

PUBLIC RECORD

Dates: 27/05/2026 - 29/05/2026

Doctor: Dr Andrew HOPPER

GMC reference number: 4721550

Primary medical qualification: MB BCh 2000 University of Wales

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	Ms Samantha Gray
Lay Tribunal Member:	Mr David Propert
Registrant Tribunal Member:	Dr Richard Whiteside
Tribunal Clerk:	Ms Ruby Davison

Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Robert Dudley, Counsel

Attendance of Press / Public

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

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 28/05/2026

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

FACTS

Background

2. Dr Hopper qualified in 2000 from the University of Wales. Prior to the events which are the subject of the hearing, Dr Hopper was working as a vascular surgeon at Treliske Hospital, Truro, with the Royal Cornwall Hospitals NHS Trust.

3. The allegations that have led to Dr Hopper's hearing relate to his convictions. It is alleged by the General Medical Council (GMC) that on 4 September 2025 at Truro Crown Court, Dr Hopper was convicted of two counts of fraud by false representation and three counts of possession of extreme pornographic images – portraying an act likely to result in serious injury to a person's private parts. It is alleged that Dr Hopper pleaded guilty and was sentenced to 32 months imprisonment and a Sexual Harm Prevention Order for a period of 10 years.

4. The initial concerns were raised with the GMC on 6 March 2023 by Dorset Police. The letter informed the GMC of Dr Hopper’s arrest on 4 March 2023 on suspicion of “*Possession Extreme Pornographic Images – Act Result/ Likely to Result in Serious Injury Anus/Breasts/Genitals.*”

5. Dr Hopper also self-referred to the GMC on 22 March 2023. He informed the GMC that he had been released on bail following his arrest XXX.

Possession of extreme pornographic images

6. The charges arose following a Metropolitan Police investigation into Mr A, who ran a website, XXX, which advertised “*extreme body modifications*” including castration and penis removal. Information from the website showed that an account with the username “[XXX]”, which was linked to Dr Hopper, had registered with the website on 22 August 2018. Dr Hopper then purchased three videos between August and November 2018. The three videos contained content of castration and penectomy (penis removal) performed by either Mr A or the subject of the video.

7. Police examination of Dr Hopper’s devices was undertaken following his arrests on 11 April 2023 and 21 November 2024. The videos were not found on Dr Hopper’s devices.

8. Messages between Mr A and Dr Hopper between 12 April 2019 and 3 December 2020 were found.

Fraud by false representation

9. On 17 May 2019, Dr Hopper underwent bilateral below knee amputations. He made claims to his insurers, Aviva and Old Mutual Wealth, which provided cover in the event of critical illness. Dr Hopper did not declare that the injuries were self-inflicted. In a call to an Aviva representative on 4 June 2019, Dr Hopper said that both of his legs had been amputated due to septicaemia.

10. Dr Hopper received £235,622.14 from Aviva Group and £231,031.67 from Old Mutual Wealth.

11. The Tribunal was supported by the Certificate of Conviction which stated that these claims were “*a false representation to which was and which he knew was or might be untrue*”

or misleading, namely, he represented that his legs had been amputated because of illness rather than a self-inflicted injury, in breach of section 2 of the Fraud Act 2006.”

The Allegation and the Doctor’s Response

12. The Allegation made against Dr Hopper is as follows:

1. On 4 September 2025 at Truro Crown Court you were:
 - a. convicted of:
 - i. two counts of fraud by false representation; **Admitted and found proved**
 - ii. three counts of possession of extreme pornographic image/images - portraying an act likely to result in serious injury to a person’s private parts. **Admitted and found proved**
 - b. sentenced to:
 - i. 32 months’ imprisonment; **Admitted and found proved**
 - ii. a Sexual Harm Prevention Order for a period of ten years. **Admitted 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.**

The Admitted Facts

13. At the outset of these proceedings, Dr Hopper made admissions to the entirety of the Allegation, as set out above, in accordance with Rule 17(2)(d) of ‘the Rules’. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced Paragraph 1 of the Allegation as admitted and found proved.

IMPAIRMENT

14. 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 Hopper’s fitness to practise is impaired by reason of a conviction for a criminal offence.

