PUBLIC RECORD

Dates: 24/11/2025 - 26/11/2025

Doctor:	Dr Wayne DAVIS
GMC reference number:	2643609
Primary medical qualification:	MB ChB 1980 University of Liverpool

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 Morag Rea
Lay Tribunal Member:	Ms Kerry Smith
Registrant Tribunal Member:	Dr Amir Zafar

Tribunal Clerk:	Mr Rowan Barrett

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Terence Rigby, 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 and Impairment - 25/11/2025

Determination on the Facts

Background

1. Dr Davis qualified in 1980 at the University of Liverpool. At the times of the events leading to this hearing, which took place in 1994 and 2006, Dr Davis was practising as a GP in North Manchester, within XXX community in which he and both complainants lived.

2. It is alleged by the General Medical Council (GMC) that Dr Davis was convicted of sexual assault of two vulnerable female patients in the course of clinical consultations. The patients were aged XXX respectively and were both members of the XXX community to which Dr Davis belongs. Both patients were considered vulnerable by the court due to their age, as well as their XXX conservative upbringing and 'naïve understanding of any sexual matters'. Both sexual assaults took the form of digital penetration during the course of physical examinations, with Dr Davis in one case saying that it was necessary to check whether the patient 'was a virgin' and in the other to 'stretch' the patient's vagina, purportedly to make sexual intercourse with her husband less painful.

3. Dr Davis pleaded not guilty to the offences at his trial and was found guilty. He was sentenced to five years imprisonment for the first offence and eight years imprisonment for the second to run concurrently, for a total sentence of eight years.

The Outcome of Applications made during the Facts Stage

4. The Tribunal granted the GMC's application, made pursuant to Rule 31 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to proceed in Dr Davis' absence. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Davis is as follows:

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

1. On 14 December 2023 at Manchester Crown Court, you were convicted of:

    a. on 20 February 1995, you indecently assaulted a female person [Patient A] by penetrating her vagina with your finger contrary to Section 14(1) of and Schedule 2 of the Sexual Offences Act 1956; Found proved

    b. on 24 November 2006, you intentionally penetrated the vagina of Patient B with your finger, the circumstances being that the penetration was sexual, Patient B did not consent to it and, you did not reasonably believe that Patient B consented, contrary to section 2 of the Sexual Offences Act 2003. Found proved

2. On 13 January 2025 you were sentenced to:

    a. 5 years imprisonment concurrent with the sentence referenced in paragraph 2.b; Found proved

    b. 8 years imprisonment. Found proved

3. As a result of the conviction, set out in paragraph 1, and sentence, set out in paragraph 2, you became subject to indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003. 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

Documentary Evidence

6. 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 5 February 2025.
- Sentencing remarks of the Judge at Manchester Crown Court on 13 January 2025

The Tribunal's Decision

7. The Tribunal was provided with a copy of a signed Certificate of Conviction dated 5 February 2025, setting out that Dr Davis was convicted on 14 December 2023 at Manchester Crown Court of the offences of indecent assault and assault by penetration. Under Rule 34(3) of the GMC's Fitness to Practise Rules, the production of a Certificate of Conviction from a court in the United Kingdom, or overseas, shall be conclusive evidence of the offence committed by the practitioner.

8. The Tribunal received legal advice that other than in exceptional circumstances a doctor cannot challenge a criminal conviction. A Doctor may prove that they were not the person referred to in the Certificate of Conviction, but this is not alleged by Dr Davis. The fact that he is serving a custodial sentence and is appealing the conviction confirms that he is the subject of that Certificate of Conviction.

9. In accordance with Rule 34(3) and Rule 17(2)(e) of the Rules, the Tribunal announced the Allegation in its entirety found proved.

Determination on Impairment

10. Having found Dr Davis' conviction and sentence proved, the Tribunal went on to decide, in accordance with Rule 17(2)(l) of the Rules, whether Dr Davis' fitness to practise is currently impaired by reason of his conviction.

