PUBLIC RECORD

Dates: 19/10/2026 - 09/11/2026

Doctor:	Dr Ioannis Christos SKEVOFYLAX
GMC reference number:	7717652
Primary medical qualification:	Magister (Physician) 2010 Medical University 'Prof. Dr. Paraskev Stoyanov' Varna Faculty of Medicine

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair:	Ms Morag Rea
Lay Tribunal Member:	Mr George McLean
Registrant Tribunal Member:	Dr Pavan Rao

Tribunal Clerk:	Mr Jack Coupland

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Charles Garside, KC

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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 - 03/11/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Skevofylax's alleged misconduct a redacted version will be published at the close of the hearing.

Background

2. Dr Skevofylax qualified in 2010 and specialised in orthopaedics. Prior to the events which are the subject of the hearing, Dr Skevofylax practised in both the UK and Greece as a consultant plastic and orthopaedic surgeon. At the time of the events, Dr Skevofylax was practising as a consultant plastic surgeon at Signature Clinics across the UK in 2021, and both Epilium & Skin Ltd, London and the Yorkshire Skin Centre, Leeds from 2022 to 2023. During this time, Dr Skevofylax operated under business names such as Juvenis and Dr John MD Ltd.

3. The allegations that have led to Dr Skevofylax's hearing relate to his conduct. It is alleged by the GMC that Dr Skevofylax inappropriately positioned incisions sites during a breast augmentation which left visible scarring on a patient (Patient A) and continued the procedure on her under local anaesthetic when it was evident that she was in pain.

4. It is also alleged that Dr Skevofylax did not obtain fully informed consent from a second patient (Patient B) for the performance of three different procedures, and that inappropriately positioned incision sites led to visible scarring of this patient's body. Additionally, it is alleged that Dr Skevofylax did not provide Patient B with any safety-netting or appropriate follow up and reviews.

5. The GMC has also alleged that Dr Skevofylax engaged in dishonest behaviour towards another patient (Patient C) by misleading them on the reasoning behind a cancelled appointment, whilst suspended from practice by the Interim Orders Tribunal of the Medical Practitioners Tribunal Service (IOT).

6. Finally, it is alleged that Dr Skevofylax did not obtain fully informed consent from a fourth patient (Patient E) for two separate procedures and six cortisone injections, and failed to provide adequate aftercare and advice following these procedures. Dr Skevofylax is alleged to have engaged in further dishonest behaviour in relation to these procedures as it is alleged that he performed them whilst suspended by the IOT and without holding registration with the Care Quality Commission (CQC).

7. The initial concerns were raised with the GMC on 27 February 2023 by the CQC. The referral to the GMC was further to a local investigation which arose from a CQC inspection of Epilium & Skin Ltd in December 2022.

The outcome of applications made during the facts stage

8. The Tribunal granted the GMC's application, made pursuant to Rule 31 and 40 of the GMC (Fitness to Practise Rules) 2004 as amended (the Rules), that effective notice of the hearing had been served and to proceed in Dr Skevofylax's absence. The Tribunal's full decision on the application is included at Annex A.

9. The Tribunal also granted the GMC's application, made pursuant to Rules 35(4), 36(1)(f) and Rule 41(2) of the Rules, that both Patient A and Patient B remain anonymous and give their evidence in private session, and that Patient B be treated as a vulnerable witness. The Tribunal's full decision on the application is included at Annex B.

10. Additionally, the Tribunal granted the GMC's application to amend Schedule 1 of the allegation, pursuant to Rule 17(6) of the Rules. The Tribunal did not consider there to be any injustice to Dr Skevofylax as a result of these amendments, as this was merely to correct a typographical error within Schedule 1.

The Allegation and the doctor's response

11. The Allegation made against Dr Skevofylax is as follows:

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

Patient A

1. On 31 August 2021 you performed a breast augmentation ('Procedure One') and buttock augmentation ('Procedure Two') on Patient A. To be determined

2. During Procedure One you inappropriately positioned the incision sites, leaving visible scarring. To be determined

3. You failed to implement an adequate and appropriate treatment plan in respect of providing pain relief in that you:

    a. continued an extensive procedure under local anaesthetic alone; To be determined

    b. did not consider:

        i. supplementation of the analgesia; To be determined

        ii. abandoning the surgery, To be determined

    when it was evident that Patient A was in pain.

Patient B

4. On XXX March 2023 you performed liposuction ('Procedure Three') a Brazilian Butt Lift ('Procedure Four') and a labiaplasty surgery ('Procedure Five') on Patient B. To be determined

5. You failed to obtain fully informed consent from Patient B in that you did not explain:

    i. the limitations of sites of harvest or the volumes of fat that can safely be injected for Procedure Three; To be determined

    ii. the likelihood of complication for Procedure Three; To be determined

    iii. where you planned to position the incision sites for:

        i. Procedure Three; To be determined

        ii. Procedure Four; To be determined

iv. the location of where any scarring would be situated in respect of:

i. Procedure Three; To be determined

ii. Procedure Four. To be determined

6. You inappropriately positioned the incision sites, leaving visible scarring during:

a. Procedure Three; To be determined

b. Procedure Four. To be determined

7. You failed to provide Patient B with:

a. any safety-netting; To be determined

b. appropriate follow up and reviews. To be determined

Patient C

8. On or around 2 June 2023 you left audio voice messages for Patient C and their relative, Mr D via WhatsApp as detailed in Schedule One. To be determined

9. On 7 June 2023 you telephoned Patient C and said that you were out of the country and therefore would not be able to perform Patient C's surgery, or words to that effect. To be determined

10. Your actions described at paragraphs 8 and 9 were carried out to:

a. mislead Patient C as to the reason their appointment with you on 2 June 2023 ('the Appointment') had been cancelled; To be determined

b. mislead Mr D as to the reason the Appointment had been cancelled; To be determined

c. create the impression that you:

i. would be in a position to attend a face-to-face appointment with Patient C; To be determined

ii. were able to progress your treatment of Patient C. To be determined

11. As of 2 June 2023, you knew that your registration with the GMC had been suspended by the Interim Orders Tribunal of the Medical Practitioners Tribunal Service ('IOT') following a hearing on 26 May 2023. To be determined

12. Your actions as described at paragraphs 8 and 9 were dishonest by reason of paragraphs 10 and 11. To be determined

Patient E

Procedure Six

13. On 26 September 2022 you performed bilateral gynecomastia surgery on Patient E ('Procedure Six'). To be determined

14. You failed to obtain fully informed consent from Patient E prior to performing Procedure Six in that you did not:

    a. discuss the risks of Procedure Six with Patient E; To be determined

    b. discuss the benefits of Procedure Six with Patient E; To be determined

    c. warn Patient E that fluid would be injected as part of Procedure Six; To be determined

    d. warn Patient E that a cannula would be used as part of liposuction in Procedure Six; To be determined

    e. warn Patient E that his nipple areolar complexes ('NAC') would very likely stretch if further attempts were made to reduce the NAC;

        i. verbally; To be determined

        ii. in writing. To be determined

15. You failed to obtain Patient E's signed consent prior to undertaking Procedure Six. To be determined

16. You failed to record the matters detailed in Schedule 2 within Patient E's medical records. To be determined

17. You failed to provide adequate aftercare to Patient E in that you did not provide:

    a. verbal advice in relation to the matters set out in Schedule 3; To be determined

    b. written advice in relation to the matters set out in Schedule 3. To be determined

Cortisone injections

18. You administered six cortisone injections ('the Injections') to Patient E between November 2022 and April 2023. To be determined

19. You failed to obtain fully informed consent from Patient E prior to administering the Injections in that you did not:

    a. inform Patient E of the risks set out in Schedule 4; To be determined

    b. record in Patient E's medical records the risks set out in Schedule 4. To be determined

20. You failed to obtain Patient E's signed consent prior to administering the Injections. To be determined

21. You failed to record the matters detailed in Schedule 5 within Patient E's medical records. To be determined

22. You failed to provide aftercare advice to Patient E in relation to pain management:

    a. verbally; To be determined

    b. in writing. To be determined

Procedure Seven

23. On 29 May 2023 you performed areola reduction surgery on Patient E ('Procedure Seven'). To be determined

24. You failed to obtain fully informed consent from Patient E prior to performing Procedure Seven in that you did not:

    a. discuss the risks of Procedure Seven with Patient E; To be determined

    b. discuss the benefits of Procedure Seven with Patient E; To be determined

    c. warn Patient E that his nipple areolar complexes ('NAC') would very likely stretch if further attempts were made to reduce the NAC;

        i. verbally; To be determined

        ii. in writing. To be determined

25. You failed to obtain Patient E's signed consent prior to undertaking Procedure Seven. To be determined

26. You failed to record the matters detailed in Schedule 2 within Patient E's medical records. To be determined

27. You failed to adequately perform Procedure Seven as you performed Procedure Seven without a trained assistant. To be determined

28. On one or more occasion, you put Patient E at risk of wound contamination by failing to rescrub your hands and apply fresh, sterile gloves after resetting the diathermy machine. To be determined

29. You failed to provide adequate aftercare to Patient E in that you did not provide:

    a. verbal advice in relation to the matters set out in Schedule 3; To be determined

    b. written advice in relation to the matters set out in Schedule 3. To be determined

Practising whilst suspended

30. On 26 May 2023 you attended an IOT hearing where your registration was suspended with immediate effect preventing you from practising as a doctor. To be determined

31. You were notified of the outcome of the IOT hearing by email on 26 May 2023. To be determined

32. You performed Procedure Seven whilst suspended from the Medical Register. To be determined

33. You knew that you had been suspended by an IOT and were prohibited from performing work which required registration with the GMC. To be determined

34. Your actions at paragraph 32 were dishonest by reason of paragraph 33. To be determined

CQC registration

35. On 29 May 2023 you performed Procedure Seven on Patient E. To be determined

36. The surgery described in paragraph 35 was a Regulated Activity as defined by the Care Quality Commission ('CQC'). To be determined

37. The CQC requires that any doctor performing a Regulated Activity must either be:

    a. registered with the CQC individually; To be determined

    b. working for a company that holds CQC registration; To be determined

    c. working for a clinic that holds CQC registration. To be determined

38. Any person who carries on a Regulated Activity without being registered with the CQC in respect of carrying out a Regulated Activity is guilty of an offence under the Health and Social Care Act 2008. To be determined

39. You conducted a Regulated Activity on 29 May 2023 by performing Procedure Seven on Patient E without holding registration with the CQC:

    a. individually; To be determined

    b. through a company that held CQC registration; To be determined

    c. through a clinic that held CQC registration. To be determined

40. You knew that you:

    a. required CQC registration; To be determined

    b. were not registered by the CQC, To be determined

    to perform Procedure Seven.

41. Your actions as set out in paragraphs 35 and 39 were dishonest by reason of paragraph 40. 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 facts to be determined

12. Dr Skevofylax was not present or represented at the hearing. While Dr Skevofylax provided Rule 7 responses in respect of some of the allegations, the allegations have changed since then, therefore without having taken admissions at the outset of the hearing, the Tribunal will determine the allegation in full.

Witness evidence

13. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Patient B, by video link on 21 October 2026. Her witness statement was dated 30 May 2024;
- Patient E, by video link on 22 October 2026. His witness statement was dated 18 December 2024;

- Patient A, by video link on 26 October 2026. Her witness statement was dated 13 May 2024;
- Patient C, by video link on 30 October 2026. His witness statement was dated 6 June 2024.

14. 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:

- Patient C's wife. Her witness statement was dated 22 January 2024 with a supplemental statement dated 16 February 2024;
- Ms G, an Investigation Officer at the GMC. Her witness statement was dated 20 October 2025;
- Ms F, a CQC Investigator. Her witness statement was dated 16 June 2026.

Expert witness evidence

15. The Tribunal also received the following evidence from two expert witnesses:

- A report from Dr I, a full-time practising NHS plastic surgeon, in relation to Patient A dated 22 July 2024;
- A report from Mr H, a cosmetic plastic surgeon with 32 years' experience, in relation to Patient B dated 31 July 2024;
- A report from Mr H in relation to Patient E dated 13 October 2025;
- Comments from both Dr I and Mr H dated 3 July 2026 and 6 July 2026 respectively on Dr Skevofylax's Rule 7 response;
- Mr H was also present for Patient B's and Patient E's oral evidence, and provided his own oral evidence by video link on 22 October 2026;
- Dr I was present for Patient A's oral evidence and provided his own oral evidence by video link on 27 October 2026.

Documentary evidence

16. The Tribunal had regard to the following documentary evidence provided by the parties. This evidence included, but was not limited to, the following:

- Medical Records for both Patient A and Patient B;

- Email correspondence between Patient A and the Signature Clinic from 21 June 2021 to 9 September 2021;
- A clinical note from the Signature Clinic in relation to Patient A dated 14 August 2021;
- A consent form from the Signature Clinic in relation to Patient A dated 31 August 2021;
- Emails of complaint sent by Patient B addressed to Dr Skevofylax dated 26 May 2026 to 15 June 2026;
- Email correspondence between Patient B and the Juvenis Clinic from 25 September 2022 to 18 August 2023;
- Consultation Notes with Patient B from XXX March 2023 to XXX June 2023;
- Voice messages by Dr Skevofylax in relation to Patient C from various dates;
- Whatsapp Messages between Dr Skevofylax and Mr D from 2 June 2023 to 16 June 2023;
- Screenshots of searches for Dr Skevofylax's GMC registration dated 9 June 2023;
- Correspondence between Patient C and Dr Skevofylax from various dates;
- A receipt for a payment of £2000 made to Dr John MD Ltd dated 12 May 2023;
- A screenshot showing two payments made to Dr John MD Ltd dated 11 September 2022, one of £250 and another of £2000;
- Email correspondence between Patient E and the Juvenis Clinic from 11 September 2022 to 4 February 2023;
- Text messages between Patient E and the Juvenis Clinic from 29 September 2022 and 11 October 2022;
- WhatsApp messages between Patient E and the Juvenis Clinic from 1 November 2022 to 5 June 2024;
- Various photographs of Patient A, B, and E's surgical sites and scarring;
- A transcript of Dr Skevofylax's IOT review hearing dated 26 May 2023;
- An email sent to Dr Skevofylax and Mr J with the IOT's determination dated 26 May 2023;
- An email from Mr J confirming receipt of the notification of the IOT's determination dated 31 May 2023;
- Various Rule 7 response bundles from Dr Skevofylax dated from 20 January 2025 to 17 February 2025;
- Two IOT hearing bundles dated 30 March 2023 and 26 May 2023;
- A note from a telephone conversation between Ms F and the GMC dated 10 March 2026;

- An undated document detailing legislation in relation to CQC registration and regulated activities;
- A letter sent to Ms F by Gordons Partnership Solicitors on Dr Skevofylax's behalf dated 11 April 2023.

