

PUBLIC RECORD

Dates: 02/09/2024 - 03/09/2024

Medical Practitioner's name: Dr Alexander KNIGHT

GMC reference number: 4021614

Primary medical qualification: BM 1993 University of Southampton

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

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Laura Paul
Lay Tribunal Member:	Mr James Riley
Medical Tribunal Member:	Dr Amir Zafar
Tribunal Clerk:	Ms Kanwal Rizvi

Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Ms Katie Nowell, 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 - 02/09/2024

1. Dr Knight qualified in 1993 from the University of Southampton. At the time of the events Dr Knight was practising as an Anaesthetist for the Royal Devon and Exeter Hospital.
2. The allegation that has led to Dr Knight's hearing can be summarised as that, on 8 March 2024, at Exeter Crown Court, Dr Knight was convicted of 3 counts of making an indecent photograph/pseudo photograph of a child contrary to Section 1(1)(a) of the Protection of Children Act 1978; possessing an extreme pornographic image/images contrary to Section 62(1) of the Coroners and Justice Act 2009; and possessing a prohibited image of a child contrary to Section 63(1) and (7A)(a) of the Criminal Justice and Immigration Act 2008. Dr Knight was sentenced to imprisonment for 20 months, a Requirement to Register with the Police for 10 years and a Sexual Harm Prevention Order for 10 years.
3. Dr Knight was interviewed by Devon and Cornwall police on 8 June 2022. The police report stated that Dr Knight's devices were seized and subsequently downloaded by the police where over 6,000 indecent images of children were located on his mobile phone and on a storage device recovered from his home. The report outlined that a large number of images were identified on the devices including excess of:

Cat A – 3373 images

Cat B – 2801 images

Cat C – 8863 images

Prohibited – 3 images

Extreme – 41 images

Dr Knight was further interviewed by the police on 22 June 2022 and 2 February 2023 regarding these images and made full admissions. Dr Knight was charged with the following offences:

- *Contrary to section 1(1)(a) and 6 of the Protection of Children Act 1978*
- *Contrary to section 62(1) and 66(2) of the Coroners and Justice Act 2009*
- *Contrary to sections 63(1), (7A)(a) and 67(2) of the Criminal Justice and Immigration Act 2008*

The Outcome of Applications Made during the Facts Stage

4. The Tribunal granted an application made by Ms Nowell, Counsel on behalf of the GMC, pursuant to Rule 40 of the Rules and determined that notice of this hearing had been properly served on Dr Knight. It also granted the GMC's application made pursuant to Rule 31 of the Rules to proceed with the case in Dr Knight's absence. The Tribunal's full decision on both applications is included at Annex A.

5. The Tribunal granted Ms Nowell's application, pursuant to Rule 17(6) of the Rules, to amend typographical errors in paragraph 1a and 1b of the Allegation.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Knight is as follows:

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

1. On 8 March 2024 at Exeter Crown Court you were convicted of:
 - a. three counts of making an indecent photograph/pseudo-photograph of a child contrary to Section 1(1)(~~a~~ a) of the Protection of Children Act 1978; **To be determined.**
 - b. possessing an extreme pornographic image/image(s) contrary to Section 62(1) of the Coroners and Justice Act 2009; and **To be determined.**
 - c. possessing a prohibited image of a child contrary to Section 63(1) and(7A)(a) of the Criminal Justice and Immigration Act 2008. **To be determined.**
2. On 8 March 2024 you were sentenced to:

- a. imprisonment for 20 months; **To be determined.**
- b. notification of Requirement to Register with Police for 10 years; **To be determined.**
- c. a Sexual Harm Prevention Order for 10 years. **To be determined.**

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

Evidence

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

- Notification of arrest from Exeter Police, dated 30 June 2022;
- Change of name deed, dated 16 February 2023;
- Police MG5 report, dated 4 April 2023;
- Certificate of Conviction, dated 8 March 2024;
- GMC Rule 5 letter to Dr Knight, dated 23 May 2024; and
- Email from Exeter Crown Court confirming charges, dated 30 April 2024.

