

PUBLIC RECORD**Dates:** 03/03/2025 - 05/03/2025

Doctor: Dr George Akinkunle LAWSON

GMC reference number: 7181971

Primary medical qualification: MB BCh 1997 University of Calabar

Type of case	Outcome on facts	Outcome on impairment
New - Conviction	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Jane Kilgannon
Lay Tribunal Member:	Dr Matthew Fiander
Registrant Tribunal Member:	Dr Susan Ellerby

Tribunal Clerk:	Ms Olivia Gamble 3-4/03/25 Ms Ciara Fogarty 05/03/25
-----------------	---

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Mr Duncan Mawby of BTO Solicitors
GMC Representative:	Mr Andrew Molloy, Counsel

Attendance of Press / Public

In accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004 the hearing was held partly in public and partly in private.

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts and Impairment - 04/03/2025

1. Dr Lawson, a GP, qualified in medicine in 1997.
2. The allegation that has led to Dr Lawson's hearing can be summarised as follows:
3. It is alleged that, on 30 November 2022, at Paisley Sheriff Court, Dr Lawson was convicted of behaving in a threatening or abusive manner and assault. It is alleged that on 3 February 2023, Dr Lawson was sentenced to a XXX for three years and a Community Payback Order of 130 hours with a supervision period of 18 months.
4. It is further alleged that, on 9 January 2024, at Paisley Sheriff Court, Dr Lawson was convicted of three counts of assault, one count of behaving in a threatening or abusive manner and one count of engaging in a course of behaviour that was abusive. It is alleged that on 22 February 2024, Dr Lawson was sentenced to an Electronic Monitoring Order, a Restriction of Liberty Order for three months, a Community Payback Order of 250 hours with a supervision period of two years, and a XXX for six years.
5. The initial concerns were raised with the GMC on 5 May 2022 by Dr Lawson, self-referring that he had been charged with a criminal offence of XXX assault in Scotland on 3 May 2022.

The Allegation and the Doctor's Response

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

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

1. On 30 November 2022 at Paisley Sheriff Court you were convicted of the following:

- a. on 3 May 2022, at an address in XXX, you did behave in a threatening or abusive manner which was likely to cause a reasonable person to suffer fear or alarm in that you did act in an aggressive manner towards Person A, the details of whom are contained in Schedule 1, c/o the Police Service of Scotland and utter derogatory names and utter threats to break a glass over Person A's head, contrary to Section 38(1) of the Criminal Justice and Licensing (Scotland) Act 2010; **Admitted and found proved**
 - b. on 3 May 2022, at an address in XXX, you did assault Person A, c/o the Police Service of Scotland and did seize them by the neck, push them to the floor and pin them down by the neck. **Admitted and found proved**
2. On 3 February 2023 you were sentenced to:
- a. a XXX for a period of three years; **Admitted and found proved**
 - b. a Community Payback Order comprising of 130 hours with a supervision period of 18 months. **Admitted and found proved**
3. On 9 January 2024 at Paisley Sheriff Court you were convicted of the following:
- a. between XXX, both dates inclusive at an address in XXX you did assault Person B, the details of whom are contained in Schedule 2, c/o the Police Service of Scotland and did slap them causing them to fall to the floor; **Admitted and found proved**
 - b. between XXX, both dates inclusive at an address in XXX you did assault Person C, the details of whom are contained in Schedule 3, c/o the Police Service of Scotland and did slap them on the face causing them to fall to the floor; **Admitted and found proved**
 - c. between XXX, both dates inclusive at an address in XXX and XXX you did behave in a threatening or abusive manner which was likely to cause a reasonable person to suffer fear or alarm in that you did act in an aggressive manner, shout and utter derogatory comments towards Person B, Person C

and Person D, the details of whom are contained in Schedule 4, contrary to Section 38(1) of the Criminal Justice and Licensing (Scotland) Act 2010;