Submissions

On behalf of the GMC

11. Mr Terence Rigby, Counsel, submitted that Dr Davis' fitness to practise is impaired. He submitted that the Tribunal should consider whether Dr Davis poses a risk to the public or to public confidence in the medical profession and whether a finding of impairment was necessary to uphold proper standards of conduct for members of the medical profession.

12. Mr Rigby submitted that Dr Davis was in a particular position of trust as a doctor within the community which he served, in addition to the trusted position occupied by all doctors. He submitted that the seriousness of this case was aggravated by the vulnerability of the patients involved. Mr Rigby submitted that there was no mitigation of the seriousness in this case, noting Dr Davis' not guilty plea and the fact that he has provided the Tribunal with no evidence of his good character, as well as no evidence of insight or remediation. Referring the Tribunal to the test set out by Dame Janet Smith in her 5th Shipman report, Mr Rigby submitted that the Tribunal must find that the conduct in this case had not been remedied and was highly likely to be repeated.

The relevant legal principles

13. 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.

14. The Tribunal are reminded that the purpose of fitness to practise hearings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. Consequently, the test of current impairment is a forward looking one. This Tribunal must determine whether Dr Davis' 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.

15. The Tribunal received Legal advice that the new guidance took effect in respect of MPTS hearings from 24 November 2025 and the approach to Impairment set out therein was adopted.

16. The Tribunal must first satisfy itself that there is a legal basis for considering the doctor's fitness to practise. In this case the statutory ground is that of conviction.

17. The Tribunal applied the Introductory Guidance on Sexual Misconduct and for Conviction cases in identifying the starting point for assessing seriousness. It went on to identify any features that increased seriousness and then confirmed where on the spectrum of seriousness the allegation was.

18. The Tribunal went on to assess whether Dr Davis poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal considered:

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

19. The Tribunal should, having identified a current and ongoing risk to public protection, state which parts of public protection, patient safety, public confidence and/or upholding professional standards, are engaged.

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

20. The Tribunal first considered whether there was a legal basis on which to consider impairment of Dr Davis' fitness to practise. It had regard to the facts found proved in respect of the doctor's conviction for serious sexual offences and noted that conviction of a criminal offence is a statutory ground. The Tribunal therefore determined that there was a legal basis on which to consider the question of impaired fitness to practise.

21. The Tribunal identified that the sexual misconduct that Dr Davis had been convicted of was a serious departure from the professional standards doctors are expected to meet. Good doctors act with integrity and ensure their conduct justifies their patients' trust in them and the public's trust in their profession.

Where on the spectrum of seriousness does the allegation lie?

22. The Tribunal bore in mind that, whilst all allegations which have been referred to a Medical Practitioners Tribunal hearing are considered serious, within the range of these matters some allegations will be more serious than others. The Tribunal's assessment of where a case falls on the spectrum of seriousness must reflect the individual circumstances of each case.

23. The Tribunal began by identifying the starting point for assessing seriousness in this case, noting that cases involving sexual misconduct will usually fall at the higher end of the spectrum of seriousness, as set out in paragraph 63 of the *'MPTS Guidance for Tribunals: Guidance Introduction'* ('the Introductory Guidance') as follows:

> *63. Whilst a range of behaviour can be seen, the nature of the departure from the professional standards usually means these concerns or allegations fall at the higher end of the spectrum of seriousness. Even a single incident of sexual misconduct can have a significant harmful impact and pose a high level of risk to public protection.*

24. The Tribunal also had regard to the following sections from the Introductory Guidance, which address the impact of sexual misconduct on public protection.

