

PUBLIC RECORD

Dates: 08/05/2025

Doctor: Dr Sotirios FOUTSIZOGLOU

GMC reference number: 6134875

Primary medical qualification: MB BS 2006 University of Newcastle upon Tyne

Type of case Outcome on impairment
Review - Misconduct Not Impaired

Summary of outcome
Suspension revoked

Tribunal:

Legally Qualified Chair	Mrs Stacey Patel
Lay Tribunal Member:	Mr Amit Jinabhai
Registrant Tribunal Member:	Dr Aamna Khan
Tribunal Clerk:	Ms Olivia Gamble

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	David Morris of David Morris Law
GMC Representative:	Ms Claire Anderson, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held in public.

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 Impairment - 08/05/2026

1. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Foutsizoglou's fitness to practise remains impaired by reason of misconduct.

Background and 2025 Tribunal

2. Dr Foutsizoglou qualified in MB BS in 2006 in from University of Newcastle upon Tyne. Prior to the events which have led to Dr Foutsizoglou's hearing, he practised as a Plastic Surgeon, having been on the Specialist Register for Plastic Surgery since April 2020. At the time of the events Dr Foutsizoglou was practising as a Plastic Surgeon in the private sector and undertaking occasional locum NHS work in plastic surgery through Your World Healthcare Agency.

3. The Allegation that originally led to these proceedings was that, in May 2021 and July 2021, the Bedfordshire Hospitals NHS Foundation Trust ('the Bedfordshire Trust') and the Sheffield Teaching Hospitals NHS Foundation Trust ('the Sheffield Trust') respectively, received a job application from Dr Foutsizoglou in which he falsely claimed he was the author or co-author of a number of published research documents and that he had obtained a PhD in Biostatistics and Epidemiology from the Harvard School of Public Health in the United States. It was also alleged that, on 3 September 2021, in support of his job application, Dr Foutsizoglou sent an email to the Sheffield Trust attaching the purported research. It was alleged that, in both job applications, and in his response to Sheffield, Dr Foutsizoglou's actions had been dishonest.

4. The initial concerns were raised with the GMC on 15 October 2021 by Dr B, Responsible Officer at the Sheffield Teaching Hospitals NHS Foundation.
5. The full Allegation against Dr Foutsizoglou was found proved, either by admission or Tribunal decision. Dr Foutsizoglou's fitness to practise was found impaired by reason of misconduct.
6. The Tribunal determined to suspend Dr Foutsizoglou's registration for a period of 12 months, the determination by the 2025 Tribunal stated:

'The Tribunal considered that the misconduct in itself was not necessarily incompatible with continued registration and whilst serious, was not at the very top end of the scale of dishonesty. The Tribunal was of the opinion that the more egregious aspect of the dishonesty was that Dr Foutsizoglou had sought to persist in his deception by the falsification of research papers in support of his applications, and that this aggravated his original decision to submit misleading applications. However, the Tribunal determined that this was not necessarily incompatible with continued registration and that whilst a course of dishonest behaviour, it was nonetheless a stand-alone episode or sequence of events, which was potentially remediable. Although the Tribunal did not accept that Dr Foutsizoglou's challenging personal circumstances caused him to consciously act dishonestly in such a persistent fashion, it did acknowledge that there were factors at the time which may have affected Dr Foutsizoglou's [XXX] and decision-making skills. In doing so, it noted the submission of Mr Hockton that Dr Foutsizoglou's actions could be described as an "inept attempt to boost his credentials" and demonstrating that "his thinking may not have been entirely straight". It took the view that the pressure he put on himself could well have been exacerbated by the circumstances at the time, although that could not excuse his actions. Whilst the Tribunal found that Dr Foutsizoglou did not have full or well-developed insight, there was evidence that he has some understanding of the seriousness of his actions and some recognition as to its impact on how others would perceive him as a result... The Tribunal concluded that this was a case which was on the borderline of suspension or erasure, and that whilst the SG indicated that erasure may be appropriate, a period of suspension would be the lowest possible sanction which could be considered proportionate and appropriate in the circumstances. In line with the approach to be taken by Tribunals, this Tribunal therefore determined to impose a period of suspension on Dr Foutsizoglou's registration.'

