

PUBLIC RECORD

Dates: 21/05/2024 - 06/06/2024

Medical Practitioner's name: Dr Vytautas LIESIS

GMC reference number: 7193897

Primary medical qualification: MD 2001 Vilniaus Universiteto

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	Mr Ian Comfort
Medical Tribunal Member:	Dr Gillian Livesey
Medical Tribunal Member:	Dr Meenakshi Verma
Tribunal Clerk:	Mr Josh Dayco

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Ceri Widdett, 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, 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 - 29/05/2024

Background

1. Dr Liesis qualified in 2001 from Vilniaus Universiteto, Lithuania. Dr Liesis worked primarily as a locum middle grade doctor in emergency medicine within the UK. The allegation that has led to Dr Liesis' hearing can be summarised as follows.
2. It is alleged that, between 25 June 2019 and 26 March 2020, Dr Liesis failed to provide good clinical care to three patients at: Shrewsbury and Telford Hospital NHS Trust ('the Trust') (Patient A); Fairfield General Hospital (Patient B); and Aneurin Bevan Hospital (Patient C).
3. It is also alleged that, on a number of occasions, Dr Liesis sent emails to his employer, recruitment/locum agencies, the Officer to the Senior Coroner and the GMC, in which he used unprofessional language.
4. Further, it is alleged that, on 19 February 2020, Dr Liesis falsely answered 'No' to the question '*Have you previously or are you currently under investigation or have restrictions on your professional regulation*', within his 'Candidate Details Form' ('the Form') to Athona Recruitment Agency ('Athona'). It is alleged that, Dr Liesis acted dishonestly when answering the Form in that he knew he had been previously subject of a GMC investigation into his fitness to practise in 2015-2018.
5. It is alleged that Dr Liesis failed to inform Athona that he was subject to a GMC fitness to practise investigation, when the GMC wrote to him on 25 February 2020, informing Dr Liesis that he was under investigation due to concerns relating his fitness to practise.

6. On four different occasions between 25 February 2020 and 11 September 2020, it is alleged that Dr Liesis failed to return to the GMC a completed Work Details Form ('WDF'), despite the GMC specifying dates for Dr Liesis to do so.

The Outcome of Applications Made during the Facts Stage

7. The Tribunal granted the GMC's application, made pursuant to Rules 40 and 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that notice of this hearing had been served on Dr Liesis and that this hearing should proceed in his absence. The Tribunal's full decision on the application is included at Annex A.
8. On 22 May 2024, Ms Widdett, Counsel, on behalf of the GMC made an application pursuant to Rule 34(1) of the Rules, to admit further evidence. She submitted that the document relates to the medical records of Patient B and Patient C. Ms Widdett said that these are relevant to this hearing and that Dr Liesis clearly had access to those notes prior to the hearing. In addition, she submitted that the further document within the bundle refers to a request made to Dr Liesis for the WDF on 25 February 2020, which was not included in the original hearing bundle. She added that this document was referred to by one of the witnesses, within her statement. Further, Ms Widdett submitted that the bundle will also include the previous MPT determination in 2018 relating to Dr Liesis, which will show the investigation process and how the hearing concluded.
9. The Tribunal considered that the documents are fair and relevant to this case. It specifically considered Dr Liesis' email which the Tribunal interpreted that he would like the MPT determination in 2018, to be put forward to this Tribunal in an unredacted form. Thus, the Tribunal directed the GMC to provide an unredacted version of the MPT determination in 2018. Accordingly, the Tribunal granted the application under Rule 34(1).
10. On 29 May 2024, during the Tribunal's deliberation on facts, it decided to re-call GMC Counsel, Ms Widdett to clarify an inaccuracy within paragraph 6(b) of the Allegation. The Tribunal noted that the timing of the email within the Allegation was incorrect. It noted that, within the documents, it is evident that the email sent by Dr Liesis to the Officer to the Senior Coroner on 14 October 2020 was at 13:12 and not 14:39. Ms Widdett submitted that the inaccuracy within the Allegation is immaterial, and that Dr Liesis is aware of the substance of the Allegation and a copy of the email was contained within the documentation sent to him.

11. The Tribunal considered contents of the email within the documents and within schedule 1 of the hearing information sheet. It noted that those are exactly the same and that the timing within the Allegation must have been a typographical error from the GMC.
12. Given the circumstances, the Tribunal was satisfied that the amendment within the time of the Allegation can be made without causing injustice to Dr Liesis. This was simply to correct an inaccurate factual matter within the Allegation. This does not change the nature of the Allegation put by the GMC. Therefore, paragraph 6(b) of the Allegation has been amended under Rule 17(6).

The Allegation and the Doctor's Response

13. The Allegation made against Dr Liesis is as follows:

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

Patient A

1. On 25 June 2019 you assessed Patient A at the Emergency Department at the Royal Shrewsbury Hospital. You failed to provide good clinical care in that you did not:
 - a. conduct an adequate neurological examination, including;
 - i. assessing Patient A for cerebellar disease;
To be determined
 - ii. assessing Patient A for confusion.
To be determined
 - b. recognise Patient A was still suffering from symptoms at the time you discharged him.
To be determined

Patient B

2. On 29 December 2019 you assessed Patient B at the Emergency Department at Fairfield General Hospital. You failed to provide good clinical care in that you did not:
 - a. review the tests which had been carried out the previous day;
To be determined
 - b. conduct an adequate examination of Patient B, including
 - i. examining the back for tenderness or range of movement;
To be determined
 - ii. testing straight leg raising;
To be determined

- iii. examining the hip, knee or ankle;
To be determined
- iv. examining the sensation in the lower limb or reflexes.
To be determined

- c. refer Patient B for an orthopaedic opinion;
To be determined
- d. diagnose an infective cause for Patient B's symptoms.
To be determined

Patient C

- 3. On 26 March 2020 you assessed Patient C at the Accident and Emergency Department at Aneurin Bevan Hospital. You failed to provide good clinical care in that you did not:
 - a. organise an ultra-sound of the calf;
To be determined
 - b. organise a D-dimer test to rule out deep vein thrombosis;
To be determined
 - c. perform a Wells score;
To be determined
 - d. commence anti-coagulation treatment.
To be determined

Behaviour and Communication allegations

- 4. On 11 October 2018 at 11:48 you sent an email to 'trustpayroll@qxlimited.com' in relation to your accrued holiday pay which contained unprofessional language, the nature of which is set out in Schedule 1.
To be determined

- 5. On the dates set out below you sent emails to Global Medics in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 2 September 2019 at 17:14;
To be determined
 - b. 4 September 2019 at 21:44;
To be determined
 - c. 18 September 2019 at 20:22;
To be determined
 - d. 3 December 2019 at 16:59.
To be determined

6. On the dates set out below you sent an email to the Officer to the Senior Coroner, Shropshire, Telford and Wrekin Area, in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 13 December 2019 at 15:20;
To be determined
 - b. 14 October 2020 at ~~14:39~~ 13:12;
Amended under Rule 17(6)
To be determined
 - c. 19 October 2020 at 14:39.
To be determined

7. On the dates set out below you sent an email to the General Medical Council (GMC), in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 26 February 2020 at 16:47;
To be determined
 - b. 28 July 2020 at 15:17;
To be determined
 - c. 28 January 2021 at 15:49;
To be determined
 - d. 8 February 2022 at 23:31.
To be determined

8. On the dates set out below you sent an email to Athona in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 1 May 2020 at 15:26;
To be determined
 - b. 4 May 2020 at 19:16.
To be determined

Failure to inform Athona Recruitment

9. You sent a Form entitled 'Candidate Details Form' ('the Form'), dated 19 February 2020, to Athona Recruitment Agency in which you falsely answered 'No' to the question: '*Have you previously or are you currently under investigation or have restrictions on your professional regulation*'.
To be determined

10. Your conduct in paragraph 9 was dishonest in that you knew you had previously been the subject of a General Medical Council investigation into your Fitness to Practise (in 2015-2018).
To be determined

11. On 25 February 2020 the GMC wrote to you informing you that it was investigating concerns about your fitness to practise.

To be determined

12. The Form, as referred to in paragraph 9, stated ‘You MUST notify Athona if you are subject to any kind of dismissal from a role, GMC/GDC/NMC/HCPC/GPhC/RCCP investigation or if you are suspended or removed from the register.

To be determined

13. You failed to inform Athona Recruitment Agency, with whom you were registered, that you were subject to a GMC fitness to practise investigation regarding your practice, in relation to the matters set out at paragraph 11 above.

To be determined

Work Details Form (WDF)

14. You failed to return to the GMC a completed WDF, despite the GMC writing to you on each of the following dates asking you to do so:

a. 25 February 2020 (asking for the WDF to be returned by 3 March 2020)

To be determined

b. 28 July 2020 (asking for the WDF to be returned by 4 August 2020);

c. 29 July 2020;

To be determined

d. 11 September 2020.

To be determined

And that by reasons of the matters set out above your fitness to practice is impaired because of your misconduct.

To be determined

Witness Evidence

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

- Dr D, Dr Liesis’ Responsible Officer, by video link;
- Ms E, Coroner’s Officer, by video link;
- Ms F, GMC’s Investigation Manager, by video link;
- Ms G, Associate Director of Quality for Athona.

Expert Witness Evidence

15. The Tribunal also received evidence from one expert witness. Mr H, Consultant in Emergency Medicine. He provided Expert Reports dated 3 May 2021 and 12 November 2021.

Documentary Evidence

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

- Various correspondences relating to the referral of Dr Liesis to the GMC;
- Dr Liesis response to the Rule 7 letter dated 14 March 2022;
- Various exhibits relating to Patients A, B and C;
- Various exhibits provided by the witnesses;
- Medical records of Patients A, B and C;
- Unredacted MPT determination in 2018;
- Various correspondences between the GMC and Dr Liesis.

The Tribunal's Approach

17. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Liesis does not need to prove anything.

18. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred. When considering the standard required to prove an allegation, the Tribunal should have regard to the case of *Byrne v General Medical Council [2021] EWHC 2237 (Admin) (10 August 2021)* which states:

'(1) There is only one civil standard of proof in all civil cases, and that is proof that the fact in issue more probably occurred than not.

(2) There is no heightened civil standard of proof in particular classes of case. In particular, it is not correct that the more serious the nature of the allegation made, the higher the standard of proof required.

(3) The inherent probability or improbability of an event is a matter which can be taken into account when weighing the probabilities and in deciding whether the event occurred. Where an event is inherently improbable, it may take better evidence to persuade the judge that it has happened. This goes to the quality of evidence.

(4) However, it does not follow, as a rule of law, that the more serious the allegation, the less likely it is to have occurred. So whilst the court may take account of inherent probabilities, there is no logical or necessary connection between seriousness and probability. Thus, it is not the case that "the more serious the allegation the more cogent the evidence need to prove it".'

