

PUBLIC RECORD**Dates:** 09/10/2025 - 10/10/2025

Doctor: Dr Keith WOLVERSON

GMC reference number: 4328696

Primary medical qualification: MB BS 1996 University of London

Type of case **Outcome on impairment**

Review - Misconduct Impaired

Summary of outcome

Suspension, 6 months

Review hearing directed

Tribunal:

Legally Qualified Chair	Ms Samantha Gray
Lay Tribunal Member:	Mr Amit Jinabhai
Registrant Tribunal Member:	Dr Sarah Woodford

Tribunal Clerk:	Ms Angela Carney
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Chloe Fairley, 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 Impairment - 09/10/2025

1. 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 Wolverson's fitness to practise is impaired by reason of misconduct.

The Outcome of Applications Made during the Impairment Stage

2. The Tribunal granted the GMC's application, made pursuant to Rules 31 and 40 of the Rules, that, service has been effective and to proceed in Dr Wolverson's absence. The Tribunal's full decision on the application is included at Annex A.

Background

The 2022 Tribunal

3. Dr Wolverson qualified as a doctor in 1996 with a MBBS from the University of London. Dr Wolverson's career included practice as a GP.

4. Dr Wolverson's first hearing took place in March, June and October 2022 ('the 2022 Tribunal'). At the time of the events Dr Wolverson was working as a locum at Urgent Care Centres (UCCs) in Derby and Stoke. At the outset of the hearing Dr Wolverson admitted that, on one or more occasion between January and April 2018, he had recorded inappropriate comments about the English language skills of several patients in their medical records.

5. The 2022 Tribunal found that, on 13 May 2018, Mrs Q and her child attended a consultation with Dr Wolverson, and he asked her to remove her face veil. Despite having been told by Mrs Q that she wore the veil for religious reasons and did not wish to remove it, Dr Wolverson had repeated his request several times, and '*caused*' her to remove her veil. It found that Dr Wolverson dishonestly said in an email dated 25 May 2018 that the reasons for his actions during the consultation with Mrs Q were that she '*spoke poor English*', he was '*struggling to understand her*' and he was '*trying to look at her mouth movements to aid communication*'.

6. The 2022 Tribunal considered *'that there was no evidence that Dr Wolverson had put patients at risk'*. However, Dr Wolverson had breached fundamental tenets of the medical profession, *'that a doctor should treat a patient fairly, with respect, and in a manner that justifies the trust put in them by patients and the public'*. It concluded that Dr Wolverson's conduct had brought the profession into disrepute, because patients and other professionals were *'likely to be shocked to discover that a doctor would write such inappropriate and personal entries in patient notes'*. Dr Wolverson's conduct had breached Good medical practice ('GMP') and amounted to serious misconduct. The 2022 Tribunal determined that a 9-month order of suspension, with a review, was the appropriate and proportionate sanction. The 2022 Tribunal did not impose an immediate order, and the substantive suspension took effect on 19 November 2022 until 18 August 2023.

The 2023 Tribunal

7. Dr Wolverson's case was reviewed by an MPT hearing in August 2023 ('the 2023 Tribunal').

8. Dr Wolverson provided a reflective statement and gave oral evidence to the 2023 Tribunal. He also provided a CPD Certificate relating to a module on Insight. The 2023 Tribunal found that Dr Wolverson had engaged with the 2022 proceedings. However, despite Dr Wolverson undertaking CPD on Insight, the 2023 Tribunal considered that he had not provided evidence of further study in relation to cultural diversity. However, Dr Wolverson had apologised for his actions in 2018 and in 2022. He accepted the previous Tribunal's findings, except in relation to dishonesty. Although the 2023 Tribunal considered any risk of repetition to be low, Dr Wolverson had not provided evidence of further insight or remediation since October 2022. The 2023 Tribunal considered that a finding of impairment was therefore required in the wider public interest. The August 2023 Tribunal concluded that Dr Wolverson's fitness to practise remained impaired by reason of his misconduct in 2018.

