

PUBLIC RECORD

Dates: 26/08/2025 - 27/08/2025

Doctor: Dr Stephen COX

GMC reference number: 2605957

Primary medical qualification: LMSSA 1982 Society of Apothecaries of
London

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	Mr Sean Ell
Lay Tribunal Member:	Miss Tamina Greaves
Registrant Tribunal Member:	Dr William Seligman

Tribunal Clerk:	Mr Matt O'Reilly
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Megan Tollitt, 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 - 26/08/2025

Background

1. Dr Stephen Cox qualified in 1982 with a LMSSA through the Society of Apothecaries of London.
2. The background events which have given rise to this hearing are that on 7 October 2024, Dr Cox was, following a trial, sentenced to a total of 22 years imprisonment at Reading Crown Court having been convicted of 11 counts of indecent assault on a woman over 16 years of age, and 1 count of indecent assault on a girl under the age of 14.
3. Five (5) of the counts of indecent assault on a woman were in respect of Person A, and there was 1 count of indecent assault in respect of each of Person B, C, D and G, and 2 counts of indecent assault in respect of Person F. The 1 count of indecent assault on a girl under the age of 14 was in respect of Person E, who was XXX years old at the time of the assault. The offences spanned a period from July 1988 through to September 1997. All of the offences were committed whilst Dr Cox was working as a General Practitioner 'GP'.

The Outcome of Applications Made during the Facts Stage

4. At the outset of the hearing, the Tribunal granted an application made by Ms Megan Tollitt, Counsel, on behalf of the GMC, that the Notice of the Hearing had been served on Dr Cox in accordance with Rule 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). The Tribunal granted Ms Tollitt's application, made pursuant to Rule 31 of the Rules, that the Tribunal should proceed to hear the case in Dr Cox' absence. The Tribunal's written decision is included at Annex A.

5. Ms Tollitt also made an application to amend the allegation pursuant to Rule 17(6) of the Rules. She invited the Tribunal to strike out paragraph 2b of the Allegation and replace it with a new paragraph 3:

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

Ms Tollitt submitted that the amendment was an accurate reflection of the judgement as whilst often referred to as the '*sex offenders register*', the correct description in the legislation is that Dr Cox has become subject to notification requirements. She submitted the proposed amendment would make sure that the Allegation properly reflects that Dr Cox becomes subject to those requirements by virtue of his conviction and sentence, as opposed to it being an ancillary order that the court has imposed on him. The Tribunal considered that the proposed amendment would result only in a change of terminology to reflect the correct legislative language, as opposed to changing the substance of the allegation in any way. The Tribunal took into account that Dr Cox is not present but determined that the proposed amendment, given the nature of it, could be made without any injustice to Dr Cox. It therefore granted the application.

The Allegation and the Doctor's Response

6. The Allegation made against Dr Cox is as follows:

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

1. On 4 October 2024 at Reading Crown Court, you were convicted of:
 - a. 11 offences of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956; **To be determined**
 - b. Indecent assault on a girl under the age of 14 pursuant to s14(1) and Schedule 2 of the Sexual Offences Act 1956. **To be determined**
2. On 7 October 2024, at Reading Crown Court:
 - a. you were sentenced to a total of 22 years imprisonment; **To be determined**
 - b. ~~an ancillary order for indefinite registration on the Sex Offender's Register was imposed on you.~~ **Withdrawn pursuant to Rule 17(6)**

3. As a result of the conviction and sentence set out in paragraphs 1 and 2, you became subject to indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003. **Amended pursuant to Rule 17(6) / To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

The Admitted Facts

7. As Dr Cox was neither present nor represented, and no facts were admitted, the Tribunal had to consider and make a determination in relation to each paragraph of the Allegation, as set out above.

Documentary Evidence

8. The Tribunal had regard to the documentary evidence provided by the GMC and a written letter provided by Dr Cox, dated 18 August 2025. The evidence before the Tribunal included but was not limited to a copy of the indictment, dated 26 January 2024; the Certificate of Conviction, dated 6 December 2024; and the Judge's sentencing remarks, dated 7 October 2024. The Tribunal also had before it a copy of the Charge Sheets (various), and an email chain between the GMC and Thames Valley Police in which the offences for which he was convicted were clarified, dated 15 April 2025.

The Tribunal's Approach

9. In reaching its decision on facts, the Tribunal bore in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Cox does not need to prove anything. The standard of proof applied is that applicable to civil proceedings, namely the balance of probabilities, i.e. whether it is more likely than not that the events occurred.
10. The Tribunal reminded itself that it must form its own judgment about the evidence presented to it.
11. The Tribunal also bore in mind Rules 34(3) of the Rules, which state:

"34

...

(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.”

The Tribunal’s Analysis of the Evidence and Findings

12. In respect of paragraphs 1a and b of the Allegation, the Tribunal noted Dr Cox’s letter of 18 August 2025 in which he maintains his innocence and sets out that he “*is currently appealing both his conviction and the sentence with the courts*”. However, following a trial, Dr Cox was convicted of the 12 offences. Before the Tribunal is a valid Certificate of Conviction confirming this. The offences set out in the certificate of conviction align with the matters set out at paragraphs 1a to 1b of the Allegation. The Tribunal also had regard to the transcript of the Judge’s sentencing remarks which reflect the content of the Certificate of Conviction.

13. In the circumstances, the Tribunal was satisfied that, in accordance with the Rules, the Certificate of Conviction should be accepted as conclusive evidence of the offences committed. The Tribunal therefore determined that Dr Cox was convicted of 11 offences of indecent assault on a woman over 16 years of age and 1 offence of indecent assault on a girl under the age of 14 at Reading Crown Court on 4 October 2024 and found paragraph 1a and 1b proven.

14. The Tribunal noted the indictment which sets out the nature of the offences for which Dr Cox was convicted. The offences all took place whilst Dr Cox was working as a GP between July 1988 and September of 1997, and related to 7 different patients.