The Tribunal's Approach

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

The Tribunal's Analysis of the Evidence and Findings

9. 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 1a, b and c

10. The Tribunal had regard to the Certificate of Conviction provided by Exeter Crown Court, dated 19 March 2024 confirming that on 8 March 2024 Dr Knight was, upon his own confession, convicted on indictment of:

*‘Make indecent photograph/pseudo-photograph of a child x3
Possess an extreme pornographic image/images
Possess a prohibited image of a child’*

11. The Tribunal also had regard to the email of 30 April 2024 from Exeter Crown Court providing an additional breakdown of the charges.

12. The Tribunal therefore determined that the certificate of conviction is sufficient evidence to prove that Dr Knight was convicted of the following charges:

*Contrary to section 1(1)(a) and 6 of the Protection of Children Act 1978
Contrary to section 62(1) and 66(2) of the Coroners and Justice Act 2009
Contrary to sections 63(1), (7A)(a) and 67(2) of the Criminal Justice and Immigration Act 2008*

13. Accordingly, the Tribunal found paragraph 1a, b and c of the Allegation proved.

Paragraph 2a, b and c

14. The Tribunal again considered the Certificate of Conviction which confirmed that Dr Knight was sentenced to:

*‘Imprisonment for 20 months
Notification of Requirement to Register with Police for 10 years
Sexual Harm Prevention Order for 10 years
XXX’*

15. Accordingly, the Tribunal found paragraph 2a, b and c of the Allegation proved.

The Tribunal’s Overall Determination on the Facts

16. The Tribunal has determined the facts as follows:

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

1. On 8 March 2024 at Exeter Crown Court you were convicted of:

- a. three counts of making an indecent photograph/pseudo-photograph of a child contrary to Section 1(1)(~~1~~ a) of the Protection of Children Act 1978; **Determined and found proved**
 - b. possessing an extreme pornographic image/image(s) contrary to Section 62(1) of the Coroners and Justice Act 2009; and **Determined and found proved**
 - c. possessing a prohibited image of a child contrary to Section 63(1) and(7A)(a) of the Criminal Justice and Immigration Act 2008. **Determined and found proved**
2. On 8 March 2024 you were sentenced to:
- a. imprisonment for 20 months; **Determined and found proved**
 - b. notification of Requirement to Register with Police for 10 years; **Determined and found proved**
 - c. a Sexual Harm Prevention Order for 10 years. **Determined and found proved**

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

Determination on Impairment - 03/09/2024

17. 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 Knight's fitness to practise is impaired by reason of his conviction.

The Evidence

18. The Tribunal has taken into account all the evidence received during the facts stage of the hearing.

Submissions

19. On behalf of the GMC, Ms Nowell contended that Dr Knight's fitness to practise is impaired by reason of conviction. She referred the Tribunal to relevant paragraphs of *Good*

Medical Practice (2013) (GMP). She submitted that paragraphs 1 and 65 were engaged in this case.

20. Ms Nowell also referred to the *Sanctions Guidance* (2024) (SG), and in particular the paragraphs relating to sexual misconduct (paragraphs 149-150) and to sex offenders and child sex abuse materials (paragraphs 151-156). Ms Nowell submitted that in this case, of specific relevance is the fact that Dr Knight has been required to register as a sex offender. Paragraph 154 of the SG states that ‘...*The Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration...*’. Accordingly, Ms Nowell submitted that these paragraphs set out how seriously these types of offences and convictions are viewed, and Dr Knight’s fitness to practise must therefore be impaired.

21. Ms Nowell submitted that the circumstances of the conviction are such that public confidence would be undermined if a finding of impairment was not made, particularly as Dr Knight has been registered as a sex offender. She also submitted that a finding of impairment is necessary to uphold proper professional standards.

22. In relation to insight and remediation, Ms Nowell submitted that it is relevant that Dr Knight had made early admissions of his offences to the police. However, there is nothing beyond that for the Tribunal to rely upon to demonstrate Dr Knight has insight or that he has remediated due to his lack of engagement with these fitness to practise proceedings.

23. Ms Nowell reminded the Tribunal that Dr Knight was convicted in March this year and is going to remain on the sexual offenders register for 10 years. She stated that it would be difficult to demonstrate any true remediation whilst the doctor remains on the register.