17. Additionally, on Day 6 of the hearing, 26 October 2026, the Tribunal requested and were provided with an expert report by Mr K, referred to by Dr Skevofylax in his Rule 7 response, be disclosed to them in order to assist with testing the case against and for Dr Skevofylax. The Tribunal's full determination on requesting this report is included at Annex C.

The Tribunal's approach

18. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

19. The Tribunal will approach fact-finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness's reliability and credibility. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

20. The Tribunal will be mindful of the test in *Dutta v GMC* [2020] EWHC 1974, which emphasises that it should start with the objective facts as shown by authentic contemporaneous documents independent of the witness, and using oral evidence as a means of subjecting these to critical scrutiny.

21. As the Tribunal is required to consider allegations of dishonesty, it will apply the test from *Ivey v Genting Casinos (UK) Ltd* [2017] UKSC 67. The Tribunal will ascertain subjectively what Dr Skevofylax's actual state of knowledge and belief as to the facts was. It will then determine whether his conduct was dishonest, applying the objective standards of ordinary decent people.

22. The Tribunal may draw an adverse inference from the failure of Dr Skevofylax to attend the hearing, but this will form only one part of the overall evidential picture. An adverse inference alone cannot amount to determinative proof of a fact alleged without other evidence. It is for the Tribunal to decide what weight to attach to the adverse inference being drawn.

The Tribunal's analysis of the evidence and findings

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

Paragraph 1 of the Allegation

24. The Tribunal had regard to Dr Skevofylax's Rule 7 response to the allegations. In this response, Dr Skevofylax admits that he performed both a breast augmentation and a buttock augmentation on Patient A on 31 August 2021. The Tribunal also had regard to Patient A's medical records which show that Patient A had the aforementioned procedures on 31 August 2021 with Dr Skevofylax listed as the operating surgeon.

25. The Tribunal therefore determined that paragraph 1 of the allegation is found proved.

Paragraph 2 of the Allegation

26. The Tribunal had regard to Dr Skevofylax's Rule 7 response. In this response, Dr Skevofylax admits that the position of the incision sites in relation to Procedure 1 was *'suboptimal.'* The Tribunal also considered Dr I's expert report in which he opines:

> '*Dr Skevofylax did not adequately perform the procedure in respect of positioning the scars for augmentation injections to the breasts.'*

27. The Tribunal were presented with photos of Patient A and determined that these showed visible scarring on her breasts. The Tribunal accepted Dr I's oral evidence in which he indicated that insertion of the canula should have been made in the inframammary crease so that this scarring would not be visible.

28. The Tribunal therefore determined that paragraph 2 of the allegation is found proved.

Paragraph 3 of the Allegation

29. The Tribunal was mindful of Dr I's oral evidence in which he indicated that he was aware that some practitioners use local anaesthetic when performing extensive procedures

such as those carried out on Patient A. Whilst the Tribunal acknowledged that Dr I said that due to the extensive nature of this procedure, his preferred method was to do so under general anaesthetic, it noted that he had accepted that it was not uncommon for these to be performed under local anaesthetic.

30. The Tribunal therefore determined that, whilst Dr Skevofylax had continued an extensive procedure under local anaesthetic alone, it could not be satisfied that this amounted to a failure to implement an adequate and appropriate treatment plan.

31. The Tribunal had regard to Dr Skevofylax's Rule 7 response in which he states that he received no indication that he should have stopped the procedure or supplemented analgesia. It noted that, in her witness statement, Patient A had acknowledged that Dr Skevofylax had asked an assistant to provide two tablets for pain relief, which Dr Skevofylax confirms in his Rule 7 response. It accepted Dr Skevofylax's explanation in his Rule 7 response that this indicated '*that there was the additional sedation based on my assessment.'*

32. The Tribunal noted that Patient A stated that she had told Dr Skevofylax that she was "very sensitive to anaesthetic medication" during the face-to-face consultation which she had with him on 13 August 2021. Patient A had also explained in oral evidence that she remembered that there were two assistants to Dr Skevofylax during the operation. She stated that a female assistant had held her hand throughout the process. Patient A said in evidence that she was biting down on a scarf or some kind of fabric. The Tribunal noted that Patient A had verbally responded to Dr Skevofylax multiple times during the procedure. It determined that, from this, Patient A had the ability to inform Dr Skevofylax and the assistants present that she was in severe pain but did not.

33. Whilst the Tribunal accepted Patient A's evidence about the level of pain she had experienced, the Tribunal could not be satisfied to the required standard that the pain she had experienced had been made apparent to those present in the operating theatre, including Dr Skevofylax. The Tribunal accepted Patient A's evidence that an assistant had been holding her hand and that there had been more than one person monitoring her responses. As a result, the Tribunal could not determine that Dr Skevofylax had failed to implement an adequate and appropriate treatment plan.

34. The Tribunal therefore determined that paragraph 3 of the allegation is found not proved in its entirety.

Paragraph 4 of the Allegation

35. The Tribunal had regard to Dr Skevofylax's Rule 7 response to the allegations. In this response, Dr Skevofylax admits that he performed liposuction, a Brazilian Butt Lift and labiaplasty surgery on Patient B on XXX March 2023. The Tribunal also had regard to the contemporaneous documents, the medical history, email correspondence, and consent forms as well as the statement provided by Patient B.

36. The Tribunal therefore determined that paragraph 4 of the allegation is found proved.

Paragraph 5 of the Allegation

37. The Tribunal had regard to an informed consent form signed by Patient B dated XXX March 2023. The Tribunal also had regard to the Handbook provided by the Centre for Surgery setting out the details of the procedures which Patient B had selected. This was sent to Patient B by email the day before her procedure and the day after the face-to-face consultation which she had with Dr Skevofylax. Mr H in his evidence, described the Handbook as '*much more inclusive*' and the kind of information that he would expect to be provided to a patient. The Tribunal considered the Health Assessment, Consultation notes and Information and Consent Pack which is signed by Patient B. The Information and Consent Pack states on the front page:

> '*It is essential that you read the information in this pack carefully and thoroughly. Please sign the bottom of each page and sign and date the end of each section to indicate that you understood and accepted the information.*'

The consent form lists the specific risks and likelihood of complications in relation to Procedure Three, Four and Five. The Tribunal also considered the Royal College of Surgeons template '*Cosmetic Surgery, Pre-surgery information checklist*'. This checklist has been completed by hand and signed by Patient B confirming what she had been told and what she consented to. The Tribunal also considered the consent form for medical photography which Patient B has completed by hand and signed. Patient B makes choices on this form, rather than selecting the same answer for all the questions, indicating that she considered the information provided and made a decision about what she agreed to (i.e. she did not consent to medical photographs being used as teaching material).

38. The Tribunal heard from Mr H that Patient B may not have provided ongoing consent because she was presented with a flurry of documents on the day of her surgery. The Tribunal noted that the documents provided and information given to Patient B occurred

over 3 days from XXX March 2023 and therefore that she had been provided with time to consider the information carefully.

39. The Tribunal therefore determined that paragraph 5 of the allegation is found not proved in its entirety.

Paragraph 6 of the Allegation

40. The Tribunal was presented with photos of Patient B which showed visible scarring from Procedures Three and Four. It had regard to Mr H's expert report in which he opines:

> '*Dr IS' choice of incision sites at the level of the umbilicus left very visible scars and the incisions to the side of the natal cleft above the buttocks, likewise, would leave visible scars when wearing a bikini and were less than ideal.'*

Additionally, in his oral evidence, Mr H indicated that when patients go for aesthetic procedures, they intend to enhance their appearance, not to have obvious visible scarring.

41. The Tribunal therefore determined that paragraph 6 of the allegation is found proved.

Paragraph 7 of the Allegation

42. The Tribunal had regard to the Post Surgery Check-in forms completed online by Patient B. It also had regard to the aftercare procedure set out in the Handbook provided by the Centre for Surgery. The Tribunal also considered the discharge summary provided by Dr Skevofylax, the prescriptions which he sent to Patient B's local pharmacy, and the sick notes he provided. The Tribunal also considered the contemporaneous WhatsApp messages between Patient B and Dr Skevofylax which indicated that she was concurrently in touch with the Centre for Surgery and with Dr Skevofylax in writing from XXX March 2023. The Tribunal also considered Mr H's report and evidence in which he stated that a '*buddy surgeon*' should be available to provide aftercare to a patient when the surgeon themselves is unavailable. It also had regard to the fact that Mr H stated that in his opinion Dr Skevofylax had misdiagnosed XXX and therefore that his treatment of it was inappropriate.

43. The Tribunal considered the aftercare procedure set out in the Handbook provided to Patient B and the contemporaneous documents indicating what was prescribed and what contact Patient B had with the medical team at the Centre for Surgery as well as her contact with Dr Skevofylax. Taking all the contemporaneous evidence in the round, the Tribunal considered that Patient B had been provided with safety netting and appropriate follow up

and reviews as set out in the Handbook. She had been provided with aftercare by Dr L, Dr M and Dr Skevofylax in accordance with the Clinic aftercare process rather than as '*good samaritans*'. The Tribunal recognised that this aftercare did not meet Patient B's expectations.

44. The Tribunal therefore determined that paragraph 7 of the allegation is found not proved in its entirety.

Paragraph 8 of the Allegation

45. The Tribunal had regard to screenshots of Whatsapp messages sent to Patient C and Mr D by Dr Skevofylax which included audio voice messages on 2 June 2023. It was also presented with audio recordings of these voice messages. The Tribunal determined that these audio recordings matched the transcript provided in Schedule 1 of the allegation.

46. The Tribunal therefore determined that paragraph 8 of the allegation is found proved.

Paragraph 9 of the Allegation

47. The Tribunal had regard to Patient C's witness statement in which he stated:

> '*On the evening of 7 June 2023, I received a call from Dr* [Skevofylax]. *This was a brief call. To the best of my recollection, Dr* [Skevofylax] *just said that he was out of the country and wouldn't be able to perform the surgery.'*

The Tribunal noted that Dr Skevofylax has not refuted that he said this to Patient C in his Rule 7 response.

48. The Tribunal found Patient C's evidence to be credible and determined that paragraph 9 of the allegation is found proved.

Paragraph 10 of the Allegation

49. The Tribunal considered the audio messages, the transcripts of those audio messages, the statement of Patient C, his oral evidence and the Rule 7 response from Dr Skevofylax. The Tribunal considered that contemporaneous documents indicated that Dr Skevofylax had not provided the full and factual reasons for his cancellation of Patient C's appointment. The Tribunal considered that the explanation provided, that surgery had overrun was misleading, suggesting that Dr Skevofylax was still practising and was entitled to do so, when he was not. The Tribunal therefore found paragraph 10(a) of the allegation proved.

50. The Tribunal considered the audio messages and transcripts in respect of Mr D. The Tribunal considered that the explanation provided, that surgery had overrun was misleading, suggesting that Dr Skevofylax was still practising and was entitled to do so, when he was not. The Tribunal therefore found paragraph 10(b) proved.

51. The Tribunal considered the audio messages, Patient C's oral evidence and Dr Skevofylax's Rule 7 response. The Tribunal accepted the evidence provided by Patient C that he and Dr Skevofylax were considering other options for another surgeon to see him and carry out the procedure which he required. The Tribunal considered that this indicated that Dr Skevofylax was not suggesting that he was still in a position to carry out the surgery requested. The Tribunal noted that there was a delay in the procedure in which the clinic notified Patient C about the cancellations and the format that this took which caused confusion. The contemporaneous documents indicated that other options were discussed including alternative surgeons or a refund. The email which Patient C sent to the clinic on the 6 June 2023 indicates that he anticipates that another surgeon is going to carry out the procedure. The Tribunal therefore found paragraph 10(c) of the allegation not proved.

Paragraph 11 of the Allegation

52. The Tribunal had regard to the fact that Dr Skevofylax was present at his IOT hearing and it noted an email sent to his representative, Mr J, on 31 May 2023 notifying him that Dr Skevofylax's registration with the GMC was subject to an interim order of suspension as of 26 May 2023. The Tribunal also noted Mr J's acknowledgment of this email dated 31 May 2023. As Dr Skevofylax's representative, the Tribunal was satisfied that Mr J's receipt of this notification meant that Dr Skevofylax was aware as well. It therefore determined that Dr Skevofylax knew that his registration had been suspended by the IOT.

53. The Tribunal therefore determined that paragraph 11 of the allegation is found proved.

Paragraph 12 of the Allegation

54. The Tribunal considered that Dr Skevofylax knew on 2 June 2023 and 7 June 2023 that he had been suspended by the IOT on 26 May 2023. The order provided to him in writing on 30 May 2023 stated:

> *'It is not open to you to perform any duties as a medical practitioner for which registration and a licence is required…*

It is your responsibility to check with the GMC the appropriateness and legality of any activity proposed whilst your registration is suspended.'