Admitted and found proved

- d. between XXX, both dates inclusive at an address in XXX you did assault Person D, c/o the Police Service of Scotland and did seize them by the hair, pull their hair, place your hands around their throat and compress the same; **Admitted and found proved**
- e. between XXX both dates inclusive, at an address in XXX you did engage in a course of behaviour which was abusive of Person A, c/o the Police Service of Scotland, in that you did (a) shout at Person A, (b) utter derogatory comments towards Person A, (c) throw a fan towards Person A causing said fan to strike a door there causing damage to the same, (d) charge towards Person A causing them to hide XXX, contrary to the Section XXX of the XXX (Scotland) Act 2018.
Admitted and found proved

4. On 22 February 2024 you were sentenced to:

- a. an Electronic Monitoring Order; **Admitted and found proved**
- b. a Restriction of Liberty Order for a period of three months; **Admitted and found proved**
- c. a Community Payback Order comprising of 250 hours of unpaid work/activities to be completed within two years with a supervision period of two years;
Admitted and found proved
- d. a XXX for a period of six years. **Admitted and found proved**

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

The Admitted Facts

7. At the outset of these proceedings, through his solicitor, Mr Duncan Mawby, Dr Lawson admitted all of the alleged facts, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation to be admitted and found proved.

Impairment

8. In light of Dr Lawson's response to the Allegation against him, there are no facts to be determined. The Tribunal therefore had to determine in accordance with Rule 17(2)(l) of the Rules whether Dr Lawson's fitness to practise was impaired by reason of his conviction.

Witness Evidence

9. The Tribunal received oral evidence from Dr Lawson.

Documentary Evidence

10. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:

- Email from Paisley Sheriff Court to the GMC enclosing the Certificate of Conviction for 1st set of charges – dated 17 March 2023;
- Email from Police Scotland to the GMC enclosing a Response and Standard Prosecution Report, Arrest Report, Witness Statement of Person A, Witness Statement of Person D, Witness Statement of Person B, Witness Statement of PC E, Witness Statement of PC F, Witness Statement of PC H, Further Witness Statement of Person A, Further Witness Statement of Person D, Witness Statement of PC G, Witness Statement of DC I, Witness Statement of DC J, Further Witness Statement of Person B, Witness Statement of Person C, Witness Statement of Ms K, Further Witness Statement of PC H – dated various from May 2022 to July 2024;
- Email from Paisley Sheriff Court to the GMC enclosing a Revised Certificate of Conviction for 2nd set of charges – dated 16 August 2024;
- Email from the Scottish Courts and Tribunal Service to the GMC – dated 8 November 2024, enclosing the Criminal Justice Social Work Report – dated 1 February 2023, and Justice Social Work Report – dated 19 February 2024;

- Various appraisal forms – dated various;
- A Mentorship Agreement between Dr L and Dr George Lawson – dated 5 February 2025;
- Various CPD documentation;
- Dr Lawson’s reflections – undated;
- Various testimonials – dated various.

Submissions

On Behalf of the GMC

11. On behalf of the GMC, Mr Andrew Molloy submitted that Dr Lawson is impaired by reason of his conviction.
12. Mr Molloy submitted that although Dr Lawson has demonstrated some insight, this should be considered limited. In terms of timing, he highlighted that this evidence was provided recently. Mr Molloy also asked the Tribunal to consider whether the insight reached every aspect of Dr Lawson’s convictions. In particular, Mr Molloy submitted that Dr Lawson’s evidence was contradictory between his written statement and his oral evidence regarding XXX at the time of the events. XXX.
13. Mr Molloy submitted that Dr Lawson has completed a number of relevant courses and is at the very early stages of a mentorship arrangement with Dr L. However, Mr Molloy stressed that Dr Lawson’s remediation had a ‘way to go’.
14. Mr Molloy stated that Dr Lawson himself admits that his offences are serious and bring the profession into disrepute. Mr Molloy asked the Tribunal to consider whether the details of Dr Lawson’s convictions would be regarded as deplorable by the public and members of his profession. He submitted that Dr Lawson’s behaviour was a significant departure from Good Medical Practice (GMP), in particular paragraph 81.
15. Mr Molloy submitted that there is a need to protect the public and uphold standards and submitted that a finding of impairment is necessary in this case as public confidence would be undermined if there were to be no finding of impairment.

