

## PUBLIC RECORD

Dates: 12/04/2024 and 17/07/2024

Medical Practitioner's name: Dr Nathaniel KNOX CARTWRIGHT  
GMC reference number: 4731557  
Primary medical qualification: BM BCh 2000 Oxford University

Type of case	Outcome on impairment
Review - Misconduct XXX	Impaired XXX

**Summary of outcome**

Conditions, 9 months  
Review hearing directed

**Tribunal:**

Legally Qualified Chair	Mrs Alison Storey
Medical Tribunal Member:	Professor William Roche
Medical Tribunal Member:	Dr Gillian Livesey
Tribunal Clerk:	Ms Fiona Johnston - 12 April 2024 Ms Angela carney - 17 July 2024

**Attendance and Representation:**

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Robert Dacre, Counsel, instructed by Medical Protection.
GMC Representative:	Mr Duncan McPhie, Counsel 12 April 2024 Ms Harriet Tighe, Counsel – 17 July 2024

**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.

## 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 Impairment - 12/04/2024

1. This determination will be read in private. However, as this case concerns Dr Knox Cartwright's misconduct, a redacted version will be published at the close of the hearing.
2. At this review hearing the Tribunal now has to decide in accordance with Rule 22(1)(f) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules') whether Dr Knox Cartwright's fitness to practise is impaired by reason of misconduct XXX, and whether he has failed to comply with any requirement imposed upon him as a condition of registration.

## Background

### The 2022 Hearing

3. Dr Knox Cartwright qualified from Oxford University in 2000 and prior to the events which were the subject of the 2022 hearing, he was practising as a Consultant Ophthalmologist at the Royal Devon and Exeter NHS Foundation Trust ('the Trust').
4. At Dr Knox Cartwright's hearing which took place in April 2022 it was alleged that on 9 June 2019, he consumed alcohol whilst on call and that as a result, his ability to perform surgery was impaired and he was incapable of providing safe patient care or fulfilling his duties.
5. XXX
6. Dr Knox Cartwright admitted the allegation in its entirety.
7. The 2022 Tribunal found that Dr Knox Cartwright's fitness to practise was impaired due to XXX his misconduct XXX. It imposed conditions on Dr Knox Cartwright's registration for

a period of 36 months and directed a review to take place before the end of the first 12 months.

8. In its determination on sanction, the 2022 Tribunal stated:

*‘The Tribunal imposed this order so as to allow Dr Knox Cartwright to address XXX. The order would also allow Dr Knox Cartwright to further develop his insight into the causes of his misconduct XXX.*

*[...] In addition to the GMC obtaining appropriate reports the Tribunal considered that those reviewing Dr Knox Cartwright’s case would be assisted by receiving from him the following:*

- *A series of reflective monthly statements on his misconduct, XXX;*
- *Any other information which Dr Knox Cartwright considers would assist the review Tribunal.’*

#### The 2023 Hearing

9. The Tribunal noted that the parties agreed that Dr Knox Cartwright’s fitness to practise remained impaired.

10. The 2023 Tribunal found that XXX. It acknowledged that Dr Knox Cartwright had admitted to the two breaches and accepted impairment and that it had constituted a breach of the conditions on his registration.

11. The 2023 Tribunal therefore determined that Dr Knox Cartwright’s fitness to practise remained impaired by reason of his misconduct XXX.

12. The 2023 Tribunal noted that both parties were in agreement that the current order of conditional registration was sufficient to address and manage the ongoing concerns identified.

13. The 2023 Tribunal therefore determined to allow the current order of conditions to remain in place and it determined to direct a review.

14. The 2023 Tribunal XXX. The 2023 Tribunal took the view that a review should take place after 9 months, which would be sufficient enough for the matters to have been considered further.

15. The 2023 Tribunal determined that the reviewing Tribunal would benefit if Dr Knox Cartwright provided the following:

- A further reflective statement on his misconduct XXX;
- XXX;
- Any other information which Dr Knox Cartwright considers would assist the review Tribunal.

### The Evidence

16. The Tribunal has taken into account all of the evidence it received at this review hearing.

17. The Tribunal received documentary evidence which included, but was not limited to: previous determination, XXX and email correspondence.

### Submissions

#### On behalf of the GMC

18. On behalf of the GMC, Mr McPhie provided the background to the case and to the findings made by the 2023 Tribunal.

19. Mr McPhie submitted that Dr Knox Cartwright remains impaired and drew the Tribunal to the various reports within the bundle, in particular XXX.

20. He submitted that Dr Knox Cartwright still remains impaired, Dr Knox Cartwright XXX and has breached condition XXX imposed by the 2023 Tribunal.

