon Tyne

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

Summary of outcome

Suspension, 12 months
Review hearing directed
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Christopher Harper
Lay Tribunal Member:	Mr Andrew Galliford-Yates
Registrant Tribunal Member:	Dr Ann Wolton

Tribunal Clerk:	Mr Francis Ekengwu 14 & 15/04/2025 Mr Larry Millea 16 - 25/04/2025
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Andrew Hockton, Counsel, instructed by Morris Law
GMC Representative:	Mr Nigel Grundy, 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 - 17/04/2025

Background

1. Dr Foutsizoglou qualified in 2006 from the University of Newcastle upon Tyne and prior to the events which are the subject of the hearing Dr Foutsizoglou practised as a Plastic Surgeon, having been on the Specialist Register for Plastic Surgery since April 2020. At the time of the events Dr Foutsizoglou was practising as a Plastic Surgeon in the private sector and undertaking occasional locum NHS work in plastic surgery through Your World Healthcare Agency.
2. The allegation that has led to Dr Foutsizoglou's hearing is that, in May 2021 and July 2021, the Bedfordshire Hospitals NHS Foundation Trust ('the Bedfordshire Trust') and the Sheffield Teaching Hospitals NHS Foundation Trust ('the Sheffield Trust') respectively received a job application from Dr Foutsizoglou in which he falsely claimed he was the author or co-author of a number of published research documents and that he had obtained a PhD in Biostatistics and Epidemiology from the Harvard School of Public Health in the United States. It is also alleged that, on 3 September 2021, in support of his job application, Dr Foutsizoglou sent an email to the Sheffield Trust attaching the purported research. It is alleged that, in both job applications, and in his response to Sheffield, Dr Foutsizoglou's actions had been dishonest.
3. The initial concerns were raised with the GMC on 15 October 2021 by Dr B, Responsible Officer at the Sheffield Teaching Hospitals NHS Foundation.

The Allegation and the Doctor's Response

4. The Allegation made against Dr Foutsizoglou is as follows:

Sheffield Teaching Hospitals NHS Foundation Trust ('the Sheffield Trust')

1. On 1 July 2021 the Sheffield Trust received a job application you submitted ('the Sheffield Application'), in which you falsely stated that:
 - a. you were the:
 - i. co-author of research entitled 'Sentinel Node Biopsy in Malignant Eyelid Tumor' ('the Research'); **Admitted and found proved**
 - ii. author of a journal article entitled 'Hair Transplantation in Burn Patients' ('the Journal Article'); **Admitted and found proved**
 - iii. co-author of a review entitled 'Flap Decisions in Soft Tissue Coverage of the Lower Limb' ('the Review'); **Admitted and found proved**
 - b. the items described in paragraphs 1ai-1aiii had been published; **Admitted and found proved**
 - c. you had obtained the qualification as set out in Schedule 1. **To be determined**
2. On 6 August 2021 you attended an interview with the Sheffield Trust and, in response to Ms A telling you that she had been unable to find a version of the Review with your name listed as a co-author (or words to that effect), you falsely stated there were many authors for the Review and they had only put the top authors' names on the published article, or words to that effect.
Admitted and found proved
3. On 3 September 2021, in support of the Sheffield Application, you sent an email to the Sheffield Trust and you:
 - a. attached a document purporting to be:
 - i. research entitled 'The Role of Sentinel Lymph Node Biopsy in Eyelid Tumors' which listed you as a co-author ('Paper 1'); **Admitted and found proved**

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- ii. a journal article entitled 'Hair Transplantation in Burns: Our Preferred Method' which listed you as a co-author ('Paper 2');
Admitted and found proved
 - iii. a review entitled 'Flap Decisions and Options in Soft Tissue Coverage of the Lower Limb' ('Paper 3') which listed you:
 - 1. as a co-author; **Admitted and found proved**
 - 2. as having worked at the Heart of England NHS Foundation Trust; **Admitted and found proved**
- b. falsely stated that Papers 1-3 were attached as they appeared in the journal/publications listed in the Sheffield Application, or words to that effect. **Admitted and found proved**
4. On 13 September 2021 you falsely stated to the Sheffield Trust that Paper 1 'was originally accepted by the [American Journal of Ophthalmology] in 2020'.
Admitted and found proved
5. When you carried out the actions set out in:
- a. paragraph 1a-1b, you knew that:
 - i. you had no involvement in the:
 - 1. Research; **Admitted and found proved**
 - 2. Journal Article; **Admitted and found proved**
 - 3. Review; **Admitted and found proved**
 - ii. the Research had not been published; **Admitted and found proved**
 - iii. the Journal Article had not been published; **Admitted and found proved**
 - iv. the Review had not been published; **Admitted and found proved**

b. paragraph 1c, you knew that:

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- i. you did not have the qualification set out in Schedule 1 as you had not completed the course; **Admitted and found proved**
 - ii. the course Place of Study was not solely the Harvard School of Public Health; **To be determined**
 - c. paragraph 2, you knew that:
 - i. you had no involvement in the Review; **Admitted and found proved**
 - ii. your response provided a false reason for why your name was not listed as a co-author on the version of the Review Ms A had located online; **Admitted and found proved**
 - d. paragraph 3, you knew that:
 - i. Paper 1 was a falsified version of a published article called “Sentinel Lymph Node Biopsy for Eyelid and Conjunctival Tumors: What Have We Learned in the Past Decade?”; **Admitted and found proved**
 - ii. Paper 2 was a falsified version of a published article called “Improved hair restoration method for burns”; **Admitted and found proved**
 - iii. Paper 3 was a falsified version of a published article called “Flap Decisions and Options in Soft Tissue Coverage of the Lower Limb”; **Admitted and found proved**
 - iv. you had never worked at the Heart of England NHS Foundation Trust; **Admitted and found proved**
 - v. you had no involvement in the published articles referred to in paragraphs 5di-5diii; **Admitted and found proved**
 - e. paragraph 4, you knew that Paper 1 had not been published by the American Journal of Ophthalmology. **Admitted and found proved**
6. Your actions as described at:

- a. paragraphs 1a-1b were dishonest by reason of paragraph 5a; **Admitted and found proved**
- b. paragraph 1c were:
 - i. intended to give the impression that you had completed a PhD at the Harvard School of Public Health when you had not; **To be determined**
 - ii. dishonest by reason of paragraph 5b and 6bi; **To be determined**
- c. paragraph 2 were dishonest by reason of paragraph 5c; **Admitted and found proved**
- d. paragraph 3 were dishonest by reason of paragraph 5d; **Admitted and found proved**
- e. paragraph 4 were dishonest by reason of paragraph 5e; **Admitted and found proved**
- f. paragraphs 1a-1b and 2-4 were intended to give the false impression that you had been involved in the published articles described in paragraphs 5di-5diii. **Admitted and found proved**

Bedfordshire Hospitals NHS Foundation Trust ('the Bedfordshire Trust')

- 7. On 17 May 2021 the Bedfordshire Trust downloaded a job application you submitted ('the Bedfordshire Application'), in which you falsely stated that:
 - a. you were the:
 - i. co-author of the Research; **Admitted and found proved**
 - ii. author of an abstract entitled 'Hair Transplantation in Burn Patients' ('the Abstract'); **Admitted and found proved**
 - iii. co-author of the Review; **Admitted and found proved**
 - b. the items described in paragraphs 7ai-7aiii had been published; **Admitted and found proved**

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- c. you had obtained the qualification set out in Schedule 1. **To be determined**
8. When you carried out the actions set out in:
- a. paragraph 7a-7b, you knew that:
- i. you had no involvement in the:
1. Research; **Admitted and found proved**
 2. Abstract; **Admitted and found proved**
 3. Review; **Admitted and found proved**
- ii. the Research had not been published; **Admitted and found proved**
- iii. the Abstract had not been published; **Admitted and found proved**
- b. the Review had not been published; **Admitted and found proved**
paragraph 7c, you knew that:
- i. you did not have the qualification set out in Schedule 1 as you had not completed the course; **Admitted and found proved**
- ii. the course Place of Study was not solely the Harvard School of Public Health. **To be determined**
9. Your actions as described at:
- a. paragraph 7a-7b were:
- i. dishonest by reason of paragraph 8a; **Admitted and found proved**
- ii. intended to give the false impression that you had been involved in the published articles described in paragraphs 5di-5diii; **Admitted and found proved**
- b. paragraph 7c were:

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- i. intended to give the impression that you had completed a PhD at the Harvard School of Public Health when you had not; **To be determined**
- ii. dishonest by reason of paragraph 8b and 9bi. **To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

The Admitted Facts

5. At the outset of these proceedings, through his counsel, Mr Hockton, Dr Foutsizoglou made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

6. In light of Dr Foutsizoglou's response to the Allegation made against him the Tribunal is required to determine whether Dr Foutsizoglou falsely stated in his applications that he had obtained the qualification as set out in Schedule 1, that the course Place of Study was not solely the Harvard School of Public Health, whether he intended to give the impression that he had completed a PhD at the Harvard School of Public Health when he had not, and whether his actions in doing so were dishonest.

