

PUBLIC RECORD

Dates: 08/09/2025 - 16/09/2025
24/04/2026 - 01/05/2026
01/06/2026 - 05/06/2026

Doctor: Dr David COOK

GMC reference number: 4106292

Primary medical qualification: MB ChB 1994 University of Leeds

Type of case	Outcome on facts	Outcome on impairment
New - Misconduct	Facts found proved	Impaired
XXX	XXX	XXX

Summary of outcome

Conditions, 24 months
Immediate order imposed
Review hearing directed

Tribunal:

Legally Qualified Chair	Mr Mark Scott
Lay Tribunal Member:	Mr Tim Skelton
Registrant Tribunal Member:	Dr Tayyab Haider
Tribunal Clerk:	Mr Sewa Singh (08/09/25 – 16/09/25 & 01/06/26 – 05/06/26) Ms Keely Crabtree (24/04/26 – 01/05/26)

Attendance and Representation:

Doctor:	Present, represented
Doctor's Representative:	Ms Vivienne Tanchel, Counsel, instructed by Weightmans LLP
GMC Representative:	Mr Robin Kitching, 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 - 02/06/2026

1. The Tribunal exercised its powers under Rule 41 of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended (the Rules), to sit in private when the matters under consideration or heard as evidence were confidential. This determination will be handed down in private but as this case concerns Dr Cook's alleged misconduct, a redacted version will be published at the close of the hearing.

Background

2. Dr Cook qualified in 1994 with a Bachelor of Medicine, Bachelor of Surgery (MB ChB) from the University of Leeds. Dr Cook completed his Membership of the Royal Colleges of Physicians (MRCP) in 1998.

3. At the time of the events, Dr Cook was working as a Consultant in respiratory medicine at Stafford Hospital. Dr Cook has not worked since the index events in May 2021.

4. The allegation that has led to Dr Cook's hearing arises from his conviction, on 20 September 2022 at Birmingham Crown Court, he was given a conditional discharge order for 12 months for publishing and attempting to publish an obscene article about sexual activity with a child contrary to section 1(1) of the Criminal Attempts Act 1981 and section 2(1) of the Obscene Publications Act 1959.

5. It is also alleged that, between November 2020 and May 2021, Dr Cook spoke to three people, including an undercover police officer ('UCO'), on social media networking platforms, about sexual activities with a child/minor. It is further alleged that Dr Cook's conduct amounted to inciting abuse of a child and/or engaging in role play involving abuse of a child and that his conduct was sexually motivated.

6. Dr Cook was arrested on 21 May 2021, after communication data from an individual engaging in online conversations with an UCO was analysed and indicated that Dr Cook was the person engaging in those conversations. When Dr Cook was arrested, he said *"Someone's been messaging me to do with child stuff. We've just been chatting. That's all."*

7. The UCO had created a fake profile on a website called XXX. The fake profile stated he was *'a man aged 38 and part of a couple with an 18-year old female. As part of the profile, I used the phrase 'open family looking for a man'.* That form of words was used to hint to others with an interest in discussing people under the age of sixteen.
8. Dr Cook first messaged the UCO's profile in April 2021.
9. The messaging moved on to using the applications 'Kik' and 'Wickr' which were applications where a person registers themselves anonymously and 'Wickr' has a setting which ensures that messages are deleted after a set amount of time. Throughout this determination, the words *'messages', 'conversations', and 'communications'* are all used to refer to the various content involving Dr Cook on social media networking platforms.
10. During the communications Dr Cook was made aware that the male (UCO) had access to an eight-year-old female child. Dr Cook discussed sexually abusing that child and meeting the other male, to both sexually abuse the child together.
11. Dr Cook self-referred to the GMC on 22 May 2021. He reported that he had been arrested *"concerning sexual offences on the internet related to someone under the age of 13"*. He added that investigations were ongoing, and he was off work on the advice of his GP.

The Outcome of Applications made during the Facts Stage

12. The Tribunal refused an application by Mr Robin Kitching, Counsel, on behalf of the GMC pursuant to Rule 34, 16 and 16a of the Rules XXX. The Tribunal's full decision on the application is included at Annex A.
13. The Tribunal refused an application by Ms Vivianne Tanchel, on behalf of Dr Cook pursuant to Rule 41(2) of the Rules for all of the proceedings to be held in private. The Tribunal's full decision on the application is included at Annex B.
14. The Tribunal granted Ms Tanchel's application, made pursuant to Rule 34(1) of the Rules for refusal to admit into evidence a work rota and a related table prepared by the GMC (referred to as *'the Schedule'*) and cross-referencing the timings of the various communications. The Tribunal's full decision on the application is included at Annex C.
15. The Tribunal partially granted Ms Tanchel's application, made pursuant to Rule 17(2)(g) of the Rules in respect of there being no case to answer. The Tribunal granted the application in so far as it related to paragraph 5a of the allegation, namely that Dr Cook's conduct at paragraphs 2, 3 and 4 of the Allegation amounted to inciting abuse of a child. The Tribunal refused the application in so far as it related to paragraph 6 of the allegation, namely that Dr Cook's conduct as described at paragraphs 2, 3 and 4 of the Allegation was sexually motivated. The Tribunal's full decision on the application is included at Annex D.
16. The Tribunal granted Ms Tanchel's application, made pursuant to Rule 29(2), to adjourn the hearing on day 7 and reconvene on the next scheduled sitting dates. The Tribunal's full decision on the application is included at Annex E.

17. The Tribunal refused an application by Mr Kitching to reopen the GMC case and admit the XXX evidence of XXX, pursuant to Rule 34(1). The Tribunal’s full decision on the application is included at Annex F.

The Allegation and the Doctor’s Response

18. The Allegation made against Dr Cook is as follows:

1. On 20 September 2022 at Birmingham Crown Court you were made subject of an order for conditional discharge for a period of 12 months in respect of:
 - a. attempting to publish an obscene article contrary to section 1(1) of the Criminal Attempts Act 1981 in that you attempted to publish conversations you had on various social media networking platforms between 21 April 2021 and 22 May 2021 about sexual activity with a child; **Admitted and found proved**
 - b. publishing an obscene article contrary to section 2(1) of the Obscene Publications Act 1959 in that you published conversations you had on a social media networking platform between 2 November 2020 and 11 March 2021 about sexual activity with a child. **Admitted and found proved**
2. When undertaking the conversations as described at paragraph 1.a, you
 - a. were speaking to an undercover police officer (‘the UCO’) and spoke of matters including, but not limited to, the following:
 - i. previous sexual activity with families, stating ‘no issue re age’ or words to that effect; **Admitted and found proved**
 - ii. the youngest children you have engaged in sexual activity with; **Admitted and found proved**
 - iii. meeting with his daughter (who was under the age of 16) to engage in sexual activity; **Admitted and found proved**
 - iv. meeting with both the UCO and his daughter to engage in sexual activity; **Admitted and found proved**
 - v. details of the sexual activity the UCO had undertaken with his daughter; **Admitted and found proved**
 - vi. details of the sexual activity you wished to engage in

