

**PUBLIC RECORD**

**Dates:** 27/11/2018 - 29/11/2018

**Medical Practitioner's name:** Dr Stamatios OIKONOMOU

**GMC reference number:** 6072884

**Primary medical qualification:** Ptychio Iatrikes 2003 National  
Capodistrian University of Athens

**Type of case**  
New - Misconduct

**Outcome on impairment**  
Impaired

**Summary of outcome**

Suspension, 3 months

**Tribunal:**

Legally Qualified Chair	Mrs Emma Boothroyd
Lay Tribunal Member:	Mr Robert McKeon
Medical Tribunal Member:	Dr Stephen Duxbury
Tribunal Clerk:	Ms D Montgomery

**Attendance and Representation:**

Medical Practitioner:	Present and represented
Medical Practitioner's Representative:	Mr Anthony Haycroft, Counsel, instructed by Ryan Solicitors
GMC Representative:	Ms Kathryn Johnson, 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.

**Overarching Objective**

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect,

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promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

### **Determination on Facts and Impairment - 28/11/2018**

#### **Background**

1. Dr Oikonomou qualified in 2003 and has worked in the NHS since 2004. In June 2010 Dr Oikonomou began working at Chesterfield Royal Hospital NHS Trust as a Locum Consultant Dermatologist employed through a locum agency. In September 2013, Dr Oikonomou also began working at York Teaching Hospital NHS Foundation Trust as a Locum Consultant Dermatologist, again through a locum agency. Dr Oikonomou's working week was split between the two Trusts.
2. At the time of the events Dr Oikonomou provided his services to the Trusts through a limited company and was therefore classed as an 'off-payroll worker'. This meant that he was self-employed for the purposes of income tax and National Insurance (NI) contributions and paid income tax and NI contributions in a different way to an employee. Dr Oikonomou's salary was paid gross and he managed his financial affairs with the assistance of an accountant. The Tribunal heard that this arrangement was not uncommon for locum doctors.
3. In April 2017, a change in the tax law (IR35) meant that locums may be treated as employees and would be subject to the Pay As You Earn (PAYE) system. Trusts were required to check the 'off-payroll' status of all locum doctors to ensure that the correct income tax and NI contributions were being made. Her Majesty's Revenue and Customs (HMRC) published an online digital IR35 tool which allowed the Trusts to make an assessment as to whether an individual fell inside or outside the scope. Guidance was also published by NHS Improvement. The Tribunal heard that the introduction of the IR35 amendment was complex and that there was a lot of misunderstanding and misinformation. However, both Trusts anticipated that the change in the law effectively meant that all locum doctors would be likely to fall under the PAYE system.
4. The allegation that has led to Dr Oikonomou's hearing can be summarised as his alleged misconduct in sending an email to the Trusts in which he asserted that he had met with the finance manager and HR person at the respective Trusts and, after using the online digital IR35 tool, it had been confirmed that his contract was outside of the new legislation and he should continue to be paid gross. It is alleged that Dr Oikonomou knew this to be untrue and his conduct was dishonest.
5. The initial concerns were raised with the General Medical Council (GMC) by Chesterfield Royal Hospital NHS Trust.

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### **Factual Witness Evidence**

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

- Dr A, Medical Director and Responsible Officer, York
- Dr B, Medical Director and Responsible Officer, Chesterfield
- Mr C, Finance Director, York
- Ms D, Head of Medical Staffing and Postgraduate Medical Education, Chesterfield
- Ms E, Directorate Manager for Specialist and General Medicine, York
- Mr F, Project Manager, Finance Department, York.

7. Dr Oikonomou provided his own witness statement, dated 19 October 2018, and also gave oral evidence at the hearing.

8. The Tribunal also received evidence on behalf of Dr Oikonomou in the form of a witness statement from the following witness who was not called to give oral evidence:

- Mr G, Chartered Accountant.