> *'Sexual misconduct can cause serious harm to the physical, emotional and/or psychological wellbeing of a patient or member of the public, including colleagues. This impact can be long lasting and may affect how a person accesses health services in the future.*
> *…*
>
> *Patients must have confidence in doctors to behave professionally towards them, especially during consultations and where a doctor needs to carry out an intimate examination. Sexual misconduct arising inside a doctor's professional practice will result in a breakdown of trust and undermine public confidence.*
>
> *…*
>
> *Sexual misconduct towards any individual will undermine the doctor's integrity and amount to a significant breach of professional standards.'*

25. The Tribunal took into account 'case type 8' of the Introductory Guidance:

> *236 Very rarely, a doctor will be convicted for a criminal offence relating to their clinical practice. For example, conducting a clinical procedure without proper consent [..]*
>
> *237 Where this is the case, these matters will usually fall at the higher end of the spectrum of seriousness, along with cases in which the doctor received a criminal conviction or other court sanction resulting in a custodial sentence.*

26. This guidance goes on to underline that behaviour that has led to a conviction may impact on the physical, emotional and/or psychological wellbeing of a member of the public and this can be long lasting and may impact on how a person accesses health services in the future.

27. In addition to the Introductory Guidance, the Tribunal also took into account the *MPTS Guidance for Tribunals: 'Medical Practitioners Tribunal Hearings'* ('the MPT Guidance'). In assessing where on the spectrum of seriousness this case falls, the Tribunal had regard to paragraphs 31 and 36 of the MPT Guidance, which set out factors which may increase seriousness. It identified the following factors which are relevant to Dr Davis' case, in that the behaviour which led to his conviction:

- Was repeated
- Was directed toward people with a vulnerability (in this case, because of a lack of knowledge and complete reliance on Dr Davis by the patients)
- Was premeditated
- Was predatory
- Was an abuse of professional position
- Represented a reckless disregard for patient safety or professional standards
- Undermined a system designed to protect the public
- Put his own interests before those of patients

28. The Tribunal had regard to the Judge's sentencing remarks made at Dr Davis' criminal trial, in which the Judge considered that both complainants, due to their XXX conservative upbringing, had been 'particularly naïve, innocent and, in [my] judgement, very vulnerable.' The Tribunal considered that this demonstrated that Dr Davis focused on these particular patients and his actions were premeditated and predatory. The Tribunal also bore in mind

that there were two offences, committed over ten years apart, indicating repeated conduct. The sexual offences took place within a clinical setting and were directed against patients, indicating a reckless disregard for patient safety and for professional standards of behaviour. The Tribunal also took into account the evidence of ongoing impact on the victims, and in respect of Patient A on her access to healthcare.

29. The Tribunal also bore in mind the Judge's remarks about the particular position of 'immense trust' in which Dr Davis was held by patients within his community, as a respected man 'whom they had been told knew best.' The Tribunal considered that this further increased the seriousness of the allegation which has been found proved in this case, placing it toward the very highest end of the spectrum of seriousness.

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

30. The Tribunal went on to consider whether there is any relevant context in this case which may have directly or indirectly affected the doctor's behaviour, whether it is appropriate to take any such context into account, and if so, what impact any context has on the level of risk to public protection in this case. There are three types of relevant context which may apply in a given case: working environment context, role and experience, and personal context.

31. The Tribunal noted that the impact relevant context might have on a doctor can be negative or positive and so, where contextual factors do have an impact, they can increase or decrease the level of current and ongoing risk posed to public protection. The Tribunal also took into account that, for cases falling at the higher end of the spectrum of seriousness, evidence of relevant context that may decrease the level of risk will usually carry less weight.

32. The Tribunal considered that Dr Davis' role as a General Practitioner, and in the particular the high degree of respect and trust afforded him by the XXX community within which he carried out his GP work, was a contextual factor in this case. The Tribunal considered that, as the doctor to whom these patients were referred by their parents and their XXX and a respected member of the community, Dr Davis should have been attuned to the fact that both young women were in a vulnerable position when providing their intimate history and for any intimate examinations. Whilst the Tribunal noted, as pointed out by the Judge in the criminal case, that the GMC guidelines in force at the time of the first offence did not require that a chaperone was necessary in all such consultations, it nevertheless

considered that Dr Davis should have been cognisant of the need to uphold the dignity of patients, particularly in these circumstances.

