

PUBLIC RECORD

Dates: 10/04/2024 - 12/04/2024

Medical Practitioner's name: Dr Gary LAWRENCE

GMC reference number: 7458709

Primary medical qualification: BM BS 2014 Universities of Exeter and Plymouth

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

Summary of outcome

Erasure
Immediate order

Tribunal:

Legally Qualified Chair	Mrs Remi Alabi
Medical Tribunal Member:	Dr Suzanne Joels
Medical Tribunal Member:	Dr Kate Thomas
Tribunal Clerk:	Ms Angela Carney

Attendance and Representation:

Medical Practitioner:	Not present, not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr James Halliday, 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 - 10/04/2024

Background

1. Dr Lawrence qualified as a doctor in 2014 and at the time of the events Dr Lawrence was practicing as a trainee GP in Plymouth.
2. The allegation that has led to Dr Lawrence's hearing can be summarised as follows: In October 2021 Devon and Cornwall Police received a referral from Yorkshire Regional Organised Crime Unit (ROCU) advising that, as part of an ongoing operation between June 2021 and October 2021, undercover officers had been in communication with a profile named 'XXX' on two chat websites – *'Fetlife'* and *'Wickr Me'*.
3. *'Wickr Me'* is an instant messaging app which allows end to end encryption and content expiring messages including photos, videos and file attachments. The app also allows you to make encrypted voice calling. Each user has a username which they would need to share with someone in order for them to message.
4. *'Fetlife'* is a social network for the Bondage, Discipline (or Domination), Sadism, and Masochism (BDSM), Fetish and Kinky Community. All members have a personal profile describing their sexual and fetish preferences. The profile also shows the groups that the member belongs to and the fetishes the member is *'into'* or *'curious about'* are displayed as part of the profile. Beyond this, the member may write text that is automatically posted on their profile. All profiles are by default visible to all members, though a member can block another member.
5. On 12 July 2021 an undercover officer replied to a message from 'XXX' and communication commenced. Dr Lawrence was using the username 'XXX'. The undercover officer deployed online as a single mother of two children, both girls, aged four months and five years. The conversations were both via online chat communications and two telephone calls via the *Wickr Me* platform. During the conversation Dr Lawrence described in great detail, previous sexual encounters with children and discussed what he would like to do with the female and her five-year-old child. There was a brief discussion about meeting up in order to explore those activities. No firm plans were ever made to meet and no meeting ever took place.

6. On 13 September 2021 the conversation moved across to 'Wickr Me', concluding on Wednesday 6th October 2021. The communication was regarding the sexual abuse of children, namely the undercover officer's child as well as sexual abuse that 'XXX' stated he had previously committed on children.

7. The full 'fetlife' profile of 'XXX' was provided to the Police and showed that Dr Lawrence was also having conversations about the sexual abuse of children with other persons on the platform who have not been identified. These chats were very graphic about sexual acts that Dr Lawrence claimed to have committed as well as discussing the abuse of other children.

8. On 15 October 2021 Dr Lawrence was arrested on suspicion of arranging and facilitating the commission of a child sex offence and conveyed to Charles Cross Police Station for interview. Following interview, Dr Lawrence was released under investigation (RUI) and suspended from continuing as a GP whilst the investigation was ongoing.

9. On 21 October 2021, the Police received a call from the surgery in Plymouth where Dr Lawrence had been working. The caller reported that a patient had reported inappropriate touching of her six-year-old daughter by Dr Lawrence, in the GP surgery under the guise of a medical examination for precocious puberty (early puberty) in June 2021. The mother of the child provided a statement to the Police documenting that Dr Lawrence asked the child to lay on the bed before touching her abdomen over her clothing. He then stated that he wanted to look at her genitals for signs of early puberty. The mother removed her daughter's underwear and Dr Lawrence used his un-gloved hand to part her genitals. The mother felt uncomfortable but did not question the examination as Dr Lawrence was a GP. The daughter was not aware that the examination may have been unnecessary, or that she may have been a victim of crime.

10. The mother initially tried to email the surgery on 18 October 2021 with the complaint but had an incorrect email address for the surgery. She then attended the surgery on 20 October 2021, where she discussed the matter with another Doctor. That Doctor looked at the consultation notes with Dr Lawrence and found no mention of suspecting precocious puberty or that any genital examination was performed. The Doctor also confirmed that the surgery did not receive the email sent by mother on 18 October 2021 as she had sent it to the wrong email address.

11. The police sought expert advice from 'Doctor 3', the Police GP expert, who concluded that the examination was:

' ...

- *An unnecessary examination based on the clinical information provided.*
- *If it had been found to be a necessary examination, it would have been carried out in a manner that was below the acceptable standard of a GP.*

- *If it had been necessary, it would have been appropriate for the GP trainee to carry this out if he or she felt confident, as they are fully qualified doctors.*
- *If it had been necessary to carry out the genital examination, it would have been necessary to ensure full appropriate consent and offer a chaperone.*

It is important to note that the clinical detail is reported by [the Mother], the clinical notes from the 28th June 2021 written by Dr Lawrence, do not detail such an examination.

The history of abdominal pain provided by [the child], and her mother documented in the clinical notes was not suggestive of period pain. Upper abdominal and umbilical pain was reported but not lower pelvic pain, more classical of period pain. No history suggesting the need to examine the child for symptoms of (precocious) puberty had arisen from the clinical notes. Inspection of the vulva may have been indicated had the diagnosis of precocious puberty been possible. This would have been an intimate examination in a child and the consent and chaperone procedures as described in the General Medical Council Intimate examinations and chaperones ethical guidance summary, must be adhered to.'