19. In relation to paragraph 10 of the Allegation, the Tribunal accepted the advice of the Legally Qualified Chair that it should apply the test for dishonesty set out in *Ivey v Genting Casinos (UK) Limited (t/a Crockfords Club) [2017] UKSC 67*.

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

20. The Legally Qualified Chair also referred the Tribunal to the case of *Uddin v GMC [2012] EWHC 2669 (Admin)*, which predates *Ivey*, where it was said that:

"it is perfectly possible for a person to submit a document which turns out to be inaccurate, either mistakenly but innocently; or even, it may be, negligently. That does not lead to a conclusion of dishonesty."

21. The Tribunal also accepted the advice of the Legally Qualified Chair that it was for the Tribunal to decide to what extent Dr Liesis' previous good character assist it in determining the facts, and what weight, if any, to attach to these features.

22. The Legally Qualified Chair referred the Tribunal to the MPTS practice note “Guidance on drawing adverse inferences in medical practitioner tribunal hearings”. Where a doctor fails to attend the hearing and the Tribunal comes to make its determination on the facts, the tribunal may wish to consider whether to draw an adverse inference, depending on the totality of the evidence. If the Tribunal concludes it will draw an adverse inference from the doctor’s failure to attend, it should make clear its reasons. The Tribunal was referred to the GMC Notice of Hearing, which warned Dr Liesis that the Tribunal could draw an adverse inference if he did not attend the hearing.

The Tribunal’s Analysis of the Evidence and Findings

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

Paragraph 1 of the Allegation

24. The Tribunal considered whether, on 25 June 2019, Dr Liesis assessed Patient A and failed to provide good clinical care in that he did not conduct an adequate neurological examination. This included, assessing Patient A for cerebellar disease and assessing Patient A for confusion. In addition, it considered whether Dr Liesis failed to provide good clinical care in that he did not recognise that Patient A was still suffering from symptoms at the time he discharged Patient A.

25. The Tribunal considered the expert report of Mr H, he stated:

‘Dr Liesis did not adequately assess and examine [Patient A]. He has recorded in his medical notes that [Patient A] was – “a very bad historian”. Within the serious incident investigation, it is noted that [Patient A] was unable to identify his home to the ambulance driver and that when he did arrive at home, his wife felt that [Patient A] was confused. In my opinion, it is likely that [Patient A] was noted to be “a poor historian”, because he was in fact confused. This was not recognised by Dr Liesis.

Dr Liesis has not performed an adequate neurological examination. His neurological examination consists of “conscious, oriented, no apparent focal neurological signs.” In my opinion, he has not performed a neurological examination and, in particular has not examined for signs of cerebellar disease...

Dr Liesis did not attempt to stand [Patient A]. It is recorded in the ambulance

handover “2 days complaining of headache with neck stiffness. Today off legs and has been vomiting. Each time patient stands he is unsteady.” There is also evidence in the serious incident investigation that [Patient A] required 2 staff members to assist him to the ambulance because of his dizziness. He was also provided with a vomit bowl at discharge, which suggests that he was complaining of nausea and/or vomiting when he was discharged. None of these signs and symptoms were addressed by Dr Liesis. The assessment and examination were therefore inadequate. I would have expected Dr Liesis to have performed a neurological examination to include cerebellar signs and to have asked [Patient A] to stand to assess dizziness...

In my opinion [Patient A] was not fit for discharge. The serious incident investigation report documents that at discharge [Patient A] required 2 staff members to assist him to the ambulance because of his dizziness. He was provided with a vomit bowl which suggests that he was still nauseated and/or vomiting. On return to his house his wife noted that he appeared to be confused. Taken together, [Patient A] was not fit for discharge and Dr Liesis’ decision to discharge [Patient A] was not appropriate. Dr Liesis should have arranged a CT before making the decision to discharge.’

26. The Tribunal also considered the Serious Incident (‘SI’) report from Shrewsbury and Telford Hospital, it stated:

‘The attending doctor did not walk the patient or document a complete neurological examination. This was particularly pertinent to this case, given the neurological presentation and documentation in the ambulance patient report form (PRF - handover information) that the patient had leg weakness and was at risk of falls. A thorough assessment of the relevant system is the opportunity to seek out pathological signs, especially when the history is not clear...

It was documented in the nursing bundle that [Patient A] was independent. He was still symptomatic at discharge, and unable to stand without assistance and was placed in a wheelchair. This did not trigger a review of [Patient A] and the usual safety net involving all allied healthcare professionals failed.’

27. The Tribunal then considered Dr Liesis’ medical notes dated 25 June 2019. It noted that Dr Liesis wrote that Patient A was ‘generally well’ and ‘no apparent neurological signs’.

28. The Tribunal noted that the evidence of Mr H and the SI report from Shrewsbury and Telford Hospital are consistent that Patient A was presenting symptoms, which should have prompted Dr Liesis to conduct an adequate neurological examination. Further, there was no evidence to suggest that Dr Liesis did conduct an adequate neurological examination on Patient A. In fact, within the medical records of Patient A, there was no indication that Dr Liesis had conducted an adequate neurological examination on Patient A.
29. Therefore, on the balance of probabilities, the Tribunal found that it was more likely than not that Dr Liesis did not conduct an adequate neurological examination on Patient A and that Patient A was still suffering from symptoms at the time Dr Liesis discharged Patient A.
30. Accordingly, the Tribunal determined and found paragraph 1 of the Allegation proved.

Paragraph 2(a) of the Allegation

31. The Tribunal considered whether, on 29 December 2019, Dr Liesis assessed Patient B and failed to provide good clinical care in that he did not review the tests which had been carried out on Patient B the previous day.
32. The Tribunal considered the expert report of Mr H. He stated:

‘Dr Liesis has recorded – “Patient says he has had pain in the lower back, right buttock going down the back of the right leg to the foot. Shooting pain. Worse on certain positions. He opened his bowels 3 days ago. No abdominal pain. No known drug allergy. Patient has Naproxen. Past medical history – Parkinsons. Meds – does not remember all the names. Social – poor mobility. Examination – generally well. Normo coloured. Normo hydrated. Conscious. Oriented. Obvious Parkinsons. Pain in the right sciatic nerve area. Rest is OK. Diagnosis – sciatica. Treatment- advised GP follow up. Destination – home.”

This is not an adequate assessment or examination. Dr Liesis has not made any reference to the admission the previous day when [Patient B] underwent blood tests and computerised tomography (‘CT’) scan.’

33. The Tribunal also considered the medical notes of Dr Liesis on Patient B, dated 29 December 2019. It noted that there were no mentions of the tests carried out on Patient B the previous day, namely: blood tests and CT scan.
34. Therefore, on the balance of probabilities, the Tribunal found that it was more likely that not that Dr Liesis did not review the tests which had been carried out on Patient B the previous day.
35. Accordingly, the Tribunal determined and found paragraph 2(a) of the Allegation proved.

Paragraph 2(b), 2(c) and 2(d) of the Allegation

36. The Tribunal considered whether, on 29 December 2019, Dr Liesis assessed Patient B and failed to provide good clinical care in that he did not conduct an adequate examination of Patient B, including: examining the back for tenderness or range of movement, testing straight leg raising, examining the hip, knee or ankle and examining the sensation in the lower limb or reflexes. In addition, it is alleged that Dr Liesis failed to provide good clinical care in that he did not refer Patient B for an orthopaedic opinion and did not diagnose an infective cause for Patient B's symptoms.
37. The Tribunal considered the expert report of Mr H. He stated:

'Dr Liesis did not arrange any tests but none were necessary if he had reviewed the tests which had been performed the previous day. Had he reviewed these, he would have noted that the inflammatory markers were raised. In my opinion this should have led him to consider an infective cause for the symptoms, either septic arthritis or discitis. Had he made either of these diagnoses, referral for an Orthopaedic opinion would have been appropriate.

Dr Liesis did not appropriately diagnose [Patient B]'s condition. [Patient B] was diagnosed the day following Dr Liesis' examination with septic arthritis. The symptoms and signs of this would have been apparent had Dr Liesis examined [Patient B] correctly.

Dr Liesis did not treat [Patient B]'s condition appropriately. Referral for Orthopaedic opinion was indicated and possibly intravenous antibiotics.'

38. The Tribunal also considered the medical notes of Dr Liesis on Patient B, dated 29 December 2019. It noted that there was no mention that Dr Liesis conducted an examination of Patient B, including: examining the back for tenderness or range of movement, testing straight leg raising, examining the hip, knee or ankle and examining the sensation in the lower limb or reflexes. In addition, there was also no mention of Patient B being referred for an orthopaedic opinion or consideration of an infective cause for Patient B's symptoms.
39. Therefore, on the balance of probabilities, the Tribunal found that it was more likely that not that Dr Liesis did not conduct an adequate examination of Patient B, did not refer Patient B for an orthopaedic opinion and did not diagnose an infective cause for Patient B's symptoms.
40. Accordingly, the Tribunal determined and found paragraph 2(b), 2(c) and 2(d) of the Allegation proved.

Paragraph 3 of the Allegation

41. The Tribunal considered whether, on 26 March 2020, Dr Liesis assessed Patient C and he failed to provide good clinical care in that he did not: organise an ultra-sound of the calf, organise a D-dimer test to rule out deep vein thrombosis, perform a Wells score and commence anti-coagulation treatment.
42. The Tribunal considered the expert report of Mr H. He stated:

'Dr Liesis has recorded – "Patient says that she was walking today and felt pain in her right calf. Worse when walking. She got concerned because she had DVT (deep vein thrombosis) previously. No known drug allergies. Past medical history – DVT. No medication. Examination – generally well. Normo coloured, normo hydrated. Conscious. Oriented. No apparent focal neurological injury. No dyspnoea. No distress. No signs of DVT. Pain in right calf muscles. Rest OK. Diagnosis – muscle injury in right calf. Treatment advised. Destination – home."

This is not an adequate assessment or examination. It would have been useful to have known in the history the cause of the previous DVT. On examination I would have expected measurement of the calf circumference and mention of any redness or swelling.

Dr Liesis did not arrange any tests. This was not adequate. I would have expected a D-dimer to have been requested and a Wells score should have been performed.

Had the D-dimer returned positive, which is likely given that a DVT was diagnosed 2 days later, I would have expected Dr Liesis to have arranged for an ultrasound scan of the calf to have been performed that day or the following day.

Dr Liesis did not appropriately treat [Patient C]'s condition. Apart from the investigations as above, he should have commenced anti-coagulation treatment with Clexane.'

43. The Tribunal also considered the medical notes of Dr Liesis on Patient C, dated 26 March 2020. It noted that there was no mention that Dr Liesis had: organised an ultra-sound of the calf, organised a D- dimer test to rule out deep vein thrombosis, performed a Wells score or commenced anti-coagulation treatment.
44. Therefore, on the balance of probabilities, the Tribunal found that it was more likely that not that Dr Liesis did not: organise an ultra-sound of the calf, organise a D- dimer test to rule out deep vein thrombosis, perform a Wells score or commence anti-coagulation treatment.
45. Accordingly, the Tribunal determined and found paragraph 3 of the Allegation proved.