with the UCO's daughter; **Admitted and found proved**

- b. did not know that you were speaking to an undercover police officer.
To be determined
3. When undertaking the conversations described at paragraph 1.b with a user ('User 1') you spoke of matters including, but not limited to, the following:
 - a. User 1's child, who was 7/8 years old, watching them (both with and without you) engage in sexual activity; **Admitted and found proved**
 - b. details of the sexual activity you wished to engage in with User 1's daughter; **Admitted and found proved**
 - c. meeting with User 1 and their daughter to engage in sexual activity;
Admitted and found proved
 - d. requested pictures of User 1's daughter; **Admitted and found proved**
 - e. details of the sexual activity User 1's daughter had previously engaged in; **Admitted and found proved**
 - f. providing User 1's daughter with presents or money following sexual activity with you; **Admitted and found proved**
 - g. User 1's daughter wearing 'something sexy' for you; **Admitted and found proved**
 - h. the youngest children you have engaged in sexual activity with.
Admitted and found proved
4. Between 14 May 2021 and 20 May 2021, you engaged in a conversation with a user ('User 2') on Kik and spoke of matters including, but not limited to, the following:
 - a. a cuckold arrangement with User 2's family, which included his daughter who was of school age; **Admitted and found proved**
 - b. the sexual activity you wished to engage in with User 2's wife and daughter; **Admitted and found proved**
 - c. recommending User 2's daughter take the pill or use the morning after pill as you wished to engage in unprotected sex with her.
Admitted and found proved
5. Your conduct at paragraphs 2, 3 and 4 amounted to:
 - a. ~~inciting abuse of a child; or in the alternative,~~
Deleted following a successful Rule 17(2)(g) application

- b. engagement in role play involving abuse of a child with someone you did not know. **Admitted and found proved**
6. Your conduct as described at paragraphs 2, 3 and 4 was sexually motivated. **To be determined**
7. XXX
8. XXX
9. And that by reason of the matters set out above your fitness to practise is impaired because of your:
 - a. misconduct in relation to paragraphs 1, 2, 3, 4, 5 and 6. **To be determined**
 - b. XXX

The Admitted Facts

19. At the outset of these proceedings, through his Counsel, Ms Tanchel, Dr Cook made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of the *'the Rules'*. In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

The Facts to be Determined

20. In light of Dr Cook's response to the Allegation made against him, and subsequent to the successful Rule 17(2)(g) application regarding paragraph 5a, the Tribunal is required to determine whether Dr Cook did not know that he was speaking to an undercover police officer as alleged at paragraph 2(b); and whether Dr Cook's conduct as described at paragraphs 2, 3 and 4 of the Allegation was sexually motivated as alleged at paragraph 6.

Witness Evidence

21. The Tribunal received oral evidence on behalf of the GMC from the following expert witnesses:

- XXX

22. Dr Cook provided his own witness statement dated 18 August 2025 and also gave oral evidence at the hearing. On Dr Cook's behalf, the Tribunal received a witness statement dated 18 August 2025 from Mrs E and she also gave oral evidence at the hearing.

23. XXX

24. The Tribunal received a witness statement from Ms K, dated 14 August 2025. She was not called to give oral evidence.

Documentary Evidence

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

- Certificate of Conviction from HM Courts & Tribunals Service, dated 7 November 2022;
- Conversations on various dates on social media networking platforms between Dr Cook and UCO, User 1 and User 2;
- Record of Dr Cook's police interview on 21 May 2021;
- Dr Cook's first and second police statements both dated 1 July 2021;
- Copy transcript of Crown Court Judge's summation of Dr Cook's wife's evidence.

XXX

26. XXX

27. XXX

28. XXX

29. XXX

30. XXX

31. XXX

32. XXX

33. XXX

34. XXX

35. XXX

36. XXX

XXX

37. XXX

38. XXX

39. XXX

Record of Determinations –
Medical Practitioners Tribunal

40. XXX

41. XXX

42. XXX

XXX

43. XXX

44. XXX

45. XXX

46. XXX

47. XXX

48. XXX

49. XXX

50. XXX

51. XXX

52. XXX

53. XXX

54. XXX

55. XXX

56. XXX

57. XXX

58. XXX

59. XXX

60. XXX

61. XXX

62. XXX

63. XXX

64. XXX

65. XXX

Dr Cook

66. The Tribunal had regard to Dr Cook's statement of 18 August 2025. Dr Cook also gave oral evidence and was cross-examined by Mr Kitching.

67. Dr Cook's oral statement included an apology for his conduct, referred to his shame and an acknowledgement that the messages were disgusting. He described XXX at the time of the offending by referencing 'XXX'. He stated that XXX he has come to understand his actions as a consequence of XXX, and the situation he faced at the time with regard to the Covid 19 pandemic.

68. Dr Cook's statement linked XXX with the use of online chat rooms and he referred to adopting *'characters and personas completely opposite to my "normal" shy and socially awkward self'*.

69. In his statement Dr Cook stated that XXX at the time of his first police interview on 21 May 2021. He commented on his criminal trial and stated *'I was clear then, as I am now, that [XXX] was the only reason I acted as I did. I am not a paedophile, and I never had any intention to meet a real-life person, or indeed harm any child. To me, the large number of conversations I was having were all role-play and not reality'*. In his concluding remarks he said *'I am repulsed at the very thought of engaging in such conversations, even as role play'*.

70. When cross-examined by Mr Kitching, Dr Cook described his use of the abbreviation for *'laugh out loud'* in respect of a child being raped as *'disgraceful and disgusting'*. He accepted that at the time he was *'revelling'* in the conversations. He further described his role play persona in one conversation as a *'horrendous, disgusting, paedophile discussing the abuse of children'*. He accepted that the messages suggested a sexual interest in children, but he said in *'real life'* this was not the case, and he referenced nothing else being found on his electronic devices. He referred to the conversations as a *'pack of lies'* and accepted that he had lied to police in his interview. He denied that he was ever intending to meet with anyone from the conversations.

71. When it was put to Dr Cook that he was getting pleasure from the conversations he refuted this and said he was 'XXX'. He denied masturbating in respect of the conversations and said many of them occurred while he was at home sat in his living room or in his work office. He rejected getting sexual excitement from the conversations.

72. Dr Cook was asked by Mr Kitching about whether there was any evidence prior to his arrest of XXX. Dr Cook said that there wasn't and explained that he was XXX. He told the

Tribunal that at the time of his first police interview he was *'confabulating'* and he stated that he found the initial police interview *'unbelievably challenging'*.

73. XXX

74. Dr Cook was questioned by the Tribunal. He told the Tribunal that he had over 100 conversations ongoing at the time of his arrest. When asked why he had not removed himself from the conversations he replied that it was *'not a conscious decision to self-destruct or damage myself'* and he referred to self-loathing. In response to further questions, he said that he was able to handle his clinical work *'on auto pilot'*.

Dr Cook's Wife and his Daughter

75. The Tribunal had regard to a statement dated 18 August 2025 of Mrs E, wife of Dr Cook. The Tribunal also heard oral evidence from Mrs E. She described Dr Cook as a *'kind and caring man...despite all that happened'*. She further described her disgust, shock and horror at the messages. Mrs E said that Dr Cook's descriptions of himself as a sugar daddy, someone who had abused children in the past, and having had a child with someone else were *'off the scale nonsense'*. She further said that his actions were *'out of character'* and she suggested he was XXX at the time.

76. In her statement, Mrs E referred to Dr Cook XXX website. XXX. Referring to searches on his electronic devices, she said that Dr Cook never had a sexual interest in children or committed any sexual offences.

77. Mrs E stated that Dr Cook was *'overwhelmed by the burden of responsibility during the Covid-19 pandemic'*, he cried in respect of patient deaths, and he was blaming himself. She described not being able to console him or get him to understand that it was not his fault. In her oral evidence she described Dr Cook as being *'a shell'* at this time. She further described changes in his personality XXX.

