

PUBLIC RECORD

Dates: 09/04/2026 - 10/04/2026

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
Erasure

Tribunal:

Legally Qualified Chair	Mrs Emma Gilberthorpe
Lay Tribunal Member:	Miss Mamta Gupta
Registrant Tribunal Member:	Dr Alison Calver
Tribunal Clerk:	Miss Maria Khan

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Fiona Clancy, 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 - 09/04/2026

1. At this review hearing the Tribunal now 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

3. Dr Wolverson qualified in 1996 with a MBBS from University of London. Dr Wolverson qualified as a General Practitioner ('GP') in 1999 and worked in locum roles throughout his career.

The 2022 Tribunal

4. Dr Wolverson's case was first considered by a Medical Practitioner's Tribunal ('MPT') in March, June and October of 2022. At the time of the events that led to the proceedings, Dr Wolverson was working as a locum at Urgent Care Centres in Derby and Stoke.

5. At the outset of the hearing, Dr Wolverson admitted that on one or more occasions between January and April 2018 he recorded inappropriate comments in the medical records about the English language skills of several patients. The Tribunal found proved that, on 13 May 2018, Ms A and her child attended a consultation with Dr Wolverson, and he asked her to remove her face veil. Despite having been told by Ms A that she wore the veil for religious reasons and did not wish to remove it, Dr Wolverson repeated his request several times, and 'caused' her to remove her veil. The Tribunal further found that Dr Wolverson dishonestly said in an email dated 25 May 2018 that the reasons for his actions during the consultation with Ms A 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. Although the Tribunal did not consider that Dr Wolverson’s actions put patients at risk, it did find that Dr Wolverson had breached fundamental tenets of the medical profession and had brought the profession into disrepute. It concluded that Dr Wolverson’s actions amounted to serious misconduct and determined that his fitness to practise was impaired. The Tribunal determined that a nine-month order of suspension with a review was the appropriate and proportionate sanction.

The 2023 Tribunal

7. Dr Wolverson’s case was first reviewed at an MPT hearing held in August 2023.

8. Dr Wolverson provided a reflective statement and gave oral evidence at the hearing. He also provided a CPD Certificate relating to a module on insight. However, 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 2023 Tribunal determined that Dr Wolverson’s fitness to practise remained impaired by reason of his misconduct and that a 12-month order of conditions with a review was the appropriate and 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’*.

The 2024 Tribunal

9. On 9 February 2023, concerns were raised with the GMC that Dr Wolverson had undertaken locum shifts between 19 and 23 November 2022, in breach of the order of suspension imposed by the 2022 Tribunal. A GMC investigation resulted in Dr Wolverson being referred to a new MPT hearing, which concluded in September 2024. Dr Wolverson voluntarily absented himself from part of the hearing.

10. The 2024 Tribunal found proved that, on one or more occasions, Dr Wolverson had undertaken locum work with the Practice Plus Group (‘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 take on locum work on one or more occasions after the MPTS communication of 25 November 2022, and had failed to inform the PPG and his locum agency of his suspension.

11. The 2024 Tribunal found that Dr Wolverson’s actions were repeated and sustained over several weeks. Further, the 2024 Tribunal was satisfied that Dr Wolverson was aware 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. It determined that repeatedly working in breach of a suspension order, over several weeks in late 2022, was a serious breach of required standards and amounted to misconduct.

12. 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.

13. The 2024 Tribunal noted Dr Wolverson's continued denial of the dishonesty allegation. However, 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. It considered that Dr Wolverson had reflected on the matters that led to the 2022 hearing and the offence it may cause to patients and did not identify a significant risk of repetition of his actions in 2018.

14. Turning to the new matters, 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 Tribunal was therefore unable to satisfy itself that Dr Wolverson had taken adequate steps to minimise the risk of repetition of his misconduct. It determined that Dr Wolverson's fitness to practise was impaired. It was unable to formulate any conditions that would be appropriate or sufficient to uphold standards or to maintain public confidence in the profession and determined that nothing less than a sanction of 12 months' suspension with a review would reflect the seriousness of Dr Wolverson's misconduct.

The 2025 Tribunal

15. Dr Wolverson's next review hearing was held in October 2025. Dr Wolverson did not attend the hearing and was not represented.