Paragraph 4 of the Allegation

46. The Tribunal considered whether, on 11 October 2018 at 11:48, Dr Liesis sent an email to 'trustpayroll@qxlimited.com' in relation to his accrued holiday pay which contained unprofessional language.
47. The Tribunal referred to the email from Dr Liesis to Trust Payroll QX. It specifically considered the following statements from Dr Liesis:

'...Please pay that holiday whatever you call it NOW...

Please pay me ALL ACCRUED NOW!

Since when you started doing that shit?!?!...

I expect it to be processed NOW...'

48. The Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.
49. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.
50. Therefore, the Tribunal determined and found paragraph 4 of the Allegation proved.

Paragraph 5(a) of the Allegation

51. The Tribunal considered whether, on 2 September 2019 at 17:14, Dr Liesis sent an email to Global Medics in which he used unprofessional language.
52. The Tribunal referred to the email from Dr Liesis to Global Medics. It specifically considered the following statements from Dr Liesis:

‘They got my statement the morning after. So let them chase it up. I am done with those losers...’

53. The Tribunal noted the circumstances and context of the email trail between Dr Liesis and Global Medics. It noted that this was in relation to a statement required by Shrewsbury and Telford legal team from Dr Liesis. This was also in relation to a patient Dr Liesis had looked after, who unfortunately passed away.
54. The Tribunal considered that it was unprofessional for Dr Liesis to use the word ‘losers’ in the context of needing further information from him relating to the Trust’s serious incident investigation regarding a patient who passed away.
55. Therefore, the Tribunal determined and found paragraph 5(a) of the Allegation proved.

Paragraph 5(b) of the Allegation

56. The Tribunal considered whether, on 4 September 2019 at 21:44, Dr Liesis sent an email to Global Medics in which he used unprofessional language.
57. The Tribunal referred to the email from Dr Liesis to Global Medics. It specifically considered the following statements from Dr Liesis:

'...I am very surprised they want some more questions in this 5 minute case, that there should not be even any statement, or investigation of this "very serious incident" nor any of this crap, as it is all just pure bullshit, but they have just been dragging their asses on this for more than 2 months now... AMAZING! After so many years of practice and meeting so many professionals, it still ASTOUNDS me what these so called "consultants" are capable of...

And also it is ridiculous to extreme extent to bother other people who have nothing to do with it. Bloody useless they are, in my opinion...'

58. The Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.
59. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.
60. Therefore, the Tribunal determined and found paragraph 5(b) of the Allegation proved.

Paragraph 5(c) of the Allegation

61. The Tribunal considered whether, on 18 September 2019 at 20:22, Dr Liesis sent an email to Global Medics in which he used unprofessional language.
62. The Tribunal referred to the email from Dr Liesis to Global Medics. It specifically considered the following statements from Dr Liesis:

'I called that lady, but she was not in the office. Sorry, but have I WAY more important things on my mind than to keep chasing that lady...

I have no idea about any letter from responsible officer. And if it is Dr D, she has a VERY BAD attitude, on top of that for probably a lady in her years, judging by her GMC number - and I don't like her. I had one email from her like a year ago or more, full of threats and other crap, and... You know what? She just permeates being fake even through email. I even thought of changing the agency because of that shit, but then I decided she was not worth my time and not even my response to that email. Just a nuisance...

It is all about communication and being sincere, right? And I hate fakes!

63. The Tribunal also considered the evidence from Dr D. In her oral evidence, Dr D said that she sees this correspondence from Dr Liesis as unprofessional.
64. The Tribunal found that the tone and language used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.
65. Therefore, the Tribunal determined and found paragraph 5(c) of the Allegation proved.

Paragraph 5(d) of the Allegation

66. The Tribunal considered whether, on 3 December 2019 at 16:59, Dr Liesis sent an email to Global Medics in which he used unprofessional language.
67. The Tribunal referred to the email from Dr Liesis to Global Medics. It specifically considered the following statements from Dr Liesis:

'I cannot believe that she is still with this shit - half a year! A PROPER paper shuffler!

I am very happy to get rid of that nasty RO...

Oh God, I hate dealing with bullshitters and timewasters - and it is all just because of someone lacking some language and human interpersonal communication skills. Let someone else keep kissing her ass and apologising for everything they should not.

And GMC - they damn well know my opinion about them all...

Let her think she get rid of me...

All the best to you, but not to her. She is a BAD BAD person...'

68. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.

69. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

70. Therefore, the Tribunal determined and found paragraph 5(d) of the Allegation proved.

Paragraph 6(a) of the Allegation

71. The Tribunal considered whether, on 13 December 2019 at 15:20, Dr Liesis sent an email to the Officer to the Senior Coroner of Shropshire, Telford and Wrekin Area, in which he used unprofessional language.

72. The Tribunal referred to the email from Dr Liesis to the Officer to the Senior Coroner. It specifically considered the following statements from Dr Liesis:

‘So all the talks that [they] tried to contact me and I did not respond is just loads of crap...

So they had the statement all the time.

The question is of WHY they did not use it in investigation and why they were blaming me straight away even before the statement...’

73. The Tribunal considered that the tone of Dr Liesis’ email and the use of ‘crap’ and capitalised words, was unprofessional.

74. Therefore, the Tribunal determined and found paragraph 6(a) of the Allegation proved.

Paragraph 6(b) of the Allegation

75. The Tribunal considered whether, on 14 October 2020 at 13:12, Dr Liesis sent an email to the Officer to the Senior Coroner of Shropshire, Telford and Wrekin Area, in which he used unprofessional language.

76. The Tribunal referred to the email from Dr Liesis to the Officer to the Senior Coroner. It specifically considered the following statements from Dr Liesis:

‘I have never received any CT images from the trust, by the way...

They are again in their glory of working “right... I consider all of it to be a joke. Including the so-called hospitals investigation into the unfortunate death of this person.’

77. The Tribunal noted that, although Dr Liesis had not used profanities, the tone and context of his statement was unprofessional.

78. Therefore, the Tribunal determined and found paragraph 6(b) of the Allegation proved.

Paragraph 6(c) of the Allegation

79. The Tribunal considered whether, on 19 October 2020 at 14:39, Dr Liesis sent an email to the Officer to the Senior Coroner of Shropshire, Telford and Wrekin Area, in which he used unprofessional language.

80. The Tribunal referred to the email from Dr Liesis to the Officer to the Senior Coroner. It specifically considered the following statements from Dr Liesis:

‘The face-covering nonsense IS UNLAWFUL, it goes against the human rights and Equality Act 2010 to start with, so let’s stop supporting the fascism, don’t you agree?!...

Should I continue with the so-called government guidance - WHICH IS NOT THE LAW, BY THE WAY!?

THAT IS NOT LAW – THAT IS A TOTAL BULLSHIT AND FASCISM AND YOU KNOW IT! And you are complicit in it!

So, let’s stop pretending, alright?

Yes, Microsoft Teams will be better, because I am not wearing any damned “face-covering” to play this circus you are playing out of acquiescence and fear! DIVIDE AND CONQUER, don’t you agree?’

81. The Tribunal also considered the evidence from Ms E. In her oral evidence, Ms E said that she found it upsetting being called a fascist and Dr Liesis’ correspondence to her were unprofessional.

82. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.
83. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.
84. Therefore, the Tribunal determined and found paragraph 6(c) of the Allegation proved.

Paragraph 7(a) of the Allegation

85. The Tribunal considered whether, on 26 February 2020 at 16:47, Dr Liesis sent an email to the GMC, in which he used unprofessional language.
86. The Tribunal referred to the email from Dr Liesis to the GMC. It specifically considered the following statements from Dr Liesis:

'...You did not provide any documentation who and when complained about me and WHY. And that is the requirement that you failed.

I am sure it will be that egotistic, self-offending Dr D, because she threatened me before. None the less you have to provide me with details.

I still did not go through those emails, but what the hell is that email on the front saying about some similarities with the previous investigation?! Did that lady meant the investigation in 2015, when I was slandered by incompetent colleagues, lied on and when GMC tried to put as much shit on me as they could? Or is it Dr D complained about me in 2019? I advice [sic] you to remember that GMC lost it big time, because it was just pure shit, and GMC did a very bad job lying and being incompetent.

I have no trust in you as organization, because time and time you proved to be incompetent and malicious, neither caring for doctors, neither caring for public. The only thing you do is trying to blame doctors and trying to find any shit on them you can. And that is shameful...

So let's stop blaming me and let's start putting that malicious Dr D's ass on fire.

And no, I am not being offensive – call it different styles of speaking. I speak honestly and frankly – that just does not go with some people. But no way I am kissing her ass.

Getting offended is a choice, remember that. And what we have here is a Dr D's big ego hurt and her wish for revenge, nothing less, nothing more...

So just let's cut this bullshit, alright? GMC is perverted as an institution and you proved yourselves over and over!

87. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

88. Therefore, the Tribunal determined and found paragraph 7(a) of the Allegation proved.

Paragraph 7(b) of the Allegation

89. The Tribunal considered whether, on 28 July 2020 at 15:17, Dr Liesis sent an email to the GMC, in which he used unprofessional language.

90. The Tribunal referred to the email from Dr Liesis to the GMC. It specifically considered the following statements from Dr Liesis:

'I would like to know WHO is she and what are her qualifications and what is she an expert in? I am sure she is an expert to in putting all the invented shit together...

It has been a while I have not heard this kind of bullshit, especially coming from GMC.

Please, retire yourself from this so-called "investigation" as you have already proven yourself to be incompetent when not seeing clearly that you have gossiping and bullshit in front of your eyes, made not in good faith, but made from a self-victimised ass-kissing "all-knowing" person, who by the looks of it is not even a clinician, but someone walking around and overhearing bits of conversations and making conclusions.

It is a pity that GMC has failed as an organisation, bathing itself in bullshit and time wasting, telling that you care about the patients, when in reality you do not.

It is a pity, when I see that GMC keeps with its idiotic bureaucratic practice that I came across 5 years ago.

I am not going to be slandered with some lies.

Once you do have something more than lies and gossip from a typical NHS blaming culture worker, then do please come back...

So until you have something valid, please put this so-called gossiping where the sun does not shine.

I am not going to be harassed by anyone, not again by GMC.

*What you have sent me is a f*****g JOKE!*

So please, stop wasting your time, stop wasting MY TIME with this utter bullshit!...

Would they not come straight away from the trust and consultants involved in the cases and directly to GMC? And not after you sent the agency the request if they had any shit on me?

And yes, they are, all scared ass-kissers, giving you anything and everything they have, because they are afraid of you, some unwitty corporate bureaucrats.

But I am not afraid you any of you, because I KNOW how I work, I KNOW what I do, I KNOW how I treat all my patients, I KNOW that I do the best. And I KNOW that my practice is ABOVE your standards, you like it or not...