Witness Evidence

15. Dr Hopper provided his own witness statements dated 11 May 2026 and 15 May 2026.

Documentary Evidence

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

- Certificate of Conviction, dated 4 September 2025.
- Prosecution note for sentence, dated 12 August 2025.
- Sentencing remarks made by His Honour Judge Adkin, undated.
- Draft sexual harm prevention order, dated 2 September 2025.
- Police disclosure
- Letters and XXX provided by Dr Hopper
- Testimonials provided in support of Dr Hopper

17. XXX

Submissions

Submissions of behalf of the GMC

18. Mr Dudley, Counsel, referred the Tribunal to Step 2 of the Medical Practitioners Tribunal hearings section of its Guidance for MPTS Tribunals ('the Guidance') when making his submissions on impairment. He submitted that, in accordance with Section 35c(2) of the Medical Act 1983, a doctor's fitness to practise may be regarded as impaired by reason of a conviction. He submitted that therefore there is a legal basis for the Tribunal to consider impairment in this case as Dr Hopper's conviction is a proven fact which has resulted in a custodial sentence. He said that the Tribunal cannot go behind these admitted facts of this conviction.

19. Mr Dudley proceeded to address the Tribunal on where on the spectrum of seriousness these matters lie. He referred to Paragraph 31 of the Guidance which stated that:

"Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:

- *... dishonesty, other than where it occurred outside of the doctor's professional role and was not persistent or repeated, and the value or other benefit derived was not significant*
- *[and]... a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)"*

20. Mr Dudley submitted that these matters fall at the high end of the spectrum of seriousness. Regarding the dishonesty, he said that the behaviours occurred outside of the doctor's professional role but that the dishonesty found proven by way of his conviction was serious, with the value of the fraud totalling over £460,000. He also referred the Tribunal to His Honour Judge Adkin's sentencing remarks which stated that this was "*arguably a misuse of medical expertise*". For these reasons, Mr Dudley submitted that the dishonesty in this case is higher than allegations usually falling at the high end of the spectrum of seriousness.

21. Mr Dudley said that there are factors in this case which increase the spectrum of seriousness. He said that the behaviours relating to the use of the XXX website and Dr Hopper's contact with Mr A were persistent and repeated. He highlighted that the Police had over 1500 pages of WhatsApp correspondence between Dr Hopper and Mr A between August 2018 and December 2020. Mr Dudley referred the Tribunal to the Prosecution Note for Sentence and Sentencing Remarks of His Honour Judge Adkin where it was noted that not only did Dr Hopper source the materials direct from their creator, he also exchanged messages expressing sexual gratification from viewing the same and also exchanged messages following Dr Hopper's surgery to remove his legs showing their "*shared sexual arousal at that outcome*".

22. Mr Dudley further submitted that the behaviours in this case were premeditated. He drew the Tribunal's attention to the conversations evidencing that Dr Hopper conversed with Mr A regarding his plans to freeze his legs, and that he sourced dry ice and pain medication from the dark web using Bitcoin.

23. Mr Dudley subsequently referred the Tribunal to Paragraph 44 of the Guidance, which states that "*in all cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high.*"

24. Mr Dudley submitted that XXX is relevant context to consider in this case. He referred the Tribunal to the documentation provided by Dr Hopper which included references to XXX.

25. When discussing Dr Hopper's response to the allegations in this case, Mr Dudley submitted that Dr Hopper was interviewed by the Police twice following his arrest and answered 'no comment' in the interviews. Mr Dudley highlighted that this is Dr Hopper's right, but that this demonstrated a lack of openness and honesty at those times. Mr Dudley also submitted that Dr Hopper did not indicate a plea in the Magistrates Court, but said that his intent to plead guilty was indicated before the hearing in which he was sentenced. In all the circumstances, Mr Dudley reminded the Tribunal of its Guidance which states that

evidence of insight and remediation carries less weight in cases where the allegation falls at the higher end of the spectrum of seriousness.