Witness Evidence

7. The Tribunal received evidence on behalf of the GMC from the following witness:

- Mr C, Litigation Paralegal at Harvard University, in person, who also provided a written witness statement dated 14 November 2022.

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

- Dr D, Consultant Plastic Surgeon at the Sheffield Trust who was part of the interview panel on 6 August 2021, who provided a written witness statement dated 22 September 2022;
- Person E, Managing Editor of the American Journal of Ophthalmology ('AJO'), who provided a written witness statement dated 9 February 2022;
- Dr F, co-author of an article titled '*Improved Hair Restoration Method for Burns*', who provided a written witness statement dated 15 August 2022
- Dr G, lead author on an academic paper named '*Flap decisions and Options in Soft Tissue Coverage of the Lower Limb*', who provided a written witness statement dated 23 September 2022
- Person H, Head of Medical Workforce at the Bedfordshire Trust, who provided a written witness statement dated 17 October 2022
- Dr I, Deputy Chief Medical Officer at University Hospitals Birmingham NHS Foundation Trust ('UHB') who provided a written witness statement dated 2 March 2023.

9. Dr Foutsizoglou provided his own witness statements dated 14 February 2023, and 6 October 2023. He also gave oral evidence at the hearing.

10. The Tribunal also received evidence on behalf of Dr Foutsizoglou in the form of witness statements from the following witnesses who were not called to give oral evidence:

- Professor J, Professor of Statistical Computing at Harvard University, who provided a written witness statement dated 10 October 2023;
- Dr K, Cosmetic Surgeon and former President of BABS (British Association of Body Sculpting), who provided a testimonial witness statement dated 28 March 2025.

Documentary Evidence

11. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to: various published articles as set out in the Allegation; Dr Foutsizoglou's applications to Bedford and Sheffield; various emails and correspondence in relation to the applications; Dr Foutsizoglou's Rule 7 response; Dr Foutsizoglou's CV; XXX.

The Tribunal's Approach

12. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Foutsizoglou does

not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

13. In relation to the allegations of dishonesty, the Tribunal had regard to the guidance in the case of *Ivey v Genting Casinos (UK) Limited [2017] UKSC 67:*

"When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."

The Tribunal's Analysis of the Evidence and Findings

14. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence in order to make its findings on the facts.

15. In assessing all of the evidence, the Tribunal noted the Dr Foutsizoglou is, save for the admissions in this case, of good character. It took that into account in assessing his evidence.

Paragraph 1(c)

16. On the *Application for employment* form for Sheffield, Dr Foutsizoglou included under the *Subject/Qualification* heading "PhD in Biostatistics & Epidemiology" with the *Place of study* listed as "Harvard School of Public Health (USA)**". He did not complete the *Grade/Result* field and put the *Year obtained* as 2001.

17. Within the Sheffield Application Dr Foutsizoglou included the following:

"Do you hold any particular qualifications in research? I have carried out formal research as part of my postgraduate degrees in Biostatistics and Epidemiology. I hold

post-graduate titles from top-ranking universities (e.g. Harvard T.H. Chan School of Public Health)."

and:

"I take pride in my academic achievements having studied at top-ranked Greek, UK and USA universities. In addition to my MBBS I also hold a Master's degree and a PhD in Biostatistics and Epidemiology.."

18. Dr Foutsizoglou's evidence was that he did around 16 months of the PhD in Biostatistics & Epidemiology course. He said he had included this within the application form to show that he had started the course and that he had been undertaking it during what would otherwise appear as a gap in his education. He stated that he had included an asterisk after "Harvard School of Public Health (USA)" in the *Place of study* column in order to flag that there was further information in relation to this entry and to denote that questions could be asked in relation to this.

19. The Tribunal had evidence to show that there was such a PhD course and which indicated Dr Foutsizoglou began it. There had been suggestion at one stage of the questioning, that Dr Foutsizoglou may not have studied at all for a PhD. The Tribunal was satisfied and approached all the evidence on the basis, that he did. It accepted he completed more than a year of work towards the PhD, before changing his academic focus and taking a position on his Newcastle MBBS.

20. The Tribunal noted that the wording set out above included a sentence ("I also hold a Master's degree and a PhD in Biostastics and Epidemiology") which was not included in the Bedfordshire form. Dr Foutsizoglou stated in his evidence that the details for the Sheffield Application had pulled through from his Bedford Application due to the autofill function on his computer/the forms. The Tribunal noted that explanation could not apply to the additional sentence.

21. Dr Foutsizoglou gave evidence that his reference to "hold[ing] a PhD" referred to having completed some of the research while being registered on the PhD course. He said that he would have used the words "PhD degree" if he had intended to refer to having completed the qualification. In that regard, he suggested that completing the form in his second language may have caused some difficulty.

22. The Tribunal noted that Dr Foutsizoglou's CV was extremely well-crafted and was not reflective of poor English, and also that it had been provided evidence of an English language test which Dr Foutsizoglou had undertaken, demonstrating that his English was at a practising standard. Further, Dr Foutsizoglou completed a 5-year medical degree in English and then went on further training in the UK, with his evidence being that the time he was on the PhD course he was using English. The Tribunal also had the benefit of hearing Dr Foutsizoglou give evidence in English.

23. The Tribunal was not provided any explanation as to why this particular phrase may have translated poorly. It considered that the statement "I hold a PhD" was unambiguous and could not be interpreted in the way that Dr Foutsizoglou suggested. The Tribunal therefore rejected that evidence.

24. The Tribunal also noted the plural use of the words "degrees" and "titles", specifically referring to post-graduate degrees in Biostatistics and Epidemiology. Dr Foutsizoglou suggested that sentence would read as he claimed he meant it had it been in Greek. The Tribunal rejected that. It concluded he has provided no credible explanation as to why that word was used in plural if it was to refer only to his Masters, and there is no other second course it could refer to other than his PhD.

25. The Tribunal noted that there was no additional wording included within the Sheffield Application which would soften the impact of the phrasing Dr Foutsizoglou had used or that indicated, yet alone made clear, that his PhD work at Harvard was incomplete.

26. The Tribunal noted that the asterisk drew some attention to the PhD. It noted there was no additional text or indication as to what the asterisk meant. The asterisk was next to the location of the course and not the qualification or completion date. The Tribunal took the view that any reasonable person reading the application would not be able to identify that he had not completed the PhD. Given the location of the asterisk, the Tribunal considered that his rationale that this indicated there were questions to be asked about the completion of the PhD, rather than simply the location, was wrong.

27. The Tribunal noted that the application form invited applicants to write "in progress" under "grade/result" if it was applicable. Dr Foutsizoglou has provided no explanation for why he did not include words in that section to indicate he had not completed the course. The Tribunal also noted it would be open to him to include "not completed" or similar words in the free text box in which he gave the course name or the place of study.

28. Dr Foutsizoglou gave evidence that he had to enter a numeric value for “year obtained” so put 2001, when he ended his research. The Tribunal had no evidence to undermine that assertion, so does not consider the fact a year is entered to constitute additional evidence against him.

29. Dr Foutsizoglou suggested that it would be clear to a reader that a PhD could not be completed in just 2 years and they would therefore realise he could not have completed the program. The Tribunal rejected that evidence. It accepted two years would be a short time to complete a PhD, but noted that the purported PhD ran on from the completion of a Masters in the same field, and that there are circumstances where courses are completed unusually quickly. The Tribunal did not accept that the length of study must have led a reasonable reader to the conclusion the course was incomplete.

30. The Tribunal was of the opinion that the documentary evidence clearly indicated that Dr Foutsizoglou had multiple post-graduate degrees and held a PhD. The Tribunal reminded itself of the wording of the Allegation that Dr Foutsizoglou had *“falsely stated that... you had obtained the qualification”*.