12. Based on 'Doctor 3's' report, the Crown Prosecution Service proceeded with prosecution of Dr Lawrence in relation to sexual assault of a child under 13 and the online sexual offences.

13. Dr Lawrence pleaded guilty to all charges save for the allegation of the sexual assault of a six-year-old child.

The Outcome of Applications Made during the Facts Stage

14. The Tribunal refused the GMC's application, made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit further documentary evidence. The Tribunal's full decision on the application is included at Annex A.

15. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the Rules, that service had been effected and to proceed in Dr Lawrence's absence. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

16. The Allegation made against Dr Lawrence is as follows:

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

1. On 5 October 2022 at Plymouth Crown Court you were convicted, by virtue of your guilty pleas, of:

a. two counts of publishing an obscene article contrary to section 2(1) of the Obscene Publications Act 1959;

To be determined

b. three counts of making indecent photographs of children contrary to section 1(1) of the Protection of Children Act 1978;

To be determined

c. possessing an extreme pornographic image contrary to section 63(1) of Criminal Justice and Immigration Act 2008;

To be determined

d. possessing a prohibited image of a child contrary to section 160(1) of Criminal Justice Act 1988.

To be determined

2. On 20 July 2023 at Plymouth Crown Court you were convicted, after trial by Judge and Jury, of sexual assault of a child under 13, contrary to section 7 of Sexual Offences Act 2003;

To be determined

3. On 9 November 2023 you were:

a. sentenced to eight years and six months 'imprisonment;

To be determined

b. made subject of a Sexual Harm Prevention Order for an indefinite period;

To be determined

c. made subject of Sex Offenders Register requirements.'

To be determined

Documentary Evidence

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

- Certificate of Conviction, dated 5 October 2022 and 20 July 2023
- Sexual Harm Prevention Order, dated 9 November 2023
- Police investigation report, dated 4 December 2023
- Undercover Police Officers' witness statement, dated 6 October 2021
- 'Fetlife' Chat exhibits, dated 6-7 December 2020

- Doctors 1 and 2 Police witness statement, dated 24 May 2022 and 26 October 2021
- Police GP Expert Report from Doctor 3, dated 11 August 2022
- Police witness statements of Mother of the child, dated 27 October 2021 and 29 November 2022
- Transcript of Dr Lawrence’s Police interview, dated 15 October 2021
- Pre-Sentence Report, dated 24 July 2023
- Sentencing Remarks of Recorder Mr A, dated 9 November 2023
- Letter from Dr Lawrence to the MPTS, dated 28 January 2024

18. Following receipt of the GMC’s Notice of Allegation there was no response from Dr Lawrence about any paragraphs or sub-paragraphs of the Allegation that he admitted or denied.

The Tribunal’s Approach

19. 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 Lawrence 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.

20. The Tribunal was advised that it is for the Tribunal to decide what evidence it accepts, what it draws from the evidence, and what it then finds proved.

21. The Tribunal was advised that it must consider all of the evidence before it that it considers to be fair and relevant. It must consider the evidence given by Dr Lawrence, his conduct in full, what he did or did not do and his intentions.

22. The Tribunal was advised that it may draw reasonable inferences from the facts but that it must not speculate or consider what other evidence may or may not have been available to it.

23. The Tribunal was reminded that submissions by counsel are not evidence and that it may accept or reject them.

24. The Tribunal also reminded itself that in conviction cases, in accordance with Rule 34(3), the production of a certificate of conviction or extract of conviction signed by a competent officer of a court in the UK or overseas, shall be conclusive evidence that the offence was committed.

The Tribunal’s Analysis of the Evidence and Findings

25. Dr Lawrence is not present and is unrepresented. He did not provide evidence in this matter.

26. No witnesses were called to give oral evidence.

27. The Tribunal noted Rule 34(3) and to 34(5) of the Rules, which provides:

‘(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.’

28. The Tribunal reminded itself that in professional disciplinary proceedings, save for exceptional circumstances, a registrant cannot go behind the conviction and seek to assert that they were not guilty of the offences of which they were convicted or seek to re-litigate the matters giving rise to the conviction before the Tribunal.

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

Paragraph 1

30. The Tribunal considered paragraph 1 of the Allegation that, on 5 October 2022 at Plymouth Crown Court Dr Lawrence pled guilty to, and was convicted of two counts of publishing an obscene article contrary to section 2(1) of the Obscene Publications Act 1959, three counts of making indecent photographs of children contrary to section 1(1) of the Protection of Children Act 1978, possessing an extreme pornographic image contrary to section 63(1) of Criminal Justice and Immigration Act 2008 and possessing a prohibited image of a child contrary to section 160(1) of Criminal Justice Act 1988.

31. The Tribunal had regard to the Certificate of Conviction, in the Crown Court of Plymouth, duly signed by an officer of the Court and dated 9 November 2023. The Tribunal noted that the wording of the Allegation at paragraph 1 mirrored the wording of the offences set out in the Certificate of Conviction.

32. The Tribunal noted that the first page of the Certificate of Conviction recorded Dr Lawrence’s date of birth, age, and gender, all of which was consistent with the information held by the GMC on Dr Lawrence.