33. The Tribunal did not find that there was any relevant context which may decrease the level of current and ongoing risk posed to public protection. The Tribunal found that, while avoiding double counting, by reason of Dr Davis' role and long experience as a GP in that close knit community, the contextual factors present in this case rather increased the level of risk.

How has Dr Davis responded to the allegation?

34. The Tribunal next considered the evidence in respect of the doctor's insight and any efforts toward remediation which have been undertaken since the events occurred.

35. The Tribunal considered that Dr Davis has not provided any evidence of insight into the conduct which led to his conviction. The Tribunal noted that Dr Davis maintains his innocence of the allegations, following his not guilty plea at trial. Registrants are entitled to maintain that they did not engage in the conduct of which they are convicted, and acceptance of guilt is not always necessary to demonstrate insight. Dr Davis has taken no accountability for and offered no reflection on the actions that have resulted in the distress caused to his patients.

36. The Tribunal considered that Dr Davis could have demonstrated evidence of insight in this case by reflecting on his practise in respect of obtaining and recording informed consent from patients before conducting intimate examinations, offering chaperones and maintaining full and contemporaneous notes of the offer and identity of chaperones and clinical findings. The Tribunal also noted that Dr Davis has not provided the Tribunal with any evidence to show that he acknowledges the impact these events have had on the patients, which was made clear to him by their giving evidence at his trial. The Tribunal noted that Dr Davis has shown no empathy or remorse for either of these patients.

37. In respect of remediation, the Tribunal had regard to paragraphs 94, 95 and 96 of the MPT Guidance, which state:

> *94. For a doctor to successfully remediate, it's important they have insight into the allegation. This is because to actively address an allegation about their behaviour,*

performance, or impact of a health condition, a doctor must first recognise there is a concern and try to understand how it arose.

38. As the Tribunal has found that Dr Davis has not provided any evidence to show that he has insight into the seriousness or impact of his offences, any evidence of remediation if it had been produced, would have had little persuasive effect.

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

39. The Tribunal has determined that there is a high level of current and ongoing risk to public protection in this case. The Tribunal was satisfied that all three parts of public protection are engaged, namely patient safety, public confidence and professional standards.

40. In determining the level of current and ongoing risk to public protection, the Tribunal took into account the following factors, set out at paragraph 131 of the MPT Guidance as follows:

- Where on the spectrum of seriousness does the allegation lie – lower end, mid-range, higher end? *This provides the starting point for assessing current and ongoing risk to public protection – low, medium or high.*
- Is there relevant context known about the doctor or their working environment that impacted on the doctor's behaviour, performance or health and what impact does this have on the assessment of current and ongoing risk – decreases risk, has no impact on risk, increases risk?
- How has the doctor responded to the allegation and what impact does this have on the assessment of risk – decreases risk, has no impact on risk, increases risk?

41. The Tribunal also noted the MPT Guidance at paragraph 134, which sets out that the starting point for assessing current and ongoing risk to public protection will be high in cases where the allegation falls at the higher end of the spectrum of seriousness.

42. The Tribunal took into account its finding that the offences were at the high end of the spectrum of seriousness, involving repeated offences of sexual assault against vulnerable patients in a clinical setting. It has also taken into account that the context of Dr Davis' trusted and respected role as a GP within his community. Finally, it has borne in mind its finding that Dr Davis has not demonstrated any insight or remediation and that there are no

contextual matters which may be considered to lower the current and ongoing risk to public protection.

43. The Tribunal has therefore determined that Dr Davis' fitness to practise is impaired by reason of his conviction.

Determination on Sanction - 26/11/2025

The Evidence

44. 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

45. On behalf of the GMC, Mr Rigby submitted that the appropriate and proportionate sanction in this case was erasure. He referred the Tribunal to its determination at the impairment stage of the hearing, noting the sections of the guidance identified as relevant to the Tribunal's consideration in this determination. He noted that the Tribunal has determined that Dr Davis' case falls at the higher end of the spectrum of seriousness.