31. The Tribunal noted that, even if the table did not allow for the detail that was necessary, Dr Foutsizoglou had the opportunity to make clear in any of the free text answers that he did not complete the PhD. He did not do so, and positively suggested that he “hold[s]” a PhD.

32. The Tribunal determined that the Sheffield Application completed by Dr Foutsizoglou clearly indicated that he had obtained a PhD as set out in the Allegation, and that this information was false. It therefore found this paragraph of the Allegation proved.

Paragraph 5(b)(ii)

33. The evidence before the Tribunal was that the PhD course in question was run in conjunction with Harvard University by the University of Athens. The course was taught by Harvard Professors and Dr Foutsizoglou’s supervisor was based at Harvard.

34. Dr Foutsizoglou’s evidence was that the qualification would have been awarded by Harvard but that he was attending the course remotely via the University of Athens. He also stated that he had gone to Boston for a period of time, but could not be sure how many

times. He also stated that he believed that the first year of study was funded by the University of Athens.

35. The Tribunal considered that on his own evidence, Dr Foutsizoglou knew that the place of study was not solely Harvard, and that whilst the course was facilitated by Harvard, and would have resulted in an award from Harvard, he had studied in Greece via the University of Athens, who at least part funded him, during the time that he was on the course.

36. The Tribunal therefore determined, that as a matter of fact, the location of study was not solely the Harvard School of Public Health and that Dr Foutsizoglou knew this at the time that he completed the Sheffield Application.

37. Accordingly, it found this paragraph of the Allegation proved.

Paragraph 6(b)(i)

38. The Tribunal considered that the Sheffield Application clearly gave the impression that Dr Foutsizoglou had completed a PhD at the Harvard School of Public Health when he had not, for the reasons set out above.

39. It concluded that the only credible explanation as to why Dr Foutsizoglou had completed the application this way, and included the details that he did, was to give this impression. It particularly bore in mind the wording used by Dr Foutsizoglou in his application, as set out above, clearly stating that he had “carried out formal research as part of my postgraduate degrees in Biostatistics and Epidemiology”, that he held “post-graduate titles from top-ranking universities (e.g. Harvard …)” and that he held “a Master’s degree and a PhD in Biostatistics and Epidemiology.”

40. The Tribunal concluded that Dr Foutsizoglou had sought to give this impression in order to strengthen his application and accordingly found this paragraph of the Allegation proved.

Paragraph 6(b)(ii)

41. Dr Foutsizoglou's position was that the PhD was a non-medical course and so would not relate to the role he was applying for at Sheffield, and that therefore he had no reason to include it dishonestly or give the impression that he had completed the Harvard PhD.

42. The Tribunal considered the job specifications for the Sheffield Application. Under *Desirable criteria* it stated "MD or PHD or equivalent" and under *Essential Criteria* it included "Ability to critically assess published research and incorporate it into clinical practice where appropriate".

43. The Tribunal was of the opinion that Dr Foutsizoglou had attempted to play down the relevance of the PhD course to a clinical role. It noted that the area of research was related to medicine and included research and study which would bolster his application and would assist in demonstrating the desirable and essential criteria for his application.

44. In considering whether Dr Foutsizoglou's actions were dishonest, the Tribunal also considered the Bedford Application. This had included the same information in relation to the details of the course but did not include the additional sentence included within the Sheffield Application, as set out above. Dr Foutsizoglou had applied for the role at Bedford and had not been shortlisted. The Tribunal concluded that Dr Foutsizoglou had intentionally added that sentence which was unambiguous in asserting that he held the PhD and drew attention to it within a long answer question. The Tribunal concluded that he had done so dishonestly to strengthen his application.

45. In determining whether Dr Foutsizoglou's actions were dishonest, the Tribunal considered the test set out in *Ivey*, above.

46. The Tribunal was satisfied that, on the evidence before it, Dr Foutsizoglou knew at the time that he completed the Sheffield Application that the information he provided was likely to give a false impression of his experience and qualifications, and that he chose to do so in order to bolster his application. It particularly noted the inclusion of further, misleading detail in the Sheffield Application following his Bedford Application being unsuccessful.

47. The Tribunal concluded that this would clearly be seen as dishonest by the standards of any ordinary, decent person.

48. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 7(c)

49. In considering the Bedford Application, the Tribunal noted that it did not include the additional sentence:

“I take pride in my academic achievements having studied at top-ranked Greek, UK and USA universities. In addition to my MBBS I also hold a Master’s degree and a PhD in Biostatistics and Epidemiology..”

50. However, it included the same details in relation to the course, save for a minor date discrepancy which may have been a result of the auto-populate function as indicated by Dr Foutsizoglou, and also the below wording:

“*Do you hold any particular qualifications in research?* I have carried out formal research as part of my postgraduate degrees in Biostatistics and Epidemiology. I hold post-graduate titles from top-ranking universities (e.g. Harvard T.H. Chan School of Public Health).”

51. The Tribunal considered that the year of completion and qualification had been expressed in the same way on both applications, with no further explanation given in the narrative or text. It noted that the Bedford Application did have a *Gaps in employment section* to which no answer or detail was given by Dr Foutsizoglou.

52. The Tribunal determined that, even without the additional sentence included within the Sheffield Application, Dr Foutsizoglou had falsely stated that he had obtained the PhD from Harvard.

53. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 8(b)(ii)

54. For the same reasons as set out in respect of paragraph 5(b)(ii) of the Allegation, above, the Tribunal found this paragraph proved.

Paragraph 9(b)(i)

55. For the same reasons as set out in respect of paragraph 6(b)(ii) of the Allegation, above, the Tribunal found this paragraph proved.

Paragraph 9(b)(ii)

56. The Tribunal considered that the evidence in relation to the Bedford Application alone was sufficient to conclude that, on the balance of probabilities, Dr Foutsizoglou knew that the information he was providing would give a false impression of his skills and experience and that he deliberately chose to complete the application in this way. The Tribunal could find no other reasonable explanation as to why Dr Foutsizoglou completed the Bedford Application the way he did other than to falsely represent himself as having a PhD.

57. In addition, the evolution of Dr Foutsizoglou's application between the Bedford Application and the Sheffield Application added significant weight to this conclusion.

58. As set out above, the Tribunal noted the inclusion of an additional sentence in the Sheffield Application emphasising that Dr Foutsizoglou held a PhD in Biostatistics and Epidemiology. It bore this in mind when considering dishonesty in respect of the Bedford Application and came to the conclusion that as Dr Foutsizoglou was not shortlisted for the Bedford role he sought to bolster the gaps in his experience and qualification in order to meet the essential (and desirable) criteria for the subsequent Sheffield Application.

59. The Tribunal was of the opinion that this addition further demonstrated that Dr Foutsizoglou was motivated to give a false impression on his applications and supported the conclusion that he had been deliberately dishonest with the intention to mislead in order to improve his chances of being successful in his applications.

60. The Tribunal found Dr Foutsizoglou's explanation and rationale for how he had completed the applications internally inconsistent and lacking credibility.

61. It determined that he had known he was providing false and misleading information at the time of completing the Bedford Application, and that an ordinary, decent member of the public would clearly consider his actions dishonest.

62. Accordingly, the Tribunal found this paragraph of the Allegation proved.

The Tribunal's Overall Determination on the Facts

63. The Tribunal has determined the facts as follows:

Sheffield Teaching Hospitals NHS Foundation Trust ('the Sheffield Trust')

1. On 1 July 2021 the Sheffield Trust received a job application you submitted ('the Sheffield Application'), in which you falsely stated that:
 - a. you were the:
 - i. co-author of research entitled 'Sentinel Node Biopsy in Malignant Eyelid Tumor' ('the Research'); **Admitted and found proved**
 - ii. author of a journal article entitled 'Hair Transplantation in Burn Patients' ('the Journal Article'); **Admitted and found proved**
 - iii. co-author of a review entitled 'Flap Decisions in Soft Tissue Coverage of the Lower Limb' ('the Review'); **Admitted and found proved**
 - b. the items described in paragraphs 1ai-1aiii had been published; **Admitted and found proved**
 - c. you had obtained the qualification as set out in Schedule 1. **Determined and found proved**

2. On 6 August 2021 you attended an interview with the Sheffield Trust and, in response to Ms A telling you that she had been unable to find a version of the Review with your name listed as a co-author (or words to that effect), you falsely stated there were many authors for the Review and they had only put the top authors' names on the published article, or words to that effect.
Admitted and found proved