P.S. I demand you destitute yourself from this investigation as I see you cannot even see the nonsense when you see it. Please, pass it on to your superior who can separate gold from shit. Otherwise, please dedicate your time to something USEFUL, not this bullcrap.'

91. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.

92. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

93. Therefore, the Tribunal determined and found paragraph 7(b) of the Allegation proved.

Paragraph 7(c) of the Allegation

94. The Tribunal considered whether, on 28 January 2021 at 15:49, Dr Liesis sent an email to the GMC, in which he used unprofessional language.

95. The Tribunal referred to the email from Dr Liesis to the GMC. It specifically considered the following statements from Dr Liesis:

'...The abusive staff in Kirton pharmacy and you yourself for believing bullshit and not having a clue how to investigate – all of you may go and fuck yourselves.

I am sick and tired of this circus and you just trying to dig up some shit on everyone.

So, one more time – FUCK YOU...'

96. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.

97. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

98. Therefore, the Tribunal determined and found paragraph 7(c) of the Allegation proved.

Paragraph 7(d) of the Allegation

99. The Tribunal considered whether, on 8 February 2022 at 23:31, Dr Liesis sent an email to the GMC, in which he used unprofessional language.

100. The Tribunal referred to the email from Dr Liesis to the GMC. It specifically considered the following statements from Dr Liesis:

'...I confirm I have received another bunch of shit from you. Thank you. 2 files, right?

So, the shitdiggers at GMC may go and fuck themselves. I am in no self-delusion that you will do what you wish here, as usual. So, go ahead, you morons.

Make a hearing, don't make a hearing – do I look like I fucking care anymore?

So, I give you the middle finger and you can continue to writhe in your lies and shit.

Have a good day, dear paper-pusher...

P.S. UK is the worst place to work as doctor due to all you liars and blaming culture inside this circus!'

101. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

102. Therefore, the Tribunal determined and found paragraph 7(d) of the Allegation proved.

Paragraph 8(a) of the Allegation

103. The Tribunal considered whether, on 1 May 202 at 15:26, Dr Liesis sent an email to Athona in which he used unprofessional language.

104. The Tribunal referred to the email from Dr Liesis to Athona. It specifically considered the following statements from Dr Liesis:

*'If that is the feedback you received, then please receive my feedback:
BULLSHIT! I have not heard more bullshit than this recently. It there is a person who believed that (and I think there must be one, because my shifts were cancelled) – then it is a sure sign that that person is an outright idiot and who does not have any idea of how NHS blaming culture works, and how to resolve any communication issues.
Probably it comes from a nurse, because it says with 2 doctors. But highest probability, that it is just a rephrase from another person, who is not related – so we have even more distorted information.*

You want detail answer to this slander? Please provide the emails and complaints and the names WHO AND WHEN COMPLAINED AGAINST ME. All the details. And I know it is my right, so don't shy off...

So, please provide all the information and advise your RO to put the brains into functioning mode...

P.S. Oh, by the way, anyone who thinks and claims that sunshine and UV does not kill viruses and bacteria is a moron, who does not know a thing about microbiology and is severely affected by Dunning-Kruger effect. Oh, one more thing – I remember having shouted really only handful (at most!) of times in my life, once on my abusive ex... You would not like that... I did not like that. So, have a great day and send me all the details of that person or persons who slandered on me. Thank you.'

105. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.

106. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

107. Therefore, the Tribunal determined and found paragraph 8(a) of the Allegation proved.

Paragraph 8(b) of the Allegation

108. The Tribunal considered whether, on 4 May 202 at 19:16, Dr Liesis sent an email to Athona in which he used unprofessional language.

109. The Tribunal referred to the email from Dr Liesis to Athona. It specifically considered the following statements from Dr Liesis:

'Oh really!

So you send me an email, full of bullshit and then you do not give me the "feedback", when I demand it? I am sick and tired of this shitty NHS attitude and sick blaming culture they thrive in.

And I am tired of all you just being bureaucrats and afraid to confront bullshit! Afraid [to] do what is right!

Oh, and... the RO as well? The one who kisses GMC's ass and is afraid to do what he knows is right? The one who sends, in my consideration, inappropriate emails to me?!

Do you expect him to raise concerns against the trust?!

Sorry, I have no faith in him. Up to date, in my dealings with him, he did just the opposite to earn the trust of a person with integrity. And that is VERY SAD...

...Because here is the truth: I am sick and tired of this SHIT!

And if your RO has the integrity and stand up for what is right and what is the truth and not to stick his head up someone's ass (I am sure you understand the expression) And if he is more diplomatic than me - then he is welcome to defend the truth and the right things But I will not be bullied and slandered on Tired of that!

Please send me all the emails.

And if not now, I will take that trust and those pathetic intolerant people to the court some day, if I must.'

110. Similar to the previous paragraphs of the Allegation, the Tribunal noted that Dr Liesis had used profanity within his email correspondence. In addition, Dr Liesis used capitalised words within his email, which can be interpreted as angry or hostile towards the recipient.

111. The Tribunal found that the tone and language, especially the profanity used by Dr Liesis within his email correspondence are completely unacceptable and unprofessional.

112. Therefore, the Tribunal determined and found paragraph 8(b) of the Allegation proved.

Paragraphs 9 of the Allegation

113. The Tribunal considered whether Dr Liesis sent the Form dated 19 February 2020 to Athona, in which he falsely answered ‘No’ to the question ‘Have you previously or are you currently under investigation or have restrictions on your professional regulation’.

114. The Tribunal considered the Form, which Dr Liesis completed and signed on 19 February 2020. It noted that the Form contains Dr Liesis’ name, date of birth and other personal information. The Tribunal also noted that within the section ‘Professional Conduct’, Dr Liesis ticked the box ‘No’ to the question ‘Have you previously or are you currently under investigation or have restrictions on your professional regulation’.

115. The Tribunal considered the documents relating to Dr Liesis’ previous MPT hearing which took place in March 2018. Dr Liesis attended the March 2018 hearing. It was of the view that this was clear evidence that Dr Liesis had been previously under investigation. Given the previous allegations relating to ensuring that forms are accurately completed, this should have put Dr Liesis on notice that he should read matters carefully before filling in the details and signing off a form, such as the Candidate Details Form with Athona.

116. Therefore, given the evidence before it, the Tribunal determined that Dr Liesis did tick ‘No’ to the question ‘Have you previously or are you currently under investigation or have restrictions on your professional regulation’ within the Form.

Paragraph 10 of the Allegation

117. The Tribunal considered whether Dr Liesis had acted dishonestly, given Dr Liesis’ conduct as set out in paragraph 9 of the Allegation in that he knew he had previously been the subject of a GMC investigation into his fitness to practise in 2015-2018.

118. The Tribunal considered its findings in paragraph 9 of the Allegation. It noted that given the documents pertaining to Dr Liesis previous MPT hearing which took place in March 2018, he would have known that he was previously under investigation. In addition, the allegations relating to the MPT hearing in 2018, should have put Dr Liesis on notice to carefully read documents before filling in the relevant details and signing off a form.

119. The Tribunal noted that, in this case, there is the absence of any explanation from the doctor as to why he ticked ‘No’ to the question ‘Have you previously or are you currently under investigation or have restrictions on your professional regulation’ within the Form.

120. Therefore, the Tribunal found that it was more likely than not that Dr Liesis had acted dishonestly in relation to paragraph 9 of the Allegation.

121. Accordingly, the Tribunal determined and found paragraph 10 of the Allegation proved.

Paragraph 11 of the Allegation

122. The Tribunal considered whether, on 25 February 2020, the GMC wrote to Dr Liesis, informing him that the GMC was investigating concerns about his fitness to practise.

123. The Tribunal considered the letter from the GMC to Dr Liesis dated 25 February 2020. It noted that the letter was clear, and it was to inform Dr Liesis that the GMC was investigating concerns about his fitness to practise. However, the Tribunal was mindful that this was a factual statement rather than an Allegation.

124. Given the evidence before it and the factual statement with the letter from the GMC, the Tribunal determined and found paragraph 12 of the Allegation proved.

Paragraph 12 of the Allegation

125. The Tribunal considered whether, the Form as referred to in paragraph 9 of the Allegation, stated ‘You MUST notify Athona if you are subject to any kind of dismissal from a role, GMC/GDC/NMC/HCPC/GPhC/RCCP investigation or if you are suspended or removed from the register’.

126. The Tribunal considered the Form which Dr Liesis completed and signed in 19 February 2020. It noted that the Form did state that ‘You MUST notify Athona if you are subject to any kind of dismissal from a role, GMC/GDC/NMC/HCPC/GPhC/RCCP investigation or if you are suspended or removed from the register’. The Tribunal was of the view that paragraph 12 of the Allegation is related to paragraphs 9 and 10. However, it noted that this was a factual statement rather than an Allegation.

127. Given the evidence before it and the factual statement with the Form, the Tribunal determined and found paragraph 12 of the Allegation proved.

Paragraph 13 of the Allegation

128. The Tribunal considered whether, Dr Liesis failed to inform Athona with whom he was registered, that he was subject to a GMC fitness to practise investigation regarding his practice, in relation to paragraph 11 of the Allegation.

129. The Tribunal considered its findings on paragraphs 11 and 12 of the Allegation. It noted that it was clear that Dr Liesis was sent a letter by the GMC informing him of the ongoing investigation. In addition, it was clear that within the Form, it is Dr Liesis' responsibility to notify Athona of an investigation against him.

130. In addition, the Tribunal considered the Locum Handbook from Athona. It stated:

'If you are under investigation for a concern regarding your practice (this includes local investigations at trust level) you must inform us so that we can advise you on how to deal with this appropriately.'

131. The Tribunal noted that it does not have any evidence before it from Dr Liesis whether he informed Athona of his GMC investigation or an explanation as to why he did not inform Athona of his GMC investigation.

132. Therefore, the Tribunal determined and found paragraph 13 of the Allegation proved.

Paragraph 14(a) of the Allegation

133. The Tribunal considered whether Dr Liesis failed to return a completed WDF to the GMC, despite the GMC writing to him on 25 February 2020 and asking for the WDF to be returned by 3 March 2020.

134. The Tribunal considered the letter from the GMC to Dr Liesis dated 25 February 2020, which stated *'Please return the enclosed work details form by Tuesday 3 March 2020 by post or email...'*. The Tribunal also noted that various correspondence was sent by Dr Liesis to the GMC in response to the GMC letters. However, none of those correspondences from Dr Liesis contained a completed WDF or referred to attaching a completed WDF.

135. The Tribunal also considered the evidence of Ms F. In her oral evidence, she stated that she had checked the system and WDF from Dr Liesis was never received.

136. The Tribunal determined that, given the requirement for Dr Liesis to send a completed WDF and the absence of any evidence to prove that he has, it found that Dr Liesis failed to return a completed WDF to the GMC.

137. Therefore, on the balance of probabilities, the Tribunal determined and found paragraph 14(a) of the Allegation proved.