26. Mr Dudley reminded the Tribunal of its objective of the protection of the public. He submitted that the nature and circumstances of Dr Hopper's criminality would definitively damage the public confidence in the profession and professional standards given where the concerns regarding dishonesty and possession of extreme pornography fall on the spectrum of seriousness. He further submitted that Dr Hopper purchasing videos directly from Mr A, the source of the material, promoted the XXX website and its content which directly put members of the public in danger.

Submissions on behalf of Dr Hopper

27. Dr Hopper submitted that he answered 'no comment' upon advice in his Police interviews due to XXX. He said outside of these interviews he co-operated completely with the Police and their investigation.

28. Dr Hopper submitted that he has worked extensively XXX in order to understand himself and his difficulties, XXX, and stated that XXX is no longer an issue for him. However, whilst acknowledging that Good Medical Practice required him to ensure that he was XXX, Dr Hopper stated that because of his work environment and his perceived attitudes to his circumstances he did not feel able to address his issues until he reached a "crisis point" and took the action that he did. He said that he does not regret his actions with the dry ice which led to his amputations, but that he regrets the associated contact with Mr A.

29. Regarding the dishonesty allegations, Dr Hopper said that he was disorientated whilst in hospital at the time of his amputations, and that he was complicit with the explanation he received from medical staff who told him that sepsis was the cause of his injuries. Regarding the messages he sent to Mr A at this time, he submitted that he has little recollection of these messages given his lack of sleep and prolonged administration of XXX whilst in hospital.

30. In respect of the fraudulent insurance claims, Dr Hopper submitted that he XXX, and wanted to live his life with prosthetics. However, following a conversation with XXX in hospital who had also had double below-the-knee amputations and had experienced significant difficulties returning to work with prosthetics, he became worried about becoming a burden to his family. He submitted that a nurse told him to check if he had a life insurance policy which would cover critical illness. He therefore submitted that there was no premeditation to his decision to claim life insurance, and it was a choice he took to protect his family if he lost the ability to walk or work.

31. In respect of whether there was a sexual motivation in respect of his behaviours, Dr Hopper submitted that he has limited recollection of the messages and interactions with Mr A, and that he believed he was acting out of character in order to keep Mr A's interest.

32. XXX He clarified that he felt no enjoyment performing amputations on others in his role as a surgeon.

33. Regarding the content of the pornography, Dr Hopper submitted that he never saw the subjects in the videos as other people, rather he saw himself in the videos.

34. In respect of the fraudulent life insurance claims Dr Hopper submitted that he felt his actions amounted to lying by omission by choosing not to declare the entirety of the context leading to his amputations. He also said that there was no financial motivation behind the insurance claims despite his discussions with friends and family members regarding whether he should accept the claims and the utilisation of the claims if they were received.

35. Dr Hopper also made submissions regarding his reflections on the impact of his actions. He said that he performed every surgery to the best of his ability and that his shortcomings outside of the professional environment do not mean that he did not advocate for his patients in accordance with his colleagues and relevant guidelines. However, he acknowledged the impact of his behaviour on the reputation of his colleagues, in addition to the personal impact on his friends and family.

The relevant legal principles

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

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

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

The Tribunal's determination on impairment

38. The Tribunal determined that there is a legal basis for considering impairment as Dr Hopper admitted to the entirety of the allegation relating to his conviction.

Where on the spectrum of seriousness does the allegation lie?

39. The Tribunal proceeded to consider where the allegations lie on the spectrum of seriousness. The Tribunal considered that the extreme pornography in this case was purchased by Dr Hopper directly from the source, and that the creator of this content was performing and encouraging mutilation in unsanitary environments. The Tribunal determined that Dr Hopper, as a surgeon, would be aware of the risks posed to the subjects in these videos.

40. The Tribunal also noted that Dr Hopper had not simply stumbled upon the extreme pornography that he had viewed, but had discussed how to obtain it, how to access the dark web to access it and obtained cryptocurrency to purchase it. The Tribunal considered this to be pre-meditated behaviour, increasing the seriousness.

41. The Tribunal also considered that a Sexual Harm Prevention Order of 10 years preventing the use of any IT devices to access the internet or social media had been imposed in response to Dr Hopper's conviction. The Tribunal was minded to not go behind the decision of the court and its stringent restrictions placed on Dr Hopper regarding his use of the internet.