15. In respect of Person A, Dr Cox was convicted of 5 counts of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956. The offences occurred on three occasions between 1 July 1988 and the 31 December 1990. On the first occasion, Dr Cox put his fingers into Person A’s vagina and touched her breasts. On the second occasion, Dr Cox touched Person A’s breasts and pressed his penis against her body. On the third occasion, Dr Cox pressed his penis against Person A’s body.

16. In respect of Person B, Dr Cox was convicted of 1 count of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956 in that between the 12 November 1990 and 25 November 1990 he indecently assaulted Person B by touching her breasts.

17. In respect of Person C, Dr Cox was convicted of 1 count of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956 in that between the 11 March 1991 and 9 February 1993, he indecently assaulted Person C by touching her breasts.

18. In respect of Person D, Dr Cox was convicted of 1 count of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956 in that on 24 June 1991 he indecently assaulted Person D by touching her nipples.

19. In respect of Person E, Dr Cox was convicted of 1 count of indecent assault on a female person under the age of 14 years pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956 in that on 13 December 1991 he indecently assaulted Person E by stroking her leg.

20. In respect of Person F, Dr Cox was convicted of 2 counts of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956. The first offence took place between 29 June 1993 and 31 December 1994 when Dr Cox indecently assaulted Person F by pressing his erect penis onto her hand. The second offence occurred during the same period, Dr Cox indecently assaulted Person F by touching her breast and nipples.

21. In respect of Person G, Dr Cox was convicted of 1 count of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956 in that between 1 June 1997 and 30 September 1997 he indecently assaulted Person G by putting his fingers into her vagina.

22. In respect of paragraph 2a of the Allegation, the Tribunal noted that the Certificate of Conviction confirms the information contained within paragraphs 2a as to the length of the prison sentence imposed on Dr Cox for the 12 offences. The length and nature of the sentence is also confirmed in the Judge's sentencing remarks. The Tribunal was therefore satisfied that Dr Cox was sentenced to a total of 22 years' imprisonment at Reading Crown Court on 7 October 2024.

23. In respect of paragraph 3 of the Allegation, the Tribunal again noted that the Certificate of Conviction confirms the imposition of a "Notification of requirement to Register with the Police" and that the Judge's sentencing remarks confirm that Dr Cox would be subject to notification requirements for an indefinite period. The Tribunal accepted the accuracy of the information recorded in respect of the sentence imposed and the resulting notification requirement contained within the Certificate of Conviction and the Judge's sentencing

remarks.

24. The Tribunal therefore found the Allegation proven in its entirety.

The Tribunal's Overall Determination on the Facts

25. The Tribunal has determined the facts as follows:

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

1. On 4 October 2024 at Reading Crown Court, you were convicted of:
 - a. 11 offences of indecent assault on a woman over 16 years of age pursuant to s14 (1) and Schedule 2 of the Sexual Offences Act 1956;
Determined and found proved
 - b. Indecent assault on a girl under the age of 14 pursuant to s14(1) and Schedule 2 of the Sexual Offences Act 1956.
Determined and found proved
2. On 7 October 2024, at Reading Crown Court:
 - a. you were sentenced to a total of 22 years imprisonment;
Determined and found proved
 - b. ~~an ancillary order for indefinite registration on the Sex Offender's Register was imposed on you.~~ **Withdrawn pursuant to Rule 17(6)**
3. As a result of the conviction and sentence set out in paragraphs 1 and 2, you became subject to indefinite notification requirements pursuant to sections 80 and 82 of the Sexual Offences Act 2003. **Determined and found proved**

And that by reason of the matters set out above your fitness to practise is impaired because of your conviction. **To be determined**

Determination on Impairment - 27/08/2025

26. 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 Cox's fitness to practise is impaired by reason of his conviction.

The Evidence

27. The Tribunal has taken into account all the evidence received during the facts stage of the hearing. In addition, the Tribunal received the Fitness to Practise Panel decision, dated 27 September-11 October 2010 ('the 2010 Panel'), in respect of previous regulatory findings against Dr Cox.

Submissions

28. Ms Tollitt submitted that at this stage of proceedings there was no burden or standard of proof, that the decision on impairment was a matter for the Tribunal's judgement. She submitted that Dr Cox's fitness to practise is impaired by reason of his conviction. Ms Tollitt referred the Tribunal to the case of *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin*, which adopted the factors to consider when determining the question of impairment, as set out by Dame Janet Smith in the 5th Shipman Report. She submitted that limbs b and c of the features likely to be present when a doctor's fitness to practise is found to be impaired, namely, *has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession*, were present in this case.

29. Ms Tollitt referred the Tribunal to the case of *Meadow v GMC [2006] EWCA Civ 1390*, in which the Court of Appeal confirmed that impairment is a forward-looking assessment, that purpose of the proceedings was 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, so the Tribunal looks forward not back. She submitted that in order to form a view of whether a practitioner is fit to practise today, an account will have to be taken of the way in which that practitioner has acted or failed to act in the past.

30. Ms Tollitt submitted that Dr Cox has been convicted of offences against seven separate female patients, with offending spanning a period of over 9 years and the victims of those offences were vulnerable. She referred the Tribunal to the Judge's sentencing remarks in which the Judge said that Dr Cox had picked his female victims carefully, knowing that because of their age or history and background, they would be less likely to complain. Ms Tollitt reminded the Tribunal that Person E was just XXX years old. She said the Judge continued, noting that several others had just come out of abusive or violent relationships, or

had become unexpectedly pregnant, or had lives which were at capacity in terms of what they were coping with. She said the Judge noted that one of the victims was suffering with a severe grief reaction following the death of XXX, and had relied upon Dr Cox for support. She said the Judge stated several of the victims were pregnant and therefore more likely to submit to examinations that they thought were designed to look after them. Further, that the offending was of a sexual nature and involved a range of inappropriate touching, which for two of the victims, Person A and Person G, involved Dr Cox penetrating their vagina with his fingers.