On Behalf of Dr Lawson

16. On behalf of Dr Lawson, Mr Mawby stated that Dr Lawson recognises that there is going to be a finding of impairment made in this case.

17. Mr Mawby submitted that what becomes of greater importance is not the finding of impairment per se, but the basis on which this Tribunal finds it.

18. Mr Mawby asked the Tribunal to consider whether Dr Lawson's conduct was likely to be repeated, whether a finding was made to uphold proper professional standards, and whether the absence of a finding would undermine public confidence.

19. Mr Mawby submitted that Dr Lawson has been convicted of criminal offences, including the offence of assault. Mr Mawby stated that these are undoubtedly matters which are serious. He continued that Dr Lawson's conviction case remains 'live', in that he remains subject to a supervision arrangement for a further 12 months until February 2026. Mr Mawby submitted that for these reasons, it is inevitable that Dr Lawson's fitness to practise is impaired.

20. However, Mr Mawby submitted that the Tribunal will also need to consider other aspects of this case. Where is the doctor now since the offences occurred? Is the behaviour that Dr Lawson has exhibited capable of being remedied? Mr Mawby submitted that Dr Lawson's actions were unacceptable, inappropriate and amounted to criminal behaviour. However, he stated that they were capable of being remedied.

21. Mr Mawby submitted that Dr Lawson may have struggled initially to come to terms with his behaviour. However, time has now passed, and he has spent time reflecting, cooperated with social workers, engaged with his unpaid work order and completed it (with positive feedback) and XXX. Mr Mawby submitted that Dr Lawson has demonstrated more than 'just the beginnings' of insight.

22. Mr Mawby stated that Dr Lawson understands how his wrongdoing has impacted others. Not just XXX, but also his colleagues and others in the wider profession. Mr Mawby submitted that Dr Lawson has reflected on why he acted the way he did and has taken steps to prevent him acting in such a way again.

23. Mr Mawby submitted that the oral evidence from Dr Lawson demonstrated that he clearly regrets his actions and feels remorse and shame. Mr Mawby reminded the Tribunal that Dr Lawson had apologised for his conduct and made it clear that he has learned his lesson and that the behaviour that led to his convictions will never be repeated.

24. Accordingly, Mr Mawby invited the Tribunal to find that Dr Lawson has fully remediated his convictions. He submitted that similar behaviour has not been repeated for almost 3 years now. Mr Mawby submitted that XXX. Mr Mawby asked the Tribunal to consider the testimonial from XXX.

25. Overall, Mr Mawby submitted that Dr Lawson has demonstrated considerable insight into the core issues in this case.

The Relevant Legal Principles

26. 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 its judgement alone.

27. The Tribunal must determine whether Dr Lawson's fitness to practise is currently impaired by reason of his convictions, taking into account his conduct at the time of the events and any other relevant factors such as any development of insight, whether the matters are remediable or have been remediated, and the likelihood of repetition.

28. The Tribunal also had to have regard to the public interest and the need to declare and uphold proper standards of behaviour and to maintain confidence in the profession.

29. The Tribunal took into account the evidence and submissions of both parties.

The Tribunal's Determination on Impairment

30. The Tribunal first considered the seriousness of Dr Lawson's convictions. There were four victims involved, XXX. The Tribunal noted that the offending behaviour comprised abuse, threats of violence and actual violence XXX. The Tribunal took into account the nature of the violence used, which included, XXX. The offending behaviour was not confined to a single, isolated incident, but rather was repeated and spanned a significant period of time – XXX. The victims had undoubtedly suffered harm as a result of Dr Lawson's actions. The Tribunal considered that the convictions and the offending behaviour which led to them were very serious.

31. The Tribunal was next 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.'

32. The Tribunal considered which limbs of the Grant test were engaged in the case of Dr Lawson.

33. In relation to limb 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'* – The Tribunal noted that there was no evidence that Dr Lawson had harmed patients. Dr Lawson's conduct had included subjecting vulnerable people – namely, XXX – to abuse, threats of and actual physical violence. The nature of Dr Lawson's offences could undermine trust and confidence in the profession and make the public reluctant to access healthcare services. It therefore considered that public protection (including the protection of patients) was an issue. As such, the Tribunal considered that this limb of the Grant test was engaged.