33. The Tribunal noted the statement of Dr Lawrence dated 28 January 2024, in which he made a rebuttal of part of his conviction. The Tribunal considered that this inferred his acceptance that the Certificate of Conviction related to him.

34. In the circumstances, the Tribunal was satisfied that Dr Lawrence was the person to which the Certificate of Conviction related, and the GMC had discharged its burden of proof.

35. Accordingly, the Tribunal determined that paragraph 1 of the Allegation was found proved.

Paragraph 2

36. The Tribunal considered paragraph 2 of the Allegation that, on 20 July 2023 at Plymouth Crown Court Dr Lawrence was convicted, after trial by Judge and Jury, of sexual assault of a child under 13, contrary to section 7 of Sexual Offences Act 2003;

37. The Tribunal had regard to the Certificate of Conviction, dated 9 November 2023 in the Crown Court of Plymouth. For the reasons set out in respect of paragraph 1 of the Allegation, the Tribunal was satisfied that Dr Lawrence was the person who was convicted.

38. Accordingly, the Tribunal determined that paragraph 2 of the Allegation was found proved.

Paragraph 3

39. The Tribunal considered paragraph 2 of the Allegation that on 9 November 2023 Dr Lawrence was sentenced to eight years and six months' imprisonment, made subject of a Sexual Harm Prevention Order and made subject of Sex Offenders Register requirements for an indefinite period respectively.

40. The Tribunal noted that the Certificate of Conviction states:

'Date of conviction / finding: 05/10/22 & 20/07/23

Date of sentence (if different): 09-11-23

Offence(s) and sentence(s): Sexual assault of a child under 13, publishing an obscene article x 2, making indecent photographs of children x 3, possessing an extreme pornographic image, possessing a prohibited image of a child & sexual assault of child under 13

Total sentence imposed: 8 1/2 Years

...

Ancillary Order: SHPO and Barring Order'

41. As the Tribunal already found proved that the Certificate of Conviction referred to Dr Lawrence. The Certificate of Conviction stated that Dr Lawrence was sentenced to eight years and six months' imprisonment, made subject of a Sexual Harm Prevention Order for an indefinite period and made subject to Sex Offenders Register requirements. In the circumstances the Tribunal was satisfied that the GMC had discharged its burden of proof.

42. Accordingly, the Tribunal determined that Paragraph 3 of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

43. The Tribunal has determined the facts as follows:

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

1. On 5 October 2022 at Plymouth Crown Court you were convicted, by virtue of your guilty pleas, of:
 - a. two counts of publishing an obscene article contrary to section 2(1) of the Obscene Publications Act 1959;
Determined and found proved
 - b. three counts of making indecent photographs of children contrary to section 1(1) of the Protection of Children Act 1978;
Determined and found proved
 - c. possessing an extreme pornographic image contrary to section 63(1) of Criminal Justice and Immigration Act 2008;
Determined and found proved
 - d. possessing a prohibited image of a child contrary to section 160(1) of Criminal Justice Act 1988.
Determined and found proved
2. On 20 July 2023 at Plymouth Crown Court you were convicted, after trial by Judge and Jury, of sexual assault of a child under 13, contrary to section 7 of Sexual Offences Act 2003;
Determined and found proved
3. On 9 November 2023 you were:
 - a. sentenced to eight years and six months 'imprisonment;
Determined and found proved
 - b. made subject of a Sexual Harm Prevention Order for an indefinite period;
Determined and found proved
 - c. made subject of Sex Offenders Register requirements.
Determined and found proved

Determination on Impairment - 11/04/2024

1. 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 Lawrence's fitness to practice is impaired by reason of his conviction.

Submissions

2. On behalf of the GMC, Mr Halliday, Counsel submitted that impairment is ultimately a matter for the Tribunal. Mr Halliday invited the Tribunal to consider that Dr Lawrence's offences, specifically the sexual assault on a six-year-old girl and in a clinical setting, are of the utmost seriousness. He submitted that these are some of the most serious criminal offences that fall within the criminal panoply.

3. Mr Halliday submitted that Dr Lawrence has provided no evidence of insight into his behaviour and his attitude has been woeful. He said that the sexual assault is the most serious offence and referred the Tribunal to Dr Lawrence's pre-sentence report by the probation officer. He noted that although this report shows the attitude of Dr Lawrence in July 2023, he also made reference to Dr Lawrence's letter dated 28 January 2024, in which he said that Dr Lawrence continues his denials. He submitted that this demonstrates that Dr Lawrence has shown no insight, nor has he demonstrated any realisation that his behaviour was wrong. Mr Halliday said that in Dr Lawrence's letter dated 28 January 2024 he tried to justify his actions and has shown no appreciation for the harm that he has caused. He submitted that there was direct harm to the six-year-old patient, who Dr Lawrence was convicted of sexually assaulting, and a wider harm to unidentified victims in the extreme, prohibited and indecent images of children.

4. Mr Halliday submitted that this case warrants a finding of impairment to ensure that the protection of the public and patients in general are protected from Dr Lawrence. He submitted that Dr Lawrence has abused his position of trust by acting on a sexual fantasy which he had been harbouring for some time, as demonstrated by the offences relating to the large collection of indecent images found in his possession.