Paragraph 14(b) of the Allegation

138. The Tribunal considered whether Dr Liesis failed to return a completed WDF to the GMC, despite the GMC writing to him on 28 July 2020 and asking for the WDF to be returned by 4 August 2020.

139. The Tribunal considered the letter from the GMC to Dr Liesis dated 28 July 2020, which stated *'Please return the enclosed work details form by Tuesday 4 August 2020 by post or email...'*. The Tribunal again noted that various correspondence was sent by Dr Liesis to the GMC in response to the GMC letters. However, none of the correspondence from Dr Liesis contained a completed WDF or referred to attaching a completed WDF.

140. The Tribunal determined that, given the requirement for Dr Liesis to send a completed WDF and the absence of any evidence to prove that he has, it found that Dr Liesis failed to return a completed WDF to the GMC.

141. Therefore, on the balance of probabilities, the Tribunal determined and found paragraph 14(b) of the Allegation proved.

Paragraph 14(c) of the Allegation

142. The Tribunal considered whether Dr Liesis failed to return a completed WDF to the GMC, despite the GMC writing to him on 29 July 2020.

143. The Tribunal considered the email from the GMC to Dr Liesis dated 29 July 2020. Within the email it stated:

'At present, our investigation is being significantly delayed due to the fact that you have not returned your Work Details Form. We need this in order to fulfil our statutory function as a regulator and this case will only remain open for longer if we do not receive it...'

144. The Tribunal again noted that various correspondence was sent by Dr Liesis to the GMC in response to the GMC letters. However, none of those correspondences from Dr Liesis contained a completed WDF or referred to attaching a completed WDF.

145. The Tribunal determined that, given the requirement for Dr Liesis to send a completed WDF and the absence of any evidence to prove that he has, it found that Dr Liesis failed to return a completed WDF to the GMC.

146. Therefore, on the balance of probabilities, the Tribunal determined and found paragraph 14(c) of the Allegation proved.

Paragraph 14(d) of the Allegation

147. The Tribunal considered whether Dr Liesis failed to return a completed WDF to the GMC, despite the GMC writing to him on 11 September 2020.

148. The Tribunal first considered the inaccuracy within the GMC's letter to Dr Liesis dated 11 September 2020. Within the letter it stated: *'I have contacted the organisations you told you us about on the Work details form to let them know about the investigation...'* The Tribunal noted that this sentence could be interpreted that a WDF was sent by Dr Liesis. However, it also considered the other letter sent by the GMC to Dr Liesis on 11 September 2020 referring to the IOT referral. The letter stated: *'Please complete and return the enclosed form Your Work Details by Friday 18 September 2020'*.

149. Given the discrepancy, the Tribunal considered the evidence of Ms F. In her oral evidence, she said that the sentence referring to the details of organisations within the WDF was a formatting error. She added that this would be inconsistent with the WDF being asked for again within the IOT referral letter.

150. The Tribunal accepted the explanation of Ms F and was satisfied that this was simply a formatting error. It was of the view that in the letter dated 11 September 2020, the GMC was still waiting for Dr Liesis to send a completed WDF.

151. The Tribunal again noted that various correspondence was sent by Dr Liesis to the GMC in response to the GMC letters. However, none of the correspondence from Dr Liesis contained a completed WDF or referred to attaching a completed WDF.

152. The Tribunal determined that, given the requirement for Dr Liesis to send a completed WDF and the absence of any evidence to prove that he has, it found that Dr Liesis failed to return a completed WDF to the GMC.

153. Therefore, on the balance of probabilities, the Tribunal determined and found paragraph 14(d) of the Allegation proved.

The Tribunal's Overall Determination on the Facts

154. The Tribunal has determined the facts as follows:

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

Patient A

1. On 25 June 2019 you assessed Patient A at the Emergency Department at the Royal Shrewsbury Hospital. You failed to provide good clinical care in that you did not:

a. conduct an adequate neurological examination, including;

i. assessing Patient A for cerebellar disease;

Determined and found proved

ii. assessing Patient A for confusion.

Determined and found proved

b. recognise Patient A was still suffering from symptoms at the time you discharged him.

Determined and found proved

Patient B

2. On 29 December 2019 you assessed Patient B at the Emergency Department at Fairfield General Hospital. You failed to provide good clinical care in that you did not:

a. review the tests which had been carried out the previous day;

Determined and found proved

b. conduct an adequate examination of Patient B, including

i. examining the back for tenderness or range of movement;

Determined and found proved

- ii. testing straight leg raising;
Determined and found proved
 - iii. examining the hip, knee or ankle;
Determined and found proved
 - iv. examining the sensation in the lower limb or reflexes.
Determined and found proved
- c. refer Patient B for an orthopaedic opinion;
Determined and found proved
 - d. diagnose an infective cause for Patient B's symptoms.
Determined and found proved

Patient C

- 3. On 26 March 2020 you assessed Patient C at the Accident and Emergency Department at Aneurin Bevan Hospital. You failed to provide good clinical care in that you did not:
 - a. organise an ultra-sound of the calf;
Determined and found proved
 - b. organise a D-dimer test to rule out deep vein thrombosis;
Determined and found proved
 - c. perform a Wells score;
Determined and found proved
 - d. commence anti-coagulation treatment.
Determined and found proved

Behaviour and Communication allegations

- 4. On 11 October 2018 at 11:48 you sent an email to 'trustpayroll@qxlimited.com' in relation to your accrued holiday pay which contained unprofessional language, the nature of which is set out in Schedule 1.
Determined and found proved
- 5. On the dates set out below you sent emails to Global Medics in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 2 September 2019 at 17:14;
Determined and found proved
 - b. 4 September 2019 at 21:44;
Determined and found proved
 - c. 18 September 2019 at 20:22;
Determined and found proved
 - d. 3 December 2019 at 16:59.
Determined and found proved

6. On the dates set out below you sent an email to the Officer to the Senior Coroner, Shropshire, Telford and Wrekin Area, in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 13 December 2019 at 15:20;
Determined and found proved
 - b. 14 October 2020 at ~~14:39~~ 13:12;
Amended under Rule 17(6)
Determined and found proved
 - c. 19 October 2020 at 14:39.
Determined and found proved

7. On the dates set out below you sent an email to the General Medical Council (GMC), in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 26 February 2020 at 16:47;
Determined and found proved
 - b. 28 July 2020 at 15:17;
Determined and found proved
 - c. 28 January 2021 at 15:49;
Determined and found proved
 - d. 8 February 2022 at 23:31.
Determined and found proved

8. On the dates set out below you sent an email to Athona in which you used unprofessional language, the nature of which is set out in Schedule 1:
 - a. 1 May 2020 at 15:26;
Determined and found proved
 - b. 4 May 2020 at 19:16.
Determined and found proved

Failure to inform Athona Recruitment

9. You sent a Form entitled 'Candidate Details Form' ('the Form'), dated 19 February 2020, to Athona Recruitment Agency in which you falsely answered 'No' to the question: '*Have you previously or are you currently under investigation or have restrictions on your professional regulation*'.
Determined and found proved

10. Your conduct in paragraph 9 was dishonest in that you knew you had previously been the subject of a General Medical Council investigation into your Fitness to Practise (in 2015-2018).
Determined and found proved

11. On 25 February 2020 the GMC wrote to you informing you that it was investigating concerns about your fitness to practise.
Determined and found proved

12. The Form, as referred to in paragraph 9, stated ‘You MUST notify Athona if you are subject to any kind of dismissal from a role, GMC/GDC/NMC/HCPC/GPhC/RCCP investigation or if you are suspended or removed from the register.
Determined and found proved

13. You failed to inform Athona Recruitment Agency, with whom you were registered, that you were subject to a GMC fitness to practise investigation regarding your practice, in relation to the matters set out at paragraph 11 above.
Determined and found proved

Work Details Form (WDF)

14. You failed to return to the GMC a completed WDF, despite the GMC writing to you on each of the following dates asking you to do so:
 - a. 25 February 2020 (asking for the WDF to be returned by 3 March 2020)
Determined and found proved
 - b. 28 July 2020 (asking for the WDF to be returned by 4 August 2020);
 - c. 29 July 2020;
Determined and found proved
 - d. 11 September 2020.
Determined and found proved

And that by reasons of the matters set out above your fitness to practice is impaired because of your misconduct.

To be determined

Determination on Impairment - 31/05/2024

155. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Liesis’ fitness to practise is impaired by reason of misconduct.

The Evidence

156. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary.

Submissions

157. On behalf of the GMC, Ms Widdett submitted that Dr Liesis' fitness to practise is impaired by reason of his misconduct. Ms Widdett referred the Tribunal to the relevant case law. She also referred the Tribunal to the relevant paragraphs of Good Medical Practice (2013 edition) (GMP). In addition, she referred the Tribunal to the facts found proved in this case.

158. Ms Widdett submitted that Dr Liesis' conduct amounts to serious departure from the standards expected of him, as set out in GMP. She said that Dr Liesis failed to provide good clinical care to three patients, and that those were not isolated incidents and occurred over nine months. She also submitted that Dr Liesis used inappropriate language in emails on 14 different occasions. Ms Widdett said that these are also not isolated incidents and occurred over 19 months from October 2018 to May 2020. She also referred the Tribunal to Dr Liesis' dishonest conduct, which was found proved in this case. She said that there is no doubt that Dr Liesis' conduct can properly be described as deplorable by fellow practitioners.

159. Turning to impairment, Ms Widdett submitted that Dr Liesis' conduct has breached a number of fundamental tenets of the medical profession and has brought the medical profession into disrepute. In addition, she said that as evidence by Dr Liesis' email to the GMC, which was provided to the Tribunal, the language Dr Liesis used demonstrates a serious attitudinal problem. Ms Widdett said that there is no evidence that Dr Liesis has any insight into his actions or any evidence of remediation. She also said that there has been no acknowledgement of fault or attempt to address his failings. Ms Widdett submitted that a finding of impairment is necessary to satisfy all three limbs of the overarching objective.

The Relevant Legal Principles

160. 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.

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

162. The Tribunal must determine whether Dr Liesis' fitness to practise is impaired today, taking into account Dr Liesis' 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.

163. The Tribunal had regard to the case of *Roylance v General Medical Council (No.2) [2000]1 AC 311 (UKPC)* which states:

Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a [medical] practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word professional which links the misconduct to the profession [of medicine]. Secondly, the misconduct is qualified by the word serious. It is not any professional misconduct which would qualify. The professional misconduct must be serious.

164. The Tribunal also had regard to the case of *Remedy UK Ltd, R (on the application of) v The General Medical Council [2010] EWHC 1245 (Admin)* it was said that misconduct was of two principal kinds:

First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it could properly be described as misconduct going to fitness to practise.

Second, it could involve conduct of a morally culpable or otherwise disgraceful kind which may, and often would, occur out with the course of professional practice itself, but which brought disgrace upon the doctor and thereby prejudiced the reputation of the profession. Misconduct falling within that limb need not arise in the context of a doctor exercising his clinical practice, but it must be in the exercise of the doctor's medical calling.