31. Ms Tollitt submitted that despite the passage of time, this offending had a lasting impact which could be seen from the victim's personal statements. The impacts described included the loss of trust in the medical professional and in men generally. Person E who was a child at the time of the offending referred to the effect the incident had on her relationship with her parents and across those statements the victims describe being haunted and experiencing feelings of upset guilt, betrayal, anxiety and anger. Ms Tollitt submitted that the offences were committed against patients in the course of Dr Cox's work as a trusted GP, that there was an inherent power imbalance between a doctor and a patient and that the Judge stated that offences demonstrated the gross breach of that trust. Ms Tollitt submitted that the Judge remarked that the conviction struck at the heart of everything the medical profession stands for. That Dr Cox was, in a sense, the worst kind of sexual predator hiding in plain sight behind the guise of a trusted family friendly GP, but who took advantage of the unique position he was in to abuse and satisfy his sexual desires.

32. Ms Tollitt submitted that Dr Cox's offending fell far short of proper professional standards for members of the medical profession in terms of those professional standards. She referred the Tribunal to Good Medical Practise 1995 ('GMP'). She submitted that the first version of Good Medical Practise had not yet been published at the time that the majority of these offences were committed, but that it had come into force at the time of the offending against Person G in 1997, so was applicable in that regard. She submitted that paragraphs 1, 11 and 17 of GMP were engaged in this case. Namely;

"1. Patients are entitled to good standards of practice and care from their doctors. Essential elements of this are professional competence, good relationships with patients and colleagues and observance of professional ethical obligations.

11. Successful relationships between doctors and patients depend on trust. To establish and maintain that trust you must:

...

- *respect patients' privacy and dignity...*

17 *You must not abuse your patients trust. You must not, for example:*

- *use your position to establish improper personal relationships with patients...*

33. When considering the risk of repetition, Ms Tollitt submitted that whilst the date of the conviction was in October 2024, the offences themselves were historic dating back 20 years. She said that notwithstanding this, it could not be said that Dr Cox has continued to practise since this time without further concerns being raised. Ms Tollitt referred the Tribunal to the findings of the 2010 Panel in which Dr Cox's fitness to practise was determined to be impaired by reason of misconduct. Ms Tollitt informed the Tribunal that the 2010 Panel found that Dr Cox had engaged in inappropriate and sexually motivated behaviour towards two female patients and a female medical student, whilst he was working as a GP, and a GP trainer for the medical student. Ms Tollitt submitted that whilst these incidents post-date the criminal offences, they predate Dr Cox's conviction. She said that the 2010 Panel suspended Dr Cox for 9 months.

34. Ms Tollitt submitted that this Tribunal may take the view that there was a clear and concerning parallel regarding Dr Cox's sexually motivated misconduct between 2007 and 2009, and the facts of the offences committed in the 1980s and 1990s. She submitted that Dr Cox has not practised as a doctor since 2016 and that he is serving a lengthy custodial sentence. She said however, were he ever to be at liberty and in a position to return to practise, with the history of his offending, considered with his fitness to practise to history, it would pose significant concerns about a risk of repetition of similar behaviour.

35. When considering insight, remorse and remediation, Ms Tollitt submitted that it was clear from Dr Cox's letter of 18 August 2025, that he continues to deny all of the offences for which he has been convicted. She said that in the letter Dr Cox made it clear that he did not and will not accept guilt in relation to any of these matters. She said that in that letter Dr Cox outlined the details of his defence which included denying being present at two of the consultations during which he was found to have committed offences. She said that within the sentencing remarks, the Judge observed how throughout the trial Dr Cox sought to explain away his actions by suggesting that patients were confused about what had happened in their appointments, mixed it up with other consultations, or tried to come up with an explanation to fit the facts. She said that the Judge described the explanations which had been given by Dr Cox during the criminal case as rather '*ludicrous*', '*ridiculous*' in relation to an explanation given for Person D, and '*implausible*' in relation to an explanation for Person G.

36. Ms Tollitt submitted that in his letter of 18 August 2025, Dr Cox stated that, *“I believe that for all failures of Medical Practice, especially the ones that I have been falsely accused of, there should be a demonstration of insight and remediation. If I accepted for one moment that I intentionally assaulted or harmed any patient of mine then please understand that I would desire both these things.”* Ms Tollitt submitted that Dr Cox acknowledged the need for insight and remediation. She said however that beyond this acknowledgement, there has been no actual evidence from Dr Cox. She said that he offered no reflection on the acts, the indecent assaults that he has been found guilty of, the impact of them on the victims, and that there had been no apology.

37. Ms Tollitt acknowledged that Dr Cox is serving a custodial sentence, but that there was no reference to the completion of any relevant courses prior to his time on remand in respect of professional boundaries or regarding the use of a chaperone. She said rather, Dr Cox focuses largely on the impact of the conviction and sentence on himself. Ms Tollitt submitted that all three limbs of the overarching objective were engaged in this case as Dr Cox undermined the well-being of multiple patients in acting in the way that he did during these consultations. She submitted that Dr Cox’s actions undermined fundamental tenets of the medical profession and have plainly brought the medical profession into disrepute. She submitted that a finding of impairment was necessary in this case to both protect the public, to reaffirm clear standards of professional conduct and to maintain public confidence in the profession.

The Relevant Legal Principles

38. 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.

39. The Tribunal must determine whether Dr Cox’s fitness to practise is impaired today, taking into account Dr Cox’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.