5. Mr Halliday submitted that the wellbeing of the public is best protected by a finding of impairment. Mr Halliday further submitted that the public confidence demands that someone who has committed such serious criminal offences as in this situation should be found to be impaired, notwithstanding the fact that the offences occurred in June of 2021. He submitted that the continued denials by Dr Lawrence, the lack of insight and the risk of repetition is quite plain. To promote and maintain public confidence in the medical profession, the Tribunal must find impairment in this case. He said in relation to maintaining proper professional standards, the actions of Dr Lawrence have contravened the principles in Good Medical Practice. He submitted that this is a situation which cannot be remedied. It is not a conduct case, where someone made a mistake, but something far more serious, as has

been demonstrated by both the sentencing remarks by the Judge and the sentence which was imposed.

6. Mr Halliday invited the Tribunal to find that Dr Lawrence’s current fitness to practice is impaired by reason of his conviction.

The Relevant Legal Principles

7. 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.

8. The Tribunal bore in mind that it must determine whether Dr Lawrence’s fitness to practise is currently impaired by reason of his conviction, taking into account his conduct at the time of the events and any relevant factors since then.

9. The Tribunal was mindful that whilst there is no statutory definition of impairment, it applied the approach to impairment as set out by Dame Janet Smith in The Fifth Shipman Report and adopted by the High Court in *CHRE v NMC and Paula Grant [2011] EWHC 927 Admin*:

- ‘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.’*

10. The Tribunal had regard to the principles established in the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)* which require the Tribunal to consider:

- a. whether the conduct can be remediated;*
- b. whether it has been remediated; and*
- c. whether there is a risk of repetition.*

11. The Tribunal must apply the statutory overarching objective and place all three limbs in equal balance.

12. The Tribunal must consider the attitude of the doctor to the allegations.

13. The Tribunal had regard to 35C of the Medical Act 1983 which sets out categories of impairment in sub paragraph (2)(c):

'35C. Functions of the Investigation Committee

...

(2) A person's fitness to practise shall be regarded as "impaired" for the purposes of this Act by reason only of –

...

(c) a conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence;'

The Tribunal's Determination on Impairment

14. The Tribunal first considered the seriousness of Dr Lawrence's conviction. Dr Lawrence was convicted upon entering guilty pleas of two counts of publishing an obscene article, three counts of making indecent photographs of children, possessing extreme pornographic images and possessing prohibited images of children. There was a total of 39,126 files found on Dr Lawrence's devices, comprising of the following:

- Category A Indecent Images: 4,758
- Category B Indecent Images: 5,048
- Category C Indecent Images: 29,242
- Prohibited Images: 58
- Extreme pornography: 20

15. The Tribunal noted Dr Lawrence had downloaded thousands of images from categories A-C, which are some of the very worst kind depicting images of children being raped or sexually abused.

16. Further, Dr Lawrence was convicted, after trial, of the sexual assault of a six-year-old child, which occurred in a clinical setting.

17. Dr Lawrence was sentenced to eight years and six months' imprisonment, made subject of a Sexual Harm Prevention Order for an indefinite period and made subject of Sex Offenders Register requirements also for an indefinite period.

18. The Tribunal found that the convictions for sexual offences are to be regarded as serious. Offences involving the exploitation of children, possession of indecent images in categories A-C that lead to a sentence of over eight years, would bring both the doctor and the medical profession into disrepute and are likely to be considered deplorable.

19. The Tribunal had regard to paragraphs 1, 27 and 65 of Good Medical Practice (2013 - in place at the time of Dr Lawrence's offending) which state that:

'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.

27. Whether or not you have vulnerable adults or children and young people as patients, you should consider their needs and welfare and offer them help if you think their rights have been abused or denied.

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

20. The Tribunal considered that Dr Lawrence has breached the principles in these paragraphs. Dr Lawrence's actions which led to his conviction represented a serious departure from the fundamental tenets of the profession.

21. The Tribunal reminded itself of Recorder Tait's sentencing remarks:

'...Turning to the sentence of the Court in relation to other matters, dealing with Count 1, sexual assault of a child under 13. That carries a maximum of 14 years' imprisonment. I concur with the submissions that have been made to me that that is a category 2A offence with a starting point of 4 years and a range of 3 to 7 years. It is aggravated by the extreme breach of trust and the young age of your victim. As I have already commented, one can hardly imagine a more extreme breach of trust than is displayed in this case. The starting point of 4 years is, in my judgment, raised to a period of 7 years' imprisonment.'

22. The Tribunal was in no doubt that Dr Lawrence's actions, which led to his conviction, has brought the medical profession into disrepute. The Tribunal was of the opinion that these were the most shocking and egregious offences and would seriously undermine public confidence in the medical profession. The Tribunal considered the role of a doctor in society, in particular the position of power and trust that they hold. The Tribunal further considered that the public would find Dr Lawrence's actions repugnant and abhorrent, and this is not how anyone in a position of trust and confidence should behave. Patients must be able to trust medical professionals and this behaviour could seriously undermine the public's ability to trust a practitioner and the wider profession. The Tribunal further considered that fellow medical professionals would consider Dr Lawrence's actions deplorable.

23. The Tribunal noted Dr Lawrence's letter, dated 28 January 2024 in which he said that he pleaded guilty and apologised for downloading of illegal images but blamed personal stressors and XXX drinking for his behaviour. In relation to the sexual assault on the six-year-old child he maintained that he was not guilty of this offence or wrongdoing. Dr Lawrence blamed the prosecution and defence legal teams and his medical defence union stating they '*acted with incompetence*'. He stated that he has appealed this part of his conviction, although the Tribunal was provided with no evidence of this.