78. When cross-examined, Mrs E was asked about Dr Cook's ability to function as a doctor when XXX. She said that she didn't know how he carried on his work but he did and if *'he had lost a leg he would still have got himself to work'*. She was asked about his functioning in the family environment, particularly in January and February 2021 when Mrs E was unwell. She said Dr Cook *'did the things'* but he was not talking, not communicating with family and not happy.

79. The Tribunal also had regard to a signed letter dated 14 August 2025 from one of Dr Cook's children. The letter confirms support for their father and states that he was XXX. It is further explained that during the Covid 19 pandemic Dr Cook was distant with family and at the time this was understood to be for fear of spreading Covid 19. However, on reflection, the author said they now understand the real reason to have been XXX. The author described Dr Cook's behaviour due to the pandemic involved XXX and *'overall he just seemed stressed and upset more than usual'*.

The Tribunal's Approach

80. In reaching its decision on the facts, the Tribunal will apply the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

81. The Tribunal will approach fact finding by firstly identifying agreed facts and evidence. To reach a decision on the disputed facts, the Tribunal will assess the evidence in the round. It will consider what conclusions and inferences can be drawn from the documentary evidence. The Tribunal will then consider the available oral evidence and subject that evidence to critical scrutiny against the agreed facts and documentary evidence to consider a witness' reliability and credibility.

82. The Tribunal reminded itself that it is not bound to adopt the views of any of the experts in this case. The expert evidence must be intensely focused on and should the Tribunal take a different view from that held by any expert(s), it must have clear and compelling reasons.

83. The Tribunal reminded itself of the test for sexual motivation as set out in *Basson v GMC [2018] EWHC 505 Admin* wherein Mostyn J pointed out that the state of a person's mind is not something that can be proved by direct observation, rather it can be proved by inference or deduction from the surrounding evidence. He also said that sexual motive includes conduct which was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship. The Tribunal will also have regard to *Haris v GMC [2021] EWCA Civ 763* wherein Lady Justice Andrews said '*there is rarely any direct evidence of sexual motivation*'. There may be cases where the facts speak for themselves in circumstances where the only way the behaviour could be perceived was overtly sexual and in the absence of any other innocent plausible explanation.

The Tribunal's Analysis of the Evidence and Findings

84. The Tribunal has considered each outstanding paragraph of the Allegation separately and has evaluated the evidence to make its findings on the facts.

Paragraph 2(b)

2. **When undertaking the conversations as described at paragraph 1.a, you**
 - b. **did not know that you were speaking to an undercover police officer.**

85. It was not disputed by either party that Dr Cook exchanged the messages in question with a UCO. The content of the messages gave no indication that Dr Cook was communicating with a UCO. Furthermore, there was no evidence that prior to Dr Cook's arrest a UCO revealed his identity during the course of messaging.

86. In his statement Dr Cook stated that there were two UCO's involved, one of which he thought was an amateur decoy, the other one he did not know was a UCO.

87. Therefore, the Tribunal concluded on the balance of probabilities, that Dr Cook did not know he was speaking to a UCO.

88. Accordingly, the Tribunal found paragraph 2(b) of the Allegation proved.

Paragraph 6

6. Your conduct as described at paragraphs 2, 3 and 4 was sexually motivated. To be determined

89. The Tribunal first considered the content of the messages themselves. It noted that the conversations detailed in paragraphs 2, 3 and 4 of the Allegation spanned from November 2020 to May 2021 and involved the XXX rape of young girls. The conversations also included reference to inflicting pain and seeking to observe the stress of the young girls. The Tribunal was of the view that the content of these conversations was both depraved and sexual in nature.

90. The Tribunal had careful regard to Dr Cook's involvement in the conversations and concluded that his involvement was both proactive and reactive, in that he initiated as well as responded to the depraved sexual content. The Tribunal noted that both the content of the conversations and Dr Cook's involvement in them were, on the face of it, consistent with sexual gratification.

91. The Tribunal was not satisfied that the circumstances of this case fall within the circumstances described in *Haris v GMC* on the basis that there was a clear alternative explanation, as raised within the expert evidence, which required careful consideration. The Tribunal was mindful that in order to find sexual motivation, it needed to be satisfied, that on the balance of probabilities that Dr Cook's conduct was done in pursuit of sexual gratification. The Tribunal was satisfied that the alternative consideration of conduct in pursuit of a future sex relationship was not relevant in this case. The Tribunal therefore applied its attention to the use of the words '*in pursuit*' and of '*sexual gratification*'.

92. The Tribunal had regard to the content of Dr Cook's first police interview on 21 May 2021. It noted that Dr Cook referred to '*enjoying the role play*' and he also understated the depravity of the messages when he referred to them as being '*in poor taste*'. The Tribunal was of the view that the content of the first police interview could be viewed as consistent with Dr Cook pursuing sexual gratification. However, the conversations during the police interviews require further analysis in light of the all the available evidence as discussed below.

93. XXX

94. XXX

95. XXX

96. XXX

97. XXX

98. XXX

99. XXX

100. XXX

101. XXX

102. XXX

103. XXX

104. XXX

105. XXX

106. XXX

107. The Tribunal noted that the issue of causation was of fundamental importance in deciding sexual motivation. The Tribunal was mindful that the GMC bore the evidential burden of proof and that it would be sufficient if it was proven, on the balance of probabilities, that Dr Cook's conduct was *in part* in pursuit of sexual gratification. The Tribunal was not satisfied that the evidential burden has been discharged.

108. The Tribunal considered the nature of the sexual gratification that Dr Cook might have been attempting to pursue. It specifically noted and accepted Dr Cook's evidence that many of the conversations occurred in the afternoon and early evening, on occasions when sat next to his wife at home. It was Dr Cook's consistent evidence that he had not masturbated at the time of writing the messages or when rereading their content. The Tribunal accepted this evidence.

109. Further, The Tribunal had careful regard to the question as to XXX. Secondly, the Tribunal noted the absence of any child pornography following the police searches of Dr Cook's electronic devices. In the Tribunal's view, had Dr Cook been pursuing sexual gratification in respect of children, then the easiest and most obvious means of achieving this gratification would have been by pursuing online child pornography, for which there was no evidence.

110. The Tribunal was not persuaded that the evidence supported a conclusion that Dr Cook's behaviour could be described as being in pursuit of sexual gratification. Despite the messages in question being of a sexual nature and the comments in the police interviews

inferring an element of sexual motivation for Dr Cook’s behaviour, the Tribunal was persuaded by the consistent and considered evidence of XXX that there was a credible alternative explanation which was behind the motivation for his conduct.

111. XXX

112. The Tribunal was of the view that it was more likely that the motivation for Dr Cook’s behaviour was driven by the reasons put forward by XXX rather than in pursuit of sexual gratification.

113. Therefore, for the reasons set out above, the Tribunal found paragraph 6 in relation to paragraphs 2, 3 and 4 of the Allegation not proved.