165. Whilst there is no statutory definition of impairment, the Tribunal was assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*. In particular, the Tribunal considered whether its findings of fact showed that Dr Liesis' fitness to practise is impaired in the sense that he:

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

b. Has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or

c. Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d. Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'

166. The LQC advised the Tribunal that it should bear in mind the guidance in *Grant* (above) at paragraphs 71 and 74, that:

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

...

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

167. The Tribunal had regard to the case of *GMC v Dr Iheanyi Chidi Nwachuku [2017] EWHC 2085 (Admin)*, which reviewed the case law regarding impairment following a finding of dishonesty. The court noted that impairment does not necessarily follow dishonesty, but that it will be likely to follow because dishonesty is at the most serious end of gravity of misconduct. It will only be in unusual cases where dishonesty does not lead to a finding of impairment.

The Tribunal's Determination on Impairment

Misconduct

168. In determining whether Dr Liesis' fitness to practise is currently impaired, the Tribunal first considered whether the facts found proved amounted to misconduct.

169. The Tribunal considered its previous determination, whereby it found that Dr Liesis failed to provide good clinical care to three patients. In addition, it found that on 14 occasions, Dr Liesis used unprofessional language within his emails to his employer, payroll, recruitment/locum agencies, the Officer to the Senior Coroner and the GMC.

170. The Tribunal also found that Dr Liesis had acted dishonestly when he falsely answered 'No' to the question 'Have you previously or are you currently under investigation or have restrictions on your professional regulation', within the Form to Athona. In addition, the Tribunal found that Dr Liesis failed to inform Athona that he was subject to a GMC fitness to practise investigation, when the GMC wrote to him on 25 February 2020 informing Dr Liesis that they were investigating concerns relating to his fitness to practise. Further, the Tribunal found that, on four occasions, the GMC had asked Dr Liesis to return a completed WDF and he failed to do so.

171. The Tribunal considered that the following paragraphs of GMP are engaged in this 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, 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.

15 You must provide a good standard of practice and care. If you assess, diagnose or treat patients, you must:

- a adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values; where necessary, examine the patient*
- b promptly provide or arrange suitable advice, investigations or treatment where necessary*

- c refer a patient to another practitioner when this serves the patient's needs.*

16 *In providing clinical care you must:*

...

- b provide effective treatments based on the best available evidence*

...

36 *You must treat colleagues fairly and with respect.*

37 *You must be aware of how your behaviour may influence others within and outside the team.*

...

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.*

...

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.*

172. In relation to paragraph 1 of the Allegation (Patient A), the Tribunal considered its findings and the expert evidence of Mr H. He stated:

'The clinical examination fell seriously below the level I would expect. With a history of headache, neck stiffness and collapse with dizziness, I would have expected a full neurological examination to have been performed including assessment of cerebellar signs. Dr Liesis also failed to assess [Patient A]'s dizziness on standing by asking him to

stand from the trolley. It is likely that [Patient A] would have been unable to have done this.

The decision to discharge [Patient A] fell seriously below the level I would expect. It is clear that [Patient A] was still suffering from symptoms when he was discharged as he required assistance to the ambulance and his wife felt that he was confused when he returned home. There is evidence that he was still suffering from nausea.

In my opinion the overall standard of care fell seriously below the level I would expect of a reasonably competent Doctor in Emergency Medicine for the reasons above.'

173. In relation to paragraph 2 of the Allegation (Patient B), the Tribunal again considered its findings and the expert evidence of Mr H. He stated:

'The failure to properly examine the lower limb falls seriously below the level I would expect. [Patient B] had already attended with a similar condition the day before and this mandated a thorough assessment. There is no evidence that Dr Liesis performed a thorough examination of [Patient B]. The failure to review the investigations that had been carried out the day before falls seriously below the level I would expect. The fact that [Patient B] reattended the day after a similar attendance mandated a thorough examination and assessment which Dr Liesis failed to do.

The failure to refer for an Orthopaedic opinion fell seriously below the level I would expect. From my review of the records and the previous investigations it is clear that an infective cause for [Patient B]'s symptoms should have been considered. This would mandate referral for Orthopaedic opinion.

The standard of care fell seriously below the level I would expect in respect of [Patient B]...'

174. In relation to paragraph 3 of the Allegation (Patient C), the Tribunal again considered its findings and the expert evidence of Mr H. He stated:

'The failure to order D-dimer fell seriously below the level I would expect. With a past history of deep vein thrombosis and pain in the calf, it was mandatory to rule out a further deep vein thrombosis. This cannot be done by clinical examination but requires blood investigation as a minimum. The failure to organise an ultrasound

scan also fell seriously below the level I would expect. With a past history of deep vein thrombosis and pain in the calf, it was mandatory to rule out a further deep vein thrombosis. This cannot be done by clinical examination. Unless the [D-dimer] was negative, an ultrasound was required.

*The standard of care fell seriously below the level I would expect in respect of...
[Patient C].'*

175. The Tribunal accepted the expert evidence of Mr H for paragraphs 1, 2 and 3 of the Allegation. Given the Tribunal's findings on facts, the expert evidence of Mr H and the requirements of GMP, the Tribunal determined that fellow members of the profession and members of the public would regard Dr Liesis' misconduct as particularly serious. Therefore, the Tribunal found that Dr Liesis' actions, in relation to paragraphs 1, 2 and 3 of the Allegation, fell far below the standards expected of a registered doctor and found that this amounted to misconduct, which was serious.

176. In relation to paragraph 4 of the Allegation, the Tribunal considered its findings on facts. It noted that the tone and language used by Dr Liesis within his email, including the use of profanity, is completely unacceptable and unprofessional. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor. Therefore, the Tribunal found that this amounted to misconduct, which was serious.

177. In relation to paragraph 5 of the Allegation, the Tribunal considered its findings on facts. It noted that Dr Liesis used the word 'losers' within his email in the context of needing further information from him relating to the Trust's serious incident investigation regarding a patient who passed away. In addition, within two further emails, Dr Liesis used profanity, capitalised words and insulting statements towards his Responsible Officer. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor. Therefore, the Tribunal found that this amounted to misconduct that was serious, both when considered individually and cumulatively.

178. In relation to paragraph 6 of the Allegation, the Tribunal considered its findings on facts. It noted that, within the three emails sent to the Officer to the Senior Coroner of Shropshire, Telford and Wrekin Area, Dr Liesis tone, language and use of profanity was completely unacceptable and unprofessional. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor.

Therefore, the Tribunal found that this amounted to misconduct that was serious, both when considered individually and cumulatively.

179. In relation to paragraph 7 of the Allegation, the Tribunal considered its findings on facts. It noted that, within the four emails sent to the GMC, Dr Liesis' tone, language and countless use of profanity was completely unacceptable and unprofessional. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor. Therefore, the Tribunal found that this amounted to misconduct that was serious, both when considered individually and cumulatively.

180. In relation to paragraph 8 of the Allegation, the Tribunal considered its findings on facts. It noted that, within the two emails sent to Athona, Dr Liesis' tone, language and countless use of profanity was completely unacceptable and unprofessional. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor. Therefore, the Tribunal found that this amounted to misconduct that was serious, both when considered individually and cumulatively.

181. In relation to paragraphs 9 and 10 of the Allegation, the Tribunal considered its findings on facts. It found that Dr Liesis had acted dishonestly when he ticked 'No' to the question '*Have you previously or are you currently under investigation or have restrictions on your professional regulation*' within the Form. There is no explanation from Dr Liesis as to why he had done so. The Tribunal determined that Dr Liesis' conduct was serious, that his actions had brought the medical profession into disrepute, and that he had breached fundamental tenets of GMP, namely probity and integrity. The Tribunal determined that Dr Liesis' dishonest action amounted to misconduct that was serious.

182. In relation to paragraphs 11, 12 and 13 of the Allegation, the Tribunal considered its findings on facts. It noted that, it found that Dr Liesis failed to inform Athona that he was subject to a GMC fitness to practise investigation. There was evidence that Dr Liesis was notified by the GMC of the investigation and that he had a duty to inform Athona of the investigation. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor. Therefore, the Tribunal found that this amounted to misconduct that was serious.

183. In relation to paragraph 14 of the Allegation, the Tribunal considered its findings on facts. It noted that, on 4 different occasions, Dr Liesis failed to provide a completed WDF to the GMC, as required from him. It also noted that correspondence was sent by Dr Liesis in response, however, he had not attached any completed WDF. The Tribunal

considered that the request from the GMC is part of the GMC's investigation. The Tribunal determined that Dr Liesis' conduct is serious and fell far below the standards expected of a registered doctor. Therefore, the Tribunal found that this amounted to misconduct that was serious.

Impairment

184. Having found that the facts found proved amounted to misconduct, the Tribunal went on to consider whether, as a result of that conduct, Dr Liesis' fitness to practise is currently impaired.

185. The Tribunal had regard to the judgment in the case of *CHRE v NMC & Paula Grant [2011] EWHC 927 (Admin)* as set out above. In the present case, the Tribunal considered that all four limbs are engaged.

186. In determining whether a finding of current impairment of fitness to practise is necessary, the Tribunal looked for evidence of insight and remediation, and the likelihood of repetition, balanced against the three elements of the overarching statutory objective.

187. The Tribunal noted that Dr Liesis has not shown any insight, has not acknowledged his failings, has shown no remorse, has not offered an apology and has not demonstrated any steps to remediate his actions. In fact, the Tribunal considered that within Dr Liesis' recent correspondence to the GMC, he maintains a sense of arrogance. The Tribunal was of the view that Dr Liesis' behaviour demonstrates a deep-seated attitudinal problem. It cannot be satisfied that Dr Liesis would act differently in the future, when put in similar circumstances. The Tribunal determined that there is a risk of repetition in this case.

188. The Tribunal determined that the public expects to be able to trust doctors. The public expects doctors to act with integrity. They expect doctors to adhere to the principles set out in GMP. Where doctors fail to do so in a significant way, public trust in the profession is undermined and a finding of impairment of fitness to practise is required.

189. The Tribunal found that a reasonable and well-informed member of the public would expect a finding of impairment to be made in this case, both to mark the seriousness of the misconduct, and to uphold proper standards across the medical profession.

190. Therefore, the Tribunal determined that Dr Liesis' fitness to practise is currently impaired by reason of misconduct.

Determination on Sanction - 06/06/2024

191. Having determined that Dr Liesis' fitness to practise is impaired by reason of misconduct, the Tribunal now has to decide in accordance with Rule 22(1)(h) of the Rules what action, if any, it should take with regard to Dr Liesis' registration.

The Evidence

192. The Tribunal has taken into account the background to the case and the evidence received during the earlier stage of the hearing where relevant to reaching a decision on what action, if any, it should take with regard to Dr Liesis' registration.