16. The 2025 Tribunal noted that Dr Wolverson had, since May 2025, disengaged with the GMC, and that no evidence had been provided relating to insight into the potential consequences of his misconduct or of any remediation. The 2025 Tribunal considered that Dr Wolverson's continued disengagement demonstrated a continuing lack of insight and unwillingness to remediate his misconduct.

17. Accordingly, the Tribunal was satisfied that there remained a risk of repetition and determined that Dr Wolverson's fitness to practise remained impaired by reason of his misconduct.

18. When considering sanction, 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 was remediable and not fundamentally incompatible with continued registration.

19. The Tribunal was satisfied that a further period of suspension was the appropriate and proportionate sanction. It determined to impose a suspension for a period of six months and considered that this would give Dr Wolverson the opportunity to re-engage with the GMC and these proceedings, to gain insight and to demonstrate that he had remediated his misconduct. The Tribunal acknowledged that 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, as he had been out of clinical practice for three years.

20. The Tribunal also directed a review and listed the following evidence that Dr Wolverson could provide for the next reviewing Tribunal:

- 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.

Today's Review Hearing

The Evidence

21. The Tribunal has taken into account all the evidence received.

22. The Tribunal received the following documentary evidence:

- Records of Determinations from the 2024 and 2025 hearings;
- Correspondence sent from the GMC to Dr Wolverson on 12 November and 17 December 2025, via email and hard copy to Dr Wolverson's registered postal address. Both posted letters returned as "*addressee gone away*".

23. Dr Wolverson did not provide a witness statement or any other evidence for this review hearing.

Submissions

24. Ms Fiona Clancy, Counsel, made submissions on behalf of the GMC. Throughout, she referred the Tribunal to the new *Guidance for MPTS Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Step 2)* ('the Guidance')

25. Ms Clancy first reminded the Tribunal of the findings of the 2025 Tribunal. She submitted that since that hearing, there had been no engagement from Dr Wolverson and no evidence of insight or remediation. Dr Wolverson had responded to the 2025 Tribunal's findings negatively by the fact that he had disengaged from the process and the efforts needed from him to continue to practise.

26. Ms Clancy submitted that the risk to public protection requiring restrictive action and response had changed since the last review hearing. Dr Wolverson had not worked since 2022, so in addition to the issues regarding misconduct and impairment, he would now be deskilled and he had not provided any evidence of professional development in the intervening period, which was a significant period of years.

27. In summary, Ms Clancy submitted that working whilst suspended was serious misconduct and brought the profession into disrepute. Any doctor in that position ought to have complied and engaged with their regulator, as was their duty, to the highest degree. There remained no evidence of insight, nor any evidence of remediation. And the lack of engagement with the regulator indicated that Dr Wolverson lacked insight and any meaningful motivation to remediate. The misconduct and the lack of engagement along with a high ongoing risk to the public demonstrated that Dr Wolverson's fitness to practise remained impaired.

The Relevant Legal Principles

28. The Tribunal was reminded of the statutory overarching objective and the three parts of public protection: to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession. The objective should be considered as a whole and the Tribunal should not give excessive weight to any one limb.

29. 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 practise.

The Tribunal's Determination on Impairment

Misconduct

30. At all times, the Tribunal had regard to *Guidance for MPTS Tribunals (Section three: MPT Hearings > Part B > Stage 2: Impairment > Steps 2(a) to (e)* ('the MPT Guidance').

31. The Tribunal used the following questions set out below to help inform its assessment of whether Dr Wolverson poses any current and ongoing risk to public protection requiring restrictive action in response, and if so, what level of risk (low, medium or high).

Is there a legal basis for considering impairment?

32. The Tribunal was satisfied that Dr Wolverson's actions amounted to serious misconduct and, therefore, there was a legal basis for considering impairment.

What was the last assessment of current and ongoing risk to public protection resulting in Dr Wolverson's fitness to practise being found impaired?

33. The Tribunal had regard to the 2025 Tribunal's findings that as Dr Wolverson had disengaged from the process and provided no evidence of insight, remediation, or how he had been keeping his knowledge and skills up to date, there remained a risk of repetition of the misconduct. At that time, it was not specified whether that risk was low, medium or high. However, there had been a lack of engagement and he must have been an ongoing risk, as there was no counterbalancing evidence to suggest otherwise.