55. The Tribunal considered that Dr Skevofylax could not have believed that he was able to see Patient C or treat him at the time of making the telephone calls to Patient C and Mr D. The Tribunal considered that applying the standards of the ordinary decent person, this obfuscation would be considered dishonest.

56. The Tribunal therefore determined that paragraph 12 of the allegation is found proved.

Paragraph 13 of the Allegation

57. The Tribunal had regard to Patient E's witness statement in which he stated:

'*The first surgery I had was a gynecomastia.* […] *I arrived at the Yorkshire Skin Centre in Leeds (where I was told my surgery would be) at 12pm on the 26 September 2022.'*

The Tribunal also noted it had been presented with various electronic correspondence between Patient E and Dr Skevofylax and his staff confirming Dr Skevofylax was booked to perform the surgery on Patient E on 26 September 2022. The Tribunal noted that Dr Skevofylax had not provided a response to the allegations in respect of Patient E either by way of written response or by attending the hearing to give evidence to the Tribunal. The Tribunal considered that it was also appropriate to draw an adverse inference from this failure and to weigh it along with the other evidence, including a lack of medical notes or appropriate patient information documents.

58. The Tribunal therefore determined that paragraph 12 of the allegation is found proved.

Paragraph 14 of the Allegation

59. The Tribunal had regard to Patient E's witness statement in which he stated:

'*Dr Skevofylax said the gynecomastia surgery could involve liposuction and it did, but it was a minimal amount.* […] *No risk were discussed for both surgeries in this consultation and Dr Skevofylax said everything was going to be fine. The results weren't really discussed either, Dr Skevofylax just said 'in couple of weeks you should be able to go back to the gym and have a quick recovery.'*

The Tribunal noted that no mention of the risks or benefits of Procedure Six could be found in any of the correspondence between Patient E and Dr Skevofylax and his staff. It also noted that it had found Patient E to be a credible and reliable witness when giving oral evidence.

60. The Tribunal also noted that in Patient E's witness statement he had stated:

> '*Dr Skevofylax explained that the injections were an anaesthetic and fluid to swell the area for the surgery.* […] *I didn't even know until the surgery took place that I would be having the fluid injections.'*

The Tribunal determined that no mention of fluid injections during Procedure Six could be found in any of the correspondence between Patient E and Dr Skevofylax and his staff.

61. The Tribunal noted that Patient E mentioned in his witness statement that a 'massive rod' was used during the liposuction procedure performed by Dr Skevofylax. Mr H confirmed in his expert report that the 'rod' which Patient E referred to was a cannula. The Tribunal could not find any evidence to suggest that Patient E had been warned about the use of a cannula during liposuction prior to Procedure Six.

62. The Tribunal had regard to Mr H's expert report in which he opined:

> '*It appears Patient* [E] *had pre-existing periareolar scars in the pictures supplied in the expert bundle at pages 17-20. If he had undergone previous surgery to his nipple areolar complexes (NAC), it appears the NACs have already stretched and would be very likely to do so if a further attempt were made to reduce them. Patient* [E] *should have been warned of the likelihood by Dr Skevofylax, verbally and in writing.'*

The Tribunal noted that it had not been provided with any evidence that Dr Skevofylax had warned Patient E that further attempts to reduce his NACs would result in stretching.

63. The Tribunal accepted Mr H's evidence that Dr Skevofylax should have informed Patient E of the risk and benefits of the procedure. It also noted that Mr H was clear in his evidence that failure of Dr Skevofylax to warn Patient E of the fluid injections and the use of a cannula in liposuction amounted to a failure to obtain fully informed consent.

64. The Tribunal determined that it could infer that, as Dr Skevofylax has not attended to give evidence nor has the clinic produced any medical records, Patient E was not informed of any risks and benefits of Procedure Six, the injection of fluid, the use of a cannula in liposuction, or that his NACs would likely stretch from further reduction. There is no documentary evidence that Patient E was informed of any of these risks prior to Procedure Six. The Tribunal concluded that Patient E had not provided fully informed consent.

65. The Tribunal therefore determined that paragraph 14 of the allegation is found proved in its entirety.

Paragraph 15 of the Allegation

66. The Tribunal had regard to Patient E's witness statement in which he stated when referring to Procedure Six:

> '*I didn't sign any consent forms or other forms on the day of the surgery.*'

The Tribunal noted that Dr Skevofylax has not given evidence and nor has any documentary evidence been produced that Patient E signed any consent forms prior to Procedure Six.

67. The Tribunal accepted the evidence of Mr H from his expert report in which he wrote:

> '*In the absence of a signed, written consent form it must be taken that Dr Skevofylax did not obtain fully informed, Montgomery level consent from Patient* [E]*…*'

The Tribunal took into account the evidence of Patient E, the lack of contemporaneous documents and the opinion of Mr H, and drew an inference from Dr Skevofylax's lack of engagement on this issue, and determined that Dr Skevofylax had failed to obtain Patient E's signed consent prior to undertaking Procedure Six.

68. The Tribunal therefore determined that paragraph 15 of the allegation is found proved.

Paragraph 16 of the Allegation

69. The Tribunal noted that Dr Skevofylax had not attended to give evidence to provide an explanation, nor had any medical records been produced in respect of the matters set out in Schedule 2 of the allegation. The Tribunal considered it could reasonably infer that Dr Skevofylax had failed to note these matters in Patient E's medical records.

70. The Tribunal therefore determined that paragraph 16 of the allegation is found proved.

Paragraph 17 of the Allegation

71. The Tribunal had regard to Patient E's witness statement in which he stated that following Procedure Six:

> '*Dr Skevofylax came back into the room in a suit, and said that he had a flight to catch so I would get some aftercare instructions in an email the day after surgery.* […] *I never received any aftercare instructions after my surgery* […] *The GMC asked whether I checked my junk email for any aftercare emails after this surgery.'*

The Tribunal noted that no aftercare advice in relation to the matters set out in Schedule 3 of the allegation were detailed in any correspondence between Patient E and Dr Skevofylax or his staff.

72. The Tribunal accepted the opinion of Mr H in his expert report:

> *'Patient* [E] *did not receive appropriate aftercare after both his surgical procedures and after the steroid injection. Dr Skevofylax should have informed Patient* [E] *how long to wear a compression vest, when he could take a shower and when to change his bandages.'*

The Tribunal determined in the absence any medical notes, discharge notification or aftercare information, and without the engagement of Dr Skevofylax attending to provide an explanation, that it could reasonably infer that Dr Skevofylax had not provided the aftercare advice detailed in Schedule 3 of the allegation.

73. The Tribunal therefore determined that paragraph 17 of the allegation is found proved in its entirety.

Paragraph 18 of the Allegation

74. The Tribunal had regard to Patient E's witness statement in which he details that Dr Skevofylax administered six cortisone injections between 28 November 2022 and 11 April 2023. The Tribunal also noted that it had been presented with various WhatsApp messages between Patient E and the Juvenis Clinic booking appointments for Dr Skevofylax to

administer cortisone injections between 28 November 2022 and 11 April 2023. The Tribunal considered this to be objective contemporaneous documentation.

75. The Tribunal therefore determined paragraph 18 of the allegation is found proved.

Paragraph 19 of the Allegation

76. The Tribunal had regard to Patient E's witness statement in which he states:

> '*Dr Skevofylax explained what the injections were supposed to do in breaking down the hard tissue, but he didn't say whether there were side effects of these injections.'*

The Tribunal noted that no mention of the risks set out in Schedule 4 could be found in any of the correspondence between Patient E and Dr Skevofylax and his staff.

77. The Tribunal noted that there were no medical notes or patient information sheets in respect of the matters outlined in Schedule 4 of the allegation. The Tribunal noted that Mr H opined that any discussion about these injections, including their complications, should have been annotated in the medical records by Dr Skevofylax. As Dr Skevofylax was not present at the hearing to provide an explanation, it determined it could reasonably infer that he had failed to note these matters in Patient E's medical records.

78. Mr H had given expert evidence that the failure to inform Patient E of these risks and to record them in Patient E's medical records amounted to a failure to obtain Patient E's fully informed consent prior to administering the cortisone injections.

79. The Tribunal therefore determined that paragraph 19 of the allegation is found proved.

Paragraph 20 of the Allegation

80. The Tribunal had regard to Patient E's witness statement in which he indicated that he did not remember signing anything in advance of the cortisone injections. It noted that there are no consent forms, patient information or medical notes provided. The Tribunal could identify no evidence suggesting Patient E signed any consent forms prior to the injections.

81. The Tribunal drew an adverse inference from Dr Skevofylax's lack of engagement and in conjunction with the lack of documentation, determined that Dr Skevofylax had failed to obtain Patient E's signed consent prior to administering the injections.

82. The Tribunal therefore determined that paragraph 20 of the allegation is found proved.

Paragraph 21 of the Allegation

83. The Tribunal noted that Dr Skevofylax had not engaged in respect of the matters outlined in Schedule 5 of the allegation and that no documentation in respect of this was identified or produced for Mr H to consider. As Dr Skevofylax had chosen not to attend and give evidence about this, the Tribunal determined it could draw an adverse inference and, in combination with the lack of the documentary evidence, find that he had failed to note these matters in Patient E's medical records.

84. The Tribunal therefore determined that paragraph 21 of the allegation is found proved.

Paragraph 22 of the Allegation

85. The Tribunal had regard to Patient E's witness statement in which he indicates that he was not provided with any aftercare advice in relation to pain management after any of the procedures which Dr Skevofylax performed on him. The Tribunal noted that there were no aftercare documents or a discharge summary. Dr Skevofylax has not attended the hearing or provided an explanation about where this advice was recorded.

86. The Tribunal accepted Mr H's report that:

> '*Patient* [E] *should have been given post operative advice about analgesia by Dr Skevofylax, as well as by members of theatre and ward discharge team, about what analgesia to take when the effect of the local anaesthetic wore off.'*

87. The Tribunal therefore determined that paragraph 22 of the allegation is found proved.

Paragraph 23 of the Allegation

88. The Tribunal had regard to Patient E's witness statement in which he confirms that Dr Skevofylax performed Procedure Seven on 29 May 2023. The Tribunal also noted that it had

been presented with WhatsApp messages between Patient E and the Juvenis Clinic booking appointments for Dr Skevofylax to perform this procedure on 29 May 2023. The Tribunal considered this to be objective contemporaneous documentation.

89. The Tribunal therefore determined that paragraph 23 of the allegation is found proved.

Paragraph 24 of the Allegation

90. The Tribunal considered Patient E's witness statement in which he indicated that risks and benefits of both procedures were not discussed with him. It noted that no mention of the risks or benefits of Procedure Seven could be found in any of the correspondence between Patient E and Dr Skevofylax and his staff and that there were no medical records available.

91. The Tribunal had regard to Mr H's expert opinion:

> '*It appears Patient* [E] *had pre-existing periareolar scars in the pictures supplied in the expert bundle at pages 17-20. If he had undergone previous surgery to his nipple areolar complexes (NAC), it appears the NACs have already stretched and would be very likely to do so if a further attempt were made to reduce them. Patient* [E] *should have been warned of the likelihood by Dr Skevofylax, verbally and in writing.'*

The Tribunal noted that it had not been provided with any documentary evidence that Dr Skevofylax had warned Patient E that further attempts to reduce his NACs would result in stretching.

92. The Tribunal accepted Mr H's evidence that Dr Skevofylax should have informed Patient E of the risk and benefits of the procedure, as well as the risk of the NACs stretching with further reduction.

93. The Tribunal determined that it could infer that, as Dr Skevofylax has failed to attend and to give evidence in respect of this, Patient E was not informed of any risks and benefits of Procedure Seven and his NACs would likely stretch from further reduction. Patient E was not informed of any of this prior to Procedure Seven and therefore had not provided fully informed consent.

94. The Tribunal therefore determined that paragraph 24 of the allegation is found proved in its entirety.

Paragraph 25 of the Allegation

95. The Tribunal had regard to Patient E's witness statement in which he stated that:

> '*I didn't sign any consent forms for this surgery on the day of the surgery and I don't remember signing any forms before or after the surgery as they would be on my emails, and I can confirm I didn't receive any emails with documentation to sign.'*

The Tribunal noted that Dr Skevofylax has not provided any evidence that Patient E signed any consent forms prior to Procedure Seven.

96. The Tribunal accepted the evidence of Mr H from his expert report in which he wrote:

> '*In the absence of a signed, written consent form it must be taken that Dr Skevofylax did not obtain fully informed, Montgomery level consent from Patient* [E]*…'*

97. Based on the evidence from both Patient E and Mr H, and the lack of evidence from Dr Skevofylax, the Tribunal determined that Dr Skevofylax had failed to obtain Patient E's signed consent prior to undertaking Procedure Seven.

98. The Tribunal therefore determined that paragraph 25 of the allegation is found proved.

Paragraph 26 of the Allegation

99. The Tribunal noted that Dr Skevofylax had not provided an explanation about the matters outlined in Schedule 2 of the allegation. As Dr Skevofylax was not present at the hearing, it determined it could reasonably draw an adverse inference and in combination with the fact that it had not been presented with any of Patient E's medical notes, concluded that Dr Skevofylax had failed to make the records.

100. The Tribunal therefore determined that paragraph 26 of the allegation is found proved.

Paragraph 27 of the Allegation

101. The Tribunal had regard to Patient E's witness statement in which he indicates that there were no assistants present when Dr Skevofylax performed Procedure Seven. It noted that Dr Skevofylax has not provided any evidence that any assistant was present for Procedure Seven.