3. On 3 September 2021, in support of the Sheffield Application, you sent an email to the Sheffield Trust and you:
 - a. attached a document purporting to be:

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- i. research entitled 'The Role of Sentinel Lymph Node Biopsy in Eyelid Tumors' which listed you as a co-author ('Paper 1');
Admitted and found proved
 - ii. a journal article entitled 'Hair Transplantation in Burns: Our Preferred Method' which listed you as a co-author ('Paper 2');
Admitted and found proved
 - iii. a review entitled 'Flap Decisions and Options in Soft Tissue Coverage of the Lower Limb' ('Paper 3') which listed you:
 3. as a co-author; **Admitted and found proved**
 4. as having worked at the Heart of England NHS Foundation Trust; **Admitted and found proved**
- b. falsely stated that Papers 1-3 were attached as they appeared in the journal/publications listed in the Sheffield Application, or words to that effect. **Admitted and found proved**
4. On 13 September 2021 you falsely stated to the Sheffield Trust that Paper 1 'was originally accepted by the [American Journal of Ophthalmology] in 2020'.
Admitted and found proved
5. When you carried out the actions set out in:
- a. paragraph 1a-1b, you knew that:
 - i. you had no involvement in the:
 4. Research; **Admitted and found proved**
 5. Journal Article; **Admitted and found proved**
 6. Review; **Admitted and found proved**
 - ii. the Research had not been published; **Admitted and found proved**
 - iii. the Journal Article had not been published; **Admitted and found proved**

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- iv. the Review had not been published; **Admitted and found proved**
- b. paragraph 1c, you knew that:
 - i. you did not have the qualification set out in Schedule 1 as you had not completed the course; **Admitted and found proved**
 - ii. the course Place of Study was not solely the Harvard School of Public Health; **Determined and found proved**
- c. paragraph 2, you knew that:
 - i. you had no involvement in the Review; **Admitted and found proved**
 - ii. your response provided a false reason for why your name was not listed as a co-author on the version of the Review Ms A had located online; **Admitted and found proved**
- d. paragraph 3, you knew that:
 - i. Paper 1 was a falsified version of a published article called “Sentinel Lymph Node Biopsy for Eyelid and Conjunctival Tumors: What Have We Learned in the Past Decade?”; **Admitted and found proved**
 - ii. Paper 2 was a falsified version of a published article called “Improved hair restoration method for burns”; **Admitted and found proved**
 - iii. Paper 3 was a falsified version of a published article called “Flap Decisions and Options in Soft Tissue Coverage of the Lower Limb”; **Admitted and found proved**
 - iv. you had never worked at the Heart of England NHS Foundation Trust; **Admitted and found proved**
 - v. you had no involvement in the published articles referred to in paragraphs 5di-5diii; **Admitted and found proved**

- e. paragraph 4, you knew that Paper 1 had not been published by the American Journal of Ophthalmology. **Admitted and found proved**
- 6. Your actions as described at:
 - g. paragraphs 1a-1b were dishonest by reason of paragraph 5a; **Admitted and found proved**
 - h. paragraph 1c were:
 - i. intended to give the impression that you had completed a PhD at the Harvard School of Public Health when you had not; **Determined and found proved**
 - ii. dishonest by reason of paragraph 5b and 6bi; **Determined and found proved**
 - i. paragraph 2 were dishonest by reason of paragraph 5c; **Admitted and found proved**
 - j. paragraph 3 were dishonest by reason of paragraph 5d; **Admitted and found proved**
 - k. paragraph 4 were dishonest by reason of paragraph 5e; **Admitted and found proved**
 - l. paragraphs 1a-1b and 2-4 were intended to give the false impression that you had been involved in the published articles described in paragraphs 5di-5diii. **Admitted and found proved**

Bedfordshire Hospitals NHS Foundation Trust ('the Bedfordshire Trust')

- 7. On 17 May 2021 the Bedfordshire Trust downloaded a job application you submitted ('the Bedfordshire Application'), in which you falsely stated that:
 - a. you were the:
 - i. co-author of the Research; **Admitted and found proved**

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- ii. author of an abstract entitled 'Hair Transplantation in Burn Patients' ('the Abstract'); **Admitted and found proved**
 - iii. co-author of the Review; **Admitted and found proved**
- b. the items described in paragraphs 7ai-7aiii had been published;
Admitted and found proved
 - c. you had obtained the qualification set out in Schedule 1. **Determined and found proved**
8. When you carried out the actions set out in:
- a. paragraph 7a-7b, you knew that:
 - i. you had no involvement in the:
 - 4. Research; **Admitted and found proved**
 - 5. Abstract; **Admitted and found proved**
 - 6. Review; **Admitted and found proved**
 - ii. the Research had not been published; **Admitted and found proved**
 - iii. the Abstract had not been published; **Admitted and found proved**
 - b. the Review had not been published; **Admitted and found proved**
paragraph 7c, you knew that:
 - i. you did not have the qualification set out in Schedule 1 as you had not completed the course; **Admitted and found proved**
 - ii. the course Place of Study was not solely the Harvard School of Public Health. **Determined and found proved**

9. Your actions as described at:

 - a. paragraph 7a-7b were:

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- i. dishonest by reason of paragraph 8a; **Admitted and found proved**
 - ii. intended to give the false impression that you had been involved in the published articles described in paragraphs 5di-5diii; **Admitted and found proved**
- b. paragraph 7c were:
- i. intended to give the impression that you had completed a PhD at the Harvard School of Public Health when you had not; **Determined and found proved**
 - ii. dishonest by reason of paragraph 8b and 9bi. **Determined and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

Determination on Impairment - 23/04/2025

1. This determination will be handed down in private. However, as this case concerns Dr Foutsizoglou's misconduct a redacted version will be published at the close of the hearing.
2. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Foutsizoglou's fitness to practise is impaired by reason of misconduct.

The Evidence

3. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence.
4. Dr Foutsizoglou provided a further witness statement, dated 22 April 2025, contained within a stage 2 bundle which also included, but was not limited to, the following: a responsible officer's statement; a number of testimonials provided on behalf of Dr Foutsizoglou; a patient feedback report; documentation pertaining to CPD (Continuous Professional Development) which he has undertaken.

Submissions

On behalf of the GMC

5. On behalf of the GMC, Mr Grundy submitted that Dr Foutsizoglou's actions represented clear and obvious breaches of *Good Medical Practice (2013)* ('GMP'). He submitted that his actions amounted to a systematic and calculated course of dishonesty, with repeated instances of deception, and that Dr Foutsizoglou went to great lengths to cover up his initial dishonesty by further acts of dishonesty.
6. Mr Grundy submitted that Mr Hockton, on behalf of Dr Foutsizoglou, has indicated on a number of occasions that serious misconduct was accepted, and that the Tribunal should accept this and find that Dr Foutsizoglou's dishonest course of actions amounted to serious misconduct.
7. Mr Grundy submitted that in respect of impairment, the Tribunal should consider 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, given that this is a non-clinical case. He submitted that the efforts made by a practitioner to address problems and to reduce the risk of recurrence of such misconduct in the future may be far less significant than in other cases, such as those involving clinical areas.
8. Mr Grundy submitted that the Tribunal may take the view that Dr Foutsizoglou's insight has been limited and to some extent late in formulation, and that he had little alternative in the end but to admit to his dishonesty given the overwhelming evidence against him, adding that Dr Foutsizoglou has referred to the matter as a little 'white lie'.
9. He submitted that Dr Foutsizoglou's explanations of his actions do not stand up to scrutiny, demonstrated by the fact that he states that he included research papers to show he had experience relevant to skin cancer, when in fact only one of the papers related to skin cancer, adding that the Tribunal found in its facts determination that his account was internally inconsistent and lacking credibility. He submitted that the Tribunal should therefore consider carefully the appropriate weight to attribute to the testimonials provided on his behalf.

On behalf of Dr Foutsizoglou

10. On behalf of Dr Foutsizoglou, Mr Hockton submitted that Dr Foutsizoglou has openly accepted in evidence that the conduct in question in this case, as admitted and as found proved, amounts to misconduct.

11. Mr Hockton submitted that a finding of dishonesty does not automatically equate to a finding of impairment and that the Tribunal should consider the specific circumstances of this case, and that the decision on impairment should focus on current impairment and any need to uphold the overarching objective.