9. The 2023 Tribunal considered that a 12-month order of conditions with a review, was a proportionate sanction. It imposed a condition that Dr Wolverson design a personal development plan (PDP), with specific aims in regard to *'Equality, diversity and inclusion (EDI) with particular reference to cultural diversity'* *'Candour and honesty when responding to complaints,'* and *'Stress and time management and building resilience in a pressurised clinical environment'*

10. The 2023 Tribunal reminded Dr Wolverson that the onus would be on him to demonstrate further insight at a future review hearing. Dr Wolverson was advised that a reviewing Tribunal might be assisted by a detailed reflective statement, a copy of his PDP and a list of any CPD undertaken, a report from his Responsible Officer (RO) detailing Dr Wolverson's engagement and developmental progress, up to date testimonials and any other information that he considered might assist to evidence remediation and to show that the risk of repetition was highly unlikely.

The 2024 Tribunal

11. On 9 February 2023, Dr A, Deputy Responsible Officer and Medical Director for Primary Care at Practice Plus Group (PPG) raised concerns with the GMC that Dr Wolverson had undertaken locum shifts for PPG between 19 and 23 November 2022, in breach of the order of suspension imposed by the 2022 Tribunal. The GMC undertook an investigation which resulted in Dr Wolverson being referred to a new MPT hearing, which concluded in September 2024 ('the 2024 Tribunal').

12. The 2024 Tribunal found proved that, on one or more occasions Dr Wolverson had worked for PPG whilst his registration was suspended. It also found proved that on 25 November 2022 Dr Wolverson was informed by the Medical Practitioners Tribunal Service (the MPTS) that it had not received evidence that an appeal had been lodged, and confirmation had been received from the High Court that it held no record of any appeal. The MPTS also confirmed to Dr Wolverson that his suspension came into effect on 19 November 2022 and his registration remained suspended. Further, the 2024 Tribunal found proved that Dr Wolverson continued to work for PPG on one or more occasion and had failed to inform PPG and his agency (Locum.co.uk) of his suspension.

13. The 2024 Tribunal first considered whether the facts found proved amounted to misconduct. The 2024 Tribunal found that Dr Wolverson practiced as a doctor in breach of the suspension imposed by the 2022 Tribunal working as a locum doctor for PPG on numerous separate occasions while suspended. Further, Dr Wolverson had not informed PPG or Locum.co.uk of his suspension. The 2024 Tribunal found that his actions were repeated and sustained over several weeks. After 25 November 2022, the 2024 Tribunal was not satisfied that Dr Wolverson was unaware of explicit advice from the MPTS, that his registration was suspended and that the High Court (the relevant court for his appeal) had no record of an appeal in his name. Dr Wolverson had disregarded accurate information from the MPTS and his actions had had a significant effect on PPG, Locum.co.uk, his colleagues and risked damaging public confidence in doctors.

14. The 2024 Tribunal found that Dr Wolverson's conduct breached paragraphs 65 and 73 of GMP. It considered that Dr Wolverson's misconduct was inextricably linked to his position as a doctor as it arose in the course of his professional practice. Dr Wolverson did not disclose his suspension to PPG or locum.co.uk. It was left to them to take (belated) action following receipt of the GMC Decision Circular indicating that he had been suspended. The 2024 Tribunal considered that other doctors and members of the public would condemn Dr Wolverson's actions and that working in breach of a suspension order had potential to undermine public trust and confidence in the medical profession. The 2024 Tribunal determined that repeatedly working in breach of a suspension order, over several weeks in late 2022, was a serious breach of requisite standards and amounted to misconduct.

15. The 2024 Tribunal next had to consider the issue of impairment in relation to the misconduct found at that hearing, as well as the review matters in relation to Dr Wolverson's actions in 2018.

16. The 2024 Tribunal considered that in relation to his actions in 2018, Dr Wolverson had reflected on, and accepted, that it was inappropriate to make comments about his patients' lack of ability to use English language in medical records. He had also acknowledged that doctors should not ask anyone to remove a veil (religious covering) without good reason and that it may cause distress to do so. He was entitled not to accept the finding of dishonesty, but he should demonstrate that he understood the importance of being honest as a general principle or tenet of medical practice.

17. The 2024 Tribunal noted Dr Wolverson's continued denial of the dishonesty allegation as well as the principles in *Yusuff*. It was of the view that Dr Wolverson was entitled to maintain his denial but should demonstrate that he is aware of the need for honest practice and fair, accurate records, with any errors being admitted.