40. The LQC reminded the Tribunal that whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC and Paula Grant [2011]*

EWHC 297 Admin. The Tribunal noted that any of the following features are likely to be present when a doctor's fitness to practise is found to be impaired:

- 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 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.'*

41. The LQC reminded the Tribunal of the need to take into account the overarching objective which is to protect the public and which includes to:

- a protect and promote the health, safety and wellbeing of the public;*
- b promote and maintain public confidence in the medical profession;*
- c promote and maintain proper professional standards and conduct for the members of the profession.*

The Tribunal's Determination on Impairment

42. In reaching its determination on impairment, the Tribunal reminded itself that Dr Cox was sentenced to a total of 22 years imprisonment at Reading Crown Court on 7 October 2024, having been convicted of 11 counts of indecent assault on a woman over 16 years of age, and 1 count of indecent assault on a girl under the age of 14. These offences were committed against 6 women and 1 child, the majority of those victims being vulnerable. Dr Cox's offending also involved him penetrating the vagina of Person A and Person G with his fingers. His offending spanned a period of over 9 years and were committed in Dr Cox's role as a trusted family General Practitioner.

43. The Tribunal noted the submission made by Ms Tollitt that the first version of Good Medical Practise 'GMP' had not yet been published at the time when the majority of the offences were committed, but that it had come into force at the time of the offending against Person G in 1997.

44. The Tribunal was satisfied that the actions which led to Dr Cox's conviction in respect of Person G represented a clear breach of paragraphs 1, 11 and 17, as set out in Ms Tollitt's submission, and were a breach of fundamental tenets of the profession.

45. The Tribunal had regard to the comments made by the sentencing Judge about Dr Cox's offences, in particular that:

"Your convictions demonstrate the gross breach of trust you committed in relation to your role as a trusted GP. Doctors are amongst the most highly respected and trusted members of society. Your convictions strike at the heart of everything the medical profession stands for. You are, in a sense, the worst kind of sexual predator, hiding in plain sight behind the guise of a trusted family friendly GP but who took advantage of the unique position you were in to abuse and satisfy your sexual desires."

46. The Tribunal considered that it was clear from the evidence before it that Dr Cox had significantly and seriously departed from the standard expected of a doctor. The Tribunal considered that being able to trust doctors and be confident that they will act with integrity and within the law is fundamental to ensuring public confidence in the medical profession.

47. Offences of indecent assault, including on a child, are serious criminal offences as emphasised by the sentence of 22 years imprisonment. The Tribunal considered that breaking the law and receiving a criminal conviction of this magnitude clearly amounts to improper conduct on the part of a doctor. Such actions bring the profession into disrepute and undermine public confidence in the medical profession.

48. The Tribunal noted that Dr Cox's behaviour was repeated and sustained taking place between 1988 and 1997 (some 9 years) and involved seven patients. The Tribunal was of the view that Dr Cox had abused his professional position for his own sexual gratification. One of the patients, Person E, was a child at the time of Dr Cox's actions, she described her sense of betrayal at what Dr Cox did to her and the anxiety she has from the lasting memory of being touched by Dr Cox. The incident had a lasting effect upon her relationship with her parents as they did not know what to do. At the time Person E was XXX years old and was vulnerable, she had attended to see Dr Cox with a concern about her eye and her parents had assumed there would be no issue with Person E seeing Dr Cox on her own as there would be no intimate examination. However, Dr Cox used both hands to rub up Person E's legs, up the inside of her thighs towards the junction of her legs. When Person E became uncomfortable, Dr Cox asked her for a hug and rubbed up and down her back.

49. Dr Cox's other victims variously described in their victim personal statements, as summarised by the Judge, as being '*haunted*', having had their trust in men and doctors taken away, having issues with intimacy, feeling a sense of anger for not reporting Dr Cox

earlier and safeguarding others from him, feelings of exhaustion at having suffered in silence for 30 years and suffering a lasting legacy of anxiety.

50. The Tribunal also noted the Judge's sentencing remarks about Dr Cox's selection of his victims:

"As many sexual predators do, you picked your female victims carefully, knowing that because of their age or their history and background they would be less likely to complain. Save for one they were all in their early twenties. Several had just come out of abusive or violent relationships or had got unexpectedly pregnant or had lives which were at capacity in terms of what they were coping with."

It also noted the observation made by the Judge that:

"Many of your complainants speak of not complaining at the time because although they knew in their heart that what was happening was wrong, they doubted and questioned themselves or sought to convince themselves that what you were doing was a medically justified examination which was entirely understandable given the trusted position that you held... I have no doubt that when asked in cross-examination why they had not complained at the time that their comments that they knew it was wrong but didn't feel able to say anything given your professional position will have struck a chord with any woman listening to it who know how vulnerable a female patient can feel when undergoing intimate medical examinations."

51. The Tribunal was satisfied that Dr Cox's actions were extremely serious and breached fundamental tenets of the medical profession. Patients, the public and fellow doctors would be horrified to learn of Dr Cox's actions.

Insight, remediation, and risk of repetition

52. The Tribunal considered whether Dr Cox's conduct and his consequent conviction was remediable, whether it had been remedied and whether there was any likelihood of repetition. It also considered the level of Dr Cox's insight.

53. The Tribunal considered that Dr Cox's actions, the consequent convictions and the sentence he received, would be very difficult to remediate. He remains in prison serving a 22 year sentence and is subject to an indefinite period of notification. The Tribunal noted that although the conviction is recent, some of the offences occurred over 30 years ago. However,

the 2010 Panel made a finding of impairment against Dr Cox in October 2010 arising out of misconduct that occurred between 2007 and 2009 and included inappropriate comments to and sexually motivated touching of patients and a medical student. As such the Tribunal was of the view that the passage of time since the offences for which Dr Cox was convicted did not mitigate the substantial risk that he poses.