34. In relation to limb b: *'Has in the past and/or is liable in the future to bring the medical profession into disrepute'* – The Tribunal found that Dr Lawson's convictions, which included assault against four victims, XXX, undoubtedly brought the profession into disrepute. The Tribunal considered this limb of the Grant test engaged.

35. In relation to limb c: *'Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession'* – The Tribunal considered that Dr Lawson's convictions breached fundamental tenets of the medical profession. In particular, his criminal conduct breached the following paragraph 81 of Good Medical Practice (GMP, in effect from 30 January 2024): *'You must make sure your conduct justifies patients' trust in you and the public's trust in your profession'* (and the equivalent paragraph 65 of the previous version of Good Medical Practice, in effect from 22 April 2013). The Tribunal considered this limb of the Grant test engaged.

36. In relation to limb d: *'Has in the past acted dishonestly and/or is liable to act dishonestly in the future.'* – The Tribunal noted that there was no allegation of dishonesty in this case and so this limb of the Grant test was not engaged.

37. The Tribunal next considered Dr Lawson's level of remorse and insight. The Tribunal noted that, although he did not do so promptly following his conduct and his convictions, Dr Lawson had now expressed remorse and regret for his actions, both in writing and in his oral evidence to the Tribunal. The Tribunal considered Dr Lawson's reflective piece, in which he had apologised to XXX, his colleagues and the profession as a whole. It considered that there was nothing to suggest that these were not genuine expressions of remorse on Dr Lawson's part.

38. The Tribunal also considered Dr Lawson's oral evidence, providing context for his behaviour. He spoke openly about XXX, his experience of stress arising from home and working long hours, and his belief that XXX.

39. The Tribunal was of the view that Dr Lawson had developed substantial insight at this stage in proceedings, in that he now accepted responsibility for his actions and acknowledged that serious harm was caused to XXX, his colleagues and the wider reputation of the profession.

40. The Tribunal considered the submissions of Mr Molloy, that Dr Lawson did not show full insight into XXX may have played in his behaviour. The Tribunal accepted Dr Lawson's explanation that he did not believe XXX was a contributor to the events. The Tribunal noted that no requirement had been placed upon Dr Lawson, by the court, regarding XXX.

41. The Tribunal considered that the seriousness of the offending behaviour meant that it was difficult, but not impossible, to remediate. The Tribunal therefore next considered Dr Lawson's level of remediation. The Tribunal noted that Dr Lawson had undertaken a significant amount of remediation work including relevant training courses, therapeutic courses, XXX, reading and mentoring activity. The Tribunal noted that there was no evidence of any repetition of the conduct since 2022, and it had a positive testimonial from XXX. Dr Lawson recognised that stress played a part in his behaviour and informed the Tribunal that if he returned to work as a doctor, he would reduce his hours to no more than 40 per week.

42. The Tribunal considered that Dr Lawson's remediation was still ongoing. This was for a number of reasons. First, the offending behaviour was very serious and extended over a period of XXX, and less than three years had passed since the last assault perpetrated by Dr Lawson. Second, the Tribunal noted that the supervision requirement imposed by the court on 22 February 2024 remains in place. Third, Dr Lawson had indicated that he believed that stress had played a role in contributing to the context of his offending behaviour. However, the Tribunal noted that Dr Lawson had not been working as a doctor since 2022 and so his

ability to manage work pressures without repetition of the offending behaviour had not been tested. The Tribunal considered that Dr Lawson had not yet, therefore, demonstrated full remediation.

43. The Tribunal considered the overarching objective:

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

44. Considering the nature and seriousness of Dr Lawson's convictions and taking account of his current degree of insight and remediation, the Tribunal considered that a finding of impairment was necessary in order to uphold all three limbs of the over-arching objective. The Tribunal considered that there remained a risk of repetition of the conduct and thus a finding of impairment was necessary to protect the public. The Tribunal also considered that professional standards and public confidence would be undermined if there were to be no finding of impairment in this case.