18. The 2024 Tribunal took account of the lapse of time (six years) since events in 2018. It had no evidence of repetition of unwarranted remarks in medical records, or inappropriate requests to lift a veil or remove other clothing, or of dishonesty, between 2018 and 2022 when he last practised. Dr Wolverson had reflected on his behaviour and the offence it may cause to patients. In that context, the 2024 Tribunal did not identify a significant risk of repetition of his actions in 2018.

19. The 2024 Tribunal considered that Dr Wolverson's misconduct, in working whilst suspended, was serious but remediable. However, it was provided with insufficient evidence of insight into the potential consequences of that misconduct and insufficient evidence of remediation. The 2024 Tribunal was therefore unable to conclude that Dr Wolverson had taken adequate steps to minimise the risk of repetition of his misconduct.

20. The 2024 Tribunal concluded that Dr Wolverson had breached fundamental tenets of the profession by working as a doctor while suspended which had the potential to bring the medical profession into disrepute, as it undermined the regulatory system, which is designed to ensure the safety and well-being of patients.

21. The 2024 Tribunal concluded that a finding of impairment was necessary in order to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the profession. The 2024 Tribunal determined that Dr Wolverson's fitness to practise was impaired by reason of misconduct in 2022.

22. The 2024 Tribunal considered that there were no exceptional circumstances to justify taking no action. The 2024 Tribunal next considered whether it would be appropriate to impose conditions on Dr Wolverson's registration. It bore in mind that any conditions imposed must be appropriate, workable and proportionate. It noted that Dr Wolverson had not indicated that he would be prepared to comply with an order of conditions. The 2024 Tribunal was unable to identify conditions that would be appropriate or sufficient to uphold standards or to maintain public confidence in the profession.

23. The 2024 Tribunal considered that a lengthy suspension order was an appropriate response to Dr Wolverson's misconduct; his actions in 2022 were so serious that action must be taken to uphold standards and to maintain public confidence in the medical profession. The 2024 Tribunal regarded Dr Wolverson's misconduct in 2022 as falling just short of being fundamentally incompatible with continued registration. The 2024 Tribunal took account of the fact that Dr Wolverson had made some acknowledgement of fault.

24. The 2024 Tribunal considered that Dr Wolverson's departure from Good Medical Practice (GMP) was serious enough that a sanction lower than a suspension would not be sufficient to uphold standards or maintain public confidence in the medical profession. It did not have strong evidence to demonstrate that remediation would be unlikely (or likely) to be successful.

25. The 2024 Tribunal determined that a sanction of suspension for 12 months with a review was appropriate and proportionate to mark the seriousness of the misconduct in Dr Wolverson's case and to maintain public confidence in doctors, as well as to uphold standards.

26. The 2024 Tribunal considered that a reviewing Tribunal would be assisted by:
- A detailed reflective statement, focusing on the need to comply with any sanction and cooperate with regulatory provisions to protect the public and the wider public interest.
 - Evidence of relevant CPD
 - Testimonials or references from authors fully aware of these proceedings
 - Any other evidence to support fitness to practise.

The Evidence

27. The Tribunal received the following documentary evidence which included but was not limited to:

- Record of Determination, dated 19 September 2024
- MPTS outcome letter to Dr Wolverson, dated 25 October 2024
- Correspondence from the GMC to Dr Wolverson between November 2024 and July 2025
- MPTS Case Management letter to Dr Wolverson dated, 10 September 2025

Submissions

28. On behalf of the GMC, Ms Chloe Fairley, Counsel provided the background to the case. Ms Fairley reminded the Tribunal that the 2024 Tribunal recommended that it would

assist the reviewing Tribunal if Dr Wolverson provided a detailed reflective statement focusing on the need to comply with any sanction and cooperate with Regulatory provisions to protect the public and the wider public interest. Also additional evidence of relevant CPD, testimonials or references from authors aware of the proceedings, and any other evidence to support his fitness to practise. She reminded the Tribunal that the GMC have attempted to engage with Dr Wolverson in respect of this review hearing, however, to date, he has not provided any evidence. She submitted that in the absence of any evidence of Dr Wolverson's reflections and remediation, there is nothing to indicate that he has reflected on his conduct and gained greater insight, nor has he addressed the issues identified by the 2024 Tribunal.