54. The Tribunal considered that it did not have any evidence before it from Dr Cox of remediation, apology or remorse for his actions. When considering his insight, the Tribunal noted that Dr Cox had said in his correspondence letter of 18 August 2025, that, *“I believe that for all failures of Medical Practice, especially the ones that I have been falsely accused of, there should be a demonstration of insight and remediation. If I accepted for one moment that I intentionally assaulted or harmed any patient of mine then please understand that I would desire both these things.”* The Tribunal acknowledged that Dr Cox maintained his innocence and said that he was appealing his conviction and sentence, as is his right. Whilst he accepted that if he had done what he has been convicted of, he should demonstrate insight and remediation, that is the extent of his observations. The Tribunal was not satisfied that Dr Cox has demonstrated any evidence of insight into the offences for which he has been convicted.

55. The Tribunal determined that given the absence of insight into his actions, the previous regulatory findings against Dr Cox, the prolonged period of his offending and the number of his victims that there remained a significant risk of repetition.

Impairment

56. When considering the question of impairment, as set out in *Grant*, the Tribunal was satisfied that Dr Cox’s actions breached limbs b and c. Namely that Dr Cox, *has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession.*

57. The Tribunal determined that the serious nature of the offences for which Dr Cox was convicted were abhorrent and fell significantly short of proper professional standards expected of medical professionals. It was of the view that were it not to make a finding of impairment, members of the public and members of the profession would be appalled and horrified.

58. The Tribunal considered that, in light of the seriousness of Dr Cox's conviction, and its findings as set out above, all three limbs of the statutory overarching objective would be undermined were a finding of impairment not made in this case. It concluded that Dr Cox's offending behaviour has seriously undermined public trust and confidence in the medical profession and brought the medical profession into disrepute.

59. The Tribunal concluded that a finding of impairment was therefore required in order to uphold all three limbs of the overarching objective. Namely, to protect and promote the health, safety and wellbeing of the public; promote and maintain public confidence in the medical profession; and promote and maintain proper professional standards and conduct for the members of the profession.

60. The Tribunal has therefore determined that Dr Cox's fitness to practise is currently impaired by reason of his conviction.

Determination on Sanction - 27/08/2025

61. Having determined that Dr Cox'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.

The Evidence

62. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

Submissions on behalf of the GMC

63. Ms Tollitt submitted that the appropriate sanction in this case is one of erasure from the Medical Register. She referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (February 2024) ('SG'). She said that the main reason for imposing a sanction is to protect the public pursuant to the overarching objective, and that the Tribunal should make sure the sanction imposed is appropriate and proportionate. She said that the reputation of the profession as a whole is more important than the interests of any individual doctor, but reminded the Tribunal to have regard to the principal of proportionality.

64. Ms Tollitt referred the Tribunal to the relevant paragraphs of the SG in respect of mitigating factors. Ms Tollitt reminded the Tribunal that Dr Cox is not of previous good character, as a previous finding of impairment was made against Dr Cox in 2010. Ms Tollitt highlighted the parallels between the inappropriate sexual misconduct in that 2010 case and the sexual nature of the offences for which Dr Cox has been convicted. She also said that Dr Cox has not kept up to date with his skills, as Dr Cox relinquished his licence to practise in 2016 and has not worked as a doctor since then.

65. Ms Tollitt submitted that although there is a lapse of time since the incidents occurred, with the offences dating back over 20 years, it could not be said that Dr Cox has continued to practise without concerns, given the findings of the 2010 Panel, and the Tribunal's finding that it did not mitigate the substantial risk that Dr Cox posed. She submitted that mitigation could be found in cases where a doctor has shown that they understand the problem, have insight, and have attempted to address or to remediate it. She said however, that Dr Cox did not accept guilt for the offences he has been convicted of. She referred the Tribunal to the case of *Sawati*, in particular, the reference in respect of where a registrant continues to deny impropriety, that denial makes it more difficult to demonstrate insight. Ms Tollitt submitted that this Tribunal has already concluded in its impairment decision that Dr Cox has not demonstrated any evidence of insight into these offences, that in his letter of 18 August 2025, Dr Cox provided no reflection on the indecent acts of which he has been found guilty, or the impact of them on the victims. She also reminded the Tribunal that it has found that the nature of the sexual offending in this case, and because of the resulting conviction and sentence, would in any event be very difficult to remediate.

66. In respect of the aggravating features, Ms Tollitt submitted that the offending was repeated and involved multiple victims, specifically seven female patients. She said that there has been an abuse by Dr Cox of his professional position which involved vulnerable patients. In respect of the vulnerability of patients, Ms Tollitt submitted that the SG outlines some characteristics that mean patients are more likely to be vulnerable and that these include; where there is a child or person under 18 (in respect of Person E), there has been a bereavement (in respect of Person F), and there has been a history of abuse or neglect, (in respect of the circumstances faced by Person A, Person B and Person C). Ms Tollitt also invited the Tribunal to consider that several of the victims were pregnant, and that the sentencing Judge in the criminal trial noted that this may lead them to be more vulnerable in terms of accepting the types of intimate touching that Dr Cox carried out, disguised as a medical examination.

67. In terms of the sanction, Ms Tollitt submitted that there are no exceptional circumstances in this case to justify a decision to take no action. She submitted that it would in fact be inappropriate in the context of this case noting the nature of the offences Dr Cox has been convicted of, and the sentence that he's currently serving. In respect of conditions, Ms Tollitt submitted that this was not a case which could appropriately be dealt with by imposing conditions as conditions should only be imposed where they are appropriate, proportionate, workable and measurable. She reminded the Tribunal that Dr Cox is currently serving a lengthy custodial sentence and has not practised as a GP for some years. She submitted that conditions would be an insufficient and inappropriate response in maintaining public confidence in the profession.