45. The Tribunal has therefore determined that Dr Lawson fitness to practise is impaired by reason of his convictions.

Determination on Sanction - 05/03/2025

46. Having determined that Dr Lawson's fitness to practise is impaired by reason of 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

47. The Tribunal took 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

48. On behalf of the GMC, Mr Molloy drew the Tribunal's attention to paragraph 17 of the SG, which states: '*Patients must be able to trust doctors with their lives and health, so doctors must make sure that their conduct justifies their patients' trust in them and the public's trust in the profession (see paragraph 81 of Good Medical Practice). Although the*

tribunal should make sure the sanction it imposes is appropriate and proportionate, the reputation of the profession as a whole is more important than the interests of any individual doctor’.

49. Mr Molloy submitted that potential mitigating factors in this case were the fact that Dr Lawson had no previous findings of impaired fitness to practise and almost three years had elapsed since the last incident. Mr Molloy submitted that the nature and seriousness of the criminal conduct was a potential aggravating factor in this case.

50. Mr Molloy submitted that conditions of practice would not be appropriate in this case as the regulatory concerns do not relate to deficiencies in Dr Lawson’s clinical practice of knowledge of English.

51. In relation to suspension, Mr Molloy submitted that paragraphs 97a and 97f of the SG were engaged in this case, on the basis that Dr Lawson’s conduct amounted to a serious departure from the principles set out in GMP, the Tribunal found that it would not be impossible to remediate his conduct, and there had been no repetition of the conduct since 2022. However, he submitted that, given the nature and seriousness of the offending behaviour, suspension would be an insufficient response to safeguard proper professional standards and public confidence in the profession.

52. If the Tribunal was to consider imposing a period of suspension, Mr Molloy submitted that it should be at the upper end of the spectrum in terms of length, given the seriousness of the offending behaviour.

53. In relation to erasure, Mr Molloy submitted that paragraphs 109a, 109b, 109c and 109g of the SG were engaged in this case, on the basis that Dr Lawson’s conduct amounted to a particularly serious departure from the principles set out in GMP, the conduct had been deliberate and/or reckless as regards the principles set out in GMP, the conduct had caused serious harm to others, and the conduct resulted in convictions for criminal offences involving violence.

54. Mr Molloy submitted that the sanction of erasure and nothing less was the only way to meet the statutory overarching objective in this case. He stated that Dr Lawson had breached the principles set out in GMP, his offending behaviour was very serious and his conduct would be regarded as deplorable by fellow practitioners. He submitted that Dr Lawson’s conduct was fundamentally incompatible with continued registration, and therefore erasure was the only appropriate and proportionate sanction. He submitted that erasure was necessary to adequately address the risks to public protection, and also to the

wider public interest in upholding proper professional standards and maintaining public confidence in the profession.

On behalf of Dr Lawson

55. Mr Mawby stated that Dr Lawson had accepted that his offending behaviour was totally unacceptable.

56. Mr Mawby submitted that potential mitigating factors in this case were that:

- a. Dr Lawson has apologised to XXX, his colleagues, the GMC and the wider profession;
- b. Dr Lawson has demonstrated remorse, regret and shame;
- c. The Tribunal's finding that Dr Lawson had demonstrated substantial insight;
- d. Dr Lawson has taken steps to remediate his conduct;
- e. There has been no repetition of the offending conduct;
- f. Dr Lawson has no previous criminal record, nor any previous findings of impaired fitness to practise;
- g. Almost three years have elapsed since the last offending behaviour;
- h. The convictions were serious but not at the highest end of the spectrum of seriousness for criminal convictions
- i. The offending behaviour arose in a specific context of XXX, and was influenced by working away from home and work-related stress;
- j. Dr Lawson XXX has provided a positive testimonial, indicating that Dr Lawson has learned a lesson and is able to behave appropriately XXX;
- k. There are no concerns about Dr Lawson's clinical practice, as demonstrated by testimonials provided by his colleagues, his appraisal reports and CPD records; and
- l. Dr Lawson has recently started a mentoring relationship with an experienced colleague.

