

PUBLIC RECORD**Dates:** 08/05/2025**Doctor:** Dr Nathaniel KNOX CARTWRIGHT**GMC reference number:** 4731557**Primary medical qualification:** BM BCh 2000 Oxford University

Type of case	Outcome on impairment
Review - Misconduct	Not Impaired
XXX	XXX

Summary of outcome

Conditions revoked

Tribunal:

Legally Qualified Chair	Ms Jayne Wheat
Lay Tribunal Member:	Mr Matthew Fiander
Registrant Tribunal Member:	Dr Andrew Leach

Tribunal Clerk:	Ms Kanwal Rizvi
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Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Robert Dacre, Counsel, instructed by Medical Protection Society
GMC Representative:	Mr Julian King, 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 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.

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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 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.

The Outcome of Applications Made during the Impairment Stage

3. At the outset of the hearing, Mr Julian King, Counsel for the GMC, made an application that, in accordance with Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 ('the Rules'), the entirety of the hearing should be heard in private XXX. This application was supported by Mr Dacre, Counsel, on behalf of Dr Knox Cartwright. Having received advice from the Legally Qualified Chair (LQC), and noting the provisions of Rule 41(3), along with the issues to be considered during the hearing, the Tribunal agreed that the hearing would proceed in private. XXX

Background

The 2022 Hearing

4. 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').

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5. 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.

6. XXX

7. Dr Knox Cartwright admitted the allegation in its entirety.

8. 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.

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 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 order of conditions to remain in place and it determined to direct a review.

14. 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.

The 2024 Hearing

15. The parties again agreed that Dr Knox Cartwright's fitness to practise remained impaired.

16. XXX

17. XXX

18. XXX

19. XXX

20. The 2024 Tribunal found that XXX and that this constituted a breach of the conditions on his registration. The 2024 Tribunal noted that when presented with the evidence of various breaches, Dr Knox Cartwright's position remained the same, in that he XXX. It considered that this created a concern not just about the breach itself, but in relation to XXX and about lack of probity.

21. XXX

22. The 2024 Tribunal determined that Dr Knox Cartwright's current fitness to practise was impaired by reason of his misconduct XXX.

23. The 2024 Tribunal determined to direct a review of Dr Knox Cartwright's case. The 2024 Tribunal wished 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 stated that it may assist the next 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.

The Evidence

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

25. The Tribunal received documentary evidence which included, but was not limited to:

- XXX;
- Workplace Clinical Supervision Report from Dr F, Consultant Ophthalmologist, dated 17 April 2025;
- Records of Determinations from previous MPT hearings, various dates;
- XXX;
- Email correspondence between the GMC and Dr Knox Cartwright, various dates;
- XXX;
- Dr Knox Cartwright's reflections;
- Dr Knox Cartwright's Return to Work documentation;
- XXX; and
- Testimonials.

Submissions

26. On behalf of the GMC, Mr King began by acknowledging the history of the case and the new material submitted by and on behalf of Dr Knox-Cartwright, stating that the GMC's stance on his current impairment was neutral.

27. Mr King submitted that the GMC recognises that XXX is not always linear and straightforward. However, there has been significant progress. XXX.

28. On behalf of Dr Knox Cartwright, Mr Dacre submitted that, given the recent developments XXX, Dr Knox Cartwright is no longer impaired and should now be permitted to return to unrestricted practice.

29. Mr Dacre submitted that it has been three years since the imposition of conditions on Dr Knox Cartwright's registration. It is just short of six years since the behaviour that gave rise to the misconduct side of the case. He drew the Tribunal's attention to the previous reviews and that XXX has not been straightforward or linear. He submitted that in contrast to earlier reviews, Dr Knox Cartwright can now demonstrate XXX and through his reflections, show that he now has appropriate insight into his misconduct.

30. XXX

31. Mr Dacre submitted that over the past three years, Dr Knox Cartwright has undertaken significant work to anticipate and manage the stressors that previously contributed XXX. He added that this provides reassurance that, XXX, he now has appropriate support systems in place to respond to it in a professional manner.

32. In response to the Tribunal questions, Mr Dacre informed that Dr Knox Cartwright is working full time in clinical practise with clinics, albeit not in the operating theatre or on call.

The Relevant Legal Principles

33. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the 2024 Tribunal set out the matters that a future Tribunal may be assisted by. This Tribunal is aware that it is for the doctor to satisfy it that he would be safe to return to unrestricted practice.

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

35. XXX

The Tribunal's Determination on Impairment

36. The Tribunal had regard to the evidence which the 2024 Tribunal had indicated may assist in reviewing Dr Knox Cartwright's case, in addition to the most recent documentary evidence. The Tribunal carefully considered the XXX alongside the objective evidence, XXX.

37. The Tribunal took into account the previous Tribunal's finding on impairment. The Tribunal placed weight upon XXX, which concluded that Dr Knox Cartwright is fit to practise generally. It acknowledged that the XXX opinion was finely balanced and noted that it was the view of XXX that Dr Knox Cartwright XXX, and had developed good insight into XXX his previous misconduct XXX.

38. XXX

39. XXX

40. The Tribunal gave significant weight to XXX. It found that Dr Knox Cartwright, through his reflections, had demonstrated a development of his insight by fully acknowledging the earlier breaches of his conditions, XXX, and offering an apology in his reflective statement. The Tribunal concluded that this development of insight alongside Dr Knox Cartwright having had XXX was determinative. The Tribunal also considered that Dr Knox Cartwright had indirectly

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demonstrated how he would react if something went wrong, by his immediately notifying his workplace supervisor XXX.

41. Based on all the evidence before it, the Tribunal concluded that Dr Knox Cartwright's fitness to practise is no longer impaired by reason of misconduct XXX.

42. The Tribunal has noted that the current order of conditions on Dr Knox Cartwright's registration is due to expire on 25 May 2025. In the light of its findings on impairment, and noting the totality of Dr Knox Cartwright's evidence in terms of the progress he has made, the Tribunal revokes the order of conditions with immediate effect.

43. That concludes the case.