What has happened since the last assessment of risk and what impact does this have?

34. The Tribunal considered that since the 2025 hearing, Dr Wolverson has not provided any evidence in terms of insight into his misconduct, namely working while suspended, or any evidence of remediation. Further he has completely disengaged from this process.

35. The Tribunal noted that Dr Wolverson has not worked since 2022. This was a real concern with regards to deskilling. There was no evidence to demonstrate that he has kept his knowledge and skills up to date.

36. The Tribunal formed the view that the lack of engagement brought the whole regulatory process into question.

37. The Tribunal concluded that the impact on the level of risk to public protection has increased, due to Dr Wolverson's ongoing disengagement and that he has not practised since 2022.

How has the doctor responded to the 2025 Tribunal's findings?

38. The Tribunal took into account that Dr Wolverson did not respond to the 2025 Tribunal's findings and did not avail himself of the opportunity to attend the hearing and demonstrate that he had taken any meaningful steps to develop his insight and remediate.

Has the risk to public protection requiring restrictive action in response changed and if so, how?

39. The Tribunal concluded that the risk to patient safety had increased since the 2025 Tribunal. Dr Wolverson had not practised since 2022, giving rise to concerns about deskilling and an inability to be assured that he would not pose a risk to patients. The longer he failed

to engage with the regulatory process, the greater this risk became. Although the original allegation did not in itself establish current risk to patient safety, his continued lack of practise and disengagement meant that risk had now developed and increased over time.

40. The Tribunal took into account that maintaining public confidence required that doctors remained up to date with their knowledge and skills, engaged with their regulator, and took steps to remediate where concerns had been identified. The Tribunal was of the view that Dr Wolverson's continued failure to engage, combined with a prolonged period out of practise, undermined public confidence. The public would expect reassurance that such concerns were being addressed, and in the absence of any engagement or evidence of remediation, that confidence was diminished.

41. The Tribunal found that Dr Wolverson's failure to engage with his regulator represented a clear departure from proper professional standards. Doctors were expected to cooperate fully with regulatory processes, particularly where findings of misconduct had been made. His ongoing disengagement demonstrated a failure to uphold these standards and reinforced the conclusion that he remained impaired.

42. The Tribunal concluded that, overall, the case engaged all three limbs of public protection, with the risk having increased, particularly in relation to patient safety.

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

Determination on Sanction - 10/04/2026

44. 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 Dr Wolverson's registration.

The Evidence

45. The Tribunal has taken into account the background to the case, and the evidence received during the earlier stages of the hearing, in order to reach a decision on what action, if any, it should take with regard to Dr Wolverson's registration.

Submissions

46. On behalf of the GMC, Ms Clancy submitted that the proportionate sanction in this case was erasure from the medical register.

47. Ms Clancy submitted that the Tribunal should have regard to the current and ongoing risk to public protection. Disengaging for a number of years was a significant risk to public protection, notwithstanding there was also misconduct yet to be remediated. Any sanction

imposed must reflect the gravity of disengagement from the regulatory process and the need to protect the public. Ms Clancy reminded the Tribunal that the public interest always outweighs the interests of any individual doctor.

48. Ms Clancy took the Tribunal through the sanctions available to it. She submitted that, given the seriousness of the misconduct, taking no action was not proportionate. A sanction of conditions would be unworkable as Dr Wolverson had shown no willingness to engage and had not been in practice for a lengthy period of time.

49. Ms Clancy submitted that in the past, suspension had been the appropriate response to restrict registration. However, suspension as a sanction was put in place to provide a doctor with a period of time in which they could provide evidence of insight and remediation. Suspension could only be for a maximum of 12 months and was made with a view to safely returning to unrestricted practice. Suspension was only a sanction to be put in place for the duration that realistically the doctor would take to remediate and return to practice.

50. Ms Clancy submitted that erasure from the Medical Register was the most appropriate sanction at this stage. Dr Wolverson's misconduct remained without insight and with a level of disengagement from the regulatory process, which was incompatible with continued registration. The risk of harm that Dr Wolverson posed in terms of impairment could not be mitigated sufficiently by conditions or suspension.