29. Ms Fairley submitted that it appears Dr Wolverson has entirely disengaged from communicating with the Regulator. She submitted that Dr Wolverson's conduct represented serious misconduct, a breach of fundamental tenets of the profession and fundamentally undermines the regulatory system, as does his continued disengagement from the proceedings.

30. Ms Fairley acknowledged that the decision as to whether Dr Wolverson's fitness to practise is impaired is a matter entirely for this Tribunal, exercising its own independent judgement. She submitted that Dr Wolverson's failure to engage with this review or to provide this Tribunal with evidence of any remediation or insight, leads to the conclusion that his fitness to practise remains impaired by reason of his misconduct.

The Relevant Legal Principles

31. The Tribunal reminded itself that the decision of impairment is a matter for the Tribunal's judgement alone. As noted above, the previous 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.

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

The Tribunal's Determination on Impairment

33. The Tribunal noted that Dr Wolverson's misconduct involved working whilst he was suspended, having signed for a letter informing him of his suspension. It noted that the misconduct was directly related to his professional practice. The Tribunal noted that whilst Dr Wolverson acknowledged the previous Tribunals' findings, he had never accepted the dishonesty findings. The Tribunal considered that the first step to remediating dishonesty is accepting the Tribunal's findings or, in the very least demonstrate that he is aware of the need for honest practice.

34. The Tribunal noted that the 2024 Tribunal considered that Dr Wolverson's misconduct, working whilst suspended was serious but remediable. However, that Tribunal was also not provided with sufficient evidence of insight into the potential consequences of his misconduct or of any remediation.

35. The Tribunal considered that it appeared that Dr Wolverson has, since May 2024, disengaged with his Regulator and these proceedings. Dr Wolverson has provided the Tribunal with no evidence that he has reflected on his misconduct or gained any insight. The Tribunal noted that it has been almost three years since Dr Wolverson was last in clinical practice and it has no evidence that he has kept his clinical knowledge and skills up to date. The Tribunal considered that Dr Wolverson's continued disengagement demonstrated a continuing lack of insight and unwillingness to remediate his misconduct. Accordingly, the Tribunal was satisfied that there remains a risk of repetition.

36. The Tribunal considered that a reasonably informed member of the public, aware of the circumstances of the case, would be shocked and dismayed if a finding of impairment of Dr Wolverson's fitness to practise was not made. Further, the Tribunal considered that Dr Wolverson, in failing to demonstrate insight and to remediate his misconduct, has the potential to bring the medical profession into disrepute. The Tribunal noted that GMP required practitioners to co-operate with their regulator and Dr Wolverson's failure to do so fundamentally undermines not only the Regulator but the regulatory process, which is there to protect the public. The Tribunal considered that fellow practitioners would be appalled by Dr Wolverson's conduct.

37. This Tribunal has therefore determined that Dr Wolverson's fitness to practise is impaired by reason of misconduct.

Determination on Sanction - 10/10/2025

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

The Evidence

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

Submissions

40. On behalf of the GMC, Ms Fairley, Counsel, referred the Tribunal to the Sanction Guidance (February 2024) ('the SG'). She submitted that paragraph 164 of the SG is of

relevance, in that it indicates that review hearings are likely to be necessary so that a Tribunal can consider whether the doctor has shown that:

- a they fully appreciate the gravity of the offence*
- b they have not reoffended*
- c they have maintained their skills and knowledge*
- d patients will not be placed at risk by resumption of practice or by the imposition of conditional registration.*

41. Ms Fairley reminded the Tribunal that the previous 2024 Tribunal directed that a review was important and suggested that Dr Wolverson supply documentation to demonstrate that he has developed greater insight and understanding of his misconduct and the impact on the profession. She said that the 2024 Tribunal took account of Dr Wolverson's breach of the principles of GMP but considered that the misconduct was not so difficult to remediate that complete removal from the register was not in the public interest, but that a sanction lower than suspension would be sufficient to uphold professional standards.

42. Ms Fairley reminded the Tribunal that this is the first review of Dr Wolverson's suspension. She submitted that a further period of suspension would allow Dr Wolverson a further opportunity to engage and provide evidence of insight and remediation, but it would also serve as an indication of the serious nature of his misconduct. She submitted that anything lower than suspension would not be sufficient in the circumstances of this case. She submitted that a further period of suspension, would protect the public and uphold proper standards of conduct and would be in accordance with the overarching objective.