The Tribunal’s Overall Determination on the Facts

114. The Tribunal has determined the facts as follows:

The Allegation made against Dr Cook is as follows:

1. On 20 September 2022 at Birmingham Crown Court you were made subject of an order for conditional discharge for a period of 12 months in respect of:
 - a. attempting to publish an obscene article contrary to section 1(1) of the Criminal Attempts Act 1981 in that you attempted to publish conversations you had on various social media networking platforms between 21 April 2021 and 22 May 2021 about sexual activity with a child; **Admitted and found proved**
 - b. publishing an obscene article contrary to section 2(1) of the Obscene Publications Act 1959 in that you published conversations you had on a social media networking platform between 2 November 2020 and 11 March 2021 about sexual activity with a child. **Admitted and found proved**
2. When undertaking the conversations as described at paragraph 1.a, you
 - a. were speaking to an undercover police officer (‘the UCO’) and spoke of matters including, but not limited to, the following:
 - i. previous sexual activity with families, stating ‘no issue re age’ or words to that effect; **Admitted and found proved**
 - ii. the youngest children you have engaged in sexual activity with; **Admitted and found proved**
 - iii. meeting with his daughter (who was under the age

- of 16) to engage in sexual activity; **Admitted and found proved**
- iv. meeting with both the UCO and his daughter to engage in sexual activity; **Admitted and found proved**
 - v. details of the sexual activity the UCO had undertaken with his daughter; **Admitted and found proved**
 - vi. details of the sexual activity you wished to engage in with the UCO's daughter; **Admitted and found proved**
- b. did not know that you were speaking to an undercover police officer.
Found proved
3. When undertaking the conversations described at paragraph 1.b with a user ('User 1') you spoke of matters including, but not limited to, the following:
- a. User 1's child, who was 7/8 years old, watching them (both with and without you) engage in sexual activity; **Admitted and found proved**
 - b. details of the sexual activity you wished to engage in with User 1's daughter; **Admitted and found proved**
 - c. meeting with User 1 and their daughter to engage in sexual activity; **Admitted and found proved**
 - d. requested pictures of User 1's daughter; **Admitted and found proved**
 - e. details of the sexual activity User 1's daughter had previously engaged in; **Admitted and found proved**
 - f. providing User 1's daughter with presents or money following sexual activity with you; **Admitted and found proved**
 - g. User 1's daughter wearing 'something sexy' for you; **Admitted and found proved**
 - h. the youngest children you have engaged in sexual activity with.
Admitted and found proved
4. Between 14 May 2021 and 20 May 2021, you engaged in a conversation with a user ('User 2') on Kik and spoke of matters including, but not limited to, the following:
- a. a cuckold arrangement with User 2's family, which included his daughter who was of school age; **Admitted and found proved**
 - b. the sexual activity you wished to engage in with User 2's wife and

daughter; **Admitted and found proved**

c. recommending User 2's daughter take the pill or use the morning after pill as you wished to engage in unprotected sex with her.

Admitted and found proved

5. Your conduct at paragraphs 2, 3 and 4 amounted to:
 - a. ~~inciting abuse of a child; or in the alternative,~~
Deleted following a successful Rule 17(2)(g) application
 - b. engagement in role play involving abuse of a child with someone you did not know. **Admitted and found proved**
6. Your conduct as described at paragraphs 2, 3 and 4 was sexually motivated.
Determined and found not proved
7. XXX
8. XXX
9. And that by reason of the matters set out above your fitness to practise is impaired because of your:
 - a. misconduct in relation to paragraphs 1, 2, 3, 4, 5 and 6.
To be determined
 - b. XXX

Determination on Impairment - 04/06/2026

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved, Dr Cook's fitness to practise is impaired by reason of misconduct XXX.

The Evidence

2. In reaching its determination, the Tribunal took into account all the evidence received during the facts stage of the hearing. The Tribunal received a stage 2 bundle from Dr Cook. This included, but was not limited to: Dr Cook's reflections on his actions; evidence of his insight and remediation; and Continuing Professional Development (CPD) Certificates for various courses attended.

Dr Cook's Reflection

3. In his reflections document, Dr Cook set out his further continuing reflections on his original reflections contained within his statement of 2025. Dr Cook stated that *'I was and continue to be truly sorry and apologise for my conduct [XXX]. As time progresses that sense*

of regret and sorrow for what happened only deepens and will always be a part of me.’ He stated that he was desperately ashamed and saddened to be associated with his conduct and apologised for the impact it had on the profession. He stated the hurt it had caused to his family was a deep motivating factor in ensuring it never happened again.

4. Dr Cook stated *‘I fully understand the seriousness of the issues and the impact it has had on my family, the public and their trust in the medical profession.’* Dr Cook accepted that he engaged in online conduct that was inappropriate, offensive, and wholly inconsistent with the standards expected of a medical professional. He added that he recognised his actions were a breach of trust, both within the medical profession and in society more broadly.

5. Dr Cook further stated that XXX at the time in question *‘deeply affected my judgment and behaviour’* adding *‘while this context does not excuse my actions, and does not take any responsibility away from me, it helps explain the circumstances that led to my abhorrent behaviour.’* Dr Cook spoke of his lack of awareness of XXX, and how that was affecting his conduct and adherence to professional standards. He stated that he could not *‘see the harm this could cause to colleagues, patients and the reputation of the profession.’* XXX. Dr Cook spoke of the impact of the Covid-19 pandemic and how this compounded his inability to cope XXX. Dr Cook added that he found the opinions and explanations of XXX in the Court proceedings and in these proceedings to be very helpful in enabling him to understand why he had behaved the way he did.

6. XXX

7. Dr Cook stated *‘I recognise the need lifelong to actively monitor myself and my thoughts to ensure that the negative behaviours that led to my arrest are, if they ever recurred, caught early [XXX].’* Dr Cook stated that he recognised that he had a duty to XXX and ensure his proper conduct, maintain safe practice and to safeguard the profession’s reputation.

8. Dr Cook went on to set out the remediation he has undertaken, including strategies he has implemented to help him ensure there is no repeat of his conduct XXX.

9. XXX

10. Dr Cook stated XXX. He went on to describe the coping strategies he has put in place to help him deal with stress, anxiety and any tendencies that could compromise professional and personal conduct, XXX Dr Cook stated that he continued to use these strategies today, XXX. Dr Cook described the strategies he had put in place such as relaxation techniques, self-monitoring and actions/distractions, and provided a brief description of what these entailed. Dr Cook also described the personal support his family have provided to him, stating that he regularly discusses with them how he is feeling.

11. Dr Cook went on to explain online courses he has completed such as courses in ethics/probity, work/life balance, online behaviour and equality and diversity, and professionalism, and provided his learning from them. Dr Cook spoke of preventative measures he has put in place which include, as a personal safeguard, removing access to

online platforms where inappropriate content may appear. Dr Cook described online modules he has completed in *'Concerned about your online behaviour'* organised by Stop it Now, which was part of the Lucy Faithfull Foundation. Dr Cook added *'As part of my ongoing commitment to this I have redone all these modules again in 2026 to help with my commitment to ensuring nothing like this ever happens again.'*

12. Dr Cook set out his learning points as follows:

Triggers: *'My reflection is that this was a thought provoking module that required me to look at triggers that, at the time I was having these behaviours online, what the triggers were – [XXX].'*

Problem of Immediate Gratification: *'My reflection on this module was that it is important to look at the consequences of behaviour and use that as a driver to maintain good behaviour, [XXX].'*

Online World: *'Reflecting on this module and the pointers it gave is that in my case it's important that I maintain good healthy 'real world' relationships, in my case especially with my wife and family, and to ensure that I [XXX] to make sure that those relationships don't suffer as they did when I [XXX], and that this will act as a driver to ensure that the online world does not become somewhere that I go as happened when I [XXX].'*

Fantasy: *'..in a broad sense something that is imagined, and how they can be positive eg winning the lottery or negative such as imagining harm to yourself or others. It then looked at when this can become a problem – such as using them as an alternative to dealing with real world problems, allowing them to take up increasing time or if they become inappropriate and reflecting on what they were in my case, what was the environment at the time and what was the emotional response – in my case it was a very negative, self loathing response.'*

Adult Pornography: *'Specifically looking if in some cases it can become addictive, affecting time spent in other relationships or causing desensitisation and promoting more extreme searching. In my case the specific issue wasn't excessive use (although it became obsessional?), rather harmful use - looking at it to see if it provoked a response, which at the time it didn't, and that was something I really didn't understand at the time. [XXX].'*

XXX

Problematic Collecting: *'Whilst in my case there were no illegal images or similar collections there clearly were a large number of conversations stored on my device. Reflecting on this in my case, I feel the large number of conversations reflected several aspects, [XXX].'*

Taking control of your online behaviour: *'In my case I do recognise how negatively my online behaviour at that time made me feel, [XXX] – and that it is important to me to*

be aware of my online behaviour and self monitor to ensure that all online behaviour is positive and doesn't reinforce any negative thoughts. In my case I have deleted from my phone all the previous methods that I used to access the sites or apps that I used at the time and my phone has a password my wife and family know. I do not have a personal laptop anymore and use only my wife's laptop for required work. I do not own a personal tablet device. I do not use the internet at all at night now. Whilst I have no motivation to behave how I was 5 years ago I have taken these actions both to make it difficult for any repeat of that behaviour and to provide reassurance to my family that I have no interest in returning to this behaviour.'