‘XXX’

21. Mr McPhie submitted that Dr Knox Cartwright’s fitness to practise is still impaired XXX.

22. Mr McPhie further submitted that Mr Dacre in his submissions has asked the Tribunal to XXX.

#### On behalf of Dr Knox Cartwright

23. On behalf of Dr Knox Cartwright, Mr Dacre submitted that it was accepted that his fitness to practise remains impaired and that the conditions on his registration should be continued with a review at the end of the sanction.
24. Mr Dacre submitted that Dr Knox Cartwright is still in the process of demonstrating his Fitness to Practise, however it is not accepted that he has breached condition XXX.
25. He submitted that the original Tribunal sought to achieve a long process with Dr Knox Cartwright would XXX and continue to demonstrate his development of insight XXX. The 2023 Tribunal decided to continue the order.
26. XXX
27. XXX
28. XXX
29. XXX
30. XXX
31. XXX
32. XXX
33. XXX
34. XXX
35. He submitted that Dr Knox Cartwright's XXX reflected appropriately since his last review. He feels very positive about his return to work. Dr Knox Cartwright accepts he remains impaired and has some work to do before the end of the order.
36. XXX

### The Relevant Legal Principles

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

38. The Legally Qualified Chair reminded the Tribunal of the questions posed by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)*, as follows:

*"Do our findings of fact in respect of the doctor's ... XXX, conviction ... show that his/her fitness to practise is impaired in the sense that she/he:*

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

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

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

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

### The Tribunal's Determination on Impairment

40. XXX

41. XXX

42. XXX

43. XXX

44. XXX

45. The Tribunal considered the evidence in relation to XXX established that there had been a breach of the conditions imposed by the previous Tribunal.

46. XXX

47. XXX

48. XXX

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

54. XXX

55. XXX

56. XXX

57. XXX

58. XXX

59. The Tribunal concluded that Dr Knox Cartwright was in breach of his conditions XXX.

#### Impairment

60. The Tribunal noted that the parties agreed that Dr Knox Cartwright's fitness to practise remained impaired. Whilst it is a matter for the Tribunal, the onus is on the doctor to demonstrate that the concerns about his fitness to practise have been addressed and that he is no longer impaired as a result.

61. The Tribunal has found that Dr Knox Cartwright has not XXX and that this this constitutes a breach of the conditions on his registration. The Tribunal noted that when presented with the evidence of various breaches, Dr Knox Cartwright's position remained the same, XXX. This creates a concern not just about the breach itself, but his insight into XXX and about lack of probity.

62. The Tribunal noted the view expressed by the 2022 and 2023 Tribunals that Dr Knox Cartwright's XXX was unlikely to be straightforward or linear. The 2023 Tribunal had found

that whilst there were two breaches of the condition XXX Dr Knox Cartwright admitted to the breaches and it was of the view that this demonstrated ongoing development of insight, although not complete and that concerns still exist.

63. This Tribunal considers that his failure to XXX and his failure to acknowledge this and reflect honestly upon it provided evidence that he still did not have complete insight into his misconduct.

64. XXX

65. The Tribunal determined that Dr Knox Cartwright's current fitness to practise is impaired by reason of his misconduct XXX.

#### **Determination on Sanction 17/07/2024**

66. This determination will be read in private. However, as this case concerns Dr Knox Cartwright's misconduct XXX, a redacted version will be published at the close of the hearing XXX.

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

#### **The Outcome of Applications Made during the Sanction Stage**

68. The Tribunal granted Mr Dacre's application, made pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to adduce further documentary evidence. Ms Tighe made no objection to the application.

#### **The Evidence**

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

70. The Tribunal received further documentary evidence as follows:

- Initial supervision checklist
- XXX

#### **Submissions**



71. On behalf of the GMC, Ms Harriet Tighe, Counsel submitted that a further period of conditions is appropriate in this case. She referred the Tribunal to its findings on impairment that Dr Knox Cartwright was in breach of his conditions XXX.

72. Ms Tighe submitted that taking no further action would not be appropriate in this case as there are no exceptional circumstances. She reminded the Tribunal that previous Tribunals have imposed and maintained conditions.

73. In relation to conditions Ms Tighe referred the Tribunal to paragraphs XXX, 82 and 83 in the Sanctions Guidance (February 2024) (The SG):

'XXX

*82. Conditions are likely to be workable where:*

- a. the doctor has insight*
- b. a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c. the tribunal is satisfied the doctor will comply with them*
- d. the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised.*

*83. When deciding whether remedial training is possible, the tribunal needs to consider any objective evidence that has been submitted. For example, assessments of the doctor's performance, health or knowledge of English, or evidence about the doctor's practice, health or knowledge of English.'*

74. Ms Tighe submitted that this is a case where Dr Knox Cartwright appears to have XXX. However, there is more recent evidence to suggest that he has XXX and a period of further conditions would allow for further supervision, particularly in relation to Dr Knox Cartwright's ability to XXX. She submitted that conditions would allow Dr Knox Cartwright to gain further insight XXX, insight being a matter of concern that was raised at the impairment stage.