24. The Tribunal was of the opinion that Dr Lawrence has demonstrated limited regret or remorse for his actions and had limited understanding of the harm caused to the children depicted in the indecent images. The Tribunal also took into account that Dr Lawrence has continued to deny the sexual assault on the six-year-old child but acknowledged that he was entitled to maintain his defence despite his conviction. The Tribunal concluded that Dr Lawrence has demonstrated minimal insight into the behaviours which led to his conviction.

25. The Tribunal considered whether Dr Lawrence's conduct could be remedied and if it has been remediated. The Tribunal was of the opinion that offences of this nature can be very difficult to remediate. Further, given a doctor's standing in society, the Tribunal considered it would be difficult to regain the public's trust and confidence.

26. The Tribunal determined that, given Dr Lawrence's lack of insight, persistent denial of the sexual assault on the six-year-old child, lack of responsibility and ownership of his actions and his non-acceptance of how his behaviour caused harm to children, it would be extremely difficult for his behaviour to be remediated.

27. The Tribunal noted the pre-sentence report provided for the criminal Court and concluded that there was a risk of reoffending, and in the event that the offences were to be repeated, it would cause serious harm. The Tribunal noted that Dr Lawrence has provided no evidence that he has reflected on or attempted to remediate the behaviour which led to his conviction.

28. The Tribunal considered the overarching objective. It reminded itself of its duty to protect, promote, and maintain the health, safety, and well-being of the public. Further, doctors hold a position of trust and there is a need to promote and maintain public confidence in the medical profession and to promote and maintain proper professional standards and conduct.

29. The Tribunal was satisfied that the gravity of Dr Lawrence's offences engaged all three limbs of the overarching objective. It concluded that a member of the public, in full knowledge of the facts of the case, would be appalled by these crimes. Dr Lawrence was convicted of extremely serious offences and sentenced to a total of eight years and six months' imprisonment. The Tribunal was also of the view that, given the serious nature of Dr Lawrence's conviction, public confidence in the profession, the regulator and the MPTS would be seriously undermined if a finding of impaired fitness to practise was not made. The Tribunal, therefore, concluded that a finding of impaired fitness to practise was required to declare and uphold proper standards of behaviour and to maintain public confidence in the profession.

30. Accordingly, the Tribunal therefore determined that Dr Lawrence's fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 12/04/2024

1. Having determined that Dr Lawrence’s fitness to practise is impaired by reason of his 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.
2. The Tribunal took 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 Halliday submitted that there were no exceptional circumstances in this case that would justify taking no action. He also submitted that imposing conditions on Dr Lawrence’s registration would not be appropriate in this case.
4. In relation to a suspension, Mr Halliday referred the Tribunal to paragraph 92 of the Sanctions Guidance (February 2024) (the SG), which states that 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.
5. He submitted that Dr Lawrence’s actions are fundamentally incompatible with continued registration. As a result, he submitted that erasure would be the appropriate and proportionate sanction to be imposed.
6. Mr Halliday submitted that sub-paragraphs a, c, d, e and f of paragraph 109 of the SG are engaged in this case, as follows:

‘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...

c. A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.

d. Abuse of position/trust (see Good medical practice, paragraph 81: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).

e. Violation of a patient’s rights/exploiting vulnerable people (see Good medical practice, paragraph 41 on children and young people...

f. Offences of a sexual nature, including involvement in child sex abuse materials (see further guidance below at paragraphs 151–159).’

7. Mr Halliday submitted that Dr Lawrence’s actions were a significant departure from Good Medical Practice (GMP) and he has failed to comply with the following factors set out in the overview of GMP; respecting a patient’s dignity, acting with honesty and integrity and abusing a patient’s trust in himself and the public’s trust in the profession. He stated that these are the ‘headline’ features of the breach of GMP, but these are not exhaustive. He submitted that Dr Lawrence has caused serious harm to others, abused his position of trust, violated a patient’s rights and exploited a vulnerable child.

8. Mr Halliday submitted that Dr Lawrence’s offences are fundamentally incompatible with continued registration and in these circumstances, erasure is the only appropriate sanction.

The Relevant Legal Principles and the Tribunal’s Approach

9. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgment. The Tribunal is required to consider the least restrictive sanction first before going on to consider more serious sanctions. In reaching its decision, the Tribunal has taken account of the SG and the Statutory Overarching Objective.

10. Throughout its deliberations, the Tribunal has applied the principle of proportionality balancing Dr Lawrence’s interests with the wider public interest. It considered its decision on facts and impairment and took those determinations into account during its deliberations on sanction.

11. The Tribunal reminded itself that the purpose of a sanction is not to be punitive, although it may have a punitive effect. The Tribunal also had regard to paragraph 117 of the SG:

‘117. However, the tribunal should bear in mind that the sentence or sanction previously imposed is not necessarily a definitive guide to the seriousness of the offence. There may have been personal circumstances that led the court or regulatory body to be lenient. For example, the court may have expressed an expectation that the regulatory body would erase the doctor. Similarly, the range of sanctions and how they are applied may vary significantly amongst other regulatory bodies.’

12. The Tribunal reminded itself that cases involving sexual offences are likely to indicate that more serious action will be required and had regard to paragraphs 149 to 154 of the SG, regarding erasure, which state:

‘149. This encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patients’ relatives or others. See further guidance on sex offenders and child sex abuse materials at paragraphs 151–159.’