Understanding Why: 'Looking at the history of online behaviour and when it started becoming problematic and whether any factors were linked to it [XXX]. And then to reflect on those factors as part of steps to prevent that behaviour in future. As in many of the above modules, I have recognised areas of my behaviour that have clearly followed patterns [XXX]. It is extremely sad that whilst I now understand that and can clearly see the patterns of my behaviour, and use that to self monitor [XXX], that I was unable to see this at the time [XXX].'

13. Dr Cook went on to state *'The absolute key and priority for me, for the rest of my life, is to remain clearly aware of the aspects of my behaviour then, and the worsening spiral that led to my arrest – and to follow that specifically with the active taking of steps to get help – key areas of help being support from family who are now very aware of the issues I have had, self help with taking control of behaviours as discussed in the modules and [XXX].'*

14. Dr Cook said that if allowed return to clinical practice, he would maintain an open dialogue with his colleagues and mentors once in clinical practice to ensure accountability and ongoing ethical practice. He said that he was happy to agree with and comply to any monitoring plan with XXX to help XXX and prevent recurrence.

15. Dr Cook again expressed deep regret for his actions and the distress caused. He said that he understood that his behaviour undermined public trust in doctors. He stated that professional and personal boundaries were not negotiable, and that self-care and seeking help were essential responsibilities for any medical professional.

16. Dr Cook concluded by stating that he was committed to upholding the highest standards of professional conduct in all aspects of his life and clinical practice, adding that he had used this experience as a turning point to strengthen his understanding of the responsibilities inherent in being a doctor. Dr Cook stated that he was confident that, with XXX and the support structures he has put in place, he is able to practise safely and professionally, and that he would continue to maintain XXX and well-being. He added that he understood the gravity of his past actions and had taken full responsibility for ensuring they are never repeated.

Submissions on Impairment

On behalf of the GMC

17. Mr Kitching submitted that Dr Cook's fitness to practise is currently impaired although he acknowledged that this is a matter for the Tribunal exercising its own independent judgment, adding that there is no burden of proof at this stage.

18. XXX

19. In relation to misconduct, Mr Kitching reminded the Tribunal that impairment on grounds of misconduct is a two-stage process: firstly, whether the matters found proved amount to serious professional misconduct; secondly, whether the doctor's fitness to practise is impaired as a result of the misconduct found.

20. Mr Kitching reminded the Tribunal that misconduct must be serious for it to make a finding of impairment. He added that the Tribunal must assess the seriousness of Dr Cook's conduct, and he acknowledged the Tribunal's findings at stage one in relation to motivation and causation. Mr Kitching reminded the Tribunal that Dr Cook was aware that his conduct at the time of carrying it out was wrong. Mr Kitching acknowledged that Dr Cook has never suggested that he bore no responsibility for his actions. He stated that Dr Cook responded to and initiated the messages and on numerous occasions it was he who sought to engage in fresh contact. Mr Kitching submitted that there was a significant element of culpability despite the Tribunal's findings in respect of XXX and motivation.

21. Mr Kitching submitted that the Tribunal should step back and analyse the content of the messages, adding that they were sexually depraved as found by the Tribunal and involved other people, members of the public, regardless of Dr Cook being suspicious of who they were. Mr Kitching submitted that this was an aggravating feature in this case. Mr Kitching submitted that all three limbs of the overarching objective are engaged. Referring to the maintenance and upholding of confidence in the profession, Mr Kitching asked the Tribunal to consider what a member of the public would think of Dr Cook's conduct.

22. Mr Kitching referred the Tribunal to Good Medical Practice ('GMP') (2013 version) and submitted that Dr Cook had breached paragraphs 1 and 65 of GMP. Mr Kitching referred the Tribunal to the Guidance on the use of social media which was in force at the time of Dr Cook's conduct, and which is referred to in GMP. He said that the social media guidance links back to paragraph 65 of GMP and makes clear that doctors should act with honesty and integrity so as their conduct justifies the public's trust in their profession. He also drew the Tribunal's attention to the Sanctions Guidance (SG) and stated that some sections were relevant when considering impairment. In particular, paragraphs 149 – 150 which deal with sexual misconduct. He said that from the GMC's perspective, the conduct in this case will not be classified as anything other than sexual misconduct given the content of the messages themselves.

23. Mr Kitching submitted that it was important that the Tribunal did not lose sight of the seriousness of the matters which have been found proved. He said that it was wrong in principle to place undue weight on remediation, the likelihood of repetition, where public confidence in the profession lay at the heart of the case. He submitted that the facts found proved represented an egregious failure to meet the standards to be expected of a registered medical practitioner.

24. Mr Kitching submitted that a finding of impairment on the ground of misconduct is the only way the limbs of the overarching objective can be satisfied. Mr Kitching reminded the Tribunal that whilst XXX were relevant when considering impairment, it should not be double-counted, as there were other matters also to be taken into account.

25. In all the circumstances, Mr Kitching invited the Tribunal to find Dr Cook's fitness to practise is impaired by reason of misconduct XXX

On behalf of Dr Cook

26. Ms Tanchel began by addressing the Tribunal on the question of double-counting, referring to the submissions made by Mr Kitching in relation to this. She submitted that the Tribunal had already determined unequivocally that Dr Cook's conduct was predicated on XXX. She said that it was therefore not open to the Tribunal to deal with the double counting in the way suggested by the GMC. XXX.

27. Ms Tanchel made no submissions in relation to misconduct. She said that Dr Cook fully understands and accepts why this Tribunal may find that the messages and the engagement with the UCO's and others in the chat rooms would amount to misconduct.

28. In relation to impairment, Ms Tanchel submitted that the position was slightly more nuanced because the case was brought before the Tribunal XXX. She submitted that the question for the Tribunal is whether the facts found proved and/or admitted by Dr Cook and linked to XXX, lead to a finding of impaired fitness to practise. She submitted that it was not a question of double counting. She submitted that the Tribunal needed to consider whether Dr Cook is currently impaired taking account of the way in which the allegations against Dr Cook are drafted. Ms Tanchel submitted in relation to culpability that there was no question of culpability, adding that this was not a criminal trial. She referred the Tribunal to relevant case law.

29. Ms Tanchel went on to state that neither Dr Cook nor herself advanced that the Tribunal would not be concerned about the public interest in this case. She said that from the nature of the messages in the chat rooms it was clear the Tribunal will give careful consideration to the public interest and the matters it needed to consider. Ms Tanchel said that she did not advance a positive position in this respect. However, in respect of challenging a finding of impairment in respect to this case, Ms Tanchel submitted that she adopted a more nuanced position and that it was entirely a matter for the Tribunal. She added, however, that the Tribunal should not be considering blameworthiness as that was not a relevant consideration.