102. The Tribunal accepted the evidence of Mr H from his expert report in which he wrote:

> *'It would be highly unusual for any surgical procedure to be done without anyone else in the operating theatre. There should be at least one other person present in the operating theatre for a minor procedure (e.g., a skin biopsy), with two or more personnel for more major surgery, such as NAC reduction, with one of them a scrubbed assistant.*
>
> […]
>
> *Dr Skevofylax performing extensive surgery without a trained assistant present was unsafe practice and falls seriously below the standard expected of reasonably competent surgeon performing any open surgical procedure…'*

103. Based on the evidence from both Patient E and Mr H, and the lack of any evidence from Dr Skevofylax, the Tribunal determined that Dr Skevofylax had failed to adequately perform Procedure Seven as he performed it without a trained assistant.

104. The Tribunal therefore determined that paragraph 27 of the allegation is found proved.

Paragraph 28 of the Allegation

105. The Tribunal had regard to Patient E's witness statement in which he indicated that Dr Skevofylax had a '*laser machine'* which suddenly broke down mid-procedure. He further indicated that Dr Skevofylax had stopped the procedure to fix the machine and continued with the incisions but the machine broke once more. Patient E described being *'opened up and bleeding'* whilst Dr Skevofylax attempted to fix the machine. The Tribunal drew an adverse inference from Dr Skevofylax's lack of engagement on this issue.

106. The Tribunal noted that Mr H confirmed in his expert report that this machine was a diathermy machine. It accepted Mr H's opinion from his expert report in which he wrote:

> '*Dr Skevofylax would have had to remove his sterile surgical gloves to reset the machine and then rescrub his hands and apply fresh, sterile gloves. Patient* [E]*'s narrative does not indicate that was the case. Diathermy machines are not sterile equipment. Only the forceps and the lead are sterile. Touching the machine and then Patient* [E]*'s wound would contaminate his wounds as well as contaminating the diathermy machine and Patient* [E]*'s tissues.'*

107. Taking the evidence in the round and the adverse inference, the Tribunal determined that paragraph 28 of the allegation is found proved.

Paragraph 29 of the Allegation

108. The Tribunal had regard to Patient E's witness statement in which he stated that following Procedure Seven:

> '*Dr Skevofylax said he was going to send me aftercare instructions by email, but they never came. The GMC asked whether I checked my junk email for any aftercare emails after this surgery. I would have checked all my emails and I get notfications even when an email comes into my junk.'*

The Tribunal noted that no aftercare advice in relation to the matters set out in Schedule 3 of the allegation were detailed in any correspondence between Patient E and Dr Skevofylax or his staff. The Tribunal drew an adverse inference from Dr Skevofylax's lack of engagement on this issue.

109. The Tribunal accepted Mr H's opinion that:

> *'Dr Skevofylax should have given Patient [E] advice about post operative analgesia and aftercare both verbally written. This should have included information about immediate postoperative problems, such pain, bleeding, swelling, infection, wound and scar management, including washing, loss of sensation and what exercise and precautions the patient should take and what emergency numbers to use.'*

110. Taking the evidence in the round and the adverse inference, the Tribunal therefore determined that paragraph 29 of the allegation is found proved in its entirety.

Paragraph 30 of the Allegation

111. The Tribunal had regard to a transcript of an IOT hearing on 26 May 2023 concerning Dr Skevofylax. It noted that this transcript shows that a determination was handed down, suspending Dr Skevofylax's registration with immediate effect. It also noted that this transcript shows that Dr Skevofylax was present and represented at this hearing.

112. The Tribunal therefore determined that paragraph 30 of the allegation is found proved.

Paragraph 31 of the Allegation

113. The Tribunal had regard to an email sent by the MPTS to Dr Skevofylax and Mr J dated 26 May 2023 with the IOT's determination attached. It had also been presented with a copy of this determination which clearly states that Dr Skevofylax's registration would be suspended with immediate effect.

114. The Tribunal therefore determined that paragraph 31 of the allegation is found proved.

Paragraph 32 of the Allegation

115. The Tribunal noted that it had determined that Procedure Seven had been performed by Dr Skevofylax on 29 May 2023. It determined that, as this was three days after Dr Skevofylax's IOT hearing, he had performed this procedure whilst suspended.

116. The Tribunal therefore determined that paragraph 32 of the allegation is found proved.

Paragraph 33 of the Allegation

117. The Tribunal noted it had determined that Dr Skevofylax had been present at his IOT hearing when his registration was suspended. It had also determined that Dr Skevofylax and Mr J had been sent an email on 26 May 2026 with the IOT hearing's outcome. The Tribunal noted that the emailed determination set out four bullet-points, explaining the practical effect of that suspension, one of which stating that Dr Skevofylax cannot perform any duties as a medical practitioner for which registration and licence are required. On this basis, the Tribunal determined that Dr Skevofylax must have known that he was suspended and prohibited from performing work which required registration with the GMC.

118. The Tribunal therefore determined that paragraph 33 of the allegation is found proved.

Paragraph 34 of the Allegation

119. The Tribunal determined that Dr Skevofylax's actual knowledge and belief was that his registration with the GMC had been suspended and that he was prohibited from performing work which required registration with the GMC. It determined that an ordinary decent person would find his actions in performing Procedure Seven on Patient E in that knowledge to be dishonest.

120. The Tribunal therefore determined that paragraph 34 of the allegation is found proved.

Paragraph 35 of the Allegation

121. The Tribunal noted that it had previously determined that Dr Skevofylax had performed Procedure Seven on Patient E on 29 May 2023.

122. The Tribunal therefore determined that paragraph 35 of the allegation is found proved through the same reasoning.

Paragraph 36 of the Allegation

123. The Tribunal had regard to a document exhibited by Ms F, which outlines surgical procedures as a regulated activity as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the 2014 Regulations"). This includes '*procedures undertaken for cosmetic purposes involving the insertion of instruments or equipment into the body.'* The Tribunal was satisfied that areola reduction surgery fit these criteria.

124. The Tribunal therefore determined that paragraph 36 of the allegation is found proved.

Paragraph 37 of the Allegation

125. The Tribunal had regard to a document it had been provided which outlines that a person cannot carry out any regulated activities unless they are registered with the CQC under Section 10 of the Health and Social Care Act 2008.

126. The Tribunal therefore determined that paragraph 37 of the allegation is found proved in its entirety.

Paragraph 38 of the Allegation

127. The Tribunal had regard to a document it had been provided by Ms F which sets out Section 10 of the Health and Social Care Act 2008, which provides that:

> *'A person must not carry on a regulated activity in England unless they are registered in respect of that activity by the Care Quality Commission.*
>
> *This establishes a statutory requirement. Carrying on a regulated activity without registration:*
>
> - *Contravenes the provisions of the Act; and*
> - *Constitutes a criminal offence.'*

128. With regard to this, the Tribunal determined that paragraph 38 of the allegation is found proved.

Paragraph 39 of the Allegation

129. The Tribunal had regard to Ms F's witness statement in which she gave evidence that Dr Skevofylax did not hold any CQC registration, either individually nor through a company. In this witness statement, Ms F indicated that Dr Skevofylax had operated from a service called Juvenis and this service was not CQC registered. The Tribunal noted that Ms F had also confirmed in a telephone conference with the GMC that Dr Skevofylax has never held CQC registration, either through himself or a company.

130. The Tribunal determined that as Dr Skevofylax had never held CQC registration, he could not have held this registration when he performed Procedure Seven on Patient E.

131. The Tribunal therefore determined that paragraph 36 of the allegation is found proved.

Paragraph 40 of the Allegation

132. The Tribunal had regard to a letter sent by Gordons Partnership Solicitors to Ms F on Dr Skevofylax's behalf. It noted that this letter indicates that, as of 11 April 2023, Dr Skevofylax intended to come under CQC registration, had sourced and secured a lease for a premises for a CQC application, and had prepared an application for CQC registration. The Tribunal determined that this letter demonstrated that Dr Skevofylax knew that he was

required to have CQC registration and that he knew that he did not hold this registration as he was in the process of applying for it.

133. The Tribunal therefore determined that paragraph 40 of the allegation is found proved.

Paragraph 41 of the Allegation

134. The Tribunal determined that Dr Skevofylax's actual knowledge and belief was that he required CQC registration to perform Procedure Seven and that he knew that he was not registered with the CQC. It determined that an ordinary decent person would find his actions in performing Procedure Seven on Patient E in that knowledge to be dishonest.

135. The Tribunal therefore determined that paragraph 41 of the allegation is found proved.

The Tribunal's overall determination on the facts

136. The Tribunal has determined the facts as follows:

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

Patient A

1. On 31 August 2021 you performed a breast augmentation ('Procedure One') and buttock augmentation ('Procedure Two') on Patient A. **Determined and found proved**

2. During Procedure One you inappropriately positioned the incision sites, leaving visible scarring. **Determined and found proved**

3. You failed to implement an adequate and appropriate treatment plan in respect of providing pain relief in that you:

    a. continued an extensive procedure under local anaesthetic alone; **Determined and found not proved**

    b. did not consider:

        i. supplementation of the analgesia; **Determined and found not proved**

        ii. abandoning the surgery, **Determined and found not proved**

    when it was evident that Patient A was in pain.

Patient B

4. On XXX March 2023 you performed liposuction ('Procedure Three') a Brazilian Butt Lift ('Procedure Four') and a labiaplasty surgery ('Procedure Five') on Patient B. **Determined and found proved**

5. You failed to obtain fully informed consent from Patient B in that you did not explain:

    i. the limitations of sites of harvest or the volumes of fat that can safely be injected for Procedure Three; **Determined and found not proved**

    ii. the likelihood of complication for Procedure Three; **Determined and found not proved**

    iii. where you planned to position the incision sites for:

        i. Procedure Three; **Determined and found not proved**

        ii. Procedure Four; **Determined and found not proved**

    iv. the location of where any scarring would be situated in respect of:

        i. Procedure Three; **Determined and found not proved**

        ii. Procedure Four. **Determined and found not proved**

6. You inappropriately positioned the incision sites, leaving visible scarring during:

    a. Procedure Three; **Determined and found proved**

    b. Procedure Four. **Determined and found proved**

7. You failed to provide Patient B with:

    a. any safety-netting; **Determined and found not proved**

    b. appropriate follow up and reviews. **Determined and found not proved**

Patient C

8. On or around 2 June 2023 you left audio voice messages for Patient C and their relative, Mr D via WhatsApp as detailed in Schedule One. **Determined and found proved**

9. On 7 June 2023 you telephoned Patient C and said that you were out of the country and therefore would not be able to perform Patient C's surgery, or words to that effect. **Determined and found proved**

10. Your actions described at paragraphs 8 and 9 were carried out to:

    a. mislead Patient C as to the reason their appointment with you on 2 June 2023 ('the Appointment') had been cancelled; **Determined and found proved**

    b. mislead Mr D as to the reason the Appointment had been cancelled; **Determined and found proved**

    c. create the impression that you:

        i. would be in a position to attend a face-to-face appointment with Patient C; **Determined and found not proved**

        ii. were able to progress your treatment of Patient C. **Determined and found not proved**

11. As of 2 June 2023, you knew that your registration with the GMC had been suspended by the Interim Orders Tribunal of the Medical Practitioners Tribunal Service ('IOT') following a hearing on 26 May 2023. **Determined and found proved**

12. Your actions as described at paragraphs 8 and 9 were dishonest by reason of paragraphs 10 and 11. **Determined and found proved**

Patient E

Procedure Six

13. On 26 September 2022 you performed bilateral gynecomastia surgery on Patient E ('Procedure Six'). **Determined and found proved**

14. You failed to obtain fully informed consent from Patient E prior to performing Procedure Six in that you did not:

    a. discuss the risks of Procedure Six with Patient E; **Determined and found proved**

    b. discuss the benefits of Procedure Six with Patient E; **Determined and found proved**

    c. warn Patient E that fluid would be injected as part of Procedure Six; **Determined and found proved**

d. warn Patient E that a cannula would be used as part of liposuction in Procedure Six; **Determined and found proved**

e. warn Patient E that his nipple areolar complexes ('NAC') would very likely stretch if further attempts were made to reduce the NAC;

i. verbally; **Determined and found proved**

ii. in writing. **Determined and found proved**

15. You failed to obtain Patient E's signed consent prior to undertaking Procedure Six. **Determined and found proved**

16. You failed to record the matters detailed in Schedule 2 within Patient E's medical records. **Determined and found proved**

17. You failed to provide adequate aftercare to Patient E in that you did not provide:

a. verbal advice in relation to the matters set out in Schedule 3; **Determined and found proved**

b. written advice in relation to the matters set out in Schedule 3. **Determined and found proved**

Cortisone injections

18. You administered six cortisone injections ('the Injections') to Patient E between November 2022 and April 2023. **Determined and found proved**

19. You failed to obtain fully informed consent from Patient E prior to administering the Injections in that you did not:

a. inform Patient E of the risks set out in Schedule 4; **Determined and found proved**

b. record in Patient E's medical records the risks set out in Schedule 4. **Determined and found proved**

20. You failed to obtain Patient E's signed consent prior to administering the Injections. **Determined and found proved**

21. You failed to record the matters detailed in Schedule 5 within Patient E's medical records. **Determined and found proved**

22. You failed to provide aftercare advice to Patient E in relation to pain management:

a. verbally; **Determined and found proved**

b. in writing. **Determined and found proved**

Procedure Seven

23. On 29 May 2023 you performed areola reduction surgery on Patient E ('Procedure Seven'). **Determined and found proved**

24. You failed to obtain fully informed consent from Patient E prior to performing Procedure Seven in that you did not:

    a. discuss the risks of Procedure Seven with Patient E; **Determined and found proved**

    b. discuss the benefits of Procedure Seven with Patient E; **Determined and found proved**

    c. warn Patient E that his nipple areolar complexes ('NAC') would very likely stretch if further attempts were made to reduce the NAC;

        i. verbally; **Determined and found proved**

        ii. in writing. **Determined and found proved**

25. You failed to obtain Patient E's signed consent prior to undertaking Procedure Seven. **Determined and found proved**

26. You failed to record the matters detailed in Schedule 2 within Patient E's medical records. **Determined and found proved**