7. The 2025 Tribunal considered that a period of 12 months suspension was the appropriate and proportionate sanction. It considered that Dr Foutsizoglou was in a position to move forward on his journey of insight and remediation in light of the conclusion of the proceedings, and that he had demonstrated the capacity to take advantage of such an opportunity if given it. It considered that he had begun the journey of remediation and had shown a willingness to continue it, although the Tribunal was of the view that he remained at an early stage. It considered that any lesser period would fail to mark the seriousness of his misconduct or uphold the overarching objective, and would not allow him sufficient time to develop and demonstrate the necessary insight.

8. The 2025 Tribunal directed a review hearing and suggested that Dr Foutsizoglou provided the following:

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

Today's Review Hearing

The Evidence

9. The Tribunal has taken into account all the evidence received.

Documentary Evidence

10. The Tribunal received:

- The determinations of the 2025 hearing;
- Various correspondence between Dr Foutsizoglou and the GMC;
- Witness statement of Dr Foutsizoglou – dated 17 February 2026;
- Evidence of CPD and related reflections – various dates;
- Testimonials from six professional colleagues and a patient – various dates.

Submissions on Behalf of the GMC

11. On behalf of the GMC, Ms Anderson submitted that the GMC are neutral on the matter of ongoing impairment in this case.

Submissions on Behalf of Dr Foutsizoglou

12. On behalf of Dr Foutsizoglou, Mr Morris invited the Tribunal to review the wealth of evidence demonstrating that Dr Foutsizoglou has remediated his conduct and invited it to conclude that the doctor is no longer impaired.

13. Mr Morris took the Tribunal through the bundle of evidence in relation to Dr Foutsizoglou's reflections, CPD, developed insight and testimonials. He submitted that Dr Foutsizoglou has now fully reflected on his actions, remediated them and understands what he would do differently.

14. Mr Morris submitted that due to this, there is no ongoing risk to public protection. He submitted that public confidence would be upheld in recognising Dr Foutsizoglou's remediation and not imposing continued punishment.

15. Mr Morris concluded by inviting the Tribunal to determine that Dr Foutsizoglou is no longer impaired.

The Relevant Legal Principles

16. The Tribunal reminded itself that, although the previous Tribunal had set out the matters that a future Tribunal might be assisted by, the decision of impairment is a matter for this Tribunal's judgement alone. The Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practise.

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

18. In reaching its decision, the Tribunal should take into account the three parts of public protection, that is: protecting and promoting the health, safety and wellbeing of the public; promoting and maintaining public confidence in the profession; and promoting and maintaining proper professional standards and conduct.
19. The Tribunal must determine whether the doctor has demonstrated insight, and if so, to what extent. The Tribunal must also determine whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment were not made.
20. The Tribunal will need to consider whether the doctor has shown the following:
- a they fully appreciate the gravity of the offence;
 - b they have not reoffended;
 - c they have maintained their skills and knowledge;
 - d patients will not be placed at risk by resumption of unrestricted practice.

The Tribunal’s Determination on Impairment

21. The Tribunal used the following questions set out below to help inform its assessment of whether Dr Foutsizoglou poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk remains (low, medium or high).

What was the last assessment of current and ongoing risk to public protection resulting in Dr Foutsizoglou’s fitness to practise being found impaired?

22. The Tribunal had regard to the findings and conclusions of the April 2025 Tribunal. It noted that the previous Tribunal’s determination on impairment was made prior to the Guidance for MPTS Tribunals (effective 24 November 2025) (‘the MPTS Guidance’) coming into effect and therefore, it did not categorise the level of risk in the case of Dr Foutsizoglou. Nevertheless, the previous Tribunal clearly concluded that some level of risk remained.

23. This Tribunal considered the detailed 323 pages of documentary evidence it had before it, including Dr Foutsizoglou’s written reflections, testimonials and extensive CPD. The Tribunal placed significant weight on the prevention plan created by the doctor, which clearly demonstrated the steps he would take to prevent any similar conduct occurring again.

24. The Tribunal concluded that there is now no remaining risk in this case.

What has happened since the last assessment of risk and what impact does this have?