### **Documentary Evidence**

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

- correspondence between Dr Oikonomou and Chesterfield/York
- notes of a meeting with Dr Oikonomou at Chesterfield, dated 30 March 2017
- internal Trust emails – Chesterfield/York
- NHS Improvement (NHSI) Guidance – Payment and contracting of off-payroll workers (IR35)
- Chesterfield Update on IR35 and NHSI Briefing – March 2017
- Dr Oikonomou's Reflective statement
- Dr Oikonomou's letter of apology, dated 24 September 2018, to Dr B, Chesterfield
- Dr Oikonomou's letter of apology, dated 24 September 2018, to Ms E, York
- testimonials from Dr Oikonomou's professional colleagues
- evidence of Continuing Professional Development (CPD) in the form of a certificate confirming attendance on a 'Maintaining Professional Ethics' course (17 - 19 September 2018).

### **The Admitted Facts**

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10. At the outset of these proceedings, through his counsel, Mr Anthony Haycroft, Dr Oikonomou admitted the entirety of the Allegation, as set out below, in accordance with Rule 17(2)(d) of the GMC (Fitness to Practise) Rules 2004, as amended (the Rules). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation as admitted and found proved.

### The Allegation and the Doctor's Response

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

1. On 27 March 2017 you sent an email to:
  - a. Chesterfield Royal Hospital NHS Trust ('Chesterfield') including the information set out at schedule 1; **Admitted and found proved**
  - b. York Teaching Hospitals NHS Trust ('York') including the information set out at schedule 2. **Admitted and found proved**
2. At the time of sending the email/s referred to at paragraphs 1a and b above you had not:
  - a. attended a meeting with:
    - i. Chesterfield as referred to in Schedule 1; **Admitted and found proved**
    - ii. York as referred to in Schedule 2; **Admitted and found proved**
  - b. received the result that your contract was 'outside the new legislation' in respect of the IR35 ruling. **Admitted and found proved**
3. The emails as set out at paragraphs 1a and 1b contained information which:
  - a. was untrue; **Admitted and found proved**
  - b. you knew was untrue. **Admitted and found proved**
4. Your actions, as described at paragraphs 1 to 3, were dishonest. **Admitted and found proved**

### Schedule 1

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'I have just come back from a meeting with the York hospital finance manager and HR person during which my contract was put through the HMRC's online digital tool with regarding to whether the IR35 ruling should apply to my contract.

The result puts my contract OUTSIDE the new legislation and the advice on the print out is for the trust to carry on paying me gross- in other words no tax has to be deducted at source and everything should continue as before...'

### **Schedule 2**

'...I had a meeting with the Chesterfield hospital finance manager and HR person during which my contract was put through the HMRC's online digital tool with regards to whether the IR35 ruling should apply to my contract.

The result puts my contract OUTSIDE the new legislation and the advice on the print out is for the trust to carry on paying me gross- in other words no tax has to be deducted at source and everything should continue as before...'

## **The Tribunal's Determination on Impairment**

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

### **Dr Oikonomou's evidence**

13. In his witness statement, Dr Oikonomou stated that he had become aware of the proposed changes in February 2017. He stated that he had no detailed knowledge of the issue until 17 February 2017 when he received an email from Mr F which indicated that the rules were to be changed and it was likely that agency doctors would be subject to PAYE and NI deductions from their pay. However, Dr Oikonomou stated that the letter indicated that final guidance was awaited from HMRC as to who would constitute an employee under IR35 and it advised that each doctor should speak to their own financial adviser before arranging meetings with their Directorate Team Manager to discuss the ongoing provision of services to the department. Dr Oikonomou stated that at that point he contacted his accountant who explained the new regulations in outline and asked Dr Oikonomou to keep him informed of the discussions with his employers with regard to interpretation.