27. You failed to adequately perform Procedure Seven as you performed Procedure Seven without a trained assistant. **Determined and found proved**

28. On one or more occasion, you put Patient E at risk of wound contamination by failing to rescrub your hands and apply fresh, sterile gloves after resetting the diathermy machine. **Determined and found proved**

29. You failed to provide adequate aftercare to Patient E in that you did not provide:

    a. verbal advice in relation to the matters set out in Schedule 3; **Determined and found proved**

    b. written advice in relation to the matters set out in Schedule 3. **Determined and found proved**

Practising whilst suspended

30. On 26 May 2023 you attended an IOT hearing where your registration was suspended with immediate effect preventing you from practising as a doctor. **Determined and found proved**

31. You were notified of the outcome of the IOT hearing by email on 26 May 2023. **Determined and found proved**

32. You performed Procedure Seven whilst suspended from the Medical Register. **Determined and found proved**

33. You knew that you had been suspended by an IOT and were prohibited from performing work which required registration with the GMC. **Determined and found proved**

34. Your actions at paragraph 32 were dishonest by reason of paragraph 33. **Determined and found proved**

CQC registration

35. On 29 May 2023 you performed Procedure Seven on Patient E. **Determined and found proved**

36. The surgery described in paragraph 35 was a Regulated Activity as defined by the Care Quality Commission ('CQC'). **Determined and found proved**

37. The CQC requires that any doctor performing a Regulated Activity must either be:

    a. registered with the CQC individually; **Determined and found proved**

    b. working for a company that holds CQC registration; **Determined and found proved**

    c. working for a clinic that holds CQC registration. **Determined and found proved**

38. Any person who carries on a Regulated Activity without being registered with the CQC in respect of carrying out a Regulated Activity is guilty of an offence under the Health and Social Care Act 2008. **Determined and found proved**

39. You conducted a Regulated Activity on 29 May 2023 by performing Procedure Seven on Patient E without holding registration with the CQC:

    a. individually; **Determined and found proved**

    b. through a company that held CQC registration; **Determined and found proved**

c. through a clinic that held CQC registration. **Determined and found proved**

40. You knew that you:

a. required CQC registration; **Determined and found proved**

b. were not registered by the CQC, **Determined and found proved**

to perform Procedure Seven.

41. Your actions as set out in paragraphs 35 and 39 were dishonest by reason of paragraph 40. **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 - 06/11/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

Submissions

2. On behalf of the GMC Mr Garside, KC, submitted that the Tribunal must firstly consider whether the facts found proved amount to serious misconduct, and secondly whether they demonstrate current impairment.

3. Mr Garside submitted that the Tribunal should have regard to the GMC's guidance on decision making and consent which came into effect on 9 November 2020. He submitted that the first four principles on decision making and consent are relevant to Dr Skevofylax's case. He further submitted that the Tribunal should give attention to paragraph 10(e) of this guidance which states that doctors must provide patients with information which includes:

> '*the potential benefits, risks of harm, uncertainties about and likelihood of success for each option, including the option to take no action. By 'harm' we mean any potential negative outcome, including a side effect or complication'*

Additionally, Mr Garside submitted that the following paragraphs of this guidance were relevant:

> '*21. You must give patients clear, accurate and up-to-date information, based on the best available evidence, about the potential benefits and risks of harm of each option, including the option to take no action.*
>
> […]
>
> *27. Patients need relevant information (see paragraph 10) to be shared in a way they can understand and retain, so they can use it to make a decision.*
>
> […]
>
> *50. Keeping patients' medical records up to date with key information is important for continuity of care. Keeping an accurate record of the exchange of information leading to a decision in a patient's record will inform their future care and help you to explain and justify your decisions and actions.*
>
> […]
>
> *54. Consent forms can be a helpful prompt to share key information, as well as a standard way to record a decision that can make regular review easier. They can also be used to review decisions made at an earlier stage, and the relevant information they were based on.*
>
> *55. But, filling in a consent form isn't a substitute for a meaningful dialogue tailored to the individual patient's needs.'*

4. Mr Garside submitted that the following paragraphs from the 2013 edition of Good Medical Practice (GMP) were relevant in Dr Skevofylax's case:

> '*1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues,1 are honest and trustworthy, and act with integrity and within the law.*

[…]

7 You must be competent in all aspects of your work, including management, research and teaching

[…]

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

[…]

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.'

Mr Garside also submitted that the Tribunal should refer to a list of what should be included in clinical records at paragraph 21 of the 2013 edition of GMP.

5. Mr Garside submitted that all three limbs of public protection are engaged in one or more of the allegations found proved by the Tribunal.

6. Mr Garside submitted that the Tribunal should have regard to the *'case type 2: dishonesty'* section of the MPTS Guidance Introduction. He submitted that paragraphs 77, 80, 81, and 82 are relevant to this case, but paragraph 87 holds particular weight at this stage as it outlines that allegations of dishonest behaviour usually fall at the high end of the spectrum of seriousness due to the significant harmful impact even a single incident of dishonesty can have.

7. Mr Garside submitted that the Tribunal is required to determine if there is a legal basis for considering impairment in Dr Skevofylax's case. He submitted that this legal basis would be misconduct and that Dr Skevofylax's misconduct was sufficiently serious.

8. In relation to Patients A and B, Mr Garside submitted that Dr Skevofylax had not provided any justification for his decision on the incision sites. He also submitted that Dr

Skevofylax claims to be a highly trained and experienced cosmetic surgeon and that this infers either that he was trained to place the incision sites where he did, or that he made a deliberate decision to put the incision sites there and carried on knowing that they were likely to leave some scarring. Mr Garside further submitted that these were not emergency procedures. These were cosmetic surgeries that patients hoped would enhance their appearance but ended up with poor results. For this reason, Mr Garside submitted that, in light of the expert evidence provided, it was serious misconduct for Dr Skevofylax to make the incisions where he did.

9. When considering the allegations in relation to Patient C, Mr Garside submitted that Dr Skevofylax was dishonestly offering to carry out treatment at a time when he knew he was suspended. He further submitted that the Tribunal should remain mindful that the fact that Patient C was never operated on by Dr Skevofylax and that he got his money back is merely incidental to the gravity of the allegation found proved.

10. In relation to Patient E, Mr Garside submitted that the Tribunal should have regard to the photographs that had been provided when assessing seriousness. He also submitted that the Tribunal should be mindful of Dr Skevofylax's inability to adhere to basic principles of hygiene and his failure to provide Patient E of any warning of the risks involved in the procedure, as well as any list of the benefits and advantages.

11. Mr Garside submitted that Dr Skevofylax's actions in continuing to practise whilst his registration was suspended was a form of highly serious dishonest behaviour, as it throws the whole system of regulation into doubt if doctors are seen to be ignoring the orders of Interim Order Tribunals (IOTs). He also submitted that Dr Skevofylax's failure to register with the Care Quality Commission (CQC) whilst knowing he was duty bound to do so also demonstrated serious dishonesty.

12. Mr Garside submitted that the allegations, in themselves, would be considered serious due to the individual matters relating to the treatment of patients. However, he submitted that the allegations relating to dishonesty and practising whilst not entitled to do are even more serious as the impact they have on patient protection attacks the regulatory functions of the GMC.

13. Mr Garside submitted that various factors further increased the level of seriousness in Dr Skevofylax's case under paragraph 36 of Part B of the Medical Practitioners Tribunal (MPT) Hearings Guidance. He submitted that Dr Skevofylax's dishonest behaviour and poor

performance was persistent and repeated. He also submitted that Dr Skevofylax's actions were not just a reckless disregard for professional standards, but rather a blatant disregard and demonstrated premeditated behaviour. Finally, Mr Garside submitted that Dr Skevofylax had undermined a system designed to protect the public by continuing to practise whilst suspended and without CQC registration.

14. Mr Garside submitted that relevant context about a doctor and/or their working environment, and evidence of insight and remediation will carry less weight when the allegation falls at the higher end of the spectrum of seriousness as these can be more difficult to remediate. He further submitted that Dr Skevofylax's demonstration of the various courses he has undergone will have very little, if any, impact on where the allegation lies on the spectrum of seriousness. Additionally, he submitted that there was no relevant context to consider.

15. Mr Garside submitted that Dr Skevofylax had deliberately absented himself from the hearing. He submitted that this, coupled with his failure to provide an explanation for many of the allegations, indicates that there is no true insight or remediation in this case. He also submitted that, in relation to Dr Skevofylax's good character, he has no previous relevant regulatory history and no criminal convictions, and the Tribunal should take this into account as it considers appropriate.

16. Mr Garside submitted that Dr Skevofylax has demonstrated that he is a genuine threat to the public and, therefore, the Tribunal should find that his fitness to practise is currently impaired.

The relevant legal principles

17. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

18. 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 professional misconduct, and

that the professional misconduct was serious and then, whether the finding of that misconduct which was serious poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

19. The Tribunal will consider *Roylance v General Medical Council* [2000] 1 AC 311 which describes misconduct involving some act or omission which falls short of what would be proper in the circumstances. It will also consider GMP in ascertaining what appropriate standards are. It will be mindful that mere negligence is not sufficient to amount to misconduct and that misconduct may take the form of incompetence or negligence of a high degree. It will also be aware that a single act or omission, if particularly grave, may be characterised as misconduct.

20. To assess whether Dr Skevofylax poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved,
- the impact of any relevant context known about Dr Skevofylax and/or their working environment, and
- how Dr Skevofylax has responded to the allegations.

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

21. The Tribunal determined that Dr Skevofylax had breached various principles of GMP from the 2013 edition. It determined that by inappropriately positioning the incision sites in his surgeries, Dr Skevofylax had breached the following principles of GMP:

> *'8 You must keep your professional knowledge and skills up to date.*
>
> […]
>
> *15 You must provide a good standard of practice and care.'*

22. The Tribunal found that, in his treatment of Patient E, Dr Skevofylax had breached the following principles of GMP:

'12 You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

[…]

16 In providing clinical care you must:

[…]

b provide effective treatments based on the best available evidence
c take all possible steps to alleviate pain and distress whether or not a cure may be possible

[…]

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

[…]

21 Clinical records should include:
a relevant clinical findings
b the decisions made and actions agreed, and who is making the decisions and agreeing the actions
c the information given to patients
d any drugs prescribed or other investigation or treatment e who is making the record and when.

[…]

32 You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

[…]

49 You must work in partnership with patients, sharing with them the information they will need to make decisions about their care'

The Tribunal also determined that by failing to obtain Patient E's consent, Dr Skevofylax had breached paragraph 17 of the 2013 edition of GMP:

'*You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.'*

23. Through his dishonest behaviour, the Tribunal determined that Dr Skevofylax had breached the following principles of GMP:

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

[…]

68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'

24. The Tribunal determined that by failing to tell Patient C and Patient E about his suspension, Dr Skevofylax had breached paragraph 76 of GMP:

'*If you are suspended by an organisation from a medical post, or have restrictions placed on your practice, you must, without delay, inform any other organisations you carry out medical work for and any patients you see independently.'*

25. The Tribunal determined that by breaching so many standards of GMP, across a range of domains, Dr Skevofylax's actions and omissions had fallen short of what would be considered proper in the circumstances of a doctor practising cosmetic/plastic surgery and amounted to a departure from the standards which was serious.

26. The Tribunal had regard to the expert report from Dr I in relation to Patient A. It accepted his evidence that the positioning of the scars in Procedure One were so inadequate that this amounted to care seriously below the standard expected of a reasonably competent

cosmetic/plastic Surgeon, as this positioning was '*in contravention of the basic principles of aesthetic and plastic surgery.'*

27. The Tribunal had regard to the expert report from Mr H in relation to Patient B. It accepted his evidence that '*the positioning of the incision sites, leading to the visibility of the scars in each site falls seriously below the standard expected of a reasonably competent surgeon performing the procedures.'*

28. The Tribunal also had regard to Mr H's expert report on Patient E. It noted that Mr H had found all of the allegations found proved in relation to Patient E to show a standard of care that fell seriously below the standard of a cosmetic surgeon.

29. The Tribunal determined that Dr Skevofylax's clinical failings from the facts found proved in regard to Patients A, B and E would amount to misconduct, as their treatment had fallen seriously below the standards expected. It further determined that, as the expert evidence had found that Dr Skevofylax's clinical practice had fallen, not just below, but seriously below the standards expected of a competent cosmetic/plastic surgeon, his misconduct was serious.

30. The Tribunal considered whether Dr Skevofylax's dishonest behaviour amounted to serious misconduct. It was satisfied that this behaviour fell far short of what would be proper in the circumstances due to Dr Skevofylax's breaches of GMP. It was also satisfied that this misconduct was serious as Dr Skevofylax had deliberately misled Patients C and E by failing to inform them about his suspension. The Tribunal also considered that he had undermined the regulatory framework by continuing to operate on Patient E whilst suspended by the GMC, and without CQC registration.

31. The Tribunal therefore determined that there was a legal basis for considering whether Dr Skevofylax's fitness to practise is impaired, and that the basis is misconduct.

<u>Where on the spectrum of seriousness does the allegation lie?</u>

32. The Tribunal was mindful of paragraph 31 of Part B of the MPT Hearings Guidance which outlines that allegations of dishonesty occurring in a professional role, and clinical failings that are not considered easily remediable usually sit on the higher end of the spectrum of seriousness. The Tribunal determined that Dr Skevofylax had engaged in repeated instances of dishonest behaviour through his misleading of Patient C and Mr D about his registration status; and by continuing to operate on Patient E whilst suspended and

without CQC registration. Applying the guidance, the Tribunal determined that the appropriate starting point for assessing the seriousness of the allegations, was at the high end.