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.*

151. *Any doctor who has been convicted of, or has received a caution for, a sexual offence listed in Schedule 3 to the Sexual Offences Act 2003 must notify the police (register) under section 80 of the Sexual Offences Act 2003 and may need to undertake a programme of rehabilitation or treatment. Sexual offences include accessing and viewing, or other involvement in, child sex abuse materials, which involves the exploitation or abuse of a child. These offences seriously undermine patients 'and the public's trust and confidence in the medical profession and breach a number of principles set out in Good medical practice (paragraph 81 regarding honesty and integrity, particularly paragraph 16 regarding respecting patients 'dignity and right to privacy, and paragraph 41 regarding children and young people).*

152. *Taking, making, sharing and possessing an indecent image or pseudo-photograph of a child is illegal and regarded in UK society as morally unacceptable. For these reasons, where there is any involvement in child sex abuse materials by a registered doctor the tribunal should consider whether the public interest demands that their registration be affected.*

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. However, the tribunal should bear in mind paragraphs 20–23 and 61–111 of this guidance, which deal with the options available to it, and the issue of proportionality. If the tribunal decides to impose a sanction other than erasure, it is important that it fully explains the reasons and the thinking that has led it to impose this lesser sanction so that it is clear to those who have not heard the evidence in the case.'*

154. *The tribunal should be aware that any conviction relating to child sex abuse materials will lead to registration as a sex offender and possible inclusion on the Children's Barred List by the Disclosure and Barring Service under the Safeguarding Vulnerable Groups Act 2006 (as amended). The Council of the GMC has made it clear that no doctor registered as a sex offender should have unrestricted registration...'*

The Tribunals Determination on Sanction

13. In reaching its decision, the Tribunal first considered the aggravating and mitigating factors present in this case.

Aggravating Factors

14. The Tribunal considered that the following to be aggravating factors in this case.

15. The Tribunal noted the seriousness of Dr Lawrence’s offences which were the sexual assault on a six-year-old child and the repeated online exploitation of children, which comprised of publishing, making and possessing Category A, B and C images including the rape and abuse of children. Dr Lawrence’s convictions led to a custodial sentence of eight years and six months’ imprisonment; he was made subject of a Sexual Harm Prevention Order (SHPO) for an indefinite period and made subject of Sex Offenders Register requirements also for an indefinite period.

16. The Tribunal noted that Dr Lawrence’s inappropriate and sexually motivated examination caused harm to the child and her mother. The Tribunal found that Dr Lawrence had abused his position of trust.

17. The Tribunal accepted that in Dr Lawrence’s January 2024 letter, he apologised for what he termed ‘*the internet offences*’ and continued to deny the sexual assault on the six-year-old child in a clinical setting. The Tribunal considered this demonstrated that Dr Lawrence had insufficient insight and has provided no evidence of remediation.

18. The Tribunal noted the events leading to Dr Lawrence’s convictions occurred in 2021 but considered the lapse of time to be irrelevant given that he was made subject of a Sexual Harm Prevention Order (SHPO) and made subject of Sex Offenders Register requirements both for an indefinite period and remains incarcerated.

Mitigating Factors

19. The Tribunal noted that Dr Lawrence has no previous criminal convictions, and it was not made aware of any other fitness to practise investigations.

20. The Tribunal could not identify any factors that mitigated the seriousness of Dr Lawrence’s convictions.

21. The Tribunal went on to consider sanction starting with the least restrictive.

No action

22. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Lawrence’s case, the Tribunal first considered whether to conclude the case by taking no action.

23. The Tribunal considered that there are no exceptional circumstances in which it might be justified in taking no action against Dr Lawrence’s registration. It was satisfied that taking no action would not be sufficient, proportionate nor in the public interest.

Conditions

24. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Lawrence's registration. It has borne in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

25. The Tribunal determined that in view of the gravity of Dr Lawrence's offences and the Tribunal's findings on impairment, a period of conditional registration would not adequately reflect the serious nature of his conviction, nor could any conditions be devised that would protect the public interest and maintain public confidence in the medical profession.

26. The Tribunal has, therefore, determined that it would not be appropriate or sufficient to direct the imposition of conditions on Dr Lawrence's registration.

Suspension

27. The Tribunal bore in mind paragraphs 91 - 93 and 119 of the SG, which state:

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

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

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

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.'

28. The Tribunal noted that suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor. However, the Tribunal considered that Dr Lawrence's

convictions were so serious and his conduct so deplorable that it is fundamentally incompatible with continued registration.

29. The Tribunal has received no evidence that Dr Lawrence has taken steps to remediate his actions. The Tribunal was not satisfied that Dr Lawrence's behaviour is unlikely to be repeated. For these reasons, the Tribunal determined that suspension would not be proportionate, would not protect the public and would not address the public's trust and confidence in the medical profession.

Erasure

30. The Tribunal accepted Mr Halliday's submission that sub-paragraphs a, c, d, e and f, in paragraph 109 of the SG are engaged. It considered that, as Dr Lawrence's convictions relate to serious offences of a sexual nature involving child exploitation and the sexual assault of a child, more serious action was likely to be appropriate.