The Relevant Legal Principles

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

25. The Tribunal reminded itself that it was considering whether Dr Knight’s fitness to practise is currently impaired, and that it must look forward not back. However, it considered the guidance in the case of *General Medical Council v Meadow [2006] EWCA Civ 1390 (26 October 2006)*, which set out that:

'32 *the purpose of FTP proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FPP thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.'*

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

27. The Tribunal must also consider whether Dr Knight has demonstrated insight into his actions. It bore in mind the definition of insight given at paragraph 76 in the case of *GMC v Sawati [2022] EWHC 283 (Admin)*:

'76 *As a general principle, insight – an acknowledgment and appreciation of a failing, its magnitude, and its consequences for others – is essential for that failing to be properly understood, addressed and eliminated for the future. Future risk – to patients or to public confidence in general – is a proper preoccupation of Tribunals. If a doctor's performance or conduct is faulty, but they do not have insight into that, that can give good grounds for concern that they are unlikely to be able to address and remediate it, and hence that they pose a continuing risk.'*

The Tribunal's Determination on Impairment

28. The Tribunal reminded itself of the statutory overarching objective which is 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.

29. The Tribunal took into account the extremely serious nature of the convictions and that Dr Knight's criminal behaviour had continued over a prolonged period of time. Dr Knight admitted in his police interviews that he had been downloading and viewing the extreme and prohibited images for approximately 4 years.

30. The custodial sentence imposed reflects the seriousness of Dr Knight's criminal conduct. In addition to imprisonment, Dr Knight was sentenced to a Sexual Harm Prevention Order for 10 years, and he is required to register as a sex offender for 10 years. The Tribunal considered that these measures were taken to protect the public. The Tribunal noted that although there is no evidence of direct harm being inflicted by Dr Knight, the images in question demonstrate harm being inflicted upon vulnerable children and adults. The police report details that thousands of images were found downloaded onto Dr Knight's devices that included sexual assault of young children and babies, adult rape and bestiality. The police report comments that the images found *'include some of the worst images that the examiner had seen within the last two years'*. This raises a significant concern about Dr Knight's attitude and the risk he poses to vulnerable people.

31. The Tribunal had regard to the GMP paragraph 1 and 65 in particular which states:

'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.'

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

32. The Tribunal determined that paragraphs 1 and 65 of GMP were engaged and that by virtue of these and his criminal convictions, Dr Knight had departed significantly from the standards required of doctors, as set out in GMP. The Tribunal determined that Dr Knight had brought the profession into disrepute and breached fundamental tenets of the profession.

33. In considering whether Dr Knight's fitness to practise is currently impaired, the Tribunal balanced its assessment of his insight, remediation and the risk of repetition against the statutory overarching objective. It considered that Dr Knight had made admissions during police interviews, however he provided no evidence of insight or remediation. He could not explain to the police why he had downloaded and viewed the images and videos. In the absence of any reflective material provided by Dr Knight and lack of engagement with these proceedings, the Tribunal was satisfied that the risk of repetition remains high.

34. The Tribunal concluded that Dr Knight's offending behaviour had seriously undermined public trust and confidence in the medical profession and brought the medical

profession into disrepute. Further, it concluded that a finding of impairment in respect of Dr Knight's conviction was required in order 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.

35. The Tribunal has therefore determined that Dr Knight's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 03/09/2024

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

The Evidence

37. The Tribunal has taken into account evidence received during the earlier stages of the hearing, where relevant, to reaching a decision on sanction.

Submissions

38. On behalf of the GMC, Ms Nowell submitted that all limbs of the overarching objectives were engaged in this case and that the appropriate and proportionate sanction would be erasure. She referred the Tribunal to the relevant sections of the Sanctions Guidance (February 2024) ('SG').

39. Ms Nowell submitted that there are no mitigating factors in this case. She stated that although Dr Knight made admissions during the criminal proceedings, there is no explanation as to why these offences were committed. There has been no apology, remediation or insight demonstrated for his conduct and convictions.

40. In terms of the aggravating factors, Ms Nowell submitted that there has been a lack of cooperation and engagement from Dr Knight. He has shown a lack of insight and there is no evidence to demonstrate his understanding of the seriousness of the offences he committed, why he had did what he did, and how he would prevent it from being repeated.