33. The Tribunal had regard to paragraph 36 of Part B of the MPT Hearings Guidance which outlines various factors increasing the level of seriousness. It noted that Dr Skevofylax's behaviour and clinical failings had been persistent and repeated, spanning a number of patients over a two-year period. It determined that there had been a pattern of failings through inappropriately positioned incision sites and clinical decision-making. It further determined that he had displayed repeated instances of dishonest behaviour, and that as this was not an isolated incident it established an attitudinal problem.

34. The Tribunal determined that Dr Skevofylax had displayed a reckless disregard for both patient safety and professional standards. It determined that Dr Skevofylax's actions such as his poor incision placement and operating without an assistant had endangered the safety of his patients. The Tribunal also considered carefully the longer-term impact on Patients A, B and E. The Tribunal noted that significant harm had been caused to the health and well-being of these patients whose working and social lives had been impacted as a consequence of their treatment. The Tribunal also noted that Patient B expressed distrust for the medical profession following her treatment. It also determined that the consequences of Dr Skevofylax's actions could have been far more serious, as by practising in an unhygienic environment when operating on Patient E, he had put Patient E at significant risk of a severe infection. In addition, should Patient E have developed complications, he would have been put at further risk by Dr Skevofylax operating without an assistant.

35. The Tribunal determined that by practising whilst suspended by the IOT, and without the required CQC registration, Dr Skevofylax had undermined a system designed to protect the public. It also determined that he had put his own interests before those of his patient, as he had put his personal beliefs about the care of Patient E ahead of other suitable arrangements such as the employment of an assistant and practising in hygienic conditions.

36. The Tribunal therefore determined that the allegations found proved lie at the higher end of the spectrum of seriousness.

37. The Tribunal rejected Mr Garside's submission that Dr Skevofylax's actions were premeditated in order to take advantage of his patients. Although his decisions were conscious, the Tribunal considered that his actions indicated he had blindly thought that he

could correct the initial issues in Patient E's care. It determined that he took reckless and high-risk short-cuts in proceeding to give Patient E cortisone injections and undertaking a second surgical procedure believing he could rectify the damage he had caused.

What is the impact of any relevant context known about Dr Skevofylax and/or their working environment?

38. The Tribunal noted paragraph 50 of Part B of the MPT Hearings Guidance which provides that when allegations fall at the higher end of the spectrum of seriousness, evidence of relevant context that decreases the level of risk to public protection should carry less weight.

39. When considering Dr Skevofylax's working environment, the Tribunal noted that, at the time of the events concerned, he had been in complete control of the way in which he conducted surgeries, though at times he had worked out of or had practising privileges with different clinics. It determined that he chose to continue operating on patients without any external or work system pressure. It also determined that Dr Skevofylax had known that his registration with the GMC had been suspended, that he did not have CQC registration, and that there was no external or work environment pressure that made him continue to practise despite this. The Tribunal concluded that this did not decrease the level of risk to public protection and may have increased it.

40. When examining Dr Skevofylax's personal context, the Tribunal determined it had been provided with limited evidence of any factors which would decrease the level of seriousness, for example, Dr Skevofylax had said that being arrested had caused him stress and that he was very tired after being detained at a police station which may have led to confusion about what he told Patient C. The Tribunal determined that this would have a limited impact in decreasing the level of seriousness.

41. The Tribunal determined that any evidence of relevant context in Dr Skevofylax's case was limited and, due to the allegation's high level of seriousness, carried little weight in decreasing the level of risk to public protection. The Tribunal therefore determined that level of seriousness remained high.

How has Dr Skevofylax responded to the allegations?

42. The Tribunal had regard to paragraph 80 of Part B of the MPT Hearings Guidance which outlines that evidence of insight and remediation will carry less weight in cases where the starting point of current and ongoing risk to public protection is high.

43. The Tribunal accepted that Dr Skevofylax had shown some insight in his Rule 7 response as he had admitted that his placement of incision sites was wrong. It acknowledged that Dr Skevofylax had engaged with the regulatory process and responded to allegations, but only in relation to Patients A, B and C. It also noted that Dr Skevofylax had undergone various courses in response to these allegations such as for documentation and record-keeping, healthcare ethics and standards, communication skills, and probity and honesty. It further acknowledged that Dr Skevofylax had written a crisis management policy dated 20 January 2025.

44. However, the Tribunal determined that whilst Dr Skevofylax had admitted some wrongdoing in his Rule 7 response, he had shown no understanding of the impact that this has had on the patients concerned. It also noted that it had not been presented with any evidence of remorse for his actions, or that he had apologised to the patients affected. It determined that Dr Skevofylax had shown a lack of empathy for his patients and an inability to take responsibility for the consequences of his clinical and regulatory failings or his dishonesty.

45. The Tribunal had regard to a peer review reflections document provided by Dr Skevofylax in his Rule 7 response which was preceded by a supportive character reference letter explaining how the peer review arose from work conducted from Dr N. The Tribunal placed little weight on these documents as it had no evidence of who Dr N is, or the address from which they work, or the dates during which they worked with Dr Skevofylax. The Tribunal noted that it was clear on the face of the letter that the author did not know about and was not addressing the allegations against Dr Skevofylax.

46. The Tribunal noted that it had not been presented with any evidence of insight following January 2025 and that Dr Skevofylax had seemingly completely disengaged from the regulatory process. It determined that it is impossible to know his current level of insight as he has not attended or engaged with the hearing.

47. The Tribunal also determined that the allegations found proved are difficult to remediate. It noted that the expert reports and witness statements indicate the significant impact on the patients. It determined that his dishonest behaviour, particularly when considering his continued practice whilst suspended by the IOT, indicates a deep-seated attitudinal issue.

48. The Tribunal noted that it has not been presented with any evidence of whether Dr Skevofylax has kept his knowledge and skills up to date. As it had not been presented with any recent evidence of insight and remediation, the Tribunal noted that it cannot determine how the risk of repetition in Dr Skevofylax's case has changed. It therefore determined that there remains a high level of risk to public protection.

Tribunal's decision as to whether Dr Skevofylax poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

49. The Tribunal considered whether Dr Skevofylax poses a current and ongoing risk to all three limbs of public protection. Firstly, it determined that Dr Skevofylax remains a current and ongoing risk to patient safety, as shown through his persistent poor performance, failure in maintaining medical records and dishonest behaviour.

50. The Tribunal then considered whether Dr Skevofylax poses a current and ongoing risk to public confidence. It determined that a reasonable member of the public would be alarmed by the facts found proved in this case and that his actions risk bringing the profession into disrepute by continuing to practise whilst suspended and also undermined the regulatory system.

51. Finally, the Tribunal determined that Dr Skevofylax poses a current and ongoing risk to the maintenance of professional standards, given that his actions breached numerous principles of GMP and both expert witnesses had concluded that his treatment of patients fell seriously below the expected standard of a cosmetic/plastic surgeon. The Tribunal determined that there remains a real risk of repetition in his case.

52. The Tribunal determined that Dr Skevofylax poses a current and ongoing risk to public protection. It has therefore determined that Dr Skevofylax's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 09/11/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

Submissions

2. On behalf of the GMC, Mr Garside, KC, submitted that the appropriate sanction in this case would be one of erasure. He submitted that in making its decision, the Tribunal should consider the least restrictive outcome first and continue through before finding the most appropriate sanction.

3. Mr Garside submitted that the Tribunal should have regard to the sanctions bandings at paragraph 62 of Part C of the Medical Practitioners Tribunal (MPT) Hearings Guidance, and that the recommended band of sanction in a case of dishonesty is a nine-month suspension to erasure.

4. Mr Garside submitted that, in its determination on impairment, the Tribunal had determined that Dr Skevofylax poses a current and ongoing risk to all three limbs of public protection. He submitted that paragraph 55 of Part C of the MPT Hearings Guidance outlines that:

> '*Erasure is action available for those cases where a doctor's behaviour, performance* […] *is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.'*

Mr Garside submitted that this would be appropriate given the Tribunal's findings up to this point in the proceedings.

5. Mr Garside submitted that paragraph 56 of Part C of the MPT Hearings Guidance outlines that erasure:

> '*…is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.'*

He also submitted that the Tribunal may be mindful of what a member of the public properly considering its findings on impairment would say if the eventual decision allowed Dr Skevofylax back into practice, either immediately or in the near future, and the example that this would set to the medical profession.

6. Mr Garside submitted that Dr Skevofylax '*clearly should not be let loose on members of the public who he may entice to allow him to operate on them.'* He further submitted that paragraph 57 outlines when erasure may be considered a proportionate response and specified paragraph 57(b):

> '*the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place.'*

Mr Garside submitted that the Tribunal had determined that there was a real risk of repetition in Dr Skevofylax's case and that he had shown a persistent lack of insight into the seriousness of the allegation in relation to his behaviour, his performance, and the potential or actual consequences. Mr Garside submitted that, when considering this, erasure was the only proportionate response.

7. Mr Garside submitted that the seriousness of the allegations of dishonesty, compounded with the other matters referred to by the Tribunal in its determination on impairment, push the appropriate sanction in the banding from a suspension of nine-months to one of erasure.

8. Mr Garside submitted that before finalising its decision on sanction, the Tribunal must consider any additional evidence that may be relevant to deciding which sanction is proportionate, as indicated by paragraph 64 of Part C of the MPT Hearings Guidance. He submitted that such evidence pushes the appropriate sanction further towards erasure.

9. Mr Garside submitted that the Tribunal should be mindful of its determination on impairment in which it determined that Dr Skevofylax's misconduct engaged one or more of the three parts of public protection, as well as the Guidance Introduction's Specific Case Types.

10. Mr Garside submitted that the Tribunal must consider paragraphs 10 and 11 of Part C of the MPT Hearings Guidance:

> *'10. A good decision about a doctor's fitness to practise should protect the public, be proportionate, be transparent and be fair. In the context of deciding what sanction, if any, is required to address the level of current and ongoing risk to public protection…'*

[…]

11. When reaching a view on what is a proportionate sanction, the medical practitioners tribunal (MPT) must demonstrate they have considered any submissions made by the parties.'

Mr Garside submitted that Dr Skevofylax has made no submissions on sanction for the Tribunal to consider.

11. Mr Garside submitted that the only transparent, fair and proportionate sanction in this case is erasure.

The Tribunal's determination on sanction

12. The Tribunal will take a proportionate approach to the issue of sanction meaning that the sanction imposed should be no more than is necessary in order to protect the public.

13. The Tribunal will consider its decision on impairment and the level of current and ongoing risk to public protection it has determined in the case of Dr Skevofylax. It will consider all three limbs of public protection, namely:

- the protection, promotion and maintenance of the health, safety and wellbeing of the public,
- public confidence in the profession,
- proper professional standards and conduct for members of the profession.

14. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk that Dr Skevofylax poses to public protection. It has referred to the sanctions bandings for dishonesty and clinical concerns as set out in Part C of the Guidance for MPT hearings. The Tribunal bore in mind that the bandings were only indicative of sanctions which may be appropriate.

15. The Tribunal will consider the outcomes available to it: to take no action, to impose conditions on the doctor's registration for up to three years, to suspend the doctor's registration for up to 12 months, or to erase the doctor's name from the register.

16. If imposing conditions or suspension, the Tribunal will then consider the length of any sanction and whether to direct a review hearing.

17. The Tribunal will be mindful in weighing up the interests of the public against those of the doctor and remind itself that sanctions are not intended to be punitive, but they may have a punitive effect.

18. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No action

19. 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. The Tribunal determined that there were no exceptional circumstances allowing a consideration of no action in this case. Given the findings against Dr Skevofylax in relation to his dishonest behaviour, poor performance, and lack of regulatory compliance with registration requirements, the Tribunal considered that taking no action would not be an appropriate nor proportionate response and would fail to maintain public safety, public confidence, and uphold professional standards.

Conditions

20. The Tribunal then considered whether imposing conditions would be an appropriate sanction. It noted paragraphs 19 and 20 of the Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

21. As a starting point, the Tribunal considered that the sanctions banding for dishonest behaviour does not indicate that conditions would be sufficient to meet the level of risk to public protection.

22. The Tribunal reminded itself of its determination on impairment in which it noted that Dr Skevofylax has shown little, if any, evidence of insight or remediation. It also noted his limited engagement with the regulatory process and non-compliance with his interim suspension order.

23. The Tribunal considered that although Dr Skevofylax's clinical failings, such as his poor positioning of incision sites, may be corrected through imposing conditions, his dishonest behaviour and undermining of the regulatory system indicated that conditions would not be workable. The finding of dishonesty is indicative of a deep-seated attitudinal issue as was the disregard for appropriate registration or a licence to practise. The Tribunal determined that the ongoing risk to public protection could not be safely managed with conditions. It also

determined that conditions would not have the required deterrent effect given the seriousness of the allegations. In any event, even if workable conditions could have been formulated, the Tribunal was satisfied that they would not be a proportionate response. Such a sanction would be insufficient to maintain public confidence in the medical profession or to uphold proper professional standards, having regard to the seriousness of the misconduct found proved.

24. In all of the circumstances, the Tribunal determined that conditions were not appropriate in Dr Skevofylax's case.

Suspension

25. The Tribunal had regard to the sanctions bandings for cases of dishonest behaviour. It had determined that the level of risk posed by Dr Skevofylax was high and that his misconduct was at the higher end of the spectrum of seriousness. It therefore determined that the appropriate banding in this case would be a suspension of nine months to erasure.

26. The Tribunal noted paragraph 45 of Part C of the MPT Hearings Guidance which states:

> *'45. Suspension may be proportionate in cases where some, or all, of the following factors are present:*
>
> *a conditions are not appropriate, measurable and/or workable*
>
> *b the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
>
> *c the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'*

27. The Tribunal reminded itself that the purpose of imposing a period of suspension is to manage the current and ongoing risk to public protection while providing Dr Skevofylax with the opportunity to address the misconduct identified and to safely return to unrestricted practice in the future.