46. Mr Rigby referred the Tribunal to the MPT Guidance, specifically Part C, paragraphs 55 – 59 which deal with erasure. He submitted that Dr Davis has demonstrated no insight into his conduct and that the risk of repetition in this case is high. Mr Rigby submitted that, in all the circumstances of this case, the only appropriate sanction is erasure.

The Tribunal's Determination on Sanction

47. The Tribunal accepted legal advice and the procedure to be adopted under the new MPT Guidance. It has taken account of Paragraph 10, Part C, of the MPT guidance. 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.

48. 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 bandings for sexual misconduct and conviction cases as set out in Part C of the MPT Guidance. It has also considered the impact of any specific sanction type. The Tribunal noted that no references or testimonials have been provided and so was unable to take these into account.

49. The Tribunal had regard to paragraph 63, Part C, of the MPT Guidance, which sets out the sanctions bandings for specific types of case, and noted that sexual misconduct and conviction cases are banded at the higher level of risk to public protection. The Tribunal also bore in mind its findings at the impairment stage that the conduct which led to Dr Davis' conviction was at the higher end of the spectrum of seriousness and posed a high level of current and ongoing risk to public protection. Where the highest risk to public protection is identified in the most serious case the sanctions banding set out in the guidance is suspension for 12 months to erasure.

No action

50. The Tribunal first considered whether to conclude the case by taking no action. It noted paragraph 12, Part C, of the MPT Guidance, which sets out that a finding of impaired fitness to practise would result in no action being taken by a Tribunal only in exceptional circumstances. The Tribunal could not identify any such exceptional circumstances.

Conditions

51. The Tribunal next considered whether to impose conditions on Dr Davis' registration. It noted paragraphs 19 and 20 of Part C of the MPT Guidance and bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.

52. As a starting point, the Tribunal considered that the sanctions banding for this case type does not indicate that conditions would be sufficient to meet the level of risk to public protection. The Tribunal further considered that Dr Davis is currently in prison. The Tribunal concluded that it would not be possible to formulate conditions which would be workable or appropriate in this case.

Suspension

53. The Tribunal noted paragraph 47 Part C of the MPT Guidance, which states:

47 A short suspension may be appropriate in cases where: the doctor's behaviour fell at the higher end of the spectrum of seriousness; there was evidence of relevant context and/or evidence of insight and remediation that decreased the level of current and ongoing risk to public protection such that there are no outstanding patient safety considerations; and suspension is being imposed on public confidence grounds and/or to maintain professional standards.

54. The Tribunal referred back to its findings at impairment that Dr Davis has shown no insight or remediation and determined that, given the seriousness of the case and the ongoing risk to the public posed by Dr Davis' conviction, any period of suspension would be insufficient to uphold the overarching objective, namely to protect patients, uphold the public interest and promote and maintain proper standards of conduct for registered medical professionals.

Erasure

55. The Tribunal, having concluded that a suspension order would be insufficient to protect the public, determined that the appropriate and proportionate sanction is erasure.

56. The Tribunal had regard to the following paragraphs of Part C of the MPT Guidance, which deal with erasure:

55 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.

56 Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.

57 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.*

57. The Tribunal identified that the above paragraphs are relevant to this case and concluded that Dr Davis' actions were fundamentally incompatible with continued registration. He showed a lack of insight into the seriousness of his behaviour and the impact this had on the patients. Dr Davis' conviction for repeated sexual assaults of vulnerable patients in a clinical setting seriously undermines patients' and the public's trust and confidence in the medical profession and inevitably brings the profession as a whole into disrepute. In these circumstances, the Tribunal concluded that the only proportionate sanction is erasure.

58. The Tribunal therefore determined to erase Dr Davis' name from the medical register.

Determination on Immediate Order - 26/11/2025

59. Having determined that Dr Davis' name shall be erased from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Davis' registration should be subject to an immediate order.

Submissions

60. On behalf of the GMC, Mr Rigby submitted that, given the seriousness of the case and the Tribunal's findings about the high level of current and ongoing risk to public protection, Dr Davis' registration should be subject to an immediate order of suspension during the

appeal period. He referred the Tribunal to paragraph 84 of Part C the MPT Guidance, which deals with immediate orders.