31. The Tribunal was of the opinion that Dr Lawrence's persistent denial of his sexual assault of a six-year-old child is a serious aggravating factor. The Tribunal was of the opinion that Dr Lawrence has demonstrated limited insight into the gravity of his offences. The Tribunal considered that Dr Lawrence should not practise again for public safety reasons and to protect the reputation of the profession.

32. The Tribunal considered that Dr Lawrence's offences breached fundamental tenets of the medical profession. It determined that Dr Lawrence's offences were so serious and abhorrent and are fundamentally incompatible with continued registration.

33. In all of the circumstances, the Tribunal determined that the only proportionate and appropriate sanction is erasure, to maintain public confidence in the profession, the regulator and its process and uphold professional standards.

34. The Tribunal therefore determined to erase Dr Lawrence's name from the Medical Register.

35. The MPTS will send Dr Lawrence a letter informing him of his right of appeal and when the direction will come into effect. Unless Dr Lawrence exercises his right of appeal, his name will be erased from the medical register 28 days from the date on which written notice of this decision is deemed to have been served upon him.

Determination on Immediate Order - 12/04/2024

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

Submissions

2. On behalf of the GMC, Mr Halliday reminded the Tribunal that Dr Lawrence is currently suspended by way of an interim order. He referred the Tribunal to paragraph 173 of the Sanctions Guidance (February 2024) (the SG) which states that an immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example... *'where immediate action must be taken to protect public confidence in the medical profession'*. He submitted that in this case, although there is no patient risk as Dr Lawrence is in prison, public confidence should be protected, and any order made should be immediate. Mr Halliday submitted that the interim order should be revoked.

The Tribunal's Determination

3. The Tribunal had regard to Mr Halliday's submissions and paragraphs 172 – 178 of the SG. In particular, paragraphs 172 and 178, which provide:

'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, ...

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...'

4. The Tribunal determined that given the seriousness of its findings and having found that the gravity of Dr Lawrence's offences makes him fundamentally incompatible with continued registration, an immediate order of suspension is necessary to protect the public, is in the public interest and is required to uphold public confidence in the profession.

5. The Tribunal determined to impose an immediate order of suspension on Dr Lawrence's registration.

6. This means that Dr Lawrence's registration will be suspended from today. The substantive direction will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

7. The interim order is hereby revoked.

8. That concludes this case.

ANNEX A – 10/04/2024

Application to admit further evidence under Rule 34(1).

1. Mr James Halliday, Counsel, on behalf of the General Medical Council ('GMC') made an application under Rule 34(1) of General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit an additional document. Mr Halliday explained that the GMC sought information from the Police regarding Dr Lawrence's conviction but there have been delays by the Police in providing this documentation. He said that the document he wishes to admit is two chat logs and two transcripts of calls between the undercover Police officer and Dr Lawrence.

2. Mr Halliday referred the Tribunal to paragraph 35 in the judgement of *Nwogbo v GMC 2012] EWHC 2666 (Admin)*, which states:

'35. In considering those complaints, I have reminded myself of what counsel then instructed by the GMC said to the panel in her opening address about why the attending officers were being called. She said that the purpose of so doing was to ensure that the panel had the fullest picture of the circumstances of and around the index offence and the information it needed to deal with the matter fully and fairly. That, as it seems to me, was an approach which the GMC was fully entitled to take in a case such as this. Furthermore, I also need to have regard to what reliance the panel placed on this evidence. In the section of the decision in relation to impairment the panel said this:

"The panel has heard from two police officers that your attitude towards them was obstructive and difficult. The panel has had regard to the pre-sentence reports prepared in relation to the proceedings relating to your offence of assault. The panel has also noted the memorandum of your conviction where it was noted amongst other things that your case involved an incidence of domestic violence where a child was present. It was a persistent attack. You demonstrated no remorse and you failed to assist the victim when injured/bleeding. Your conviction is a matter that is of grave concern to this panel. The offence of violence for which you were convicted is extremely serious. Your behaviour was wholly unacceptable. By causing harm to another person you have breached one of the fundamental tenets of the medical profession. No evidence has been placed before the panel to demonstrate that the position has changed since the pre-sentence report was compiled. From your evidence and submissions it is apparent that you are still unable to accept the full facts of the assault and of your conviction for the offence."

3. Mr Halliday submitted that it is important to have the fullest picture in order to make an assessment of the evidence. He said in the scheme of the offences it is a minor one but goes to the issue of the facts stage and also the impairment stage, if appropriate. He said that this is not extraneous detail but is the direct evidence of Dr Lawrence's offending.

4. Mr Halliday submitted that this information is not prejudicial to Dr Lawrence as it was served on him at his criminal case, and he would have been fully aware of the information.

The Tribunal's Decision

5. The Tribunal reminded itself of its power under Rule 34(1), which states:

'Rule 34 (1).

(1) The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

6. The Tribunal first considered why the documentation was not received by it prior to the hearing. The Tribunal was satisfied that the delay in receiving the documentation was out with the GMC's control.

7. The Tribunal then considered whether admitting the document was fair. The Tribunal noted this evidence was adduced at Dr Lawrence's criminal proceedings and therefore he is fully aware of its content. The Tribunal was satisfied that it would not be prejudicial if it determined to admit this document.

8. The Tribunal next considered whether the document was relevant. The Tribunal was mindful that this is a conviction case and bore in mind Rules 34(3) and 34(5) of the Rules, which provide:

'(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.

(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practise of a person shall be conclusive evidence of the facts found proved in relation to that determination.

(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract."