68. In respect of suspension, Ms Tollitt submitted that suspension is appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration, and where there has been an acknowledgement of fault, and the Tribunal is satisfied that the behaviour or incident is unlikely to be repeated. She submitted that these factors were not applicable in this case, that there has been no acknowledgement of fault, and there are concerns about repetition identified by the Tribunal in its determination on impairment. Ms Tollitt referred the Tribunal to paragraph 97 and the factors set out there which may suggest that suspension was the appropriate sanction. She submitted that Dr Cox's offending went beyond the scenarios envisaged by that paragraph. Ms Tollitt said that the sexual offending in this case was so serious as to be fundamentally incompatible with continued registration, that Dr Cox's misconduct was sufficiently difficult to remediate and that removal from the register was in the public interest.

69. Ms Tollitt then referred the Tribunal to the relevant paragraphs in respect of erasure. She said that the SG sets out that erasure may be appropriate even where the doctor does not present a risk to patient safety, but when this action is necessary to maintain public confidence in the profession. She submitted factors which indicate erasure may be the appropriate sanction which were engaged in this case are: A particularly serious departure from the principles set out in *Good medical practice* where the behaviour is difficult to remediate (109a), A deliberate or reckless disregard for the principles set out in *Good medical practice* and/or patient safety (109b), Doing serious harm to others (109c), Abuse of position/trust (109d), Violation of a patient's rights/exploiting vulnerable people (109e), Offences of a sexual nature (109f), Putting their own interests before those of their patients (109I), and Persistent lack of insight into the seriousness of their actions or the consequences (109J).

70. Ms Tollitt also referred the Tribunal to paragraph 149 of the SG in which it states that in respect of sexual misconduct:

“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...”

71. Ms Tollitt invited the Tribunal to consider that Dr Cox’s actions fall at the upper end of seriousness for cases involving sexual offending. She said his actions involved sexual touching of patients, including a XXX -year-old, putting his fingers into the vagina of two of the adult patients, and that his actions amounted to 12 separate criminal offences which resulted in a 22-year custodial sentence of which Dr Cox still has many years to serve. She reminded the Tribunal that Dr Cox also remains subject to his indefinite notification requirements. She referred the Tribunal to its determination at the impairment stage in which it set out that Dr Cox’s actions were extremely serious and that patients, the public and fellow doctors would be horrified to learn of them. Ms Tollitt submitted that in the circumstances of this case, erasure was the only means of protecting the public, that it was an appropriate and proportionate response to promote and maintain public confidence in the profession and professional standards of conduct. She submitted therefore that the appropriate sanction is erasure from the medical register.

The Tribunal’s Determination on Sanction

72. The Tribunal’s decision as to the appropriate sanction to impose on Dr Cox’s registration, if any, was a matter for the Tribunal exercising its independent judgment. In reaching its decision, the Tribunal has taken into account the SG and the overarching objective.

73. In reaching its decision, the Tribunal had regard to the principle of proportionality, balancing Dr Cox’s interests with those of the public. Throughout its deliberations the Tribunal bore in mind that the purpose of sanctions is not to punish doctors, although they may have a punitive effect. It also took into account the overarching objective which is to protect the health, safety and wellbeing of the public, maintain public confidence in the profession, and promote and maintain proper professional standards and conduct for members of the profession.

74. The Tribunal has also borne in mind that in deciding what sanction, if any, to impose, it should consider all the sanctions available, starting with the least restrictive and then consider each sanction in ascending order.

Aggravating & Mitigating Factors

75. The Tribunal considered the aggravating factors to be the repeated and serious nature of Dr Cox's offences which took place over a long period of time, involving multiple women and a child. The majority of Dr Cox's victims were vulnerable and therefore less likely to complain about his actions. Dr Cox demonstrated predatory behaviour and an abuse of his position of trust, and his actions were undertaken for his own sexual gratification. Dr Cox has previous regulatory findings against him of a similar nature which were determined in 2010, post-dating the offences for which he was finally convicted in 2024. Dr Cox, as previously found by the Tribunal, has demonstrated no insight into his conviction.

76. In mitigation, the Tribunal considered whether the lapse of time since the offending which led to Dr Cox's convictions should be considered in mitigation. The Tribunal noted that although Dr Cox was convicted in October 2024, the offences themselves took place over 25 years ago. However, the Tribunal considered that as there were subsequent regulatory findings made against Dr Cox, by a Fitness to Practise Panel in 2010, for conduct of a similar nature to his conviction, the lapse of time carried little weight when weighed against the aggravating factors.

No action

77. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action. It was satisfied that there were no exceptional circumstances in this case which could justify it taking no action.

78. Given the serious findings against Dr Cox, the Tribunal determined that to take no action would be neither appropriate nor proportionate given its earlier findings and would fail to uphold the statutory overarching objective.

Conditions

79. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Cox's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

80. The Tribunal concluded that there were no workable conditions that could be formulated to address Dr Cox's behaviour, particularly given he was currently serving a custodial sentence of 22 years.

81. The Tribunal determined that conditions would be neither proportionate nor workable in the circumstances of this case and, given the extremely serious nature of its findings, would fail to uphold the statutory overarching objective or maintain public confidence.

Suspension

82. The Tribunal then went on to consider whether to impose a period of suspension on Dr Cox's registration. In doing so, it considered paragraphs 92 and 93 of the SG, which states:

"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..."

83. The Tribunal also considered paragraph 148 of the SG, which states:

"148 More serious action, such as erasure, is likely to be appropriate where a doctor has abused their professional position and their conduct involves predatory behaviour or a vulnerable patient, or constitutes a criminal offence."

84. The Tribunal was satisfied that Dr Cox's conduct breached fundamental tenets of the profession, that there was an absence of insight or acknowledgement of any fault, that his conduct was difficult to remediate, and that a serious risk of repetition remained. The Tribunal considered that Dr Cox's actions in indecently assaulting 7 of his patients, including a

child, was fundamentally incompatible with continued registration. The Tribunal noted that all of the factors identified in paragraph 148 of the SG were applicable aggravating features in this case. Given all of the circumstances of the case and having regard to the many aggravating factors, the Tribunal considers that Dr Cox should not practise again, both for public safety reasons and to protect the reputation of the profession.