14. Dr Oikonomou stated that he met with Mr F and a representative from the HR department at York on 1 March 2017. He recalled being told that, although final guidance on the subject had not been given, it was anticipated that he would fall within IR35. Following the meeting Dr Oikonomou conveyed this information to his accountant. A few days later his accountant contacted him to say that he had looked

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into the matter further and, having utilised the online digital tool, he did not believe that Dr Oikonomou fell within IR35. However, he was of the opinion that the Trust would need to use the online digital tool in order to ascertain whether IR35 applied. Dr Oikonomou stated that he himself used the online digital tool and the outcome was that IR35 did not apply to him. He stated that whilst this informed his belief that he was outside IR35, he knew that he would have to go through the online digital tool with the Trust and he was anxious that a meeting should take place as soon as possible.

15. Dr Oikonomou stated that, on 15 March 2017, he met with Dr A and Ms E from York to discuss possible options with regard to the future of his NHS contract, including the possibility of the Trust contracting with him directly. Dr Oikonomou stated that no firm details were outlined but he raised the advice that he had been given with regard to IR35 and the Trust indicated that they would look into the matter further. On 22 March 2017, as he had not heard anything further, he emailed Ms E to ask if there had been any progress following their discussion.

16. With regard to his role at Chesterfield, Dr Oikonomou stated that on 9 March 2017 he met with Ms H, Assistant General Manager in the Directorate of Medicine, to discuss his future contract arrangements in the light of the new legislation. He also informed her of his discussions with York. Ms H advised him that she would talk to HR and get back to him. On 21 March 2017, Dr Oikonomou emailed Ms H for a progress update and was advised that the matter had been escalated to Dr B and Ms D would also be involved.

17. On 23 March 2017, Dr Oikonomou telephoned Ms D and it was agreed that a member of the Trust's finance department would meet with him to discuss matters. Dr Oikonomou stated that he heard nothing further and that by this stage he was becoming extremely anxious about the perceived lack of progress. He stated that he was about to commence a four week period of annual leave and 30 March 2017 was to be his last working day. Dr Oikonomou stated that he wanted to ensure that his future working arrangements would be agreed prior to his departure on annual leave and he was conscious that his accountant considered that the Trusts needed to go through the online digital tool.

18. Dr Oikonomou stated that when he sent his emails on 27 March 2017 he had hoped that the Trusts would put his contract through the online digital tool and arrive at the same result as he and his accountant had.

19. Dr Oikonomou offered some context for his dishonest conduct. He stated that he recalled checking his work emails after a busy morning clinic in the hope that he would have had a response from York and Chesterfield with regard to his contract arrangements. He stated that his minor op session was due to start in about 20 minutes and he recalled that he was feeling tired, stressed, anxious and frustrated and was 'desperately seeking clarification' from his managers regarding the

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application of IR35. Dr Oikonomou stated that although York appeared keen to offer him an NHS contract, no specific contract had been agreed at that point. Further, discussions with Chesterfield were progressing at a very slow pace. Dr Oikonomou stated that it was crucial that a plan was agreed in light of the need to book clinics for his patients. He stated that to this day he struggles to come to terms with the fact that he sent the emails.

### Submissions

20. On behalf of the GMC, Ms Johnson submitted that the admitted facts amount to serious misconduct that would be seen as deplorable by members of the medical profession.

21. Ms Johnson referred the Tribunal to paragraphs 65, 71 and 77 of the GMC's guidance Good medical practice (2013) (GMP) which state:

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

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

a. You must take reasonable steps to check the information is correct.

b. You must not deliberately leave out relevant information.

77. You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations and individuals.'

22. Ms Johnson submitted that Dr Oikonomou's actions, which she stated were done to further his own financial interests, breached the fundamental tenet of probity and were damaging to the public interest and to the reputation of the profession as a whole.

23. Ms Johnson accepted that Dr Oikonomou's behaviour was out of character and she referred to the positive testimonials submitted on his behalf that speak to that effect. Ms Johnson also accepted that Dr Oikonomou had expressed insight and that there was evidence of remediation. However, she stated that these factors do not outweigh the public interest in a finding of impairment being made. Ms Johnson submitted that the Tribunal can conclude that Dr Oikonomou's fitness to practise is impaired on the grounds of the public interest and the need to declare and uphold proper standards of conduct.