42. The Tribunal was therefore satisfied that the allegations relating to Dr Hopper's conviction for possession of extreme pornography fall at the extreme high end of the spectrum of seriousness. The Tribunal was guided by His Honour Judge Adkin's sentencing remarks when considering factors that increase the seriousness, including that the harm caused by the *"amateur medical procedures recorded which caused shocking life changing injuries to the participants"* was *"extremely high"*.

43. The Tribunal also determined that Dr Hopper’s behaviour in relation to his communication and proximity with Mr A was repeated over a long period of time, and that this also increased the seriousness in this case.

44. When considering the seriousness of the dishonesty allegations, the Tribunal was mindful that Dr Hopper lied to the insurance companies in addition to the medical professionals responsible for his treatment, as they would have had to produce reports to substantiate the insurance claims. The Tribunal also considered the significant monetary gain from these claims, which totalled over £460,000. The Tribunal therefore found that these behaviours fall to the high end of the spectrum of seriousness. The Tribunal also took note of the sentencing remarks which said that this was “*arguably a misuse of medical expertise and standing; you were a trusted and experienced surgeon, your word about how the injuries were caused would carry some weight.*” The Tribunal was also mindful that the dishonest behaviour was repeated, as Dr Hopper made claims to two separate insurance providers. It found that this further increased the seriousness in this case.

45. In all the circumstances, the Tribunal was satisfied that these allegations fall to the highest end of the spectrum of seriousness, and that there is accordingly an extremely high risk to public protection in this case.

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

46. When considering any relevant context in this case, the Tribunal was mindful of Dr Hopper’s written statements, XXX, and oral submissions regarding XXX. In particular, the Tribunal considered Dr Hopper’s submission that XXX. The Tribunal determined that it had no expert evidence to support this submission. It was also mindful that the evidence from XXX is from 2023, and does not include information or analysis following his conviction.

47. The Tribunal determined that the evidence provided by Dr Hopper regarding XXX provides context to his behaviour but makes minimal impact on the risk profile of this case.

How has Dr Hopper responded to the allegations?

48. The Tribunal considered all the evidence before it, and Dr Hopper’s written and oral submissions when considering his response to the allegations. The Tribunal determined that Dr Hopper lacks insight into the seriousness of the allegations in relation to the pornography and the fraudulent insurance claims.

49. In relation to the pornography convictions, the Tribunal considered that the evasive nature of Dr Hopper’s submissions regarding any possible sexual motivation behind his behaviour due to an apparent lack of recollection suggests a lack of insight. The Tribunal was mindful that Dr Hopper submitted to the Tribunal that during the period of his hospitalisation he was XXX and therefore did not recollect his interactions with Mr A. However, it also noted that Dr Hopper was able to make submissions in relation to his clear thought process and conversations with friends and family members regarding the insurance claims during the same period.

50. The Tribunal determined that, based on the information before it, it was apparent that XXX and this was a motivation for his behaviours leading to the amputation of his legs. However, the content of the WhatsApp messages referred to in the Prosecution Note and Judge’s sentencing remarks, it was apparent to the Tribunal that Dr Hopper was also sexually motivated in obtaining, watching and rewatching extreme pornography and by his own amputations. The Tribunal noted that Dr Hopper, in his submissions, stated that he did not know whether his actions were sexually motivated or not despite accepting the content of some of the messages passing between himself and Mr A. Accordingly, the Tribunal determined that Dr Hopper had no insight as to his behaviours in this regard.

51. The Tribunal also bore in mind Dr Hopper’s submissions regarding his reflections on XXX. It noted that Dr Hopper submitted that he no longer believes he is impacted by XXX. However, he made no submissions regarding XXX. Furthermore, the Tribunal noted that Dr Hopper made no submissions in respect of the impact of his actions in relation to the individuals subjected to mutilation in the videos he bought, viewed and requested more of, indicating that he had no insight as to the impact on those individuals or others.