85. The Tribunal therefore determined that a period of suspension would not be appropriate in this case. It determined that Dr Cox's behaviour was fundamentally incompatible with continued registration and determined that a period of suspension would fail to uphold the overarching objective.

Erasure

86. The Tribunal then went on to consider whether erasure would be the appropriate and proportionate sanction in the circumstances of this case. In doing so it was of the view that paragraphs 109, a, b, c, d, e, f, i, j, of the SG are all engaged in this case:

- 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 *A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*
 - c *Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients.*
 - 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...*
 - f *Offences of a sexual nature...*

...

i Putting their own interests before those of their patients

j Persistent lack of insight into the seriousness of their actions or the consequences.

87. The Tribunal also, noted paragraph 150 of the SG which states:

“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.”

88. In light of all the reasoning set out above, the seriousness of the offences which led to Dr Cox’s conviction, the aggravating factors in this case, its earlier findings, and that it has determined that Dr Cox’s behaviour is fundamentally incompatible with continued registration, the Tribunal concluded that erasure was the only appropriate and proportionate sanction to impose in this case.

89. The Tribunal considered that public confidence in the profession would be undermined, and it would be failing to uphold all three limbs of the overarching objective were any sanction less than erasure imposed on Dr Cox. It therefore determined that Dr Cox’s name be erased from the Medical Register.

Determination on Immediate Order - 27/08/2025

90. Having determined that Dr Cox’s name be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Cox’s registration should be subject to an immediate order.

Submissions on behalf of the GMC

91. Ms Tollitt submitted that an immediate order of suspension should be imposed in this case. She referred the Tribunal to the relevant paragraphs of the SG. She acknowledged that Dr Cox is currently serving a lengthy custodial sentence and that he has not practised as a GP for some years. She submitted that notwithstanding this, an immediate order is necessary to

protect the public. Further, it was otherwise in the public interest especially where the Tribunal has described the matters as extremely serious, and in a case which involves conduct that patients the public and fellow medical professionals would be horrified by.

92. Ms Tollitt submitted that the SG makes it clear that a doctor should not have unrestricted registration or be permitted to resume unrestricted practise before they have completed any sentence and or whilst they are ‘registered as a sex offender’. She invited the Tribunal to exercise its discretion and impose an immediate order. Ms Tollitt also invited the Tribunal to revoke the interim order of suspension currently in place.

The Tribunal’s Determination

93. The Tribunal has taken account of the relevant paragraphs of the Sanctions Guidance (February 2024) (‘SG’), in particular paragraphs 172, 173 and 178 as set out below:

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, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor’s special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.

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.

94. In reaching its determination, the Tribunal considered the submissions made on behalf of the GMC and the relevant paragraphs of the SG.

95. The Tribunal have taken into account that Dr Cox is in prison and that he has not practised as a GP since 2016. Notwithstanding this, the Tribunal determined that an immediate order of suspension is necessary and otherwise in the public interest given the seriousness of Dr Cox's conviction, its findings on impairment and sanction.

96. The Tribunal concluded that not to suspend Dr Cox's registration with immediate effect would undermine the overarching objective to protect the public, to uphold and maintain high standards in the medical profession, and to maintain public confidence in the medical profession.

97. This means that Cox's 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.

98. The existing interim order of suspension will be revoked when the immediate order of suspension takes effect.

ANNEX A – 26/08/2025

Service and Proceeding in Absence

99. Dr Cox is not present or represented today at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal must therefore consider firstly whether service had been properly effected, as required by the General Medical Council (Fitness to Practise) Rules 2004 as amended ('The Rules') and the Medical Act 1983 ('The Act'). If it determines that service has been effected in accordance with the Rules, it will then need to consider whether to proceed in Dr Cox's absence. In reaching its decision it has taken into account all the information before it, including a 'Proof of Service Bundle' and the submissions of Ms Megan Tollitt, Counsel, on behalf of the General Medical Council ('GMC'). It accepted the advice of the LQC who referred to the relevant Rules and caselaw.

Evidence

100. The Tribunal had before it documentary evidence which included, but was not limited to, a screenshot from the GMC's internal computer system 'Siebel' showing Dr Cox's registered home address and email address. It also had email confirmation, from the Government Service 'Find a Prisoner', dated 16 June 2025, that Dr Cox currently resides at XXX.

101. The Tribunal also had before it the GMC Notice of Allegation letter sent to Dr Cox through the Prison Governor at XXX on 8 July 2025, by special delivery. It further had the proof of delivery of the Notice of Allegation, confirming its delivery on 10 July 2025.

102. The Tribunal also had before it the MPTS Notice of Hearing letter sent to Dr Cox through the Prison Governor at XXX, on 8 July 2025, by special delivery. It further had the proof of delivery of the Notice of Hearing, confirming its delivery on 9 July 2025.

103. In a letter addressed to the GMC, dated 18 August, Dr Cox stated:

"I have received your letter and bundle of 4th August 2025..."

In relation to the substantive matter, I understand that the GMC hearing is booked for 26th-28th August..."

I maintain my innocence in every charge / conviction that was made against me from 2020 until the present day. I am currently appealing both conviction and sentence with the courts.

I have been defended by the MDU and MPS in their legal cover, and would naturally wish for an advocate to make an ordered defence for me. I was informed by the MDU/MPS that cover was removed from me as soon as I was (erroneously) found guilty. I have therefore not attempted to obtain an advocate for this GMC hearing.

I understand that the GMC will not be questioning my criminal convictions, and will therefore take it as proved that the matters of concern occurred, as facts. If this is the case, then I understand that any statement of mine to the Tribunal that does not also assume these as facts will be disregarded.”