The Tribunal's Determination

43. The decision as to the appropriate sanction to impose, if any, is a matter for the Tribunal exercising its own judgement.

44. The Tribunal must bear in mind that the main reason for imposing a sanction is to protect the public and its purpose is not to punish, although it may have a punitive effect. The Tribunal should consider proportionality, by weighing the public interest against the interests of the doctor, but bear in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor. The Tribunal must also consider the overarching objective as a whole and should not give excessive weight to any one limb.

45. The Tribunal should take into account any mitigating and aggravating factors and weigh them up accordingly, considering these in conjunction with the statutory overarching objective.

46. The Tribunal should consider the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity.

47. Before considering what, if any, action to take in respect of Dr Wolverton's registration, the Tribunal considered any mitigating and aggravating factors in his case.

48. The Tribunal identified the lapse of time since Dr Wolverson's misconduct which occurred in 2022 as a potential mitigating factor however gave limited weight to this as he has not been in practice since 2022. The Tribunal noted that the misconduct did not include patient safety concerns.

49. The Tribunal identified Dr Wolverson's continuing lack of insight and remediation to be an aggravating factor. It also considered Dr Wolverson's current lack of engagement with his regulator and these proceedings as further evidence of lack of insight and indicated that he had little or no intention to remediate. The Tribunal noted that as time progresses, the lack of engagement continues to further highlight his dismissive attitude towards the original misconduct. Further, it noted that Dr Wolverson has not practiced medicine for almost three years and may have become deskilled.

No action

50. The Tribunal first considered whether to conclude the case by taking no action. It bore in mind that taking no action following a finding of impairment would only be appropriate in exceptional circumstances. It considered that there were no exceptional circumstances in this case. The Tribunal determined that it would be wholly inappropriate to take no action given the seriousness of its findings and that to do so would fail to uphold the overarching objective.

51. The Tribunal noted paragraph 163 of the SG, which states:

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

Conditions

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

53. The Tribunal noted that conditions may be appropriate where a doctor has developed sufficient insight and attempted to remediate his misconduct. Given Dr Wolverson's lack of engagement with both his regulator and these proceedings, the Tribunal could not be satisfied that he would comply with conditional registration. The Tribunal determined that conditions would not be appropriate or proportionate and would not uphold public confidence in the profession or maintain proper professional standards and conduct.

Suspension

54. The Tribunal had regard to paragraphs 91 - 93 of the SG which provide that:

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

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..

55. The Tribunal bore in mind that suspension has a deterrent effect and can be used to send out a signal to the wider profession. However, it is only appropriate where the conduct is serious but not fundamentally incompatible with continued registration.

56. The Tribunal reminded itself of the nature of the misconduct and Dr Wolverson's ongoing lack of insight and remediation. It considered that his misconduct is remediable and is not fundamentally incompatible with continued registration. The Tribunal has no information that Dr Wolverson has repeated his misconduct by working whilst suspended. Further, the Tribunal has no information of what Dr Wolverson's personal circumstances are and whether they may have changed since the substantive hearing in 2024.

57. The Tribunal was satisfied that a further period of suspension is the appropriate and proportionate sanction in this case. It determined to impose a suspension for period of 6 months and considered that this will give Dr Wolverson the opportunity to re-engage with the GMC and these proceedings, to gain insight and to demonstrate that he has remediated his misconduct. The Tribunal acknowledged the original 12-month suspension signified the gravity of the misconduct and at this stage considered a shorter suspension appropriate for Dr Wolverson to re-engage and show his remediation but not to be further deskilled from clinical practice.

Erasure

58. The Tribunal seriously considered the sanction of erasure. However, given that this is Dr Wolverson's first review, it has balanced fairness to Dr Wolverson against public safety and the public interest. It noted that Dr Wolverson's misconduct did not include concerns about patient safety. Nevertheless, patients will be protected, and the public can be reassured by the further suspension imposed on Dr Wolverson registration. Should Dr Wolverson continue to fail to engage with the GMC a sanction of erasure will be open to the reviewing Tribunal.