52. In relation to the allegations regarding dishonesty through fraudulent insurance claims, the Tribunal considered Dr Hopper’s submissions regarding his dishonesty and lying by omission whilst in hospital given the context. However, it was mindful that the process of applying for the insurance claims came at a later date and that Dr Hopper would have had multiple opportunities to reflect on his actions before submitting the claims or spending the £460,000. The Tribunal also considered that Dr Hopper submitted that he had no financial motivation behind submitting the claims. However, it noted that whilst he did spend some of the claim monies on prosthetics and renovating his home to support his life as an amputee, the vast majority of the monies, which was all spent within a short period of time, was utilised to buy luxury goods and/or pay debts. The Tribunal also determined that the comments made to friends and family, such as *“I sorta feel like I should milk this for as much as possible”* regarding the insurance money, demonstrated a financial motive, to which Dr Hopper appears to have limited insight.

53. In all the circumstances, the Tribunal considered that there is no evidence that Dr Hopper has shown meaningful insight into the genuine impact of his behaviour on the wider protection of the public. It noted his considerations relate solely to himself and those others with which he has or has had direct contact with such as his family, friends and immediate colleagues.

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

54. The Tribunal reminded itself of its objective to act in a way that:

- a) *“protects, promotes and maintains the health, safety and wellbeing of the public (patient safety)*
- b) *promotes and maintains public confidence in the profession (public confidence), and*
- c) *promotes and maintains proper professional standards and conduct for members of those professions (uphold professional standards).”*

55. The Tribunal was satisfied that Dr Hopper viewing and purchasing videos directly from Mr A could negatively impact patient safety. It noted that the victims in these videos were subject to severe mutilation in unsanitary conditions. Dr Hopper's request for further videos meant additional individuals could have been put at risk. Furthermore, the Tribunal considered that Dr Hopper's attitude that he didn't see the individuals in the videos as other people but as himself, demonstrated a blatant disregard for the wellbeing and safety of the public.

56. The Tribunal was also satisfied that a surgeon receiving sexual gratification from amputation or mutilation pornography is not compatible with how the public should perceive a competent doctor, and that this behaviour would seriously damage public confidence in the profession. The Tribunal considered that, bearing in mind Dr Hopper's specialism as a vascular surgeon, his behaviour and lack of insight in this regard was particularly concerning.

57. The Tribunal also determined that the fraud elements of this case would seriously damage public confidence in the profession given the serious dishonesty and subsequent fraudulent financial gain, particularly in a medical environment where Dr Hopper had lied to numerous medical professionals to further enable his fraudulent claims.

58. The Tribunal further determined that Dr Hopper's behaviours fall seriously below the expected professional standards. It noted that Dr Hopper had submitted that he wished to

separate his personal “*shortcomings*” from his professional life. However, the Tribunal determined that this is not possible. The public and the profession expect a certain standard of behaviour in both the personal and professional life of a registrant. Dr Hopper’s behaviours leading to his convictions demonstrated a blatant disregard of all standards expected.

59. The Tribunal found that there is an extremely high level of seriousness and risk in this case, and that Dr Hopper has not demonstrated any meaningful insight or remediation into the impact of his behaviour on public protection.

60. The Tribunal accordingly determined that Dr Hopper’s fitness to practise is currently impaired by reason of his conviction.

Determination on Sanction - 29/05/2026

1. Having determined that Dr Hopper’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, the appropriate sanction, if any, to impose.

The Evidence

2. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account evidence received during the earlier stages of the hearing, where relevant, to reaching a decision on sanction.

Submissions

3. On behalf of the GMC, Mr Robert Dudley, Counsel, submitted that the sanction banding indicated a suspension for 12 months to erasure in respect of this case. He reminded the Tribunal of its decision in respect of Dr Hopper’s impaired fitness to practise and its finding that the concerns relating to dishonesty fell at the high end of the spectrum of seriousness, and the concerns relating to the purchasing and possession of extreme pornography fell to the extreme high end of the spectrum. Mr Dudley also submitted that the Tribunal found there to be a high risk to the protection of the public in this case, and that Dr Hopper was found to have shown little to no meaningful insight into the impact of his behaviour on the protection of the public.

4. Mr Dudley referred the Tribunal to its Guidance. He submitted that testimonials could be considered when considering the appropriate sanction in this case, but reminded the Tribunal that in the context of the risk posed by Dr Hopper, any testimonials may carry limited weight as the Tribunal's need to protect the public outweighs this evidence in relation to Dr Hopper's character.