9. The Tribunal was satisfied that it has already been provided with sufficient background information, including the Certificate of Conviction and the details of the evidence used in the trial, in order for it to make a well-informed decision regarding Dr Lawrence's conviction.

10. The Tribunal took into consideration paragraph 35 in the judgement of *Nwogbo v GMC 2012] EWHC 2666 (Admin)* but was of the opinion that the evidence already received was comprehensive enough and the evidence to be further adduced would not further improve clarity and understanding of the evidence or impact any decision to be made.

11. Accordingly, the Tribunal determined to refuse Mr Halliday's application to admit the further document.

ANNEX B – 10/04/2024

Application on Service & Proceeding in Absence

1. Dr Lawrence is neither present nor represented today at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), and paragraph 8 of the fourth Schedule to the Medical Act 1983. In so doing, the Tribunal has taken into account all the information placed before it, together with the submissions made on behalf of the General Medical Council (GMC).

Service

2. Mr James Halliday, Counsel, on behalf of the General Medical Council ('GMC') made an application on service and proceeding in the doctor's absence. He reminded the Tribunal of the power to proceed in the doctor's absence. He referred the Tribunal to the case of *R v Jones [2003] 1 AC 1; [2002] UKHL 5* and *GMC v Adeogba [2016] EWCA Civ 163*.

3. Mr Halliday referred the Tribunal to the relevant proof of service documents provided as follows:

- Find a Prisoner Enquiry, dated 21 November 2023
- Screenshot of Dr Lawrence's GMC registered address
- Rule 34(9) letter and Notice of Allegation and hearing bundle, dated 6 March 2024, sent C/O the Prison Governor, XXX
- MPTS Notice of Hearing letter, dated 7 March 2024, sent C/O the Prison Governor, XXX
- Proof of delivery of the MPTS Notice of Hearing, signed for on 8 March 2024
- Letter from Dr Lawrence confirming non-attendance, dated 13 March 2024

4. Mr Halliday submitted that the documents confirm that notice of this hearing had been properly served on Dr Lawrence and it is clear that he has received the information as stated in his letter of 13 March 2024.

5. Mr Halliday made further submissions on proceeding in Dr Lawrence’s absence. He submitted that Dr Lawrence has voluntarily absented himself from proceedings today as stated in his letter of 13 March 2024. Mr Halliday reminded the Tribunal of the factors in the case of *GMC v Adeogba [2016] EWCA Civ 163* which ensures fairness to both sides. He submitted that there is no unfairness in this case and the Tribunal can properly proceed under Rule 31.

The Tribunal Decision

6. The Tribunal took account of all documents provided including the letter from Dr Lawrence dated 13 March 2024 confirming non-attendance. Having considered the evidence before it and the submissions made by Mr Halliday, the Tribunal was satisfied that Notice of this Hearing had been served on Dr Lawrence in accordance with Rule 15 and Rule 40 of the GMC (Fitness to Practise) Rules 2004 (the Rules), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

7. As the Tribunal was satisfied that notice had been properly served on Dr Lawrence, it then considered whether to proceed in his absence under Rule 31, which states:

‘31. Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.’

Proceeding in Absence

8. Having been satisfied that notice was properly served upon Dr Lawrence, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules.

9. The Tribunal accepted the advice of the LQC who referred to the relevant Rules and judgments in the cases of *R v Jones [2003] 1 AC 1*; *[2002] UKHL 5* and *GMC v Adeogba [2016] EWCA Civ 163*. The Tribunal had regard to the following factors:

- The nature and circumstances of the doctor’s behaviour in absenting himself;
- Whether the behaviour was voluntary and therefore that the doctor waived the right to be present;
- Whether an adjournment would result in the doctor attending on a subsequent occasion;
- The likely length of any such adjournment;
- Whether the doctor, although absent, wished to be represented, or whether he had waived his right to be represented;
- The general public interest.

10. The Tribunal was mindful that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution and with a regard to the overall fairness of the proceedings. In doing so, it considered the need to balance Dr Lawrence’s interests with the overarching statutory objective.

11. The Tribunal has evidence before it that Dr Lawrence is aware of this hearing taking place between 10-12 April 2024. The Tribunal noted Dr Lawrence’s letter dated 13 March 2024, confirming his non-attendance. Further, the Tribunal noted that Dr Lawrence has not indicated that he wished to be legally represented at this hearing. The Tribunal noted that Dr Lawrence is currently residing in XXX prison and stated he will also not be attending the hearing via video link.

12. The Tribunal determined that Dr Lawrence has chosen to voluntarily absent himself from this hearing. Furthermore, it has not received any indication that Dr Lawrence has requested an adjournment. The Tribunal could not be satisfied that, were there to be an adjournment, Dr Lawrence might attend a hearing on a future date.

13. There was no evidence before the Tribunal to suggest that Dr Lawrence would provide any further information or documentation if the hearing was to adjourn to a later date.

14. The Tribunal is mindful of its power to proceed in a doctor’s absence. Dr Lawrence was made aware that the Tribunal may determine to proceed in his absence.

15. The Tribunal has balanced Dr Lawrence’s interests with the wider public interest in deciding whether to proceed in his absence. The Tribunal concluded that it is in the public interest and in the interests of justice to proceed with this hearing today.

16. Accordingly, the Tribunal determined that it was fair and reasonable to proceed in Dr Lawrence’s absence in accordance with Rule 31.