30. Ms Tanchel submitted that Dr Cook has entirely reflected on the position he found himself in and has put in place procedures, mechanisms and thinking, which will mitigate against a recurrence of his conduct.

31. As to public safety, Ms Tanchel again submitted a nuanced position, stating that there was not much between the GMC and Dr Cook. She said notwithstanding the evidence in

respect of XXX being old, Dr Cook has not as yet tested his resilience to coping in a work situation and therefore accepts that it may be necessary for restrictions on his clinical practice to be put in place. She acknowledged that for the Tribunal to decide that conditions may be appropriate, it would need to be satisfied that there remained a residual risk of occurrence and, as such, a residual risk.

32. Ms Tanchel reminded the Tribunal of the extensive remediation Dr Cook had undertaken to address the concerns in this case, particularly in relation to managing XXX, as well as his reflections on his conduct. She said that Dr Cook acknowledges that the nature of the messages was wrong and accepted the depravity of them.

33. Finally, Ms Tanchel submitted that the Tribunal would need to give careful consideration to what a reasonable and well-informed member of the public, aware of the full facts in this case, would conclude.

The Relevant Legal Principles

34. The Tribunal reminded itself that, in reaching a decision as to whether Dr Cook's fitness to practise is impaired as a result of his misconduct XXX, there is no burden or standard of proof, and the decision on impairment is a matter for the Tribunal's judgement alone.

35. The Tribunal was mindful of the case of *Cohen v GMC (2008) EWHC 581* in which the Court held that the task, in considering impairment, is to take account of the practitioner's misconduct and then consider it in light of all the other relevant factors known to them. The Court stated that it will be highly relevant in determining if fitness to practise is impaired to consider:

- whether the practitioner's misconduct is easily remediable;
- whether the misconduct has been remedied; and
- whether the misconduct is likely to be repeated.

36. The Tribunal must determine whether Dr Cook's fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then. It should also consider whether a finding of impairment is warranted taking into account the wider public interest.

37. Throughout its deliberations, the Tribunal has been mindful of its responsibility to uphold the overarching objective as set out in the Medical Act 1983 (as amended). That objective is the protection of the public and involves the pursuit of the following:

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

38. The Tribunal considered the overall risk to public safety and the impact of its findings on all three elements of the overarching objective. It also considered whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of current impairment was not made.

39. Whilst there is no statutory definition of impairment, the Tribunal was 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 Grant*. The Tribunal considered limbs b and c of the guiding questions, as set out below, to be relevant in this case.

‘..the tribunal should consider whether the findings of fact in respect of the doctor. ... show that his fitness to practise is impaired in the sense that he:

- a.; and/or*
- b. has in the past brought 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.’*

40. XXX

The Tribunal’s Determination on Impairment

XXX

41. XXX

42. XXX

43. XXX

44. XXX

45. XXX

46. XXX

Misconduct

47. The Tribunal had regard to its findings at the facts stage. It found that, on 20 September 2022, at Birmingham Crown Court, Dr Cook was made subject of an order for conditional discharge for a period of 12 months in respect of both attempting to publish, and publishing, an obscene article. The Tribunal found that Dr Cook had engaged in conversations with other persons on various social media networking platforms about sexual activity involving children. The Tribunal reminded itself of the content of the relevant messages which had given rise to the aforementioned findings. They involved repeated depraved and

abhorrent messages of a sexual content over a 6 month period. Dr Cook's actions involved both responding to, and initiating, the relevant conversations. The Tribunal was also mindful that Dr Cook in both his written and oral evidence had himself acknowledged the depravity of the messages and their abhorrent content which included the XXX rape of young girls.

48. The Tribunal was mindful of its finding at the facts stage that Dr Cook's misconduct was XXX. Notwithstanding this XXX and his misconduct, the Tribunal was mindful that Dr Cook had still chosen to carry out the actions that he did. He acknowledged during his evidence that at the time of his actions he knew his conduct to be wrong and he accepted that XXX did not excuse his behaviour. XXX. Therefore, whilst the Tribunal must give proper consideration to the connection between XXX and misconduct, the conduct was so deplorable and could not be excused as a result of XXX.

49. The Tribunal had regard to the following paragraphs of GMP, all of which it considered were relevant in this case:

'1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'

65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

50. The Tribunal considered that it was clear from the evidence before it that Dr Cook had significantly and seriously departed from GMP. The Tribunal considered that being able to trust doctors and be confident that they will act with integrity and within the law is fundamental to ensuring public confidence in the medical profession. Notwithstanding XXX at the time, fellow professionals would find Dr Cook's actions deplorable. His actions were far from trivial or inconsequential. In light of all of the aforementioned, the Tribunal concluded that Dr Cook's actions fell below the standards expected of a doctor and amounted to serious professional misconduct.

Impairment by reason of misconduct

51. The Tribunal having found that the facts found proved amounted to serious misconduct, went on to consider whether, as a result of that misconduct, Dr Cook's fitness to practise is currently impaired. Throughout its deliberations, the Tribunal had regard to all three limbs of the statutory overarching objective.

52. The Tribunal considered whether the misconduct was remediable, had been remedied by Dr Cook and whether there was any likelihood of repetition.

53. Owing to the position outlined in paragraph 48 above regarding the link between XXX and his misconduct, there is a clear overlap between his insight into XXX and his insight into his misconduct. The same applies to remediation and the risk of repetition. Dr Cook's

reflections as set out at paragraphs 3 - 16 are therefore applicable and relevant to the considerations below.

Insight

54. The Tribunal had regard to Dr Cook's statement dated 18 August 2025. On multiple occasions, Dr Cook's apologised for his actions stating at paragraph 2:

'I would like to preface this statement with a sincere apology for my conduct and to all those who have had to review the messages I sent. I am beyond ashamed and can barely bring myself to read them for the purposes of this hearing. I cannot put into words my disgust at my actions. I find abhorrent all forms of child abuse.'

55. Further in his personal reflections, contained in his stage 2 bundle, Dr Cook states:

'I was and continue to be truly sorry and apologise for my conduct [XXX]. As time progresses that sense of regret and sorrow for what happened only deepens and will always be a part of me. I am so desperately ashamed and saddened to be associated with the conduct. It will forever be something associated with me and that, and the effect it has had on the profession and the hurt it has had on my family is a deep motivating factor for me to do whatever it takes to make sure that this does not happen again.'

56. From the evidence before it, the Tribunal was satisfied that Dr Cook had expressed genuine remorse and regret. He understood that his actions fell well short of that expected of a doctor. He has developed good insight into both his misconduct XXX.

Remediation and Risk of Repetition

57. The Tribunal considered whether Dr Cook's misconduct was remediable, whether it had been remedied and whether there was any likelihood of repetition.

58. In respect of whether Dr Cook's actions are remediable, the position is informed by the link between XXX and his misconduct. Without this link it would be extremely difficulty to remedy the misconduct. However, given the link, it is clear that XXX would lead to easier remediation. As illustrated at paragraphs 3 – 16 and 45 above, Dr Cook has taken considerable remedial steps. XXX.

59. The Tribunal was satisfied that Dr Cook understands the seriousness of his misconduct and the impact it had on the public and their trust in the medical profession. This is evidenced by his acceptance that his conduct was highly inappropriate and wholly inconsistent with the standards expected of a medical professional. Further, he recognises that his actions were a breach of trust, both within the medical profession and in society more broadly, and that they should never have happened.