5. Mr Dudley further submitted that whilst the sanction banding suggests that a period of 12 months suspension may be proportionate in this case, this would only be appropriate when a doctor's behaviour is deemed to be currently incompatible with unrestricted practice, but that he could safely return to practise in the future. Mr Dudley drew the Tribunal's attention to its determination regarding Dr Hopper's impaired fitness to practise. He submitted that as the Tribunal found there to be an extremely high risk to the protection of the public with no meaningful insight demonstrated, the Tribunal should consider erasure in this case.

6. Mr Dudley referred the Tribunal to Paragraph 55 of its Guidance which states:

“Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.”

7. Mr Dudley submitted that this is applicable in this case as the risk posed by Dr Hopper could not be mitigated by conditions or suspension. He stated that Dr Hopper's lack of insight coupled with the seriousness of the facts found proved in the context of this case means that erasure is the only appropriate response.

8. Mr Dudley emphasised that the Tribunal should be mindful of the nature of the convictions and the context of this case. He said that Dr Hopper has been convicted of fraudulently claiming over £460,000, in addition to three convictions of possessing extreme pornography. Mr Dudley reminded the Tribunal that Dr Hopper also communicated directly with the creator of the pornography, encouraging him to create further materials.

9. Mr Dudley submitted that although there are no expressed clinical concerns in this case, the only appropriate and proportionate sanction is one of erasure. He said that Dr Hopper's conduct is incompatible with continued registration, and that the minimum sanction that a reasonable and properly informed member of the public would expect and require of a doctor who has faced such convictions is one of erasure.

10. Dr Hopper submitted that he understood the seriousness of the allegations, and he apologised if his remorse was not made clear previously in the hearing. He said that he has taken years to reflect on his behaviour, and that he is ashamed to have been part of the “*machinery*” which led to people receiving life changing injuries. He submitted that he now finds his behaviour impossible to understand. He also submitted that he understands that ignorance of proceedings or his lack of legal representation is not an excuse for this remorse not being fully expressed before the Tribunal.

11. Dr Hopper submitted that he did not seek to hide away from the consequences of his actions. He said that he is currently trying to positively contribute whilst serving his sentence in prison and had hoped to show the Tribunal his progress through XXX.

12. Dr Hopper further submitted that he believed the sanction of erasure to be inevitable. He further submitted that he would have opted for Voluntary Erasure if it had been possible and he had never sought to not be erased from the register. Dr Hopper said that he had nothing to gain from attending this hearing but did so to take responsibility for his actions.

The Tribunal’s Determination on Sanction

13. The Tribunal had regard to the statutory overarching objective in Section 1 of the Medical Act 1983 throughout its deliberations. It considered all the evidence in this case and the submissions made by both parties.

14. The Tribunal was mindful of Paragraph 10 of Part C of its Guidance, that highlighted that the purpose of imposing a sanction is to protect the public. Sanctions are not meant to be punitive but may have a punitive effect. It also bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

15. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding for conviction cases as set out in Part C of the Guidance for MPT hearings (‘the Guidance’). It has also considered the impact of any specific sanction type on the doctor.

16. The Tribunal reminded itself of the serious nature of Dr Hopper’s conviction. It had found, because of the conviction, that the risk to public protection was high; extremely high in relation to the pornography convictions. Furthermore, it had also determined that Dr

Hopper had demonstrated limited insight and not provided any remediation. It also considered that all three parts of public protection were engaged in this case.

17. The Tribunal considered all the available sanctions, beginning with the least restrictive. Throughout its deliberations it had regard to the relevant paragraphs of the Guidance.

18. The Tribunal was reminded of Paragraph 255 of the Guidance of MPTS Tribunals, Guidance introduction which states:

“When considering length of sanction, the tribunal should bear in mind that where a doctor has been convicted of a serious criminal offence resulting in an immediate or suspended custodial sentence, the impact on public protection means they should not be permitted to hold unrestricted practice until they have completed their sentence.”

No action / Conditions

19. The Tribunal considered that, given the seriousness of the facts found proved, taking no action or imposing a sanction of conditions would not be appropriate or sufficient to protect the public.