75. Ms Tighe further stated that, whilst the GMC does not submit that suspension would be appropriate or proportionate in the circumstances, she referred the Tribunal to paragraph 91 of the SG, which states:

*'91. Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting 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.'*

76. Ms Tighe also referred the Tribunal to paragraph 92 of the SG as follows, but stated it is not the GMC's position that Dr Knox Cartwright's misconduct is fundamentally incompatible with continued registration.

*'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).'*

77. Ms Tighe said the Tribunal may wish to take into consideration paragraphs 91 and 92, in the context of a doctor who has already had a finding of impaired fitness to practise, followed by a review.

78. Ms Tighe also referred the Tribunal to paragraph 97 which sets a number of factors dealing with whether or not a suspension would be appropriate in the circumstances, as follows:

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

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

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

*XXX*

*d...*

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

*f. No evidence of repetition of similar behaviour since incident.*

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

79. Ms Tighe stated that XXX. However, within the most recent review matters, the Tribunal found further breaches of the conditions in terms of XXX.

80. Ms Tighe also referred the Tribunal to paragraphs 163 and 164, which state:

*'163. It is important that no doctor is allowed to resume unrestricted practice following a period of conditional registration or suspension unless the tribunal considers that they are safe to do so.*

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

*a they fully appreciate the gravity  
of the offence*

*b they have not reoffended*

*c they have maintained their skills and knowledge*

*d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.'*

81. On behalf of Dr Knox Cartwright, Mr Dacre submitted that Dr Knox Cartwright is in agreement that a further period of conditions should be imposed with a review.

82. Mr Dacre stated he did not wish to go behind the Tribunal's findings on impairment and confirmed its findings which related to XXX. XXX

83. Mr Dacre submitted that Dr Knox Cartwright has made significant efforts XXX over the last year. He continues to engage with XXX and with the fitness to practise process, XXX. He submitted that the initial Tribunal recognised that it would not be a quick or easy process which was the reason for imposing conditions for three years. He said that Dr Knox Cartwright has undergone a gradual process of XXX and reflection, and the evidence is unequivocal that this process, even if it hasn't been linear, is going in the right direction despite significant issues. This Tribunal should recognise the efforts made by Dr Knox Cartwright

84. Mr Dacre said that when the order was first imposed in 2022 it was envisaged that whilst this might take a long time, the imposition of those conditions on Dr Knox Cartwright would eventually be able to demonstrate that he is fit to practice without conditions. He said that the best way for him to do that, in the public interest as well, is for the order to continue and for his progress to continue. He said that there is no room within the existing order of conditions for Dr Knox Cartwright to avoid accountability for any issues in the future. He confirmed that the Trust is happy for Dr Knox Cartwright to return to work subject to XXX.

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

85. The decision as to the appropriate sanction to impose, if any, in this case is a matter for this Tribunal exercising its own judgement. In reaching its decision, the Tribunal has taken account of the SG and the over-arching objective. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although it may have a punitive effect.

86. Throughout its deliberations, the Tribunal has applied the principle of proportionality, balancing Dr Knox Cartwright's interests with the public interest. The public interest includes, amongst other things, the protection of patients, the maintenance of public confidence in the profession, and the declaring and upholding of proper standards of conduct and behaviour.

87. The Tribunal has already given a detailed determination on impairment, and it has taken those matters into account during its deliberations on sanction.

### **Aggravating and Mitigating factors**

88. The Tribunal considered an aggravating factor in this case is that Dr Knox Cartwright has breached a condition imposed by the Tribunal, XXX. Further that there had been repeated breaches of that condition during its currency. At this review Dr Knox Cartwright was in denial of his latest breach and failed to demonstrate fulsome acceptance of his breaches which demonstrated a continued lack of insight on his part. The Tribunal also considered that Dr Knox Cartwright has failed to recognise the gravity of his breaches and the effect on public confidence, when a registrant breaches order of his conditions imposed by his regulatory body.

89. The Tribunal considered the mitigating factors of this case. It noted the nature of Dr Knox Cartwright's XXX. Nevertheless, the Tribunal noted that Dr Knox Cartwright has continued to engage with supervision of his practice and with these proceedings. XXX. There has been some lapse of time Dr Knox Cartwright's original misconduct, and it has not been repeated. Although this is limited mitigation since he has not been in practice. XXX.