57. Mr Mawby submitted that taking no action was clearly not going to be appropriate in this case, given the nature of the convictions and given tribunal's assessment of those convictions.

58. Mr Mawby submitted that conditions were also clearly not relevant, as the case does not relate to Dr Lawson's health or clinical practice.

59. Mr Mawby submitted that a period of suspension would be the appropriate and proportionate sanction in this case. He submitted that a suspension would send a clear message to Dr Lawson and the public, and act as a deterrent to others. He accepted that Dr

Lawson's offending behaviour was serious. However, he stated that it had been dealt with summarily by the courts, no custodial sentence had been imposed, and Dr Lawson had fully cooperated with the sentences that were imposed. In that context, Mr Mawby submitted that the offending behaviour was not the most serious that might come before a Tribunal, and was not so serious as to be fundamentally incompatible with continued registration as a doctor.

60. Mr Mawby submitted that the Tribunal should consider paragraphs 91, 92 and 93 of the SG. Mr Mawby submitted that paragraph 97a of SG was engaged in that there had been a serious departure from the principles set out in GMP. He submitted that paragraphs 97e, 97f, and 97g were all also engaged, in that the evidence before the Tribunal indicated that Dr Lawson was taking appropriate steps towards remediation, there was no evidence that the conduct had been repeated, and the Tribunal had found that Dr Lawson had demonstrated substantial insight. Mr Mawby stated that although the Tribunal had found a risk of repetition, in his submission the level of risk was not such as to pose a significant risk of repetition.

61. Mr Mawby submitted that the offences themselves arose in a specific context. Dr Lawson found himself in XXX. His behaviour was influenced by XXX and by his work-related stress. He submitted that his conduct was not conduct that took place across the breadth of his lifestyle. It was narrow and arose in specific circumstances and therefore may be easier to remediate.

62. Mr Mawby submitted that Dr Lawson's XXX demonstrates that he has developed insight. He has learned his lesson. He is able to XXX.

63. He submitted that there are no concerns about Dr Lawson's clinical practice, his behaviour in the workplace or his interactions with colleagues or patients. He is a good clinician and well-liked by patients and respected by his colleagues. Dr Lawson has started to explore with a former professional colleague how he might develop with a review to return to practice.

64. In terms of the length of a suspension, Mr Mawby accepted that a significant period of suspension may well be required. In deciding an appropriate length of suspension, he submitted that the Tribunal might be assisted by noting that Dr Lawson's two year supervision order imposed on 22 February 2024 would expire on 21 February 2026. With Mr Molloy's agreement, Mr Mawby also confirmed that Dr Lawson has been subject to an interim suspension order since 21 February 2023.

65. In relation to erasure, Mr Mawby accepted that paragraphs 109c and 109f of the SG might be engaged in this case. However, he submitted that any continuing risk of harm was low and the criminal offences were towards the lower end of the spectrum in terms of the scale of offences of violence. Mr Mawby submitted that paragraph 109j of the SG was not applicable, because the Tribunal had found that Dr Lawson had demonstrated substantial insight.

66. In all the circumstances, Mr Mawby submitted that erasure would be an unnecessary and disproportionate response. He submitted that it was not necessary in terms of public protection, given Dr Lawson's level of remorse, insight and remediation. Mr Mawby submitted that erasure was also not necessary in terms of public confidence. He submitted that a fully informed member of the public would consider erasure to be excessive in these circumstances, particularly given that there are no concerns about Dr Lawson's clinical proficiency or other parts of his professional life.

The Relevant Legal Principles

67. The Tribunal accepted the LQC's advice that:

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

69. The Tribunal must bear in mind that the purpose for imposing a sanction is to protect the public and its purpose is not to punish, although it may have a punitive effect. In reaching its decision, the Tribunal will take account of the SG, considering the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity.

70. The Tribunal should take into account any aggravating and mitigating features and weigh them appropriately against the nature of the facts found proved and the central aim of sanctions; to protect the public, which includes the wider public interest.