104. The Tribunal also received email correspondence between the GMC and from Ms H, dated 18, 19 and 21 August 2025. This correspondence included a handwritten letter from Dr Cox, dated 20 August 2025, in which he stated:

“I have sent a letter to [Ms I] [GMC Solicitor] regarding the case. I am unsuccessfully seeking legal representation for myself. I would request hearing attendance if in fact the MPTS are actively seeking a decision as to the facts accepted by the GMC. If not, then my attendance might seem unnecessary as I maintain my innocence, while wishing to cooperate with the GMC, MPTS and process in any reasonable way.”

Service

105. Given the evidence as set out above, the Tribunal was satisfied that the notice of today’s hearing had been properly served upon Dr Cox in accordance with Rule 40 of the Rules.

Submissions on proceeding in absence

106. Ms Megan Tollitt, counsel on behalf of the GMC, referred the Tribunal to the evidence before it. She submitted that Ms H, who has been given consent to communicate with the GMC on Dr Cox’s behalf, stated that Dr Cox has found it overwhelmingly difficult to cope with the GMC letters whilst in prison, that Dr Cox has not practised as a GP since 2016 and was never going to be able to, or want to practise again. Ms Tollitt submitted that in the correspondence from Dr Cox, he stated that he is currently appealing both his conviction and

his sentence, that he made it clear he did not accept the criminal convictions but understood the GMC would not be questioning the factual basis of his criminal convictions and the Tribunal would therefore take it as proved that the matters of concern occurred as fact. Ms Tollitt set out that Dr Cox stated his indemnity cover was removed after his conviction and that he has not attempted to obtain an advocate for the GMC hearing, and he had difficulties engaging with the GMC process due to reasons including accessing of e-mails and the telephone.

107. Ms Tollitt referred the Tribunal an email from Ms H to the GMC, dated 19 August 2025, in which she stated:

“we assume the 'certificate of conviction' from the court will be accepted and that he will be erased from the register. He never intends to practice again, even if he is released from prison early.

We think the tribunal will be over quickly and see no benefit for him or a representative attending. He is traumatised enough...”

108. Ms Tollitt referred the Tribunal to the letter from Dr Cox, dated 20 August 2025, in which he stated that he would attend the hearing if the MPTS were actively seeking to reach a decision as to the facts of his conviction. If not, then his attendance would seem unnecessary. Ms Tollitt reminded the Tribunal that Dr Cox had stated in his letter that he has always maintained his innocence but wished to cooperate with the GMC / MPTS process in any reasonable way.

109. Ms Tollitt referred to an email from Ms H, dated 22 August 2025, in which she confirmed that she has spoken to the MDU, she knows of the date of these proceedings and that on behalf of Dr Cox stated that he will not be attending the hearing. She confirmed that she would also not be attending on Dr Cox’s behalf, and there will be no legal representation. Ms Tollitt said that Ms H stated that Dr Cox also wished to pass on that he never meant to be obstructive, but that he has been struggling to understand the GMC processes and refers to being overwhelmed with adjusting to prison life.

110. Ms Tollitt then referred the Tribunal to Rule 31 of the Rules, whether to proceed in the doctor's absence, and the considerations to be taken into account as set out in the criminal case of the *R v Jones*. She submitted that these considerations include the nature and circumstances of the doctor's behaviour in absenting himself, in particular whether a doctor has voluntarily absented himself, whether an adjournment will resolve the absence,

the likely length of any adjournment. Further, whether the doctor wishes to be legally represented, and any disadvantage to the doctor in not being able to present their case. Ms Tollitt submitted that proceeding in absence is a discretion of the Tribunal and should be exercised with great care and caution, balancing the doctor's interest with the statutory overarching objective. She submitted that discretion must be exercised having regard to all of the circumstances of which the Tribunal is aware, with fairness to the practitioner being the prime consideration, but fairness to the GMC and the interests of the public, also taken into account. She said that it was noted in the case of *Adeogba*, the criteria for regulatory cases must be considered in the context of the different circumstances and different responsibilities of both the GMC and the medical practitioner. Ms Tollitt reminded the Tribunal that there was a burden on medical practitioners to engage with the regulator during resolution of the fitness to practise process.

111. Ms Tollitt submitted that Dr Cox is aware of these proceedings today and has confirmed this. She said that consideration was clearly given by Dr Cox as to whether he would attend today or not, and as to the question of whether he wished to be legally represented. Ms Tollitt submitted that Ms H was unequivocal and made clear that there will be no attendance by Dr Cox and no legal representation. Ms Tollitt submitted that in those circumstances the Tribunal may take the view that Dr Cox has voluntarily absented himself from the proceedings. She said that considering these factors and the lengthy custodial sentence that Dr Cox is serving, it is submitted that any adjournment was unlikely to change the position or resolve the absence.

112. Ms Tollitt submitted that Dr Cox was reminded of his option to provide a further statement to the Tribunal and as confirmed by Ms H, he relies on his letter of 18 August 2025. Ms Tollitt invited the Tribunal to find that it is in the public interest to proceed to hear this case today in the doctor's absence.

The Tribunal's Determination

113. Having determined that service had been effective, the Tribunal went on to consider whether to proceed in Dr Cox's absence, pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). Rule 31 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.*

114. 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.

115. The Tribunal was satisfied that the evidence before it demonstrated that Dr Cox is aware of today's proceedings and that he has voluntarily absented himself. The Tribunal noted that Dr Cox has provided a written document he wishes the Tribunal to consider.

116. The Tribunal concluded that it was in the public interest to proceed and deal with these matters and that there was no evidence to suggest that Dr Cox was unable to attend, wished to attend, or would attend at any later date should the hearing adjourn. As such, the Tribunal considered an adjournment of the proceedings today would serve no useful purpose.

117. Accordingly, the Tribunal determined that it was fair and proper to proceed with the scheduled hearing in Dr Cox's absence.