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24. On behalf of Dr Oikonomou, Mr Haycroft accepted that Dr Oikonomou's fitness to practise is currently impaired on public interest grounds given that his dishonest conduct was in clear breach of the principles in GMP relating to acting with honesty and integrity.

25. However, Mr Haycroft submitted that Dr Oikonomou has insight into his misconduct and the risk of repetition is low. He submitted that Dr Oikonomou has reflected long and hard and engaged in 'extensive' remediation work as evidenced by his reflective statement and the course on professional ethics that he has undertaken. Mr Haycroft submitted that Dr Oikonomou's admitted dishonesty was in effect a 'moment of madness' in an otherwise unblemished career spanning 15 years to date. He submitted that Dr Oikonomou's dishonesty was not planned and there was no financial advantage to him as the result would have been the same whether he had been contracted directly or continued to be paid gross.

### **The Relevant Legal Principles**

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

27. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct which was serious and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

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

### Misconduct

29. The Tribunal first considered whether the facts as found proved amounted to misconduct. In doing so, it had regard to the paragraphs of GMP to which it has been referred as set out above.

30. Dr Oikonomou has admitted dishonesty in the context of his employment. The Tribunal was satisfied that his dishonest conduct was directly related to his professional practice as it concerned his future contractual working arrangements for both Trusts. The Tribunal considered that Dr Oikonomou's dishonest conduct was serious and breached the principles set out in GMP.

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31. Having considered all the evidence, the Tribunal has concluded that Dr Oikonomou's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

### Impairment

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

33. The Tribunal accepts that dishonesty is difficult to remediate. However, it was satisfied that Dr Oikonomou had demonstrated some insight to his misconduct. The Tribunal had regard to Dr B's evidence that, when asked three days later about the emails that he had sent, Dr Oikonomou was 'mortified', 'contrite and apologetic' and 'immediately acknowledged that what he had done was a serious and significant error of judgement'. Dr Oikonomou has also made full admissions before this Tribunal at the outset of the hearing and he has conceded that his fitness to practise is impaired. He has also completed a course on maintaining professional ethics.

34. However, the Tribunal considered that Dr Oikonomou's insight is still developing in relation to the motivation for his misconduct. The Tribunal did not accept Dr Oikonomou's assertion in oral evidence that his actions were in part motivated by patient concerns. The Tribunal concluded that the evidence of the emails sent at the time and Dr Oikonomou's responses in the minutes of the meeting dated, 30 March 17, suggested he was personally concerned about the impact the changes would have on his working arrangements. The Tribunal considers that the emails were sent with the intention of influencing the Trusts to reach a conclusion favourable to Dr Oikonomou.

35. Notwithstanding this, the Tribunal was satisfied that the risk of repetition is very low. Dr Oikonomou's extensive written reflection demonstrates that he has learned from this experience and the Tribunal was satisfied that he had put in place strategies to ensure that his misconduct is not repeated.

36. The Tribunal has borne in mind the statutory overarching objective which is to protect the public. This includes: to protect and promote the health, safety and wellbeing 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 the profession.

37. There are no patient safety concerns in this case and the evidence before the Tribunal is that Dr Oikonomou is a respected and valued clinician. However, doctors must be open and honest and act with integrity. Having considered all the evidence, the Tribunal determined that the maintenance of public confidence in the profession, and the maintenance of proper professional standards of conduct for members of

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the profession, would be undermined if a finding of impairment were not made in this case.

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

### **Determination on Sanction - 29/11/2018**

1. Having determined that Dr Oikonomou's fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

### **The Evidence**

2. The Tribunal has taken into account all the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. This included written testimonials from Dr Oikonomou's colleagues.

3. In addition, the Tribunal received further testimonial evidence at this stage in proceedings from Dr I, Consultant Dermatologist who attended the hearing in person.