41. Ms Nowell referred the Tribunal to paragraphs 55 and 56 of the SG, which state that sexual misconduct and misconduct involving offences of a sexual nature are aggravating factors that are likely to lead Tribunals to take more serious action.

42. Ms Nowell reminded the Tribunal of the submissions she made at stage 2 on impairment regarding paragraphs 149-156 of the SG and offences of a sexual nature.

43. Ms Nowell submitted that in light of the aggravating factors and the nature of the convictions, taking no action was inappropriate in this case. Similarly considering Dr Knight's complete lack of engagement, conditions would be neither appropriate nor workable. Further, Ms Nowell submitted that the facts in this case were too serious for a period of suspension to be justified. She stated that remediation is unlikely to be successful due to Dr Knight's unwillingness to engage. Dr Knight has not demonstrated any insight into his actions and convictions, and therefore there is a significant risk of him repeating his behaviour.

44. Ms Nowell submitted that Dr Knight's actions brought the reputation of the profession into disrepute and that Dr Knight's conviction for these offences is so serious that it is fundamentally incompatible with continued registration. She stated that the GMC has made it clear in the SG that no doctor who is registered as a sex offender should have unrestricted registration.

45. Ms Nowell stated that the only appropriate sanction in this case was erasure.

The Tribunal's Determination on Sanction

46. In reaching its decision, the Tribunal took account of the SG and of the overarching objective as set out in the Medical Act 1983. The Tribunal was mindful not to give excessive weight to any one limb. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

47. The Tribunal took a proportionate approach, balancing the interests of Dr Knight with the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

48. The decision as to the appropriate sanction, if any, to impose is a matter for the Tribunal exercising its own judgement. It must consider the least restrictive sanction first and then, if

necessary, consider the other sanctions, taking into account the evidence and submissions that have been read and heard.

49. The Tribunal first considered the mitigating and aggravating factors and addressed them within the context of the determination.

50. The Tribunal bore in mind the serious nature of Dr Knight's convictions and could not identify any mitigating factors in this case. In considering the aggravating factors, the Tribunal noted that there has been no apology or expression of regret from Dr Knight. It acknowledged that Dr Knight made admissions during the criminal proceedings, but no explanation has been put forward to explain his actions, or for him to offer an understanding as to how his actions affected others, or impacted upon his profession. The Tribunal determined that there is a lack of insight regarding the circumstances surrounding the offences, which are of a serious sexual nature and had occurred in the doctor's personal life. In this respect, the Tribunal considered that the relevant sub-paragraphs of 55 and 56 of the SG were:

55 Aggravating factors that are likely to lead the tribunal to consider taking more serious action include:

a ...

e sexual misconduct (see paragraphs 149–150)

f sexual offences and/or child sex abuse materials (see paragraphs 151–159)

g ...

56 Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (this list is not exhaustive):

a ...

d misconduct involving violence or offences of a sexual nature (see paragraphs 149–150)

e ...

51. The Tribunal considered the fact that the offending was serious and took place over a long period of time. It attached weight to the lack of insight but the most important factor in considering sanction was the nature and seriousness of the offences.

No Action

52. In coming to its decision as to the appropriate sanction to impose, if any, the Tribunal first considered whether to conclude Dr Knight's case by taking no action.

53. The Tribunal determined that in view of the nature and gravity of Dr Knight's convictions, to take no action on his registration would be inadequate and would not satisfy the statutory overarching objective to protect the public, maintain public confidence and uphold the reputation of the profession. The Tribunal concluded that there were no exceptional circumstances to justify taking no action in this case.

Conditions

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

55. Due to the nature of the facts found proved in this case, the Tribunal was of the view that no workable conditions could be formulated to address Dr Knight's impairment. It also concluded that conditions would be insufficient to meet the public interest and to maintain proper professional standards of conduct for the members of the profession.

Suspension

56. The Tribunal then went on to consider whether imposing a period of suspension on Dr Knight's registration would be appropriate and proportionate.

57. The Tribunal had regard to paragraphs 92, 93 and 97 of the SG which outlines factors which would indicate suspension might be appropriate. It considered the following paragraphs and sub-paragraphs to be relevant:

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

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

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

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

...

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

f No evidence of repetition of similar behaviour since incident.