28. The Tribunal was mindful that it had determined that Dr Skevofylax had provided no meaningful insight of the impact of his actions on the patients concerned or the wider profession, nor had he undertaken any remediation relevant to his conduct in respect of Patient E. It noted that he had failed to provide any response to the allegations in relation to Patient E including practising whilst suspended, without being registered with the CQC and not engaging with the hearing. It also reminded itself that it had determined that there is real risk of repetition in Dr Skevofylax's case.

29. The Tribunal determined that it could not be satisfied that Dr Skevofylax would, following a period of suspension, be able to safely return to unrestricted practice in the future.

30. The Tribunal therefore determined that a period of suspension would not provide adequate protection to the public, would not be sufficient to maintain public confidence in the profession and to uphold proper professional standards.

Erasure

31. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

32. The Tribunal noted paragraphs 55, 56 and 57 of the relevant section of the Guidance, which provide:

> *'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*
>
> *56 Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*

57 Erasure may be the proportionate response where:

a conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public

b the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place

c the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or

d the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'

33. The Tribunal considered that all of the factors set out in paragraph 57 of the Guidance are met in this case. It was satisfied that an order of conditions or suspension would be insufficient to meet the identified level of risk. Furthermore, it had determined that Dr Skevofylax had shown a reckless disregard for patient safety, and he has shown no developed insight or provided any recent evidence of attempted remediation.

34. The Tribunal determined that Dr Skevofylax's dishonest behaviour, clinical failings, practising whilst suspended, and willingness to practise without CQC registration were incompatible with continued registration. It determined that a reasonable member of the public would be distressed to learn that a doctor who had displayed Dr Skevofylax's behaviour had been permitted to remain on the GMC register. It also determined that allowing Dr Skevofylax to remain registered, given his dishonesty, disregard for the regulatory framework, and his clinical failings, would not signal the Tribunal's concern to uphold and maintain the standards, nor would it reflect the concerns of the medical profession. The Tribunal acknowledged Dr Skevofylax's personal circumstances and the impact on his ability to earn a living but determined the need to protect the public is more important than his interests. Additionally the Tribunal determined that erasure was the only outcome to have

the sufficient deterrent effect on the profession, and to reassure the public about what is regarded as behaviour unbefitting a registered doctor.

35. Having regard to its findings, and given the circumstances of the case, the Tribunal determined to erase Dr Skevofylax's name from the medical register.

Determination on Immediate Order - 09/11/2026

1. This determination was handed down in public. However, the Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration were confidential.

2. Having determined that erasure is the most appropriate sanction, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Skevofylax's registration should be subject to an immediate order.

Submissions

3. On behalf of the GMC, Mr Garside, KC, submitted that the Tribunal should have regard to paragraph 79 of Part C of the Medical Practitioners Tribunal (MPT) Hearings Guidance:

> *'The MPT may impose an immediate order where 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. Where the MPT has imposed a sanction of conditions, it may impose an immediate order of conditions. Where the MPT has imposed a sanction of suspension or erasure, it may impose an immediate order of suspension.'*

Mr Garside also submitted that the Tribunal should be mindful of paragraph 84 of the Guidance:

> *'84 It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a the doctor poses a risk to patient safety*

b the risk to one or more parts of public protection is high, and/or

c immediate action is needed to maintain public confidence in the medical profession.'

Mr Garside submitted that, as all three of these breaches apply in this case, an immediate order will be necessary and that no interests of Dr Skevofylax should override this.

The Tribunal's determination

4. The Tribunal considered that it may impose an immediate order if it is necessary for the protection of members of the public or is otherwise in the public interest. The decision whether to impose an immediate order is at the discretion of the Tribunal, based on the facts of the case.

5. The Tribunal had regard to paragraph 83 of Section Three: Part C of the Guidance which provides:

'83 The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.'

It also reminded itself of the factors set out in paragraph 84 of the Guidance.

6. The Tribunal determined that all the factors set out in paragraph 84 were present. It considered that Dr Skevofylax poses a current and ongoing risk to public protection by virtue of his misconduct and that the level of risk was high. It determined that immediate action is needed to maintain public confidence in the medical profession.

7. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Dr Skevofylax's registration. It determined that an immediate order was necessary to protect members of the public and that it is in the public interest.

8. This means that Dr Skevofylax's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, 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.

9. The interim order currently in place on Dr Skevofylax's registration will be revoked when the immediate order takes effect.

10. That concludes this case.

ANNEX A - 03/11/2026
Service and Proceeding in Absence

1. This determination was handed down in public.

Service

2. Dr Skevofylax is neither present nor legally represented at this hearing.

3. The Tribunal was provided with a copy of a Service bundle from the General Medical Council (GMC). This included various documents including a screenshot of Dr Skevofylax's registered contact details as held on the GMC's case management system. This includes a registered address and an email address. The bundle also included an email the GMC sent to Dr Skevofylax at his registered contact email address on 10 August 2026, to which Dr Skevofylax replied on 24 August 2026, from that same registered contact email address, confirming that this was the correct email address.

4. The Tribunal noted the GMC Notice of Allegation and Information Letter that were sent to Dr Skevofylax by email and post on 3 September 2026. No response was received from Dr Skevofylax. The Tribunal noted that there was a "Relayed" message in the bundle confirming that the email had been delivered. Tribunal also noted an internal GMC email dated 28 September 2026, in which a member of the Legal Support Team stated that the GMC letter had been returned to sender due to it not having been collected by Dr Skevofylax.

5. The Tribunal was provided with the Medical Practitioners Tribunal Service (MPTS) Notice of Hearing letter dated 11 September 2026, which was sent by hard copy to Dr Skevofylax's registered address. The Tribunal noted the Royal Mail Track and Trace documentation, which showed that delivery of the letter had been attempted on 14 and 22 September 2026. The documents stated that the letter was then returned to sender on 3 October 2026.

6. Mr Garside, KC, on behalf of the GMC, submitted that the email address on the GMC's system had been confirmed as Dr Skevofylax's email address as recently as 24 August 2026. Mr Garside submitted that Dr Skevofylax's recent use of this email address demonstrated that it was still current. He then submitted that notification of the Allegation and the hearing start date and time had been sent to this email address on 3 September 2026.

7. Mr Garside also submitted that two attempts at a postal delivery of the notice of hearing had been made on 14 and 22 September 2026 and noted that this had been returned

to sender. Mr Garside submitted that this was sent to a postal address that Dr Skevofylax had provided to the GMC and, on this basis, the Tribunal should be satisfied that all reasonable efforts had been made to serve Dr Skevofylax with the notice of hearing.

8. The Tribunal was mindful that it must be satisfied that Dr Skevofylax was served with a Notice of Hearing or that all reasonable efforts had been made to serve him with the notice, but that the onus was on him to keep all contact information up to date with the GMC.

9. The Tribunal noted that notice of hearing was sent to Dr Skevofylax within one week of him using the email address to reply on 24 August 2026, and that there was no reason to believe that this was an incorrect email address. The Tribunal determined that, as the email sent on 3 September 2026 did not *'bounce back'* and delivery of the notice by post was attempted on a number of occasions, all reasonable efforts had been made.

10. The Tribunal determined that notice of this hearing had been served on Dr Skevofylax in accordance with Rule 40 of the GMC's (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

Proceeding in Absence

11. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Dr Skevofylax's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

12. Mr Garside submitted that the Tribunal may proceed in Dr Skevofylax's absence if satisfied that all reasonable efforts had been made to serve the notice of hearing but must be cautious not to do injustice to him by having a hearing in his absence. He submitted that the Tribunal should consider the need for these proceedings to be disposed of expeditiously and with as little inconvenience as possible to the witnesses and the other parties including the GMC. He submitted that, as Dr Skevofylax had replied in previous email correspondence with the GMC, the Tribunal could infer that he was aware of the hearing and had voluntarily absented himself from proceedings.

13. Mr Garside submitted that the GMC had been unable to locate Dr Skevofylax but that, wherever he was, he would presumably have internet access allowing him to email the MPTS

or the GMC with a reason for his non-attendance. Mr Garside further submitted that, on a balance of probabilities, Dr Skevofylax's absence from this hearing was a deliberate choice on his part and he had taken no steps to notify the Tribunal or the GMC of any reason for his absence. Mr Garside stated that, in those circumstances, there was likely to be no sensible reason. He invited the Tribunal to continue with this hearing in Dr Skevofylax's absence.

14. The Tribunal was mindful of the guidance of *GMC v Adeogba*; *GMC v Visvardis* [2016] EWCA Civ 162 where a doctor does not attend a Tribunal hearing. The Tribunal also considered the factors identified as relevant to a decision to proceed in the absence of the defendant in criminal proceedings, which was outlined in *R v Hayward* [2001] EWCA Crim 168 and qualified in *R v Jones* [2002] UKHL 5, modified for regulatory proceedings. The Tribunal in exercising its discretion bore in mind that it can ensure that the Dr Skevofylax's case is tested where it is known, by asking questions which might be asked by Dr Skevofylax if he was present.

15. The Tribunal determined that Dr Skevofylax appeared to have voluntarily absented himself from this hearing. It determined that he had been given every opportunity to respond to the MPTS and the GMC but there was no information from Dr Skevofylax about his absence from this hearing.

16. The Tribunal noted that Dr Skevofylax did respond to the GMC at the Rule 7 stage in January and February 2025 in relation to three patients but that nothing substantive in respect of his case had been received from him since then.

17. The Tribunal noted that no application for adjournment had been made and determined that there had been no indication that an adjournment would resolve the issue of his absence in any event. The Tribunal noted that witnesses are scheduled to give evidence at this hearing on behalf of the GMC about sensitive matters which occurred three to four years ago. The Tribunal bore in mind that it must consider the competing interests including the GMC and its witnesses with the emphasis on fairness to Dr Skevofylax. The Tribunal considered that public protection through the effective regulation of doctors is the overriding objective against which all of the other factors have to be balanced and therefore the Tribunal determined that it is in the public interest for this hearing to proceed expeditiously. The Tribunal noted it would have regard to Dr Skevofylax's case, as expressed in the materials which exist, to test the evidence in his absence throughout the proceedings. In all the circumstances, the Tribunal determined that it was appropriate to proceed with this hearing in Dr Skevofylax's absence.

ANNEX B - 03/11/2026
Application in relation to anonymisation, privacy and vulnerability

1. The Tribunal exercised its powers under Rule 41 of the Rules, to sit in private when the matters under consideration were confidential. This determination will be handed down in private due to the confidential nature of some of the matters under consideration. However, as this case concerns Dr Skevofylax's alleged misconduct, a redacted version will be published at the close of the hearing.

2. On 19 October 2026 Mr Garside, KC, on behalf of the GMC, made an application for the identities of certain GMC witnesses not to be revealed in public along with other connected orders. Mr Garside stated that this application related to Patients A and B. He made this application the following Rules:

> Rule 35(4)
> *"The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public."*
>
> Rule 36(1)(f)
> *"In proceedings before the Committee or a Tribunal, the following may, if the quality of their evidence is likely to be adversely affected as a result, be treated as a vulnerable witness-*
>
> > *…*
> > *(f) any witness who complains of intimidation."*
>
> Rule 41(2)
> *"The Committee or Medial Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public."*

3. Mr Garside also referred to relevant sections within the *'Procedural matters relating to tribunal hearings'* section of the Guidance for MPTS Tribunals on vulnerable witnesses, sitting in public and private, and adjustments for all hearing participants.

Evidence

4. The Tribunal was provided with statements from Patient A dated 16 July 2026 and Patient B dated 7 September 2026.

Patient A

5. Patient A stated that the evidence she will give to the Tribunal concerns highly sensitive aspects of her private life, including intimate cosmetic surgery, her medical treatment, photographs of her body and the physical and emotional consequences of that treatment. Patient A stated that these were matters that she had always kept entirely private, XXX.

6. XXX

7. Patient A stated that she had kept this information private as she genuinely believed that disclosure would cause significant embarrassment, misunderstanding and damage XXX

8. Patient A stated that her profession was also a major concern. XXX

9. Patient A stated that she made a complaint to the GMC because she believed it was important to raise serious concerns about the treatment she received and to protect future patients. She stated that she never anticipated that pursuing her complaint might require her to sacrifice her privacy or expose deeply personal medical information to the public. Patient A asked for the Tribunal to determine that her evidence be heard in private and her identity be anonymised throughout.

Patient B

10. Patient B spoke about the impact of the surgery carried out by Dr Skevofylax. She stated that the insecurities she had before the surgery were now even worse as a consequence of the failure of the procedures she undertook, and it had been hard for her socially since the surgery. XXX

11. Patient B referred to her physical health XXX

12. Patient B explained the impact on her mental health of the surgery performed by Dr Skevofylax. XXX

13. XXX

14. XXX

15. Patient B stated that she works in XXX

16. Patient B stated that she did not want to give evidence but did not want anyone to go through everything she had been through as a result of the surgery. She said that she did not think she will be able to give evidence unless she feels that it is a safe space. She stated that she did not think she would be able to give evidence if her name was not going to be anonymised; it would XXX. Patient B stated that it would be a great relief if the information remained anonymous and private. She stated that she was also making an application for her evidence to be heard in private as she still had concerns about her identity being made public if only anonymisation was granted. Patient B stated that she knew she would not be able to give evidence if it was heard in public, that she probably would not be able to speak and that it would XXX

Submissions

Submissions on behalf of the GMC

17. Mr Garside stated that the default position was that hearings should be in public and the identities of witnesses should be disclosed to the public. He stated that his application concerned whether or not there should be a departure from this general principle.