### **Submissions**

4. On behalf of the GMC, Ms Johnson submitted that a period of suspension is necessary in this case to uphold public confidence and maintain proper standards of conduct and behaviour. She stated that the Tribunal has found that there has been a serious breach of the guidance in relation to probity and that this undermined public confidence in the profession.

5. Ms Johnson accepted that there are mitigating factors in this case, namely Dr Oikonomou's previous good character and the fact that he is held in high regard by his employers, colleagues and his Responsible Officer. Ms Johnson also referred to Dr Oikonomou's insight, albeit the Tribunal has found that it is still developing.

6. Ms Johnson submitted that taking no action in this case would be inappropriate. She further submitted that this is not a case where an order of conditions would be appropriate as there are no workable conditions that would address the public interest. Ms Johnson submitted that this is not a case where Dr Oikonomou's conduct is incompatible with continued registration.

7. On behalf of Dr Oikonomou, Mr Haycroft submitted that a short period of suspension would be appropriate and proportionate in this case. He submitted that suspension would suitably mark Dr Oikonomou's misconduct and have a deterrent

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effect on him and others. Mr Haycroft submitted that Dr Oikonomou has been profoundly affected by his wrongdoing and will not place himself in such a situation again.

8. Mr Haycroft identified the following mitigating factors:

- Dr Oikonomou’s insight, remediation and formal apologies
- Dr Oikonomou’s general character and previous and current history
- Dr Oikonomou’s personal and professional stress at the time of dishonesty
- the fact that the matter occurred over a year ago and that Dr Oikonomou has been reflecting on it since its occurrence.

9. Mr Haycroft accepted that taking no action would be wholly inappropriate and that conditions would not address the public interest in a case involving dishonesty. He submitted that this is not a case where Dr Oikonomou’s behaviour is fundamentally incompatible with being a doctor.

### **The Tribunal’s Determination on Sanction**

10. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the Sanctions Guidance (February 2018) (SG). It has borne in mind that although sanctions are not imposed to punish or discipline doctors, they may have a punitive effect.

11. Throughout its deliberations, the Tribunal has had regard to the principle of proportionality and has weighed the interests of the public with Dr Oikonomou’s interests.

12. The Tribunal considered whether there were any mitigating or aggravating factors in Dr Oikonomou’s case. In respect of mitigating factors, the Tribunal identified the following:

- Dr Oikonomou’s early admissions
- Dr Oikonomou’s remorse
- the actions that Dr Oikonomou has taken to remediate, including the completion of the course ‘Maintaining Professional Ethics’
- the actions that Dr Oikonomou has taken to ensure that there will be no repetition of his misconduct in the future
- Dr Oikonomou’s developing insight.

13. The Tribunal considered that there were no aggravating factors in this case.

14. The Tribunal considered each sanction in ascending order of seriousness, starting with the least restrictive.

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### No action

15. The Tribunal first considered whether it would be sufficient to conclude Dr Oikonomou's case with no action. It determined that taking no action on Dr Oikonomou's registration would be inappropriate given the seriousness of Dr Oikonomou's admission that he had been dishonest in the context of his employment. The Tribunal was also satisfied that there are no exceptional circumstances in Dr Oikonomou's case that would justify taking no action.

### Conditions

16. The Tribunal then considered whether it would be sufficient to impose conditions on Dr Oikonomou's registration. It has borne in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

17. The Tribunal concluded that it would not be possible to formulate workable conditions to address the particular issues in this case. The Tribunal also considered that conditions would not mark the seriousness of Dr Oikonomou's misconduct.

### Suspension

18. The Tribunal next considered whether it would be sufficient to suspend Dr Oikonomou's registration. The SG, at paragraphs 91, 92, 93 and 97, states:

'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.

92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions...

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

a A serious breach of *Good medical practice*, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

b ...

c ...

d ...

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

f No evidence of repetition of similar behaviour since incident.

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

19. The Tribunal has previously stated that Dr Oikonomou's dishonest conduct was serious, breached the principles set out in Good medical practice and fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

20. However, the Tribunal also noted that Dr Oikonomou has insight and had undertaken extensive reflection and remediation to address the concerns raised by his dishonesty. Dr Oikonomou made full admissions at the outset of the hearing and conceded that his fitness to practise was impaired.