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

58. In relation to 97(a) The Tribunal considered that the conviction was so serious that it was fundamentally incompatible with Dr Knight's continued registration. It determined that a period of suspension would not be sufficient to adequately address the seriousness of Dr Knight's conviction or uphold the statutory overarching objective.

59. In relation to 97(e) the Tribunal considered that remediation would be unlikely to be possible after a conviction such as this and, even if it were, there was no evidence that remediation would be successful.

60. In relation to 97(f) and (g), the Tribunal was not satisfied that the doctor had insight and was not satisfied there was no significant risk of repeating behaviour.

61. In addition, the Tribunal noted paragraph 119 of the SG which states:

119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.

62. The evidence before the Tribunal is that Dr Knight was sentenced to 20 months' imprisonment in March 2024. He has served 6 months of his custodial sentence, with 14 months remaining. The maximum length of any period of suspension is 12 months.

63. The Tribunal concluded that given the serious nature of Dr Knight's convictions, and his lack of insight and remediation, his conduct was fundamentally incompatible with continued registration. In light of this, the Tribunal moved on to consider erasure.

Erasure

64. The Tribunal considered the area of the SG dealing with erasure and found paragraphs 107, 109, 150, 153 and 154 to be engaged in this case:

107 The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor's health and/or knowledge of English – where this is the only means of protecting the public.

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.

...

f Offences of a sexual nature, including involvement in child sex abuse materials

...

150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases.

153 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials against a registered doctor is a matter of grave concern because it involves such a fundamental breach of the public's trust in doctors and inevitably brings the profession into disrepute. It is therefore highly likely that, in these cases, the only proportionate sanction will be erasure...

154 The tribunal should be aware that any conviction relating to child sex abuse materials will lead to registration as a sex offender XXX.33 The Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration. The tribunal will therefore need to make sure that, in cases where it imposes a period of suspension or conditions, the case is reviewed before the end of this period to consider whether a further period is appropriate.

65. In determining that erasure was the most appropriate and proportionate sanction, the Tribunal had regard to the fact that in addition to the custodial sentence of 20 months, Dr Knight is also subject to Notification of Requirement to Register with Police for 10 years and has a Sexual Harm Prevention Order for 10 years.

66. The Tribunal reiterated its findings that although there is no evidence of direct harm being inflicted by Dr Knight, the images in question demonstrate harm being inflicted upon vulnerable children and adults. This raises a significant concern about Dr Knight's attitude and the risk he poses to not only patients under his care but to the wider public.

67. The Tribunal was satisfied that, given the seriousness of Dr Knight's convictions, his conduct was fundamentally incompatible with continued registration. The Tribunal determined that Dr Knight's conduct was so serious that no other sanction would sufficiently address its concerns.

68. The Tribunal concluded that the sanction of erasure was necessary to protect and promote the health, safety, and well-being of the public, maintain public confidence in the medical profession and to uphold proper professional standards and conduct for members of the medical profession.

69. Therefore, the Tribunal determined to erase Dr Knight's name from the Medical Register.

Determination on Immediate Order – 03/09/2024

70. Having determined that Dr Knight's name be erased from the Medical Register, the Tribunal considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

Submissions

71. On behalf of the GMC, Ms Nowell submitted that an immediate order of suspension was necessary in order to protect members of the public and otherwise in the public interest. She drew the Tribunal's attention to paragraphs 172 and 173 of the SG.

72. Ms Nowell submitted that Dr Knight remains in prison, serving a 20-month sentence. She mentioned that there is uncertainty about the actual duration of his imprisonment due to the possibility of sentence reductions. Ms Nowell submitted that this is a serious conviction, which will result in Dr Knight remaining on the sexual offenders register. She added that if there is any risk of him returning to work while an appeal is pending, an immediate order would be necessary to ensure protection and maintain confidence in the profession.

The Tribunal's Determination

73. 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 is otherwise in the public interest or is in the best interests of the practitioner. It has also considered the guidance given in paragraphs 172 and 173 of the SG relating to immediate orders:

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

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

74. The Tribunal determined that in light of the seriousness of its findings, and in the particular circumstances of this case, an immediate order of suspension was necessary in order to protect the public and maintain public confidence in the medical profession.