Submissions

193. On behalf of the GMC, Ms Widdett submitted that erasure from the medical register is the proportionate and appropriate sanction in this case. She referred the Tribunal to its previous determinations and the relevant paragraphs of the Sanctions Guidance (February 2024 edition) ('the SG'). Ms Widdett submitted that there are no mitigating factors in this case. However, she referred the Tribunal to a number of aggravating factors. She said that Dr Liesis has not shown insight, has not acknowledged his failings and has not shown remorse or offered an apology. She also said that Dr Liesis has not demonstrated any steps to remediate his actions.

194. Ms Widdett submitted that, given the circumstances, a period of suspension is not appropriate in this case. She said that erasure from the register is necessary in order to satisfy all three limbs of the overarching objective.

The Tribunal's Determination

195. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement.

196. In reaching its decision, the Tribunal has taken account of the SG. It has borne in mind that the purpose of sanctions is not to be punitive, but to protect patients and the wider public interest, although they may have a punitive effect.

Aggravating and Mitigating Factors

197. Before deciding what action, if any, to take in respect of Dr Liesis' registration, the Tribunal considered the aggravating and mitigating factors present in this case.

198. The Tribunal considered the following to be aggravating factors in this case:

- Dr Liesis has not shown any insight into his misconduct;
- He has not offered any apologies or demonstrated remorse;
- He has not acknowledged his failings;
- He has not demonstrated any steps to remediate his actions;
- He failed to work collaboratively with his colleagues;
- He acted dishonestly in failing to ensure that statements he makes in formal documents are accurate; and
- He failed to provide an adequate level of care, to three patients, falling well below expected professional standards.

199. It considered that there are no relevant mitigating factors in this case.

No Action

200. In coming to its decision as to the appropriate sanction, the Tribunal first considered whether to conclude the case by taking no action. The Tribunal reminded itself that there should be exceptional circumstances to justify taking no action where a finding of impairment has been made.

201. The Tribunal considered that there were no exceptional circumstances to justify taking no action in this case. It determined that given the serious nature of the Tribunal's findings on impairment, it would be neither sufficient, proportionate nor in the public interest to conclude this case by taking no action.

Conditions

202. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Liesis' registration. The Tribunal had regard to the various paragraphs of the SG, which indicate various features of cases in which conditions might be appropriate. The Tribunal took into account that any order of conditions would need to be appropriate, proportionate, workable and measurable.

203. Given the nature of Dr Liesis' misconduct, the Tribunal took the view that it could not formulate appropriate conditions which would be workable. The Tribunal noted that it

could not be reassured whether Dr Liesis would comply with conditions imposed, given his current views on his actions. The Tribunal considered that an order of conditions would not be appropriate or proportionate and would not be in the public interest.

Suspension

204. In considering whether to impose a period of suspension, the Tribunal had regard to paragraphs 93 and 97 of the SG, which states:

93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions (see paragraphs 24–49).

...

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

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

b In cases involving deficient performance where there is a risk to patient safety if the doctor's registration is not suspended and where the doctor demonstrates potential for remediation or retraining.

...

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

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

205. The Tribunal considered that the factors as set out above do not apply in this case. It was of the view that Dr Liesis' actions were a serious departure from GMP and that he has not demonstrated any steps to remediate those actions. Dr Liesis continues to pose a risk to patient safety, has not shown any insight and poses a risk of repeating his actions.

206. The Tribunal noted that Dr Liesis failed to provide good clinical care to three patients and on 14 occasions, Dr Liesis used unprofessional language within his emails to his employer, payroll, recruitment/locum agencies, the Officer to the Senior Coroner and the GMC. Dr Liesis acted dishonestly in completing the Form to Athona and has failed to inform Athona that he was subject to a GMC fitness to practise investigation. Dr Liesis also failed to return a completed WDF to the GMC on four occasions.

207. Therefore, the Tribunal concluded that a period of suspension would not be appropriate to sufficiently maintain and uphold proper professional standards and protect the public confidence in the profession.

Erasure

208. In the circumstances, the Tribunal determined that the only appropriate sanction in this case was one of erasure. In reaching its determination, the Tribunal considered the following paragraphs of the SG:

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

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

- a** A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.
- b** A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients...

...

h Dishonesty...

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

209.The Tribunal considered that all of the above paragraphs of SG are engaged in this case.

210.As outlined in the Tribunal's determination on impairment, it considered that Dr Liesis' misconduct was a serious breach of GMP and breached fundamental tenets of the medical profession. It also considered that Dr Liesis has had more than three years to reflect on his actions, develop insight and take steps to remediate; however, he had not done so.

211.In all of the circumstances, the Tribunal determined that that no lesser sanction than erasure would adequately promote and maintain public confidence in the medical profession and promote and maintain proper professional standards and conduct for members of that profession.

212.Therefore, the Tribunal determined to erase Dr Liesis' name from the Medical Register.

Determination on Immediate Order - 06/06/2024

213.Having determined to erase Dr Liesis' name from the register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Liesis' registration should be subject to an immediate order.

Submissions

214.On behalf of the GMC, Ms Widdett submitted that an immediate order is necessary to protect members of the public and protect public confidence in the profession. She also submitted that the current interim order should be revoked.

The Tribunal's Determination

215. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public or otherwise in the public interest or is in the best interests of the practitioner. It has also borne in mind the guidance given in paragraphs 172, 173, and 178 of the SG, which states:

172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor³⁹ include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.

216. The Tribunal bore in mind the above paragraphs of the SG and took account of the specific basis upon which the Tribunal reached its determination on impairment and sanction. The Tribunal determined that an immediate order of suspension is necessary to protect members of the public, to protect confidence in the medical profession and is in the wider public interest.

217. This means that Dr Liesis' 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.

218. The interim order will be revoked when the immediate order takes effect.

219. That concludes the case.

ANNEX A – 29/05/2024

Application on service and proceeding in Dr Liesis’ absence

Service of Notice of Hearing

220. Dr Liesis is neither present nor represented at this hearing. The Tribunal has considered whether notice of this hearing has been properly served upon Dr Liesis in accordance with Rules 15 and 40 of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) (‘the Rules’).
221. Ms Widdett, Counsel, on behalf of the GMC, provided the Tribunal with documents to show proof of service on Dr Liesis. This included a copy of the MPTS Notice of Hearing letter, dated 12 April 2024. This letter was sent by email on 12 April 2024 and was also sent to Dr Liesis’ registered postal address via DHL Express on 12 April 2024. The letter was marked and signed as delivered on 17 April 2024.
222. Ms Widdett also provided the Tribunal a copy of the GMC Notice of Allegation letter, dated 11 April 2024. The Tribunal noted that this letter was sent by email and to Dr Liesis’ registered postal address via DHL Express on 16 April 2024. The letter was marked and signed as delivered on 18 April 2024.
223. The Tribunal was satisfied that all reasonable efforts have been made by the GMC to serve Dr Liesis with notice of the hearing. It was satisfied that the GMC has discharged its duty to serve a notice of hearing in accordance with the Rules.

Proceeding in Dr Liesis’ absence

224. The Tribunal went on to consider whether it would be appropriate to proceed with this hearing in Dr Liesis’ 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 appropriate care and caution, balancing the interests of the doctor with the wider public interest.
225. Ms Widdett submitted that Dr Liesis is clearly aware of these proceedings and that the Tribunal had sight of Dr Liesis’ correspondences and his attitude towards them. She said that Dr Liesis has chosen not to attend or instruct someone to attend in his behalf. Ms Widdett submitted that Dr Liesis had voluntarily absented himself and that there is no

evidence that an adjournment would secure his attendance or be of a benefit to this hearing.

226. The Tribunal was given legal advice by the LQC on the discretionary nature of proceeding in absence. The Tribunal took account of that advice. The Tribunal had balanced Dr Liesis' interests with the public interest in deciding whether to proceed in his absence. In doing so it took account of the submissions of Ms Widdett and considered the correspondence from Dr Liesis.

227. The Tribunal noted that within the two recent correspondences sent by Dr Liesis, it was clear that he has no intentions to attend. In addition, Dr Liesis had not sought to be represented in this hearing nor he has made any written submissions.

228. Therefore, the Tribunal was satisfied that Dr Liesis had voluntarily absented himself from these proceedings. It noted that an adjournment in this case would not serve any useful purpose and decided to proceed in the public interest. The Tribunal was aware of its duty to take what evidence there was from Dr Liesis into account, and its duty of inquiry. The Tribunal was satisfied it could deal with the case fairly and in accordance with the Overarching Objective.

229. Accordingly, in accordance with Rule 31 of the Rules, the Tribunal has determined to proceed in Dr Liesis' absence.

SCHEDULE 1

Allegation	Date	Content	Exhibit
4	11.10.18	<p>Hello!</p> <p>I am LOCUM doctor.</p> <p>Please pay that holiday whatever you call it NOW. That is my claim. I am not on trust contract. I do not want nor need anyone accruing my holiday pay for me.</p> <p>Please pay me ALL ACCRUED NOW!</p> <p>Since when you started doing that shit?!?! Or you do it now on regular basis?</p> <p>I expect it to be processed NOW. And I await your confirmation that you are paying it out the next week (which is too late already!)</p> <p>Kindest regards,</p> <p>Dr. Vytautas Liesis</p>	XXX
5a	02.09.19	<p>Hello!</p> <p>They got my statement the morning after. So let them chase it up. I am done with those losers.</p> <p>Kind regards,</p> <p>Dr. Vytautas Liesis</p>	XXX
5b	04.09.19	<p>Hello, Ms I!</p> <p>.....I am very surprised they want some more questions in this 5 minute case, that there should not be even any statement, or investigation of this “very serious incident” nor any of this crap, as it is all just pure bullshit, but they have just been dragging their asses on this for more than 2 months now... AMAZING! After so many years of practice and meeting so many professionals, it still ASTOUNDS me what these so called “consultants” are capable of... And also it is ridiculous to extreme extent to bother other people who have nothing to do with it. Bloody useless they are, in my opinion.....</p>	XXX
5c	18.09.19	<p>Hello, Ms I!</p> <p>.....As per your subject line, Ms I... I have no idea about any letter from responsible officer. And if it is Dr D, she has a VERY BAD attitude, on top of that for probably a lady in her years, judging by her GMC number - and I don't like her. I had one email from her like a year ago or more, full of threats and other crap, and... You know what?</p> <p>She just permeates being fake even through email. I even thought of changing the agency because of that shit, but then I decided she was not worth my time and not even my response to that email.</p> <p>Just a nuisance...</p> <p>It is all about communication and being sincere, right? And I hate fakes!.....</p>	XXX
5d	03.12.19	<p>Hello, Ms I!</p> <p>I know you are just a messenger and you were always ok. And I cannot believe that she is still with this shit - half a year! A PROPER paper shuffler!</p>	XXX