18. Mr Garside submitted that the Tribunal must remain aware of paragraph 42 of the Procedural matters relating to Tribunal hearings Guidance, Part B:

> *'42. When deciding if the public should be excluded because the circumstances of the case outweigh the public interest in holding the hearing in public, the MPT will consider and weigh:*
>
> - *the interests of the person raising the concern*
> - *the interests of any patient concerned*
> - *whether a public hearing would be likely to adversely affect the health of the doctor, and*
> - *all of the circumstances of the case or matter to be determined.'*

He also drew the Tribunal's attention to paragraph 193 which highlights the importance of '*ensuring that witnesses are treated with dignity and respect'* as well as paragraph 194 which

instructs the Tribunal to understand a witness's individual needs and to consider how the witness can be supported to give their best evidence.

19. Mr Garside stated that the power under Rule 35(4) of the Rules should be exercised judicially and, in his submission, the primary consideration for the Tribunal was what, if any, prejudice there would be to Dr Skevofylax by its exercise or to the GMC by the failure to exercise it. Mr Garside submitted that, in relation to both Patients A and B, there was no evidence to show that the exercise under Rule 35(4) would cause any prejudice to Dr Skevofylax, who would know the identities of the witnesses.

20. Mr Garside submitted that the real issue for the Tribunal to consider was whether the public interest was best served by granting the orders sought or by refusing any or all of them. He stated that he accepted that the fact that the GMC as regulator considered it appropriate to make the applications was not conclusive of the issue of where the public interest lies.

21. Mr Garside stated that both witnesses are XXX. Mr Garside stated that both witnesses were patients of Dr Skevofylax and there was expert evidence that he left both patients with significant scarring.

22. In relation to Patient A, Mr Garside stated that she had requested that her identity be kept private. He submitted that, if Patient A's name were to become public, she was likely to suffer real detriment, both in the context of her family and social life and in the context of her professional career. Mr Garside stated that Patient A was not likely to gain anything from giving evidence except a feeling that she was doing her duty to the public, and in particular other women, by doing so.

23. In his submission, Mr Garside acknowledged that witnesses are not automatically entitled to give their evidence in private when it deals with confidential medical issues. However, he submitted that when a witness will disclose confidential medical issues to aid the Tribunal, they will be protected from public disclosure if they find this difficult.

24. Mr Garside submitted that Patient A's reasons provided a proper justification for exercising the Rule 35(4) power. He submitted that it was in the public interest to provide a witness with as much reassurance as possible provided that the interests of Dr Skevofylax are properly safeguarded which they are in this case given the degree of disclosure that has

occurred. Mr Garside submitted that Patient A's reasons were also a proper justification for allowing her to give evidence in private where such evidence might reveal her identity.

25. Mr Garside submitted that the Tribunal should be aware of paragraph 214 of the Procedural matters relating to Tribunal hearings Guidance, Part B which indicates that witnesses complaining of intimidation may be treated as vulnerable. In relation to Patient B, Mr Garside submitted that Patient B was clearly a witness "who complains of intimidation" within the meaning of Rule 36(1)(f). He stated that this intimidation did not come from Dr Skevofylax and there was no evidence that he intimidated her either directly or indirectly. Mr Garside stated that the intimidation came from the situation in which she was placed and her fear of the social and domestic consequences that might follow if she was known to have XXX. Mr Garside submitted that the Tribunal should, in the public interest, do all it can to enable a witness such as this to give evidence without fright or distress. He stated that, in Patient B's case, the Tribunal ought to grant her anonymity and, because of her fear of the consequences to her XXX, allow her to give evidence in private.

26. Mr Garside also submitted that the expert evidence provided in response to both patients' evidence should also be heard in private for the same reasoning.

The Tribunal's Decision on the application to anonymise witnesses

27. The Tribunal was mindful of the principle in *Lu v Solicitors Regulation Authority* [2022] EWHC 1729 that sweeping anonymity orders in respect of third parties ought not to be made. The Tribunal also bore in mind Tribunal circular 09/26 which states that applications for anonymity of patients are straightforward and can be dealt with expeditiously. In this case, the Tribunal determined that Patients A and B should be anonymised during proceedings due to the fact that both witnesses are patients and are giving evidence about their treatment by Dr Skevofylax.

28. Accordingly, the Tribunal granted the GMC's application to anonymise the witnesses, Patient A and Patient B.

The Tribunal's Decision on vulnerability

29. In relation to vulnerability, the Tribunal considered Rule 36 which sets out that witnesses may be treated as vulnerable if their evidence is likely to be adversely affected as a result of not being afforded special measures.

30. The Tribunal acknowledged that Patient B had complained of intimidation and accepted Mr Garside's submission that this intimidation did not come from Dr Skevofylax but rather originated from the circumstances XXX. It noted that she had indicated in her witness statement dated 7 September 2026 that she had felt XXX following the alleged events.

31. The Tribunal determined that, when considering the effect that the events in question have had on her mental health and the potential impact of giving evidence about these events, it would be appropriate to treat Patient B as a vulnerable witness.

The Tribunal's Decision on the application to hear witness evidence in private

32. The Tribunal was mindful of the principle in Rule 41(2) which gives it discretion to exclude the public from proceedings where circumstances of the case outweigh the public interest in holding the hearing in public. To determine this, the Tribunal considered and weighed the interests of Patients A and B against those of the public.

33. The Tribunal noted the general rule that MPTS hearings are held in public, unless the particular circumstances of the case outweigh the public interest in holding the hearing in public. The Tribunal reminded itself that the overriding objective of the MPTS is protection of the public which includes the public interest.

34. The Tribunal considered Mr Garside's submission that when a witness will disclose confidential medical issues to aid the Tribunal, they will be protected from public disclosure if they find this difficult. It acknowledged that, due to both patients' cultural and domestic circumstances, it would be detrimental for their evidence to be given in public.

35. The Tribunal determined that public interest in getting the best evidence from both witnesses outweighed the interest in transparent and open justice. It decided that hearing the evidence of these two witnesses in private would not make the hearing process opaque. It determined that it must hear both patients' evidence in private in order to obtain the best evidence, Patient B, as a special measure because she was to be treated as a vulnerable witness for the purposes of these proceedings and Patient A, to prevent her intimate medical details becoming known to professional colleagues and XXX. The Tribunal considered that hearing this limited part of the evidence, in respect of confidential and intimate medical information from Patient A, was the least derogation from the principle of open justice in order to achieve the overriding objective.

36. The Tribunal was also concerned about the risk of jigsaw identification, particularly in Patient B's case, as XXX

37. The Tribunal also determined that, to maintain both patients' privacy, it would also hear any expert evidence relevant to them in private.

38. The Tribunal determined to grant the GMC's application for Patient A and Patient B to give their evidence in private session, as well as any relevant expert evidence.

ANNEX C - 03/11/2026
Disclosure of expert report

1. This determination was handed down in public.

2. On Day 5 of the hearing, 23 October 2026, the Tribunal requested that an expert report by Mr K, referred to by Dr Skevofylax in his Rule 7 response, be disclosed. The request was sent to the GMC by email by the Tribunal Clerk, following a suggestion from Mr Garside, KC, that the Tribunal notify the GMC in advance of any documents to be put to Patient A, so that the GMC could ensure that those had been emailed in advance.

3. An initial response was received from Mr Garside, KC, through the Tribunal Clerk that:

> '*Will you please tell the Tribunal that, to my knowledge, the report you refer to was obtained on behalf of a patient who was involved in potential civil proceedings. It was not directed to any issue raised in these proceedings. It has never formed part of these proceedings. It might be considered unfair to disclose it to the Tribunal now in the absence of the doctor although he has a copy.* [Mr K] *has never been a GMC witness and the doctor could call him if he wanted to.*
>
> *I do not know if* [Dr I] *has seen the report but I doubt it. I will clarify that issue when I speak to* [Dr I].'

4. Later that afternoon, a further email was received from Mr Garside, KC, stating:

> '*Will you please tell the Tribunal that I have reread the report the Tribunal is concerned about and I am satisfied that it would not assist the case put forward by Dr. Skevofylax and in the circumstances, unless I am instructed to do so, I do not intend to disclose it to the Tribunal in the absence of the doctor*.'

5. The Tribunal responded repeating its request, and the matter was aired in public session on Day 6.

Submissions

6. On behalf of the GMC, Mr Garside, KC, submitted that Mr K's report has never formed a part of the GMC's evidence, nor has Mr K ever been a GMC witness. He submitted that the document is not evidential material as Mr K has not been called as a witness. He further submitted that the fact that a document is disclosed as unused material does not make it of sufficient evidentiary value, and that this report would not assist the case put forward by Dr Skevofylax. Mr Garside corrected his initial assertion and confirmed that Dr I had been provided with Mr K's report.

7. Mr Garside submitted that the report was produced in civil proceedings and recites information given to Mr K by solicitors acting on Patient A's behalf. He further submitted that disclosure of this report to the Tribunal would create a real and unnecessary risk of unfairness to Dr Skevofylax in his absence.

The Tribunal's Decision

9. The Tribunal noted that this report has been disclosed to Dr Skevofylax and that he had referred to it in his Rule 7 response. It considered the document relevant to allegations in relation to Patient A, and that Dr Skevofylax had made reference to it in his Rule 7 response to those allegations.

10. The Tribunal noted that Patient A had given evidence that this report was prepared on her behalf, after she had consulted solicitors in respect of pursuing a civil claim. The Tribunal also noted that Patient A had given evidence that the photographs she exhibited, had been taken by Mr K and were produced with his report. The Tribunal acknowledged that the report was not commissioned by the GMC, but it has come into the Council's possession as part of the investigation and was properly disclosed to Dr Skevofylax as unused material.

11. The Tribunal considered the report relevant and material. While there are no absolute parallels, this has been defined in criminal law to mean capable of supporting the defence case or undermining the prosecution case. It noted that the report had been shared with the GMC's expert witness, Dr I, who has prepared a report in respect of Patient A. In the absence of Dr Skevofylax, the Tribunal is testing the evidence against him and the case that he asserts. Given his reference to the report in his Rule 7 response, and its relevance to allegations 1-3 in

respect of Patient A, the Tribunal would like the opportunity to consider it, despite the fact that no expert has been retained by the defence.

12. The Tribunal determined that, having heard the submissions made by Mr Garside in respect of any potential prejudice to Dr Skevofylax's case, it is satisfied that anything of a prejudicial nature within the report can be put out of its mind as a professional Tribunal.

13. The Tribunal therefore determined that it should be provided with Mr K's report.

Schedule 1

WhatsApp voice message	Recipient
~~Hi, [Patient C], this is John Skevofylax. I'm sorry because the procedure ran late; there was a few complications in the first one and we had to cancel your appointment unfortunately, and after that we had to cancel the actual procedure, surgical procedure, afterwards because we were running so late with surgery. I was calling to see if we can talk and find another date to book you in for the face to face because I know [Mr X] couldn't book you in at the moment because it was like kind of chaotic, he needed to find a spot where we could fit you in. Anyway, let me know and we'll talk. Have a nice day.~~ Amended under Rule 17(6)	~~Patient C~~ Amended under Rule 17(6)
There's probably trouble getting hold of people because there- it was chaotic today; it was chaotic. So, let me get in touch with him really quickly, thank you for the message.	~~Patient C~~ Mr D Amended under Rule 17(6)
Hey [Patient C], this is Dr John. I think I just spoke to your father. I'm sorry about today; we had to cancel it unfortunately, I was just in surgery and it ran really late, we even had to cancel the next surgery after that too because of what was going on. Anyway, so, I-I'm calling so we can find another time so I can book you in so I can see you face-to-face. Let's chat. Are you out today- it's late now so let's chat tomorrow. Just send me a time when that's convenient for you. Talk to you later. Bye.	Patient C
Hi [Mr D]. No problem. I'll write to him right now.	Mr D
Hi, [Mr D], this is John Skevofylax. I'm sorry because the procedure ran late; there was a few complications in the first one and we had to cancel your appointment unfortunately, and after that we had to cancel the actual procedure, surgical procedure, afterwards because we were running so late with surgery. I was calling to see if we can talk and find another date to book you in for the face-to face because I know [Mr X] couldn't book you in at the moment because it was like kind of chaotic, he needed to find a spot where we could fit you in. Anyway, let me know and we'll talk ~~there~~ later. Have a nice day. Amended under Rule 17(6)	Mr D

Schedule 2

a. the pre-operative assessment findings;

b. discussions about the Procedure;

c. the consent process;

d. the World Health Organisation safety check lists;

e. the fluids administered;

f. the anaesthesia administered;

g. the medications administered;

h. the surgical technique used;

i. the instruments used;

j. the sterility of the instruments used;

k. the method of haemostasis employed;

l. the length of the Procedure;

m. the method of closure;

n. the sutures used;

o. the needles and blades used;

p. the personnel and assistants present during the Procedure with names, designations and roles;

q. the dressings applied;

r. the aftercare instructions given to Patient E.

Schedule 3

i. post operative analgesia;

ii. pain;

iii. bleeding;

iv. swelling;

v. infection;

vi. wound management;

vii. scar management;

viii. washing of the wounds;

ix. loss of sensation;

x. what exercise Patient E could undertake;

xi. what precautions Patient E should take;

xii. what emergency numbers to use;

xiii. how long to wear a compression vest;

xiv. when he could take a shower;

xv. when to change his bandages.

Schedule 4

i. the risks of the Injection(s);

ii. the complications associated with the Injection(s);

iii. the outcomes associated with the Injection(s);

iv. alternative treatments to the Injection(s);

v. benefits of the Injection(s);

vi. what to expect from the Injection(s);

vii. expected side effects;

viii. swelling and pain locally;

Schedule 5

a. pre-operative assessment findings;

b. discussions about the procedure;

c. the consent process;

d. the World Health Organisation safety check lists;

e. any fluids, anaesthesia and medications administered during the Injection(s);

f. the surgical technique used;

g. the instruments used;

h. the sterility of the instruments used;

i. the method of haemostasis employed;

j. the length of the procedure;

k. the needles and blades used;

l. the personnel and assistants present during the administration of the Injection(s) with names, designations and roles;

m. the dressings applied;

n. the aftercare instructions given to Patient E.