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

76. The Interim Order currently imposed on Dr Knight's registration will be revoked when the immediate order takes effect.

77. That concludes the case.

ANNEX A – 02/09/2024

Determination on Service and proceeding in absence

Service

78. Dr Knight was neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

79. Ms Katie Nowell, Counsel, on behalf of the GMC, drew the Tribunal's attention to various documents regarding service of the notice of hearing upon Dr Knight. These included:

- Screenshot of Dr Knight's registered address and email address;
- Telephone notes of calls between the GMC and Dr Knight, dated 24 November 2023 and 13 February 2024, respectively;
- Email dated 18 March 2024 to confirm that Dr Knight was at HMP XXX;
- Confirmation that the MPTS had sent the Notice of Hearing both by email and by special delivery to Dr Knight's registered home address on 30 July 2024;
- Confirmation that the same Notice of Hearing had been sent to the prison governor at HMP XXX by special delivery on 1 August 2024, together with proof of delivery;
- Email dated 5 August 2024 to confirm that Dr Knight had been moved to HMP XXX.
- GMC information letter and draft bundle sent via email and posted to HMP XXX to Dr Knight, dated 5 August 2024. The letter was delivered and signed for on 6 August 2024;
- Email correspondence between the GMC and HMP XXX, dated August 2024 in relation to Dr Knight's attendance at the hearing and proceeding in his absence.
- Correspondence sent to Dr Knight, via the governor at HMP XXX sent 14.08.2024, enclosing an updated hearing bundle.

80. Ms Nowell submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out within the service bundle. She submitted that there is evidence that demonstrates Dr Knight has been provided with all the relevant documentation, has been informed of today's hearing date, and has the option to attend virtually from HMP XXX. Ms Nowell stated that there is evidence to indicate that Dr Knight has not engaged from the outset.

81. The Tribunal had regard to the documents before it and the submissions made by Ms Nowell. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

82. Having been satisfied that notice was properly served upon Dr Knight, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions

83. Ms Nowell invited the Tribunal to proceed in the absence of Dr Knight, pursuant to Rule 31 of the Rules. She submitted that the documentation shows Dr Knight was given the opportunity to attend via a remote link to discuss matters with the GMC prior to today's hearing and was specifically asked whether he is content with the matter proceeding in his absence. It is clear from the responses that have been obtained that Dr Knight does not wish to provide anything in writing or cooperate. The communication from Dr Knight to the GMC via a third party at HMP XXX demonstrates that Dr Knight had voluntarily chosen not to attend these proceedings.

84. Ms Nowell submitted that there was nothing to suggest that an adjournment of these proceedings would lead Dr Knight to attend at a later date. She submitted that in the circumstances, it was appropriate, necessary and in the public interest for the hearing to proceed to allow the GMC to comply with its regulatory function, and that the public interest in this hearing proceeding outweighed any limited prejudicial effect to the doctor in proceeding in his absence.

The Tribunal's Determination

85. In reaching its decision, the Tribunal considered the submissions made on behalf of the GMC and the evidence before it, as set out above.

86. The Tribunal had regard to the principles established in *R v Jones* (2001) EWCA Crim 168 and *Adeogba* (2016) EWCA Civ 162, and that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

87. The Tribunal noted that the GMC has made several attempts to involve Dr Knight via telephone and correspondence. The information provided makes it clear that Dr Knight does not wish to participate and has consistently refused to engage with his regulator. The Tribunal noted that it had not received any indication that Dr Knight had requested an adjournment, and it could not be satisfied that, were there to be an adjournment, Dr Knight might attend proceedings at any later date.

88. The Tribunal has balanced Dr Knight's interests with the public interest in deciding whether to proceed in his absence. The Tribunal was satisfied that Dr Knight had voluntarily absented himself from these proceedings and that it was in the public interest that the hearing proceeded in a timely manner.

89. The Tribunal considered that whilst there may be some disadvantage to Dr Knight in proceeding in his absence as it could not hear any oral submissions or evidence from him, any such disadvantage was outweighed by the public interest and fairness to the GMC in dealing with these matters at the current time.

90. Having considered all the circumstances, the Tribunal determined that it was fair and reasonable to proceed in Dr Knight's absence in accordance with Rule 31 of the Rules.