Review

59. The Tribunal determined to direct a review of Dr Wolverson's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that at the review hearing, the onus will be on Dr Wolverson to demonstrate how he has gained insight and remediated his misconduct. It therefore may assist the reviewing Tribunal if Dr Wolverson provided:

- A detailed reflective statement, focusing on the need to comply with any sanction and cooperate with regulatory provisions to protect the public and the wider public interest.
- Evidence of relevant CPD
- Testimonials or references from authors fully aware of these proceedings
- Any other evidence to support fitness to practise.

60. The MPTS will send Dr Wolverson a letter informing him of his right of appeal and when the direction and the new sanction will come into effect. The current suspension will remain in place during the appeal period.

61. That concludes this case.

ANNEX A – 09/10/2025

Application on Service and Proceeding in Absence

Service

1. Dr Wolverson is neither present nor represented at today's Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of the fourth Schedule to the Medical Act.

2. Ms Chloe Fairley, Counsel, on behalf of the GMC, drew the Tribunal's attention to various documents regarding service of the notice of hearing. These included:

- Screenshot of the doctor's FPD registered address/validated email address
- GMC letter dated 23 July 2025 informing Dr Wolverson of a hearing on 2-3 October 2025, returned as 'Return to sender – no longer at this address'
- Confirmation of posting of GMC information letter dated 21 August 2025 and hearing bundle
- GMC information letter dated 21 August 2025 and hearing bundle returned 'addressee gone away'
- Proof of delivery of GMC information letter and bundle signed for by '[XXX]' on 26 August 2025
- MPTS Notice of Hearing letter sent by email to Dr Wolverson's registered email address dated 26 August 2025
- Email receipt for the Notice of Hearing letter stating it was 'undeliverable'
- Proof of delivery of MPTS Notice of Hearing signed for by '[XXX]' on 28 August 2025
- MPTS Notice of Hearing letter dated 9 September 2025 informing Dr Wolverson of review hearing on 9-10 October 2025 returned by Royal Mail as 'addressee gone away'

3. Ms Fairley submitted that all reasonable efforts have been made to serve notice on Dr Wolverson, both by email and post. She said that Dr Wolverson will have known from the previous hearing that a review would be taking place. She submitted that service has been effective in accordance with Rule 31 of the Rules.

4. Ms Fairley stated that there has been no application for an adjournment and no communication from Dr Wolverson for some considerable time. She said that an adjournment would serve no purpose, and it appears that Dr Wolverson does not seem to be engaging with the Regulator. She said that the last communication from him appears to be during the hearing in May 2024. She reminded the Tribunal that responsibility lies with the practitioner to inform the GMC of any change of registered address. She stated that the current order on Dr Wolverson's registration is due to expire on the 24 October 2025. Ms

Fairley submitted, given that all reasonable efforts have been made, there is no benefit in adjourning this matter.

5. The Tribunal was mindful that the onus is on Dr Wolverson to keep his registered address up to date. The Tribunal had regard to the documents before it and the submissions made by Ms Fairley. The Tribunal noted the correspondence sent by both the GMC and MPTS which have all been returned. The Tribunal was satisfied that the GMC and MPTS has made all reasonable efforts to serve notice on Dr Wolverson. The Tribunal was satisfied that notice of this hearing has been served in accordance with Rule 40.

Proceeding in Absence

6. Having been satisfied that notice was properly served upon Dr Wolverson, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with Rule 31 of the Rules. The Tribunal has borne in mind 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.

7. The Tribunal noted that Dr Wolverson has not requested a postponement or adjournment, and it appears that he has chosen to voluntarily absent himself from this hearing. It considered that Dr Wolverson should have been aware that there would be a review of his case. The Tribunal noted that the onus is on Dr Wolverson to satisfy the Tribunal that he is fit to practise.

8. The Tribunal considered that there was no evidence to suggest an adjournment would result in Dr Wolverson's participation in any future hearing. The Tribunal was of the view that Dr Wolverson has waived his right to be here and to be represented. The Tribunal noted that Dr Wolverson's current order will expire on 24 October 2025 and considered that there is a general public interest in hearing today's case and achieving a fair, economical, expeditious and efficient disposal. The Tribunal was satisfied that it was fair and reasonable and in the public interest for this hearing to proceed in Dr Wolverson's absence and without unnecessary delay.

9. Accordingly, the Tribunal determined to proceed in Dr Wolverson's absence.