25. The Tribunal reviewed the evidence it had received in this case, both oral and documentary.

26. It noted Dr Foutsizoglou's reflective statement, where he stated:

'I accept unequivocally that my conduct was dishonest. I do not seek to revisit or challenge the Panel's findings. I do not seek to minimise my actions, nor to attribute blame to external circumstances. I understand that dishonesty in a doctor is treated with particular seriousness because integrity underpins the trust placed in us by patients, colleagues, employers and the public. Plagiarism and misrepresentation are not merely issues of improper referencing. They constitute acts of deception, ultimately undermining trust and public confidence... My actions represented a serious lapse in professional integrity... I understand that medical practice is a privilege not a right. That privilege depends upon public confidence that doctors will act with honesty even when under pressure... I now recognise that dishonesty is not merely a lapse in judgement. It is an attitudinal failure. It reflects a departure from core professional values... I cannot undo my misconduct. However, I can demonstrate that I have learned from it and that I have changed in ways that reduce the risk of recurrence. Through regular structured reflection, targeted CPD, mentorship and the implementation of concrete safeguards. I am committed to practising medicine with honesty, humility and accountability. My intention is to return to practice with a values-based professional identity supported by systems that promote transparency so that, especially under pressure, my default response is early escalation, candour and accurate documentation. In doing so, I aim to regain the trust of those affected by my dishonesty, patients, colleagues, trainees, employers, professional bodies, the NHS and the GMC.'

27. The Tribunal noted that Dr Foutsizoglou had clearly taken into consideration the concerns raised by the April 2025 Tribunal and had reflected individually on those concerns.

28. The Tribunal was satisfied that Dr Foutsizoglou had fully accepted the findings of the April 2025 Tribunal and acknowledged his wrongdoing. It was clear to the Tribunal that Dr Foutsizoglou had been on a journey of reflection and that he now recognised the seriousness of his actions, the wider impact of them, and how his behaviour had damaged the reputation of the profession. The Tribunal was satisfied that he has now developed significant insight into his previous behaviour, including the triggers that drove his dishonest conduct.

How has the doctor responded to the April 2025 Tribunal’s findings?

29. It was clear to the Tribunal that Dr Foutsizoglou had considered the findings of the previous Tribunal. The Tribunal considered that Dr Foutsizoglou now fully understands the impact of his actions, and how they undermined public confidence. Dr Foutsizoglou has demonstrated genuine, meaningful remorse and sincerely apologised for his misconduct.

30. The Tribunal assessed the quality of Dr Foutsizoglou’s remediation. It considered that he has taken significant steps to directly address the misconduct, as well as maintain his clinical knowledge and skills. It noted that Dr Foutsizoglou had undertaken relevant CPD courses and deeply reflected on those courses, with specific reflections on how he will apply his learning to his future conduct. The Tribunal was particularly impressed with the journal that Dr Foutsizoglou kept throughout his suspension as it clearly demonstrated his reflective process over the past 12 months.

31. The Tribunal was of the view that Dr Foutsizoglou has responded extremely positively to the previous Tribunal’s findings and progressed successfully in terms of demonstrating his insight and the remediation undertaken. The Tribunal determined that the progress made has had a substantial impact on its assessment of risk.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

32. The Tribunal determined that Dr Foutsizoglou has reflected fully on his conduct. It considered that his reflections were genuine, sincere and meaningful. It was satisfied that there was nothing further that Dr Foutsizoglou could reasonably have provided to demonstrate that he has remediated his misconduct.

33. The Tribunal was satisfied that Dr Foutsizoglou has also demonstrated sufficient insight into the impact of his misconduct on the reputation of the profession. The Tribunal

determined that Dr Foutsizoglou had demonstrated a significant attitudinal change since the April 2025 hearing. The Tribunal also determined that Dr Foutsizoglou has developed effective safeguards and put in place a series of checks and balances to avoid future repetition of his previous conduct.

34. Given his significant efforts to reflect, develop insight and remediate his actions, the Tribunal considered that the twelve-month suspension imposed in April 2025 was sufficient to maintain public confidence and to ensure that proper professional standards and conduct are upheld, including by way of deterrent effect.

35. The Tribunal concluded, based on the evidence before it, that the risk of repetition identified in this case had significantly reduced, such that there is now no current risk to any of the three limbs of public protection requiring restrictive action in response. The Tribunal therefore concluded that Dr Foutsizoglou's fitness to practise is no longer impaired.

36. The Tribunal was mindful that the previous Tribunal chose to suspend Dr Foutsizoglou's registration for a period of 12 months.

37. The Tribunal has determined that Dr Foutsizoglou has done what the April 2025 Tribunal asked of him, and it considered that there was no more that could reasonably be expected of him in the short period left between this hearing and the end of the 12 month period. In those circumstances, it saw no reason for the suspension on his registration to continue.

38. This Tribunal has therefore determined that Dr Foutsizoglou's fitness to practise is not impaired by reason of misconduct.

39. The current order of suspension is revoked with immediate effect.

40. That concludes this case.