71. The Tribunal should consider proportionality, weighing the public interest against the interests of Dr Lawson.

The Tribunal's Determination on Sanction

72. The Tribunal reminded itself that the purpose of these proceedings was not to punish Dr Lawson for a second time.

73. The Tribunal carefully considered the SG, relevant case law guidance and submissions on behalf of the GMC and Dr Lawson.

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

Aggravating factors

75. The Tribunal identified the following aggravating factors:

- The offending behaviour occurred over a XXX;
- The offending behaviour involved multiple victims, XXX;
- The offending behaviour led to two separate sets of convictions;
- The offending behaviour included abuse, threats of violence and actual violence;
- The offending behaviour caused actual harm; and
- Dr Lawson only desisted from his offending behaviour after police intervention.

Mitigating factors

76. The Tribunal identified the following mitigating factors:

- Dr Lawson had demonstrated genuine remorse and sought to apologise for his actions;
- Dr Lawson had taken appropriate steps to try and remediate his conduct and to try to ensure that it is not repeated;
- There is no evidence that the conduct underlying the convictions has been repeated;
- It has been almost 3 years since the date of the last offending behaviour;
- Dr Lawson had accepted that his offending behaviour was totally unacceptable and had developed substantial insight into his conduct;
- The testimonials provided by colleagues and the appraisals provided indicated that there were no concerns as to Dr Lawson's clinical competence;
- Although no able to practice, Dr Lawson has tried to keep his knowledge and skills up to date and is working with a mentor; and
- No other criminal offending history or FTP history with the GMC.

No Action

77. The Tribunal first considered whether to conclude Dr Lawson's case by taking no action.

78. The Tribunal determined that in view of the nature and gravity of Dr Lawson's convictions, to take no action on his registration would not satisfy the statutory overarching

objective to protect the public, maintain proper professional standards and maintain public confidence in the profession. The Tribunal concluded that there were no exceptional circumstances to justify taking no action in this case.

Conditions

79. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Lawson's registration. It took account of paragraphs 81 and 85 of the SG which state:

81 Conditions might be most appropriate in cases:

a involving the doctor's health

b involving issues around the doctor's performance

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

85 Conditions should be appropriate, proportionate, workable and measurable.

80. The Tribunal noted that neither party had proposed the imposition of a period of conditional registration as an appropriate measure. The Tribunal found that none of the factors listed at paragraph 81 were present in this case. Further, it concluded that no relevant, practical or enforceable conditions could be formulated to address the concerns and risks raised in this case. The Tribunal determined that a period of conditional registration would be inadequate to reflect the gravity of the offending behaviour, and to address the three limbs of the overarching objective.

Suspension

81. The Tribunal took into account paragraphs 91, 92, 93 and 97 of the SG when considering whether a period of suspension would be the appropriate and proportionate sanction in this case:

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.

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

a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.

b to d...

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

f No evidence of repetition of similar behaviour since incident.

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

82. The Tribunal took into account the positive testimonials from Dr Lawson's colleagues and employers, which indicated that Dr Lawson was clinically competent and there were no concerns about his professional relationships.

83. The Tribunal took into account its earlier findings that Dr Lawson had demonstrated substantial insight and undertaken appropriate, positive steps towards remediation. The Tribunal also took into account that there was no evidence that Dr Lawson had repeated the offending behaviours since 2022, but found a risk of repetition of the offending behaviour remained whilst remediation was incomplete.

84. The Tribunal noted the serious nature of the convictions including violence against multiple victims XXX. Dr Lawson's actions involved serious offences occurring over an extended period of approximately XXX. There had been blatant disregard for the law and the principles set out in GMP. The Tribunal considered the offending behaviour to be a particularly serious departure from principles set out in GMP. In these circumstances the Tribunal decided that an order of suspension was not appropriate, as it would fail to address

the risk factors and, in particular, would fail to uphold proper professional standards and maintain public confidence in the profession.

Erasure

85. Having excluded all other sanctions as insufficient, the Tribunal determined that in all the circumstances of Dr Lawson's case, erasure would be the only appropriate and proportionate sanction to meet the overarching objective. The Tribunal had regard to the following paragraphs of the SG, which it considered to be engaged in this case:

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession...