60. The Tribunal had regard to the CPD undertaken by Dr Cook and his learning from the online course he attended. It was also mindful that the evidence indicates he has not been in

practice since 2021 and therefore whilst he has continued to commit time to CPD, further time and focus would be required to ensure his skills and knowledge remain up to date.

61. In light of the evidence before it and consistent with the analysis above at paragraph 45, the Tribunal considered that there was a risk of Dr Cook repeating his misconduct. In respect of the overarching objective all three limbs are engaged. A XXX together with any repetition of the misconduct would create a risk to the public. His actions have clearly damaged public confidence in the profession. A reasonable and informed member of the public would be shocked and troubled by Dr Cook's actions notwithstanding the impact of XXX at the time of his misconduct. Adopting the test set down by Dame Janet Smith, Dr Cook's misconduct had brought the profession into disrepute and breached a fundamental tenet of the profession. With regard to the third limb of the overarching standards, his actions clearly involved a significant breach of the professional standards and conduct expected of a doctor.

62. The Tribunal was of the view that given its finding of serious misconduct, despite the evidence of good insight and significant remediation, a reasonably informed member of the public would be concerned if a finding of impairment were not made. A finding of impaired fitness to practise is required to mark the seriousness of Dr Cook's conduct, and to send a message to the medical profession that this type of behaviour is unbecoming of a doctor.

63. The Tribunal determined that Dr Cook's fitness to practise is impaired on all three limbs of the overarching objective. The Tribunal therefore considered that a finding of impairment was needed to protect, promote and maintain the health, safety, and wellbeing of the public, to maintain public confidence in the profession and to uphold proper professional standards.

64. The Tribunal therefore determined that Dr Cook's fitness to practise is currently impaired by reason of his misconduct, XXX.

Determination on Sanction - 05/06/2026

1. Having determined that Dr Cook's fitness to practise is impaired by reason of his misconduct XXX, the Tribunal must now decide in accordance with Rule 17(2)(n) of the Rules what action, if any, it should take with regard to Dr Cook's registration.

The Evidence

2. The Tribunal has taken into account the background to the case and the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. No further evidence was adduced at this stage.

Submissions

On behalf of the GMC

3. Mr Kitching submitted that the appropriate sanction in this case is erasure, although he acknowledged it was a matter for the Tribunal exercising its own independent judgement. He said that there was no burden of proof applicable at this stage. Mr Kitching submitted that paragraphs 1 and 65 of GMP remain applicable to this stage. He said that the Tribunal needed to consider the seriousness of Dr Cook's misconduct which lies at the heart of the case. Mr Kitching said that all three limbs of the overarching objective are engaged but public confidence in the medical profession and upholding and maintaining professional standards require erasure. Mr Kitching submitted that the public safety limb was different in that there were two strands, firstly, the likelihood of repetition which is linked to XXX; and secondly, the potential consequences of any repetition of the misconduct. He said the latter of the two was particularly pertinent and hence the public safety limb was engaged.

4. Mr Kitching acknowledged the Tribunal's findings that the seriousness of the misconduct was mitigated because of the connection to XXX, and by his attitude in that he has insight into his actions, undertaken remediation, and his expressions of regret and remorse. He reminded the Tribunal of its finding that Dr Cook's messages were depraved and discussed the XXX rape of female children as young as 8 years old. He said those elements of the conversations were sadistic in their own right.

5. Mr Kitching submitted that a period of suspension would only be appropriate in cases where the conduct was serious but falls short of being incompatible with continued registration. He said that that is why it is necessary to assess the seriousness of the misconduct in this case and in the GMC's view the conduct was fundamentally incompatible with continued registration.

6. Mr Kitching referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (SG) (February 2024 version). He submitted that as set out in paragraph 107, protection of the public lay at the heart of this case and erasure was the appropriate sanction in response to the nature and seriousness of the misconduct. He also drew the Tribunal's attention to paragraph 109 which deals with when erasure might be the appropriate sanction, and submitted that (a), (b), and (f) were engaged in the circumstances of this case. Mr Kitching also referred the Tribunal to paragraphs 149 – 151 which deal with sexual misconduct.

7. In all the circumstances, Mr Kitching submitted that erasure is the only sanction which will address all three limbs of the overarching objective. He invited the Tribunal to erase Dr Cook's name from the medical register.

On behalf of Dr Cook

8. Ms Tanchel submitted that the position was rather polarised and suggested one of the parties had misunderstood the Tribunal's findings at the facts and impairment stages. She reminded the Tribunal that it had rejected the GMC's case that Dr Cook's misconduct was sexually motivated, adding that the Tribunal had robustly and unequivocally found a direct link between Dr Cook's conduct and XXX. She drew the Tribunal's attention to paragraphs 29, 41, 42, 59, 62, 109 and 111 of its determination on the facts, and paragraph 48 of its determination on impairment. She said had it not been for XXX, Dr Cook would not have

behaved in the way he did. She acknowledged Dr Cook did not seek help at the time of his misconduct, and submitted that whilst this might be considered a choice he made, it was in the context of XXX.

9. Ms Tanchel submitted that the Tribunal should be assiduous in ensuring it did not view Dr Cook's behaviour with any suggestion that he was deriving sexual gratification as this had already been determined and found not proved. She referred to the evidence that Dr Cook's behaviour was XXX. She added that any attempt to break the link between his conduct and XXX at this stage would be inconsistent with the Tribunal's earlier findings. Ms Tanchel submitted that the starting point is not whether XXX is a mitigating factor, but whether the behaviour was precipitated and predicated on XXX. She said to erase Dr Cook's name from the medical register would in essence be breaking that link.

10. Ms Tanchel then turned to the SG and took the Tribunal through the various sections dealing with proportionality, reminding the Tribunal that it had found that Dr Cook had insight into his misconduct and had remediated. She then turned to the section which deals with mitigating features and submitted that Dr Cook has engaged with and cooperated with all relevant agencies in their formal inquiries. Further, he has attempted to keep his medical knowledge and skills up to date. XXX. Ms Tanchel submitted that Dr Cook was now in a very different place to where he was in 2021. She reminded the Tribunal that Dr Cook has repeatedly expressed regret and remorse for his actions and has taken steps to remediate as soon as he became aware of XXX and the extent to which it was impacting on his behaviour.

11. In relation to aggravating features, Ms Tanchel submitted that whilst those listed with the SG do not apply, the only one that could be said to be an aggravating feature is the section dealing with sexual offences or child abuse material in a doctor's personal life. Ms Tanchel drew the Tribunal's attention to paragraph 56(d) and also paragraph 150 of the SG. She reminded the Tribunal that Dr Cook received a conditional discharge and now that the conditional period has expired, he no longer has a criminal conviction. She said that the Tribunal should bear this in mind when considering sanction. Ms Tanchel submitted that whilst she did not seek to undermine the seriousness of Dr Cook's offending, she reminded the Tribunal that no actual activity took place. Further, she submitted that it was indisputable that Dr Cook himself acknowledges that the nature of the messages and the activity described in the messages was very serious.

12. In relation to possible risk to patients and the wider public, Ms Tanchel submitted that if Dr Cook were permitted to resume clinical practice, there was no suggestion that he should be allowed to return to unrestricted practice. In the circumstances, Ms Tanchel submitted that because of the nature of Dr Cook's misconduct, it could not be divorced from XXX, the appropriate sanction is one of conditional registration. She submitted that the Tribunal should be concerned with three things: firstly, whether the doctor's absence from work means that XXX needs to be effectively managed once he returns to work; secondly, whether Dr Cook has become de-skilled, although she submitted that he has not, adding that there was no evidence before the Tribunal to support the assertion of deskilling; and thirdly, whether Dr Cook's coping strategies would be resilient enough to cope with the stresses of a workplace situation.