The Tribunal's Determination

61. The Tribunal had regard to paragraph 84 of Part C of the MPT Guidance, as follows:

> *84 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.*

62. The Tribunal concluded that, given the risk posed to patients by the actions which led to Dr Davis' conviction, the high level of risk to public protection and the necessity to uphold public confidence in the medical profession, it was necessary to impose an immediate order in this case.

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

ANNEX A - 25/11/2025

Determination on service and proceeding in the doctor's absence

Service

64. Dr Davis was not present or represented.

65. The Tribunal was provided with a Proof of Service bundle containing:

- GMC Notice of Allegation dated 9 October 2025
- MPTS Notice of Hearing dated 14 October 2025

66. The GMC Notice of Allegation letter was sent to Dr Davis by Special Delivery care of XXX on 9 October 2025 and was also sent by email to Dr Davis' solicitor Mr C on 9 October 2025. The Tribunal was provided with records of delivery on 9 and 10 October 2025.

67. The Tribunal had regard to an email from Mr C dated 15 October 2025, which stated that Dr Davis was content for the hearing to proceed in his absence. It also had regard to a letter from Dr Davis to the GMC dated 20 October 2025, in which he stated that he would not be attending the hearing or instructing representation. The Tribunal noted that the correspondence from Dr Davis and Mr C both made reference to Dr Davis' intention to appeal his conviction. The Tribunal noted that Dr Davis' application to postpone the hearing on this basis had been refused by the MPTS.

68. The Tribunal, having had regard to the above records of correspondence, was satisfied that service of notification of the hearing has been effected.

Proceeding in Absence

69. Having determined that notice of this hearing has been properly served on Dr Davis, the Tribunal went on to consider whether it would be appropriate to proceed with the hearing in his absence in accordance with Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions on behalf of GMC

70. Mr Rigby submitted that it would be in the interests of justice to proceed with the hearing in Dr Davis' absence. In respect of Dr Davis' previous application for a postponement in order to wait for the outcome of an appeal of his conviction, he submitted that it would not be proportionate to adjourn the hearing on this basis. He submitted that at this point it is entirely speculative whether Dr Davis will be granted permission to appeal his conviction and submitted that this process was likely to take some time. He reminded the Tribunal that Dr Davis' solicitor had stated within his email of 15 October that Dr Davis was content for the hearing to proceed in his absence. In these circumstances, Mr Rigby submitted that it was appropriate to proceed in Dr Davis' absence.

The Tribunal's decision

71. The Tribunal balanced Dr Davis' interests with the public interest in deciding whether to proceed in his absence and exercised the utmost care and caution.

72. The Tribunal noted that Dr Davis was provided with the opportunity to attend from prison via Microsoft Teams and has expressed via his legal representative that he is content for the hearing to proceed in his absence. The Tribunal noted that Dr Davis referenced his intention to appeal his conviction within his letter of 10 October and indicated that he considered it may be better to wait to hear his case until the outcome of an appeal was known. The Tribunal, having read the email of 7 November from Dr Davis' representative Mr C, accepted that there was no formal application to adjourn the hearing. The Tribunal considered that Dr Davis had deliberately and voluntarily waived his right to appear. He had waived his right to representation and although an adjournment might result in his attendance after his criminal appeal was concluded it was impossible to predict when this might be and there was a public interest in the hearing taking place within a reasonable time.

73. The Tribunal acknowledged that there may be a disadvantage to Dr Davis in not participating in these proceedings, however, that disadvantage would not be as great as in other cases given the nature of this case and there being no need for the Tribunal to make findings of fact on the conviction. In any event, the Tribunal concluded that any such disadvantage was significantly outweighed by the public interest in ensuring that Dr Davis' case is reviewed and determined expeditiously.

74. The Tribunal therefore determined that it was fair and reasonable to proceed in Dr Davis' absence.