12. Mr Hockton submitted that, while the dishonesty could not be said to be outside of a professional context, because it related to job applications, it was not related to Dr Foutsizoglou's clinical practice. He submitted that this was a one-off, isolated episode and was not persistent or repeated over a period of time. He contended that this is essentially a single case, albeit that there are a number of factors which are to be considered, as the two applications were based on the same document with minor modifications.

13. Mr Hockton submitted that Dr Foutsizoglou has an otherwise unblemished career, that these events occurred within the context of Covid and a particularly stressful personal time for Dr Foutsizoglou, and that the embellishment of these applications was totally out of character.

14. He submitted that Dr Foutsizoglou has thought long and hard about his conduct and why he acted in the way he did, and has sought to address the issues raised in this case. He submitted that Dr Foutsizoglou has remediated insofar as he is able to, has provided his written statement reflecting on these matters, and has provided a number of testimonials demonstrating his competency as a doctor and his otherwise good character. He submitted that in light of all these factors, a finding of impairment was not necessary in this case.

The Relevant Legal Principles

15. 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.

16. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and then whether Dr Foutsizoglou's fitness to practise was currently impaired, in light of any misconduct found.

17. The Tribunal must determine whether Dr Foutsizoglou's fitness to practise is impaired today, taking into account Dr Foutsizoglou'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.

18. The LQC highlighted the case of *Roylance v GMC (no2) (2000) 1 AC 311* in which 'misconduct' was defined as a 'word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances'. In the case *Nandi v GMC [2004] EWHC 2317 (Admin)*, it was said that serious misconduct is sometimes described as misconduct which would be considered deplorable by fellow practitioners.

19. The LQC reminded the Tribunal of the need to take into account the overarching objective which is to protect the public and which includes to:

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

20. The LQC reminded the Tribunal that whilst there is no statutory definition of impairment, the Tribunal is 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 Paula Grant [2011] EWHC 297 Admin*. 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:

- a. *'Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. *'Has in the past 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.'

The Tribunal's Determination on Impairment

Misconduct

21. In reaching its decision on misconduct, the Tribunal noted that the submissions made on behalf of the GMC and Dr Foutsizoglou that his actions amounted to misconduct. While there was agreement between the parties, the Tribunal exercised its own judgment.

The Sheffield Application

Paragraph 1

22. In his admissions and evidence, Dr Foutsizoglou accepted that he did falsely state that he had produced the research articles set out in the Allegation, claiming to be the single or co-author.

23. The Tribunal noted that Dr Foutsizoglou included these papers in his application as part of a planned deception in an attempt to strengthen his application. Dr Foutsizoglou stated in his evidence that this was a conscious decision on his part.

24. In reaching this decision, the Tribunal was mindful of the following paragraphs of GMP:

Maintaining trust

...

The duties of a doctor registered with the GMC

- *Be honest and open and act with integrity.*

65 *You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.*

66 *You must always be honest about your experience, qualifications and current role.*

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

a You must take reasonable steps to check the information is correct. *b* You must not deliberately leave out relevant information

...

25. The Tribunal determined that this behaviour was a clear breach of the guidelines set out in GMP and amounted to misconduct. It was of the opinion that this behaviour collectively amounted to misconduct, and that each of his individual actions in this regard also represented misconduct.

26. In respect of paragraph 1(c) of the Allegation, the Tribunal has previously determined that Dr Foutsizoglou knowingly provided false information and concluded that this also constituted misconduct. The Tribunal noted that the additional sentence in the Sheffield application demonstrated a positive further step taken to augment and develop the deception he had previously included in the Bedfordshire form.

Paragraph 2

27. In respect of paragraph 2 of the Allegation, the Tribunal considered that this represented positive steps and further false statements from Dr Foutsizoglou to cover up and continue his deception. He engaged in an active lie in an attempt to cover up his earlier false statements regarding the authorship of the cited research papers. When challenged on the false information he provided on the application form, he engaged in further misrepresentation to support his initial deception.

28. The Tribunal determined that this behaviour was also in clear breach of the guidelines set out in GMP and amounted to misconduct.

Paragraphs 3 & 4

29. It was clear to the Tribunal that Dr Foutsizoglou edited original research papers in an attempt to support his false claims. It considered that this was a distinct episode of

dishonesty, which built on, and developed the deception he had already conducted. It was a further conscious choice to provide false information as part of his application and to misrepresent his experience and qualifications.

30. The Tribunal noted that this work must have taken some effort on Dr Foutsizoglou's part. Whilst Dr Foutsizoglou stated in evidence that this had only taken him around 45 minutes to complete and the Tribunal had not received any evidence to the contrary, it noted that the alterations were sophisticated in nature and included the matching of fonts and formatting.

31. It also noted that in addition to providing the false research papers, Dr Foutsizoglou stated to the Sheffield Trust that Paper 1 'was originally accepted by the [American Journal of Ophthalmology] in 2020', and that this was also false and that he knew it to be so at the time.

32. The Tribunal concluded that these efforts were a further conscious decision on the part of Dr Foutsizoglou to maintain his deception and to mislead. It noted that he had the opportunity to stop, admit his dishonesty or withdraw from the application process, but that he chose not to.

33. The Tribunal concluded that this represented a clear departure from the principles in GMP, as set out above, and also amounted to misconduct.

Paragraphs 5 & 6

34. As set out above, the Tribunal determined that Dr Foutsizoglou knew from the outset that the information that he had provided was false at the time, and chose to provide it.

35. The Tribunal determined, as per its facts determination, that Dr Foutsizoglou knowingly and deliberately provided this false information with the intention of giving a false impression of his skills and experience in order to bolster his application.

36. The Tribunal determined that knowingly providing this false information amounted to misconduct, and that Dr Foutsizoglou's deliberate, further attempts to pursue this dishonest course of conduct also amounted to misconduct and compounded his earlier instances of misconduct.

37. The Tribunal did not accept the submissions made on behalf of Dr Foutsizoglou that the information pertaining to the PhD was an historic artifact and essentially just a part of his career or educational history. It concluded that this qualification and the subject matter was linked to the desirable characteristics of the role and that Dr Foutsizoglou deliberately sought to mislead in respect of this qualification in an attempt to deceive and increase his chance of a successful application to a substantive clinical post for his own personal gain, which would have constituted a material benefit to him. While the subject matter of the deception was of some age, the dishonesty was committed to strengthen his then current application.

38. For these reasons, the Tribunal determined that Dr Foutsizoglou's actions in respect of the Sheffield Application, both individually and cumulatively, amounted to misconduct.

The Bedford Application

39. The Tribunal has previously found that Dr Foutsizoglou falsely stated that he had authored/co-authored the research papers set out in the Allegation, that he had obtained the (PhD) qualification set out in schedule 1 of the Allegation. In line with its reasoning in respect of the Sheffield application, the Tribunal found that this breached the guidelines set out in GMP.

40. It determined that he knew at the time that this information was false and that he knowingly lied about these matters, which amounted to dishonesty.

41. For these reasons, the Tribunal determined that Dr Foutsizoglou's actions in respect of the Bedford Application, both individually and cumulatively, amounted to misconduct.

42. The Tribunal has therefore concluded that Dr Foutsizoglou's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

43. The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Foutsizoglou's fitness to practise is currently impaired.

44. The Tribunal considered that dishonesty is not easily remediable, particularly where there is persistent and repeated dishonesty, reflecting an attitudinal shortcoming.

45. The Tribunal noted the submission made on behalf of Dr Foutsizoglou that this represents a single episode of dishonesty. It rejected that submission. It concluded that this was in fact multiple, separate instances of dishonesty which continued and developed over a period of time. Whilst these instances of dishonesty were connected by their subject matter, and cumulative, each step and action represented a decision by Dr Foutsizoglou to be dishonest, often to conceal and to cover up his previous dishonesty.

46. The Tribunal did accept that Dr Foutsizoglou's dishonesty, while repeated, was committed in respect of applications close in time against the backdrop of an otherwise unblemished career. It took the view Dr Foutsizoglou's misconduct was not irremediable, but that remediation is not easy.

47. The Tribunal went on to consider whether Dr Foutsizoglou has remedied his dishonesty.

48. The Tribunal considered that there was some evidence that Dr Foutsizoglou recognises the impact of his actions and that he has, at least to some extent, reflected on the impact on the profession, how others would view his misconduct, and the importance of honesty. Dr M provides a statement which indicates Dr Foutsizoglou has undergone something of a journey of developing insight into his misconduct. He has also expressed some remorse before this Tribunal.

49. The Tribunal noted that it had been provided almost no evidence of the CPD undertaken by Dr Foutsizoglou as it relates to probity, honesty and the allegations found proved.