21. The testimonial evidence presented on Dr Oikonomou's behalf attests to the high regard in which he is held by his colleagues. He is described as a hardworking, committed and valued clinician who is both supportive of colleagues and dedicated to providing the best care to his patients. Dr Oikonomou continues to be employed by both the Chesterfield and York Trusts on a substantive basis. There is no evidence of repetition of similar behaviour since the incident and the Tribunal is satisfied that Dr Oikonomou's insight is such that he does not pose a significant risk of repeating his behaviour. The Tribunal was satisfied that Dr Oikonomou had taken on board the findings made in this matter and was committed to ongoing reflection.

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22. Having considered all the evidence, the Tribunal determined that Dr Oikonomou's misconduct is not fundamentally incompatible with continued registration and that a period of suspension is a proportionate response to the misconduct it has found. Although Dr Oikonomou's dishonesty was serious, there has been no evidence of persistent dishonesty or attempts by Dr Oikonomou to cover up his actions. The Tribunal was satisfied that a period of suspension would mark the seriousness of Dr Oikonomou's misconduct and send the appropriate message to the profession, and the public, about what is regarded as behaviour unbecoming a registered medical practitioner.

23. In deciding on the length of the period of suspension the Tribunal took into account the steps that Dr Oikonomou has already taken to remediate his misconduct. It determined that, in the particular circumstances of this case, a suspension for a period of three months would be sufficient to maintain public confidence in the profession and to maintain proper professional standards of conduct for members of the profession. This would also give Dr Oikonomou the time to complete his insight.

24. The Tribunal considered whether it would be appropriate to direct a review hearing in Dr Oikonomou's case. It has borne in mind that no doctor should be allowed to resume unrestricted practice following a period of suspension unless the Tribunal considers that they are safe to do so. The Tribunal had regard to paragraph 164 of the SG which states:

'164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing. However, in most cases where a period of suspension is imposed...the tribunal will need to be reassured that the doctor is fit to resume practice – either unrestricted or with conditions...A review hearing is therefore likely to be necessary, so that the tribunal can consider whether the doctor has shown all of the following (by producing objective evidence):

- 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 practice or by the imposition of conditional registration.'

25. The Tribunal is satisfied that Dr Oikonomou fully appreciates the gravity of his offence, is genuinely remorseful and that the risk of repetition is very low. It determined that the short duration of Dr Oikonomou's suspension and the fact that

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there are no concerns in relation to his clinical practice means that a review hearing is not required in the circumstances of this case.

### **Determination on Immediate Order - 29/11/2018**

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

### **Submissions**

2. On behalf of the GMC, Ms Johnson stated that the question of whether an immediate order should be imposed is a matter for the Tribunal.

3. On behalf of Dr Oikonomou, Mr Haycroft submitted that the Tribunal's decision that a three month suspension was the proportionate sanction means that an immediate order is not necessary in this case.

### **The Tribunal's Determination**

4. The Tribunal had regard to the relevant paragraphs of the Sanctions Guidance (February 2018). The Tribunal noted that there are no patient safety issues in Dr Oikonomou's case and that Dr Oikonomou has been practising unrestricted throughout the GMC investigation. The Tribunal considered that the public interest, specifically the maintenance of public confidence in the medical profession and the upholding of proper professional standards and conduct for members of the profession, is addressed by its finding of impairment and the imposition of a period of suspension. The Tribunal has therefore determined that this is not a case where its findings necessitate the imposition of an immediate order.

5. This means that Dr Oikonomou's registration will be suspended 28 days from when notice of this decision is deemed to have been served upon him, unless he lodges an appeal. If Dr Oikonomou does lodge an appeal he will remain free to practise unrestricted until the outcome of any appeal is known.

6. That concludes the case.

### **Confirmed**

**Date** 29 November 2018

Mrs Emma Boothroyd, Chair