Record of Determinations –
Medical Practitioners Tribunal

		<p><i>I am very happy to get rid of that nasty RO. I am grateful for your email. Oh God, I hate dealing with bullshitters and timewasters - and it is all just because of someone lacking some language and human interpersonal communication skills. Let someone else keep kissing her ass and apologising for everything they should not. And GMC - they damn well know my opinion about them all, but you already know that as well. :-) Let her think she get rid of me. :-) All the best to you, but not to her. She is a BAD BAD person.....</i></p>	
6a	13.12.19	<p><i>....So all the talks that They tried to contact me and I did not respond is just loads of crap. The statement was sent out on the 27-06-2019 at 15:46 to Mr J and Ms M – their NHS emails. So they had the statement all the time. The question is of WHY they did not use it in investigation and why they were blaming me straight away even before the statement. I attach the proof that it was sent to them and that statement myself.....</i></p>	XXX
7a	26.02.20	<p><i>Hello, Ms K! I have receive a bundle of emails from you stating that you started some investigation on me etc. You did not provide any documentation who and when complained about me and WHY. And that is the requirement that you failed. I am sure it will be that egotistic, self-offending D D, because she threatened me before. None the less you have to provide me with details. I still did not go through those emails, but what the hell is that email on the front saying about some similarities with the previous investigation?! Did that lady meant the investigation in 2015, when I was slandered by incompetent colleagues, lied on and when GMC tried to put as much shit on me as they could? Or is it Dr D complained about me in 2019? I advice you to remember that GMC lost it big time, because it was just pure shit, and GMC did a very bad job lying and being incompetent. I have no trust in you as organization, because time and time you proved to be incompetent and malicious, neither caring for doctors, neither caring for public. The only thing you do is trying to blame doctors and trying to find any shit on them you can. And that is shameful. I will write to you in detail some time next week, but Dr D behaved unprofessionally, she gets self-offended, she tends to blame others, has no skills in communicating with people. And she threatened me to refer me to GMC! I suppose she did – another act of malice and lack</i></p>	XXX

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		<p><i>of communication skills. Talk about being professional... A shame! And she lied that I did not cooperate with the trust. I wrote a statement on that case the same day in June last year, delivered it to 2 people, including clinical lead, but they did not even present it to the coroner.....</i></p> <p><i>So let's stop blaming me and let's start putting that malicious Dr D's ass on fire.</i></p> <p><i>And no, I am not being offensive – call it different styles of speaking. I speak honestly and frankly – that just does not go with some people. But no way I am kissing her ass.</i></p> <p><i>Getting offended is a choice, remember that. And what we have here is a Dr D's big ego hurt and her wish for revenge, nothing less, nothing more.</i></p> <p><i>Why don't you suggest Dr D to go to interpersonal communication courses or conflict resolution training? Because it looks like she failed there... So just let's cut this bullshit, alright? GMC is perverted as an institution and you proved yourselves over and over!</i></p> <p><i>Kind regards, Dr, Vytautas Liesis</i></p>	
8a	01.05.20	<p><i>Hello, Ms G!</i></p> <p><i>If that is the feedback you received, then please receive my feedback:</i></p> <p><i>BULLSHIT! I have not heard more bullshit than this recently. It there is a person who believed that (and I think there must be one, because my shifts were cancelled) – then it is a sure sign that that person is an outright idiot and who does not have any idea of how NHS blaming culture works, and how to resolve any communication issues. Probably it comes from a nurse, because it says with 2 doctors. But highest probability, that it is just a rephrase from another person, who is not related – so we have even more distorted information.</i></p> <p><i>You want detail answer to this slander? Please provide the emails and complaints and the names WHO AND WHEN COMPLAINED AGAINST ME. All the details.</i></p> <p><i>And I know it is my right, so don't shy off.</i></p> <p><i>If doctors, nurses, have different opinions, it is normal. What opinions we have on second amendment is not relevant here. But hey, go to ask of what happened to an angry SHO who claimed he wanted to punch people for going outside their homes and punch people who protest for their rights, or you may ask another one, who is a smoker and apparently has chronic alcoholism issues (well, I might be wrong, but that morning alcoholic tremor is very difficult to</i></p>	Ms G

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		<p><i>confuse...)</i> <i>Simple!</i> <i>Some people are just crazy, that is what I say to you.</i> <i>So, please provide all the information and advise your RO to put the brains into functioning mode.</i> <i>Kind regards and with respect,</i> <i>Dr. Vytautas Liesis</i> <i>P.S. Oh, by the way, anyone who thinks and claims that sunshine and UV does not kill viruses and bacteria is a moron, who does not know a thing about microbiology and is severely affected by Dunning-Kruger effect. Oh, one more thing – I remember having shouted really only handful (at most!) of times in my life, once on my abusive ex... You would not like that... I did not like that.</i> <i>So, have a great day and send me all the details of that person or persons who slandered on me. Thank you.</i></p>	
8b	04.05.20	<p><i>Oh really!</i> <i>So you send me an email, full of bullshit and then you do not give me the "feedback", when I demand it? I am sick and tired of this shitty NHS attitude and sick blaming culture they thrive in</i> <i>And I am tired of all you just being bureaucrats and afraid to confront bullshit! Afraid yo do what is right!</i> <i>Oh, and Mr L, the RO as well? The one who kisses GMC's ass and is afraid to do what he knows is right? The one who sends, in my consideration, inappropriate emails to me?!</i> <i>Do you expect him to raise concerns against the trust?!</i> <i>Sorry, I have no faith in him Up to date, in my dealings with him, he did just the opposite to earn the trust of a person with integrity</i> <i>And that is</i> <i>VERY SAD</i> <i>.....Because here is the truth:I am sick and tired of this SHIT!</i> <i>And if your RO has the integrity and stand up for what is right and what is the truth and not to stick his head up someone's ass (I am sure you understand the expression) And if he is more diplomatic than me - then he is welcome to defend the truth and the right things But I will not be</i> <i>bullied and slandered on Tired of that!</i> <i>Please send me all the emails</i> <i>And if not now, I will take that trust and those pathetic intolerant people to the court some day, if I must</i></p>	Ms G
7b	28.07.20	<p><i>Hello!</i> <i>If what you sent me is called allegations and supposedly you know how to investigate, then</i> <i>please call up on this bullshit gossiping from someone named Sara Jones or something like that.</i> <i>I would like to know WHO is she and what are her qualifications</i></p>	XXX

	<p><i>and what is she an expert in? I am.sure she is an expert to in putting all.the invented shit together.....</i></p> <p><i>It has been a while I have not heard this kind of bullshit, especially coming from GMC.</i></p> <p><i>Please, retire yourself from this so-called "investigation" as you have already proven yourself to be incompetent when not seeing clearly that you have gossiping and bullshit in front of your eyes, made not in good faith, but made from a self-victimised ass-kissing "all-knowing" person,</i></p> <p><i>who by the looks of it is not even a clinician, but someone walking around and overhearing bits of conversations and making conclusions.</i></p> <p><i>It is a pity that GMC has failed as an organisation, bathing itself in bullshit and time wasting,</i></p> <p><i>telling that you care about the patients, when in reality you do not.</i></p> <p><i>It is a pity, when I see that GMC keeps with its idiotic bureaucratic practice that I came across 5 years ago.</i></p> <p><i>I am not going to be slandered with some lies.</i></p> <p><i>Once you do have something more than lies and gossip from a typical NHS blaming culture worker, then do please come back.</i></p> <p><i>.....So until you have something valid, please put this so-called gossiping where the sun does not shine.</i></p> <p><i>I am not going to be harassed by anyone, not again by GMC.</i></p> <p><i>What you have sent me is a f*****g JOKE!</i></p> <p><i>So please, stop wasting your time, stop wasting MY TIME with this utter bullshit!</i></p> <p><i>..... Would they not come straight away from.the trust and consultants involved in the cases and directly to GMC? And not after you sent the agency the request if they had any shit on me?</i></p> <p><i>And yes, they are, all scared ass-kissers, giving you anything and everything they have, because they are afraid of you, some unwitty corporate bureaucrats.</i></p> <p><i>But I am not afraid you any of you, because I KNOW how I work, I KNOW what I do, I KNOW how I treat all my patients, I KNOW that I do the best. And I KNOW that my practice is ABOVE your standards, you like it or not.</i></p> <p><i>P.S. I demand you destitute yourself from this investigation as I see you cannot even see the nonsense when you see it. Please, pass it on to your superior who can separate gold from shit.</i></p> <p><i>Otherwise, please dedicate your time to something USEFUL, not this bullcrap.</i></p>	
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6b	14.10.20	<p><i>Thank you, I will.</i></p> <p><i>I have never received any CT images from the trust, by the way... They are again in their glory of working "right"... I consider all of it to be a joke. Including the so-called hospitals investigation into the unfortunate death of this person.</i></p> <p><i>Please inform me when you will have that hearing date for me to prepare.</i></p> <p><i>What does SaTH mean?</i></p> <p><i>Kind regards,</i></p> <p><i>Dr. Vytautas Liesis</i></p>	XXX
6c	19.10.20	<p><i>The face-covering nonsense IS UNLAWFUL, it goes against the human rights and Equality Act 2010 to start with, so let's stop supporting the fascism, don't you agree?!</i></p> <p><i>.....Should I continue with the so-called government guidance - WHICH IS NOT THE LAW, BY THE WAY!? THAT IS NOT LAW – THAT IS A TOTAL BULLSHIT AND FASCISM AND YOU KNOW IT! And you are complicit in it!</i></p> <p><i>So, let's stop pretending, alright?</i></p> <p><i>Yes, Microsoft Teams will be better, because I am not wearing any damned "face-covering" to play this circus you are playing out of acquiescence and fear! DIVIDE AND CONQUER, don't you agree?</i></p>	XXX
7c	28.01.21	<p><i>Yo, Mr N.</i></p> <p><i>The abusive staff in Kirton pharmacy and you yourself for believing bullshit and not having a clue how to investigate – all of you may go and fuck yourselves.</i></p> <p><i>I am sick and tired of this circus and you just trying to dig up some shit on everyone.</i></p> <p><i>So, one more time – FUCK YOU.</i></p> <p><i>Kindest regards for your pleasant day.</i></p> <p><i>Dr. Vytautas Liesis</i></p> <p><i>P.S. I am sure the video footage would show you I am right, so one more time: fuck you and fuck GMC – the worst organization ever. And fuck the blaming English and NHS culture.</i></p>	XXX
7d	08.02.21	<p><i>Hello, Mr N!</i></p> <p><i>I confirm I have received another bunch of shit from you. Thank you. 2 files, right?</i></p> <p><i>So, the shitdiggers at GMC may go and fuck themselves. I am in no self-delusion that you will do what you wish here, as usual. So, go ahead, you morons.</i></p> <p><i>Make a hearing, don't make a hearing – do I look like I fucking care at anymore?</i></p> <p><i>So, I give you the middle finger and you can continue to writhe in your lies and shit.</i></p> <p><i>Have a good day, dear paper-pusher.</i></p> <p><i>Dr. Vytautas Liesis</i></p> <p><i>P.S. UK is the worst place to work as doctor due to all you liars and blaming culture inside this circus!</i></p>	XXX