50. The Tribunal took the view that Dr Foutsizoglou's reflection and insight is largely superficial. Dr Foutsizoglou has not explained how his personal circumstances led to him acting in a persistently dishonest fashion. In his evidence he indicated his actions were intended to improve his chance of successful applications. The Tribunal does not have any evidence of how he says the personal stresses on him at the time resulted in his making dishonest decisions in that respect, which were out of character for him.

51. The Tribunal noted that, even in explaining his actions after time to reflect, he suggests he included the false papers to show a specialism in skin cancer, which only one of those papers related to. That, the Tribunal concluded, undermines the credibility of the explanation he now gives.

52. The Tribunal considered that Dr Foutsizoglou has failed to demonstrate that he has meaningful insight into his own conduct, or the consequences of that conduct. He has not provided evidence that he understands his own motivations, the triggers for his behaviours, or that he is able to be fully transparent regarding his dishonesty.

53. The Tribunal notes that Dr Foutsizoglou provided a statement following the determination on facts. It does not address the findings made against him which he denied, or demonstrate any reflection on that determination. The Tribunal does not hold that against him, but is unable to credit him with any demonstration of insight into the allegations that relate to the false PhD entries.

54. The Tribunal considered Dr Foutsizoglou's most recent written statement, produced following the findings at the facts stage, where he states:

"Although I disputed these allegations it perhaps brought into context that it is hard for the regulator to trust a doctor who has previously admitted being dishonest.

...

I have had [XXX] which made me look at why people do things completely out of character and how to cope and manage pressure and stressful situations. It did not help a great deal with [XXX] but made me look at the reasons for my misconduct and help with my reflections.

...

I have been involved in Clinical Governance such as publications, audits, teaching and research projects as evidenced by the relevant documentation. [sic]"

55. The Tribunal considered that Dr Foutsizoglou's evidence in this regard largely constituted assertions as to his insight and remediation, which was not demonstrated by the supporting evidence. The Tribunal was of the opinion that Dr Foutsizoglou has not elaborated

or gone into sufficient details such that it could accept that he has satisfactorily developed insight, remediated or addressed the concerns which led to this hearing. On the contrary, his evidence and statements, even the most recent ones, appear to show that his focus has been on the impact to himself, his experience of events, and that the areas required to demonstrate that he is not currently impaired have only been addressed superficially. The Tribunal does not have any evidence from Dr Foutsizoglou of how he may approach stressful situations in the future, or of safeguards he has put in place to ensure he would not act similarly in the future, even in respect of those aspects of the Allegation he admitted.

56. The Tribunal then went on to consider whether there is a risk of repetition of Dr Foutsizoglou's dishonesty.

57. The Tribunal considered that without sufficient evidence that Dr Foutsizoglou understands the causes and nature of his dishonesty, has developed insight, and can articulate how he would act differently in future, particularly under stressful situations, it could not rule out the risk of repetition.

58. Dr Foutsizoglou has linked the stressful personal circumstances in his life at the time, including XXX. However, it was not clear to the Tribunal how these impacted his decision to engage in a persistent course of dishonesty in order to increase his likelihood of success in obtaining the roles which are the subject of the Allegation. Dr Foutsizoglou stated in evidence that his private practice was far more lucrative, such that it does not appear to the Tribunal there was a financial imperative so to act. Similarly, although he has suggested XXX at the time, which he did not then recognise, the Tribunal was provided with no evidence to support this, and takes the view it is no more than speculation. In any event, Dr Foutsizoglou has not explained how this could have caused him to act as he did. Rather, he has been clear that he intended to bolster his application to make it more likely he would be successful.

59. The Tribunal did attribute weight to the testimonials provided on behalf of Dr Foutsizoglou, some of which demonstrate that he has discussed these matters and is being more open and honest regarding his changing mindset. As one of his explanations for doubling down on his dishonesty was his embarrassment, the Tribunal concluded that the risk of repetition was somewhat reduced on that basis.

60. However, given the absence of sufficient evidence of meaningful remediation or clear insight into his behaviour, the Tribunal concluded that a risk of repetition remained.

61. The Tribunal concluded that the second, third and fourth limbs of Dame Janet Smith's test, as set out above, are applicable in this case. Namely, that Dr Foutsizoglou:

- b. Has in the past 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.'*

62. The Tribunal also considered the overarching objective. It concluded that given its finding of serious, persistent and repeated dishonesty, as well as that a risk of repetition remains, public confidence in the profession would be undermined were a finding of impairment not made.

63. It considered that whilst this was a non-clinical case, it was a professional case involving Dr Foutsizoglou's professional conduct and the exercise of his duties and obligations as a doctor. The Tribunal therefore concluded that a finding of impairment was also necessary to promote and maintain proper professional standards and conduct for members of the profession.

64. The Tribunal concluded that a finding of current impairment was necessary to uphold the second and third limbs of the overarching objective.

65. The Tribunal has therefore determined that Dr Foutsizoglou's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 25/04/2025

1. This determination will be handed down in private. However, as this case concerns Dr Foutsizoglou's misconduct a redacted version will be published at the close of the hearing.

2. Having determined that Dr Foutsizoglou'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

3. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.
4. Dr Foutsizoglou gave further oral evidence at this stage of proceedings, which the Tribunal has also taken into account. He gave further information about XXX he has undergone, the CPD courses he has completed, and about his own analysis of the triggers for his misconduct. In particular, he expanded on the suggestion that his ego was the driver for his misconduct, which resulted from pressure he placed on himself to succeed.

Submissions

On behalf of the GMC

5. On behalf of the GMC, Mr Grundy submitted that the appropriate and proportionate sanction in the circumstances of this case was that of erasure.
6. Mr Grundy submitted that there are no exceptional circumstances which would justify taking no action and that the misconduct found is too serious for the imposition of conditions, which would not be appropriate nor proportionate. He submitted that, in any event, it would be difficult to see how any conditions would be appropriate or workable.
7. Mr Grundy submitted that the dishonesty and misconduct found and the circumstances of the case are so serious that it would not be appropriate nor proportionate to impose a period of suspension. He submitted that the Tribunal found at the impairment stage that Dr Foutsizoglou has committed serious, persistent and repeated acts of dishonesty, concluding that rather than being a single episode of dishonesty this was in fact multiple separate instances of dishonesty, which continued and developed over a period of time. He submitted that this puts this case at the top end of the spectrum of dishonesty, which when taken with the finding that Dr Foutsizoglou's reflection and insight is largely superficial and that a risk of repetition remains, indicates that erasure is the only appropriate sanction.

On behalf of Dr Foutsizoglou

8. On behalf of Dr Foutsizoglou, Mr Hockton submitted that in considering the issue of sanction, the Tribunal should have particular regard to Dr Foutsizoglou's previously unblemished career, that the conduct in this case was wholly out of character, and that while the Tribunal did not accept the characterisation that this was a single episode, the conduct was nonetheless interlinked over a relatively short period of time.

9. Mr Hockton submitted that the dishonesty found in this case is not at the top end in relation to acts of dishonesty, and was not related to Dr Foutsizoglou's clinical practice. He submitted that there is no evidence of repetition since the events and that it is not specifically pleaded or relied upon as part of the case against Dr Foutsizoglou that the dishonesty had any material impact on the decision to offer him the job at Sheffield.

10. Mr Hockton submitted that the Tribunal should have regard to Dr Foutsizoglou's circumstances at the time, including the impact of Covid, XXX. He submitted that Dr Foutsizoglou has accepted the Tribunal's findings at the facts stage and that this constitutes a mitigating factor when considering what sanction to impose, along with Dr Foutsizoglou's expressions of remorse and apologies.

11. Mr Hockton submitted that there is no risk of repetition of the conduct in question, not least because of the insight, remediation and learning Dr Foutsizoglou has put in place. He hoped that in taking the specific circumstances of the case into account, the Tribunal would take the view that that there is more than sufficient evidence of insight, remorse and remediation.

12. Mr Hockton submitted that, theoretically, conditions could be imposed in this case, requiring Dr Foutsizoglou to ensure that information on an official document is correct and accurate and that this was something which the Tribunal may need to consider.

13. Mr Hockton submitted that the Sanctions Guidance (February 2024) ('SG') sets out that suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and the public about what is regarded as behaviour unbefitting a registered doctor. He submitted that Dr Foutsizoglou has accepted that his dishonest behaviour was unbefitting and the Tribunal may feel that a short period of suspension would be sufficient to send out such a message. He submitted that a short period of suspension would suffice, on

the basis that there has been a considerable lapse of time since the events in question, with no evidence of any problems during the intervening period.