51. Ms Clancy submitted that Dr Wolverson had shown a persistent lack of insight into the seriousness of the allegations and his disengagement indicated a dismissive attitude not only towards the original misconduct, but towards the rules and responsibilities required in practice. Continuation of registration of a doctor in those circumstances of persistent non-compliance with the regulator would undermine public confidence in the profession. It would pose a risk to patient safety and it would fail to maintain proper professional standards. Erasure was the appropriate sanction at this stage.

The Relevant Legal Principles

52. The Tribunal's decision as to the appropriate sanction to impose is a matter for its independent judgement and it is not bound by Ms Clancy's submissions. In reaching its decision, the Tribunal must consider *Section three: MPT Hearings > Part C > Stage 3: Sanction* of the Guidance, and the statutory overarching objective when deciding on the proportionate regulatory response to protect the public.

53. When making its decision, the Tribunal should remind itself of the conclusions reached at the earlier stage to ensure that its decision is consistent with previous findings, and have regard to the level of current and ongoing risk to one or more of the three parts of public protection posed by the doctor.

54. The Tribunal must consider how the doctor has responded to the previous Tribunal's sanction and what is the necessary and proportionate regulatory action to take at this stage.

55. The Tribunal should give reasons as to why the selected sanction is sufficient to protect the public. The Tribunal must also provide an explanation as to the length of sanction and why it should last for a particular period.

The Tribunal's Determination

No action

56. In reaching its decision on the appropriate sanction to impose on Dr Wolverson's registration, the Tribunal first considered whether it would be appropriate to conclude the case by revoking the current order and taking no further action. However, given the seriousness of the findings and the absence of any exceptional circumstances, the Tribunal determined that taking no action would be wholly inappropriate and contrary to the public interest.

Conditions

57. The Tribunal next considered whether it would be possible to impose an order of conditions. It concluded that formulating workable conditions would be neither practical nor effective. Dr Wolverson had not practised for over three years, had not demonstrated sufficient insight, and had disengaged entirely from the regulatory process. In those circumstances, the Tribunal could not identify any conditions that would adequately address the concerns or ensure public protection.

Suspension

58. The Tribunal then gave careful consideration to whether a further period of suspension would be appropriate. It noted that Dr Wolverson had previously been subject to suspension on two occasions for the misconduct relating to working while suspended, and had made no attempt to remediate his misconduct or provide evidence of his insight. The Tribunal found that prior periods of suspension had had no meaningful effect and that there was no indication that a further suspension would serve any useful purpose. On the contrary, it considered that imposing another suspension after previous periods of suspension had been ineffective would send an unacceptable and extraordinary message about professional standards. Further, it would seriously undermine public confidence in the regulatory process.

59. While the Tribunal acknowledged that suspension can provide a level of public protection, it concluded that, in this case, it would be insufficient. Dr Wolverson had failed to use previous periods of suspension constructively, had remained disengaged throughout, and had shown a persistent and flagrant disregard for the regulatory process. The Tribunal also noted the risk of further deskilling arising from continued suspension, which would increase the risk to the three limbs of public protection and make any future return to safe practice even less likely.

Erasure

60. The Tribunal exercised caution when considering the sanction of erasure. It considered the need to uphold professional standards and maintain public confidence in the profession. It took into account Dr Wolverson’s regulatory history, which demonstrated a pattern of misconduct dating back to 2018, repeated opportunities to remediate, and consistent failure to engage or demonstrate any meaningful change. Dr Wolverson had not used the suspension time wisely. In those circumstances, the Tribunal concluded that a reasonable and informed member of the public would not regard a further period of suspension as appropriate.

61. Having balanced all the relevant factors, including the need to protect the public, uphold professional standards, and maintain confidence in the profession, the Tribunal determined that erasure was the only proportionate and appropriate sanction. It concluded that any lesser sanction would fail to address the current and ongoing risk to public protection and would not adequately reflect the seriousness of Dr Wolverson’s misconduct.

62. Accordingly, the Tribunal determined to erase Dr Wolverson’s name from the medical register.

63. The Tribunal has directed to erase Dr Wolverson’s name from the Medical Register. 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 order of suspension will remain in place during the appeal period.