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....

f

g Offences involving violence.'

86. The Tribunal noted that this was not a case raising patient safety concerns or one where there were any previous regulatory concerns, but it determined that action was necessary to address the identified risks to public protection, and in order to maintain proper professional standards and public confidence in the profession.

87. The Tribunal considered the aggravating factors that it had identified in this case. Dr Lawson's abusive and violent conduct had persisted over a considerable period. It had caused harm to the victims. The conduct amounted to a breach of the law and a particularly serious departure from the principles set out in Good Medical Practice, including for doctors to act with integrity.

88. The Tribunal took account of the mitigating factors that it had identified, including its own finding that Dr Lawson had demonstrated significant insight and taken appropriate steps towards reducing the risk of repetition. The Tribunal determined that although Dr Lawson may be able to remediate his behaviour, Dr Lawson's conduct had undermined proper professional standards, public confidence in the profession, and brought the profession into

disrepute. The Tribunal also noted its earlier finding that Dr Lawson's convictions may make the public reluctant to use health care services and therefore public protection also remained a concern.

89. The Tribunal balanced the aggravating and mitigating factors in this case. Given the seriousness of the offending behaviour, the Tribunal was not satisfied that the mitigating factors identified could justify taking any lesser action than the imposition of a sanction of erasure in this case. In the Tribunal's view Dr Lawson's behaviour was so serious as to amount to behaviour which is fundamentally incompatible with being a doctor.

90. The Tribunal acknowledged the likely effect of a sanction of erasure on Dr Lawson, but it reminded itself that it was required to balance the interests of Dr Lawson against the public interest, bearing in mind the seriousness of the findings made, the aims of imposing sanctions and the overarching objective. It reminded itself that the purpose of a tribunal imposing a sanction is not punitive but is for the protection of the public. The impact of any sanction on the career of the medical practitioner must be looked at in that context and will be of limited relevance; the reputation of the profession is more important than the fortunes of any individual member.

91. The Tribunal concluded that Dr Lawson's conduct was fundamentally incompatible with continued registration and determined that erasure was the only appropriate and proportionate sanction that would properly mark the seriousness of Dr Lawson's convictions. Such an order is required: 1) to protect the public; 2) to promote and maintain proper professional standards and conduct for members of the profession; and 3) to maintain public confidence in the profession.

92. The Tribunal therefore directs that Dr Lawson's name be erased from the Medical Register.

93. Unless Dr Lawson exercises his right of appeal, his name will be erased from the Medical Register 28 days from the date on which written notice of this decision is deemed to have been served upon him. A note explaining his right of appeal will be sent to him.

Determination on Immediate Order - 05/03/2025

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

Submissions

On behalf of the GMC

95. Mr Molloy submitted that an immediate order is necessary in order to protect the public interest, in particular to uphold professional standards and maintain public confidence in the profession.

On behalf of Dr Lawson

96. Mr Mawby made no submissions in relation to an immediate order.

The Tribunal's Determination

97. In reaching its decision, the Tribunal took into account the evidence and its earlier findings, previous determinations and the submissions made by the parties.

98. The Tribunal exercised its own judgement and took into account the principle of proportionality. The Tribunal bore in mind that it may impose an immediate order where it was satisfied that it was necessary for the protection of members of the public or is otherwise in the public interest or was in the best interests of the practitioner. It also considered the guidance given in paragraphs 172, 173, and 178 of the SG relating to immediate orders:

***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.*

99. The Tribunal had regard to the serious nature of Dr Lawson's convictions. The Tribunal considered the submissions made by the GMC in respect of the public interest. The Tribunal carried out a balancing exercise balancing the public interest and the interests of the doctor.

100. The Tribunal reminded itself of the need to act proportionately and fairly.

101. The Tribunal determined that the imposition of an immediate order was required to prevent Dr Lawson from resuming unrestricted practice. Immediate action is necessary given the serious nature of the Tribunal's findings in order to protect the public and in the wider public interest.

102. This means that Dr Lawson's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

103. The interim order is hereby revoked.

104. That concludes this case.