14. Mr Hockton submitted that there is a legitimate public interest in ensuring that otherwise competent doctors can work and provide valuable services to the public and that the Tribunal should take this into account when reaching its determination on sanction.

15. Mr Hockton submitted that erasure would be wholly disproportionate, unduly harsh, and contrary to the public interest. It would give no allowance for the substantial admissions made by Dr Foutsizoglou or the fact that the conduct in question is discrete and limited in scope and does not relate to, or bear upon, his treatment of patients or his ability to treat patients.

The Tribunal's Determination on Sanction

16. The Tribunal's decision as to the appropriate sanction to impose on Dr Foutsizoglou's registration, if any, is a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (February 2024) ('SG') and the overarching objective.

17. The Tribunal had regard to the principle of proportionality, and weighed Dr Foutsizoglou's interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of a sanction is not to punish doctors, although a sanction may have a punitive effect. It also took into account the overarching objective which is to protect the health, safety, and wellbeing of the public, maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for the members of the profession.

18. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all of the sanctions available, starting with the least restrictive and then consider each sanction in ascending order, until reaching a sanction that properly meets the public interest.

Aggravating & Mitigating Factors

19. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

20. The Tribunal considered the following features to be aggravating factors:

- The limitation of Dr Foutsizoglou's demonstrated insight;
- The misconduct occurred within a professional context and was linked to his practice of medicine;
- The dishonesty was developing and cumulative with some sophistication in implementation of forged papers and attempt to conceal his initial dishonesty;
- That the dishonesty was persistent, albeit all contained within a discrete period of time.

21. The Tribunal considered the following features to be mitigating factors:

- There are no previous concerns or repetition;
- Dr Foutsizoglou's evidence at the sanction stage demonstrated some further insight into his mindset at the time and the triggers for his behaviour;
- Dr M's testimonial statement demonstrates some change in Dr Foutsizoglou's thinking, demonstrating potential to change and develop further insight;
- Evidence that Dr Foutsizoglou has XXX;
- Dr Foutsizoglou is accomplished in his field, respected by his colleagues and an otherwise good doctor;
- Dr Foutsizoglou's expressions of remorse and apology before this Tribunal;
- Dr Foutsizoglou's personal circumstances at the time, particularly XXX and the undoubted stresses that put on him;

The Tribunal noted that the misconduct occurred in a non-clinical setting. It treated that fact as the absence of an aggravating factor, and not as mitigation.

No action

22. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

23. The Tribunal considered that there were no exceptional circumstances in this case which could justify it taking no action.

24. Given the serious findings against Dr Foutsizoglou and the ongoing concerns, the Tribunal determined that to take no action would be neither appropriate nor proportionate and would fail to uphold the overarching objective.

Conditions

25. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Foutsizoglou's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable, and measurable.

26. The Tribunal determined that conditions would not be proportionate in the circumstances of this case and, given the serious nature of its findings, would fail to uphold the overarching objective or to satisfy the public interest.

27. The Tribunal also concluded that conditions would not be workable given the findings of dishonesty and attitudinal issues identified, and that conditions could not be formulated which would satisfactorily address the dishonesty in this case.

Suspension

28. The Tribunal then went on to consider whether to suspend Dr Foutsizoglou's registration. In doing so, it bore in mind the paragraphs of the SG as set out below.

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.

29. The Tribunal considered that there was evidence of limited insight and remediation, but that a risk of repetition did remain. It was of the opinion that Dr Foutsizoglou's evidence in these proceedings was often inconsistent and at times unclear. Dr Foutsizoglou provided limited supporting documentary evidence of his insight, CPD and remediation and the Tribunal therefore had to rely on his account of this, with specific relevant information coming to light predominantly in response to questions put to him rather than being proffered up front. The Tribunal remained of the opinion that Dr Foutsizoglou's evidence of insight and remediation lacked the necessary depth and analysis.

30. The Tribunal concluded that Dr Foutsizoglou appeared to be attempting to present himself in a way which could not be sustained from the available evidence, and pulled back from his initial position when challenged on this. Examples of this included his written description of the volume and nature of the CPD he had undertaken and the timing, nature and outcome of XXX he had undertaken. In respect of the CPD undertaken by Dr Foutsizoglou, the Tribunal noted that this was, by and large, mandatory professional modules and courses which did not focus on probity and dishonesty. While some of that training did address probity and ethics, it was not targeted at remedying the misconduct in this case. It appeared to the Tribunal that Dr Foutsizoglou had attempted to emphasise the relevance of these activities, and when asked about honesty and probity, he stated that it was difficult to access such courses that did not have to be paid for, and that he had therefore undertaken the free activities that he could locate. In any event, the Tribunal concluded that Dr Foutsizoglou had failed to explain or evidence how he had satisfactorily reflected on these matters, developed the necessary insight or remediated to remove the risk of repetition.

31. The Tribunal also considered paragraphs 97(a), (e), (f) and (g) of the SG, as set out below, applied in this case:

97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.

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 incident.

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

32. The Tribunal considered that Dr Foutsizoglou's dishonesty was clearly a serious departure from GMP, and reminded itself of its finding at the impairment stage that whilst difficult, Dr Foutsizoglou's misconduct was potentially remediable. It noted that there was no evidence of previous unsuccessful attempts to remediate and that he has engaged with these proceedings. While the efforts he has made have been limited, the Tribunal noted there had been some development in his understanding of, and attitude towards his own conduct.

33. Whilst there was no evidence of repetition of the dishonesty which is the subject of the Allegation, the Tribunal noted its finding set out above that Dr Foutsizoglou changed definitions and broadened the scope of his evidence when challenged.

34. Despite the limited insight and outstanding concerns, the Tribunal attributed weight to the testimonial statement of Dr M, which was evidence of some change of mindset on the part of Dr Foutsizoglou and the early stages of insight prior to these proceedings. There was also some evidence of this during Dr Foutsizoglou's evidence before this Tribunal, particularly at the sanction stage, although it remained unclear exactly how and why Dr Foutsizoglou arrived at the decision to lie and then falsify documents in support of this deception. The Tribunal acknowledged his circumstances at the time and that he states that he now has a support network and would seek advice in future. The Tribunal was not satisfied that this fully explained his triggers or how it resulted in the obvious and calculated choice to mislead in the way he did, or prevent repetition. Nonetheless, it demonstrates that Dr Foutsizoglou has some understanding of his misconduct, and a willingness to address it.

35. In respect of the PhD course, Dr Foutsizoglou stated that he accepts the Tribunal's findings but provided no further detail other than that he could have been clearer on his

application. It appeared to the Tribunal that in respect of this part of the Allegation, Dr Foutsizoglou appeared to have focused on correctly challenging the suggestion that the course never existed. That he dishonestly misrepresented himself on this matter still seems to be somewhat lost on him, as does the importance of honesty in respect of this PhD course irrespective of how long ago it took place or its direct relevance to medicine. The Tribunal took the view that Dr Foutsizoglou may benefit from further time to reflect on the findings at the facts stage.

36. Given the seriousness of the dishonest misconduct found, the limited evidence of insight and the risk of repetition identified, the Tribunal considered that this case was one where the circumstances, when assessed in light of the SG, could potentially indicate suspension was appropriate and proportionate, but that it was at upper threshold. It therefore went on to consider the sanction of erasure.

Erasure

37. In considering the sanction of erasure, the Tribunal was mindful of the below paragraphs of the SG.

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

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

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

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.

...

j Persistent lack of insight into the seriousness of their actions or the consequences.

38. The Tribunal concluded that Dr Foutsizoglou had shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession, particularly in respect of his attempts to cover up his dishonesty by means of further dishonesty. Dr Foutsizoglou's own evidence was that he had made a positive decision to mislead and recognises now that this was dishonest. He puts that down to an ego-driven desire to achieve, and to be seen to achieve to a high level.

39. The Tribunal considered that the misconduct in itself was not necessarily incompatible with continued registration and whilst serious, was not at the very top end of the scale of dishonesty. The Tribunal was of the opinion that the more egregious aspect of the dishonesty was that Dr Foutsizoglou had sought to persist in his deception by the falsification of research papers in support of his applications, and that this aggravated his original decision to submit misleading applications. However, the Tribunal determined that this was not necessarily incompatible with continued registration and that whilst a course of dishonest behaviour, it was nonetheless a stand-alone episode or sequence of events, which was potentially remediable.