64. That concludes this case.

ANNEX A –09/04/2026

Service and proceeding in absence

65. Dr Wolverson was neither present nor represented at the hearing. The Tribunal therefore considered whether to continue with the hearing in his absence.

Submissions

66. On behalf of the GMC, Ms Clancy took the Tribunal through the service bundle provided by the GMC, which included:

- Screenshot of Dr Wolverson’s registered address and contact details;
- Email from GMC to MPTS and Dr Wolverson and notification that email could not be delivered to Dr Wolverson, both dated 12 February 2026;
- GMC information letter, dated 26 February 2026, sent to Dr Wolverson’s registered postal address by Special Delivery, ‘returned to sender’ on 4 March 2026;
- MPTS Notice of Hearing (‘NoH’) sent as Special Delivery on 24 February 2026, returned on 27 February 2026, “*addressee gone away*”;
- MPTS NoH sent as First Class on 24 February 2026, returned on 4 March 2026, “*addressee gone away*”
- Letter from GMC to Dr Wolverson sent as Special Delivery on 1 April 2026, ‘returned to sender’ on 7 April 2026.

67. Ms Clancy submitted that the onus is on a doctor to provide their up-to-date contact details.

68. Ms Clancy reminded the Tribunal that Dr Wolverson had not attended his last review hearing in 2025, and had not engaged with the latter part of the 2024 hearing. She submitted that service had been proved, with the date of hearing set out in letters sent to Dr Wolverson on numerous occasions.

69. Ms Clancy referred the Tribunal to Rule 31 of the Rules, and applied to proceed on the basis that all reasonable efforts had been made to serve the NoH on Dr Wolverson. Ms Clancy also drew the Tribunal’s attention to the relevant case law as set out in *R v Jones (Anthony)* [2003] AC 1, HL and *GMC v Adeogba* [2016] EWCA Civ 162. She submitted that past communications with Dr Wolverson, his knowledge of past findings and the need for review hearings, and evidence of insight and remediation meant he was aware these proceedings were ongoing and needed to be reviewed. It appeared he had deliberately waived his right to appear, and had disengaged.

70. Ms Clancy submitted that an adjournment was unlikely to result in Dr Wolverson attending as he had disengaged from the process, and the length of any adjournment was

uncertain and could be unlimited in time. There was no indication that Dr Wolverson was seeking legal representation or requesting an adjournment to do so.

71. Ms Clancy submitted that the Tribunal should consider the extent to which Dr Wolverson could be disadvantaged by being unable to give evidence. Any disadvantage would be of his own volition and deliberate lack of engagement. The seriousness of misconduct, working while suspended, was a finding of the utmost gravity and it was in the public interest that the hearing should take place within reasonable time.

72. Ms Clancy submitted that in accordance with the statutory overarching objective, the Tribunal should proceed in Dr Wolverson's absence.

The Tribunal's Determination

73. The Tribunal considered Rule 31 of the Rules:

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.

Service

74. The Tribunal first considered whether the relevant documents had been served in accordance with Rules 20 and 40, and paragraph 8 of Schedule 4 to the Medical Act 1983.

75. The Tribunal took into account that it was the doctor's responsibility to keep his contact details up to date. The Tribunal formed the view that both the GMC and MPTS had made stringent efforts to contact Dr Wolverson but he had disengaged. The NoH had been sent by Special Delivery and First Class post. The Tribunal considered that Dr Wolverson's professional email address may have been disabled due to his suspension, however the onus was on him to keep his contact details current.

76. In light of this, the Tribunal was satisfied that notice of the hearing had been properly served on Dr Wolverson in accordance with the Rules.

Proceeding in absence

77. The Tribunal then considered whether it would be appropriate to proceed with this hearing in Dr Wolverson's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of the doctor should be exercised with caution, balancing the interests of the doctor with the wider public interest.

78. The Tribunal noted the relevant case law in determining whether to proceed in Dr Wolverson's absence. He had not sought an adjournment and the Tribunal found nothing to

indicate that if this hearing was adjourned that there would be a different outcome as Dr Wolverson had not engaged with this regulatory process for some time. On this basis, the Tribunal could find no good reason not to proceed.

79. The Tribunal therefore concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. It exercised its discretion to proceed in Dr Wolverson's absence in accordance with Rule 31 of the Rules.