Suspension

20. The Tribunal was mindful that the sanction banding suggests that the appropriate sanction in this case would be a 12-month suspension to erasure. The Tribunal considered that there are multiple serious concerns in this case involving sexual misconduct, dishonesty, and criminal convictions resulting in a custodial sentence. The Tribunal reminded itself of its decision that these concerns fall at the extreme high end of the spectrum of seriousness, and that there is a very high level of risk in this case.

21. The Tribunal considered that even a long period of suspension would not be adequate in mitigating the serious concerns posed to the protection of the public. It was satisfied that suspension would also not adequately uphold public confidence in the profession, and that a reasonable member of the public would not be reassured by a sanction of suspension being imposed in this case given the nature of the crimes for which Dr Hopper has been convicted.

Erasure

22. When considering the sanction of erasure, the Tribunal bore in mind Paragraph 57 of the Guidance:

“Erasure may be the proportionate response where:

- a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
- b. the doctor’s behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
- c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
- d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.”*

23. The Tribunal was mindful of Dr Hopper’s submissions regarding his remorse and the apologies made. It also considered the testimonials provided on his behalf. However, the Tribunal found these testimonials to carry limited weight given the seriousness of the behaviours and context leading to Dr Hopper’s convictions.

24. The Tribunal considered the nature of Dr Hopper’s convictions, which include two separate fraudulent insurance claims totalling over £460,000, and three convictions in relation to possession of extreme pornography which resulted in a Sexual Harm Prevention Order of 10 years being imposed.

25. The Tribunal also considered its finding regarding Dr Hopper’s lack of insight and found that this supports the sanction of erasure given the associated risks.

26. The Tribunal bore in mind Paragraph 55 of the Guidance:

“Erasure is action available for those cases where a doctor’s behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means

the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise”.

27. In all the circumstances, the Tribunal found that Dr Hopper’s convictions and the context surrounding them are incompatible with continued registration. It was satisfied that no other sanction aside from erasure would adequately uphold public confidence in the profession or the regulator, and that erasure is therefore the proportionate sanction. As such, the Tribunal determined to erase Dr Hopper’s name from the register.

Determination on Immediate Order - 29/05/2026

1. Having determined that to erase Dr Hopper from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Hopper’s registration should be subject to an immediate order.

Submissions

2. On behalf of the GMC, Mr Robert Dudley, Counsel, referred the Tribunal to Paragraph 79 of its Guidance in respect of immediate orders. He said that an immediate order may be imposed to protect the public and the public interest. He submitted that when a Tribunal has determined to impose a sanction of erasure, it may impose an immediate order of suspension. Mr Dudley submitted that the Tribunal is required to consider the current and ongoing risk to public protection posed by Dr Hopper.

3. Mr Dudley referred the Tribunal to Paragraph 88 of its Guidance. He submitted that an interim order of conditions was imposed on Dr Hopper’s registration in April 2023 and varied to one of suspension in December 2023. That interim order has been reviewed and maintained several times and is still in place. Mr Dudley acknowledged that Dr Hopper is currently serving a custodial sentence so will not be returning to work imminently, but submitted that it would be appropriate to revoke the interim order of suspension in place of an immediate order of suspension in this case.

4. Dr Hopper made no substantive submissions objecting to the imposition of an immediate order.

The Tribunal's Determination

5. The Tribunal considered its findings at the previous stages of this hearing in relation to Dr Hopper's conviction. It considered Paragraph 84 of its Guidance, which stated:

"It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:

- a. the doctor poses a risk to patient safety*
- b. the risk to one or more parts of public protection is high, and/or*
- c. immediate action is needed to maintain public confidence in the medical profession."*

6. The Tribunal determined that all three parts of public protection were engaged, as evidenced in its determinations relating to impairment and sanction. The Tribunal determined that an immediate order is necessary to protect the public in line with the Guidance, and that the only way to manage the current and ongoing risk is to impose an immediate order.

7. This means that Dr Hopper's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date when written notification is deemed to have been served upon him, 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.

8. The current interim order of suspension in place on Dr Hopper's registration will be revoked when the immediate order takes effect.

9. This case is concluded.