40. Although the Tribunal did not accept that Dr Foutsizoglou's challenging personal circumstances caused him to consciously act dishonestly in such a persistent fashion, it did acknowledge that there were factors at the time which may have affected Dr Foutsizoglou's XXX and decision-making skills. In doing so, it noted the submission of Mr Hockton that Dr Foutsizoglou's actions could be described as an "inept attempt to boost his credentials" and demonstrating that "his thinking may not have been entirely straight". It took the view that the pressure he put on himself could well have been exacerbated by the circumstances at the time, although that could not excuse his actions.

41. Whilst the Tribunal found that Dr Foutsizoglou did not have full or well-developed insight, there was evidence that he has some understanding of the seriousness of his actions and some recognition as to its impact on how others would perceive him as a result.

42. The Tribunal put significant weight on the fact that Dr Foutsizoglou now recognises his attitude at the time was unhealthy. It also noted that embarrassment was a cause of his

continued dishonesty. He has now discussed matters with colleagues and appears to be more willing to be open about his own flaws. That persuaded the Tribunal that the risk of repetition is reduced to some extent.

43. The Tribunal also considered the paragraphs of the SG relating specifically to dishonesty set out below:

120 Good medical practice states that registered doctors must be honest and trustworthy, and must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession.

124 Although it may not result in direct harm to patients, dishonesty related to matters outside the doctor's clinical responsibility (eg providing false statements or fraudulent claims for monies) is particularly serious. This is because it can undermine the trust the public place in the medical profession. Health authorities should be able to trust the integrity of doctors, and where a doctor undermines that trust there is a risk to public confidence in the profession. Evidence of clinical competence cannot mitigate serious and/or persistent dishonesty

125 Examples of dishonesty in professional practice could include:

...

d inaccurate or misleading information on a CV e failing to take reasonable steps to make sure that statements made in formal documents are accurate.

128 Dishonesty, if persistent and/or covered up, is likely to result in erasure.

44. The Tribunal concluded that this was a case which was on the borderline of suspension or erasure, and that whilst the SG indicated that erasure may be appropriate, a period of suspension would be the lowest possible sanction which could be considered proportionate and appropriate in the circumstances. In line with the approach to be taken by Tribunals, this Tribunal therefore determined to impose a period of suspension on Dr Foutsizoglou's registration.

45. In reaching this decision, the Tribunal reiterated that there was not evidence to rule out the further development of insight and remediation. It attributed significant weight to

the evidence of his otherwise good character and was satisfied that a period of suspension would uphold the second and third limbs of the overarching objective, upon which it had made its finding of impairment, and would give Dr Foutsizoglou the opportunity to demonstrate further remediation.

Length of suspension

46. In considering the length of suspension to impose, the Tribunal was mindful of the relevant factors set out in the SG, namely:

100 The following factors will be relevant when determining the length of suspension:

- a the risk to patient safety/public protection*
- b the seriousness of the findings and any mitigating or aggravating factors*
- c ensuring the doctor has adequate time to remediate.*

and;

- *The extent to which the doctor departed from the principles of Good medical practice*
- *The extent to which the doctor's actions risked patient safety or public confidence*
- *Whether the doctor is reluctant to take remedial action*
- *Whether the doctor is reluctant to apologise*
- *The extent to which the doctor failed to address serious concerns over a period of time*
- *The extent to which the doctor failed to comply with restrictions/requirements*

47. The Tribunal determined that, taking into account the circumstances of the case and the applicable factors, a period of 12 months was the appropriate and proportionate duration. It considered that Dr Foutsizoglou is now in a position to move forward on his journey of insight and remediation in light of the conclusion of these proceedings, and that he has demonstrated the capacity to take advantage of such an opportunity if given it. He has begun the journey of remediation and has shown a willingness to continue it, although the Tribunal was of the view that he remained at an early stage.

48. The Tribunal considered that any lesser period would fail to mark the seriousness of his misconduct or uphold the overarching objective, and would not allow him sufficient time to develop and demonstrate the necessary insight.

49. The Tribunal acknowledged that a period of suspension would impact Dr Foutsizoglou professionally, but noted paragraph 96 of the SG, which states:

96 The doctor may, however, have contact with patients if supervised by a registered doctor, provided that the patients have been informed of the doctor's registration status and the events that resulted in the doctor's registration being suspended, and have given their full consent.

Review hearing directed

50. The Tribunal determined that in light of the limited, early stage insight and remediation and its remaining concerns about repetition, a review hearing was necessary in this case.

51. Therefore, the Tribunal determined to direct a review of Dr Foutsizoglou's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Foutsizoglou to demonstrate how he has developed sufficient insight and has remediated. It therefore may assist the reviewing Tribunal if Dr Foutsizoglou provides the reviewing Tribunal with the following:

- Evidence that he understands the importance and impacts of his dishonesty;
- Evidence of his understanding of the specific triggers and how he would address these should similar circumstances occur in the future;
- Evidence of any targeted CPD relating to probity and honesty with evidence how this has assisted with his development of insight;
- Evidence of any work, voluntary or paid, undertaken during his suspension;
- any further professional testimonial evidence to show his shift in thinking and his ongoing transparency.

Dr Foutsizoglou will also be able to provide any other information that he considers will assist.

Determination on Immediate Order - 25/04/2025

1. Having determined that Dr Foutsizoglou registration be suspended, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Foutsizoglou's registration should be subject to an immediate order.

Submissions

On behalf of the GMC

2. On behalf of the GMC, Mr Grundy submitted that an immediate order of suspension should be imposed in this case.

3. He submitted that it would not be appropriate for Dr Foutsizoglou to continue in unrestricted practice, particularly given the Tribunal's findings at the sanctions stage that there was evidence of only limited insight and remediation, and that a risk of repetition remained.

4. He submitted that, as set out by the Tribunal in its sanction determination, this is a case on the borderline of suspension or erasure, and that in those circumstances the Tribunal should exercise its discretion to impose an immediate order.

On behalf of Dr Foutsizoglou

5. On behalf of Dr Foutsizoglou, Mr Hockton submitted that this was not a suitable or appropriate case for an immediate order of suspension.

6. He submitted that the primary basis upon which an immediate order is made is where the Tribunal is satisfied that it is necessary for the protection of the public and that the test is one of necessity.

7. He submitted that there is no suggestion that an immediate order is in the best interests of Dr Foutsizoglou and that case law indicates that when dealing with purely public interest considerations, an immediate order is less likely to be suitable than those cases which involve clinical issues. In this regard, he referred the Tribunal to the case of *Ashton v General Medical Council (2013) EWHC 943 (Admin)*, where such a distinction was drawn in relation to the imposition of an immediate order.

8. He submitted that it is important to have regard to the fact that where an immediate order of suspension is imposed, this may have a prohibitive effect, or impact, on a doctor's right to an appeal, and that this is a particularly relevant consideration where a period of suspension is imposed essentially to send out a message. He submitted that such a message could be adequately sent by the imposition of a maximum period of suspension.

9. He submitted that there is no need to impose an interim order on the facts of this case and that Dr Foutsizoglou is not currently working in any event.

The Tribunal's Determination

10. The Tribunal has taken account of the relevant paragraphs of the Sanctions Guidance (February 2024) ('SG'), in particular paragraphs 172, 173 and 178 as set out below:

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.*

11. In reaching its determination, the Tribunal considered the submissions made on behalf of the GMC and the relevant paragraphs of the SG.

12. The Tribunal determined that, given the seriousness of its findings, the imposition of an immediate order was necessary. It found that Dr Foutsizoglou is not currently fit to practise and that further progress is required on his part in order to be fit to practise unrestricted.

13. The Tribunal considered that the circumstances of this case differ from the case law referred to by Mr Hockton in that the imposition of a substantive suspension was not solely to mark the seriousness of Dr Foutsizoglou's misconduct but that further development was required because a risk of repetition currently remained.

14. It was on this basis that a review hearing was determined as being necessary and the Tribunal concluded that public confidence in the profession would be undermined were an immediate order of suspension not imposed and Dr Foutsizoglou would otherwise be able to practise unrestricted.

15. This means that Dr Foutsizoglou's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

**Record of Determinations –
Medical Practitioners Tribunal**

Schedule 1

PhD in Biostatistics and Epidemiology from the Harvard School of Public Health in the United States*