### **No action**

90. In coming to its decision as to the appropriate sanction, if any, to impose in Dr Knox Cartwright's case, the Tribunal first considered whether to conclude the case by taking no action. Taking no action would only be appropriate in exceptional circumstances.

91. The Tribunal concluded, in agreement with the previous Tribunals, that there were no exceptional circumstances in this case. Therefore, the Tribunal concluded that it would not be appropriate or proportionate and would not serve the public interest to take no further action.

### **Conditions**

92. The Tribunal noted that the 2022 Tribunal imposed conditions on Dr Knox Cartwright's registration for a period of 36 months until 26 May 2025.

93. The Tribunal noted that both parties were in agreement that the current order of conditional registration was sufficient to address and manage the ongoing concerns identified in this case. It reminded itself that the substantive order of conditions, for a period

of 36 months was imposed to allow Dr Knox Cartwright sufficient time to undertake further remediation and to demonstrate objective evidence that he has addressed the concerns identified. Further, that conditional registration would also serve to reassure the public, adequately mark Dr Knox Cartwright's misconduct, and uphold the reputation of the profession.

94. XXX

### Suspension

95. Whilst both Ms Tighe for the GMC and Mr Dacre for Dr Knox-Cartwright considered that conditions were the appropriate sanction, the Tribunal also considered whether the appropriate should be suspension.

96. The Tribunal noted that Dr Knox Cartwright has breached the conditions on his registration on a number of occasions, which is serious. It also found that Dr Knox Cartwright has demonstrated a lack of insight into his repeated breaches and the impact it could have on the public interest. The Tribunal considered that Dr Knox Cartwright needs to reflect on and acknowledge the gravity of his breaches.

97. However, the Tribunal accepts the nature of XXX. The original Tribunal did foresee that his journey would be long and that it was unlikely to be linear. This Tribunal acknowledges that Dr Knox Cartwright has made progress in the last six months XXX.

98. The Tribunal considered that despite Dr Knox Cartwright's breaches the current conditions remained the most appropriate way of dealing with the concerns raised and were sufficient to uphold the overarching objective. The Tribunal therefore determined that the current order of conditions should remain in place for a period of 9 months.

99. The following conditions will be published:

1. He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:
  - a. the details of his current post, including:
    - i. his job title
    - ii. his job location
    - iii. his responsible officer (or their nominated deputy)
  - b. the contact details of his employer and any contracting body, including his direct line manager

- c. any organisation where he has practising privileges and/or admitting rights
    - d. any training programmes he is in.
2. He must personally ensure the GMC is notified:
  - a. of any post he accepts, before starting it
  - b. that all relevant people have been notified of his conditions, in accordance with condition 5
  - c. if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
  - d. if any of his posts, practising privileges, or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
  - e. if he applies for a post outside the UK.
3. He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
4.
  - a. He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
  - b. He must not work until:
    - i. his responsible officer (or their nominated deputy) has appointed his workplace reporter
    - ii. he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
5. He must personally ensure the following persons are notified of the conditions listed at 1 to 9
  - a. his responsible officer (or their nominated deputy)

- b. the responsible officer of the following organisations
  - i. his place(s) of work, and any prospective place of work (at the time of application)
  - ii. all his contracting bodies and any prospective contracting body (prior to entering a contract)
  - iii. any organisation where he has, or have applied for, practising privileges and/or admitting rights (at the time of application)
- 6. a. He must get the approval of his GMC Adviser before accepting any post.
- b. He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.
- c. He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
- 7. a. He must be supervised in all of his posts by a clinical supervisor, as defined in the Glossary for undertakings and conditions. His clinical supervisor must be appointed by his responsible officer (or their nominated deputy).
- b. He must not work until:
  - i. his responsible officer (or their nominated deputy) has appointed his clinical supervisor and approved his supervision arrangements
  - ii. he has personally ensured that the GMC has been notified of the name and contact details of his clinical supervisor and his supervision arrangements.
- 8. He must not work:
  - a. as a locum/in a fixed-term contract
- 9. He must only work within the NHS and in a post in which he has a substantive contract.

XXX

## Review

100. The Tribunal determined to direct a review of Dr Knox Cartwright's case. A review hearing will convene shortly before the end of the period of conditional registration. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Knox Cartwright to demonstrate how he has developed insight XXX. It therefore may assist the reviewing Tribunal if Dr Knox Cartwright provided the following:

- A further reflective statement on his misconduct, XXX;
- XXX;
- Any other information which Dr Knox Cartwright considers would assist the review Tribunal.

101. The MPTS will send Dr Knox Cartwright a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current order of conditions will remain in place during the appeal period.

102. That concludes this case.