13. Ms Tanchel submitted that conditions of practice is the appropriate sanction in this case. She further submitted that the Tribunal may consider conditions that require Dr Cook to XXX, and any other requirement for reporting and mentoring. Ms Tanchel added that any requirement for any level of clinical supervision would be disproportionate because, as Dr Cook is a consultant, any requirement for supervision would be difficult to accommodate and akin to a suspension. She said that the whole point of a consultant role is for the individual to work independently from others. Further, given that the only purpose for conditions would be to ensure XXX, this can be adequately managed by having a mentor in place. Ms Tanchel took the Tribunal to the conditions bank and summarised the role of a mentor, stating that whilst the nature of discussions between Dr Cook and the mentor would be confidential, a mentor would not be precluded from providing any necessary reports in relation to Dr Cook's progress etc to the GMC or to a future reviewing Tribunal, acknowledging that a review hearing would be required.

14. Ms Tanchel submitted that the public interest would not be served by removing Dr Cook from the medical register. She said that it would deprive the NHS and the public of a good doctor. She reminded the Tribunal that there were no concerns about Dr Cook's clinical practice prior to these events, adding that he has been a practising clinician for some time and has another 10 – 12 years left before his retirement. She submitted that erasure would be entirely disproportionate in the circumstances of this case. Ms Tanchel submitted that a long period of suspension would also be tantamount to erasure because of the length of time Dr Cook would consequentially be out of work, given that Dr Cook could be further deskilled. Ms Tanchel submitted that the Tribunal should take into account Dr Cook's age and his consultant status when deciding on the appropriate sanction.

15. Ms Tanchel submitted that the crux of her submissions is that by imposing a period of suspension or directing erasure, the Tribunal was in danger of accepting the GMC's submissions, and as a consequence, undermine its own findings, namely that Dr Cook's conduct is inextricably linked and predicated on XXX. For the reasons set out above, she submitted that this would be disproportionate.

16. In all the circumstances, Ms Tanchel invited the Tribunal to impose conditions on Dr Cook's registration.

The Tribunal's Approach

17. The Tribunal noted that the decision as to the appropriate sanction, if any, is a matter for its own independent judgement, having regard to the SG, the overarching objective and the circumstances of the case. The Tribunal should consider the overarching objective as a whole, not giving excessive weight to any one limb.

18. The Tribunal must bear in mind that the purpose of imposing a sanction is not to punish a doctor for past wrongdoing, however it is an obvious consequence that a sanction may have a punitive effect.

19. In reaching a decision, the Tribunal should evaluate any aggravating and mitigating factors and balance them against each other. It should also again consider whether Dr Cook's

actions giving rise to his misconduct are remediable and whether they have been remediated. It should also consider the level of Dr Cook's insight.

20. The Tribunal was mindful that, in reaching a decision on sanction, it should consider the least restrictive sanction first, before moving on to consider the other available sanctions in ascending order of severity.

21. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Cook's interests with the public interest.

The Tribunal's Determination on Sanction

Aggravating and Mitigating Factors

22. In reaching its decision, the Tribunal considered the aggravating and mitigating factors in this case. The Tribunal considered the potential aggravating factors listed at paragraphs 50 to 60 of the SG and identified some features relevant in this case as follows:

Aggravating factors

- Dr Cook's misconduct spanned over a six-month period;
- During this period he repeatedly initiated and responded to online conversations which were sexual in nature and depraved, and included references to children.

Mitigating factors

- Over the past five years, Dr Cook has developed considerable and meaningful insight into XXX and his misconduct, including an in-depth understanding of what happened and why it happened;
- He has reflected on his actions and at an early-stage he recognised the depravity of the messages and their abhorrent content;
- He engaged with appropriate agencies and put in place remedial steps to understand and address the cause of his actions; this included XXX, and has undertaken relevant CPD with demonstrable learning points from the courses;
- His misconduct occurred at a time when he was XXX and under significant stress at work, compounded by being a respiratory physician faced with the pressures of the Covid-19 pandemic;
- Dr Cook has demonstrated that he recognises the impact of his misconduct on public safety and on the public interest;
- He has on multiple occasions apologised for, and has demonstrated genuine regret and remorse for his actions in his communications with the police, the GMC, his statement of August 2025 and his latest statement, and throughout these proceedings;
- The Tribunal was satisfied that Dr Cook has done all he could to remediate the misconduct;

- Dr Cook has no previous adverse regulatory history with the GMC, and there is no information to suggest that since these events, Dr Cook has repeated his behaviour.

23. The Tribunal bore in mind all the aggravating and mitigating factors throughout its deliberations as regards the appropriate and proportionate sanction.

24. In deciding the appropriate sanction the Tribunal first considered the nature of the impairment found.

25. XXX

26. Regarding the misconduct this was at the most serious end of the spectrum involving behaviour of an obscene sexual nature. However, the Tribunal found that his behaviour was not sexually motivated. The Tribunal reminded itself of its finding at paragraph 11 of its determination on facts, XXX.

27. Given this finding, the Tribunal was confident that there was no deep seated attitudinal problem associated with Dr Cook's behaviour and from which the public needed to be protected. His behaviour was totally out of character and occurred as a result of XXX. The Tribunal considered it was only fair and appropriate to judge Dr Cook's misconduct in the light of XXX at the time. Furthermore, the risk of repetition was directly linked to XXX.

28. The Tribunal considered each sanction in ascending order of severity, starting with the least restrictive.

No action

29. The Tribunal first considered whether to conclude the case by taking no action. The Tribunal considered paragraphs 68 - 70 of the SG which highlight that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances.

30. The Tribunal determined that, given the seriousness of the misconduct found in this case, and XXX, it would not be sufficient or proportionate, or in the public interest to meet the overarching objective, to conclude this case by taking no action.

Undertakings

31. No undertakings were submitted to the Tribunal.

Conditions

32. The Tribunal next considered whether it would be appropriate to impose conditions of practice on Dr Cook's registration. It bore in mind that any conditions imposed must be appropriate, proportionate, workable and measurable, as well as appropriate in the context

of the statutory overarching objective. The Tribunal has already determined that Dr Cook's fitness to practise is impaired by reason of XXX his misconduct.

33. The Tribunal took account of paragraphs XXX 82, 84 and 85 of the SG:

XXX

82 *Conditions are likely to be workable where:*

- a the doctor has insight*
- b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings*
- c the tribunal is satisfied the doctor will comply with them*
- d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised....*

84 *Depending on the type of case (eg health, language, performance or misconduct), some or all of the following factors being present (this list is not exhaustive) would indicate that conditions may be appropriate:*

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

XXX

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

34. The Tribunal considered these provisions in the SG to be relevant to Dr Cook's case. XXX. The Tribunal was mindful that it had determined that Dr Cook has remediated the concerns relating to his misconduct XXX.

35. The Tribunal was mindful that in its determinations on facts and impairment, it had identified that Dr Cook knew what he was doing was wrong at the time of his misconduct. Indeed, Dr Cook himself accepted that he knew what he was doing was wrong. The Tribunal had regard to the messages contained in the conversations Dr Cook engaged in. The Tribunal found that they were sexual in nature, depraved, and included references to children. Having regard to paragraph 150 of the SG, the messages amounted to '*sexual misconduct which seriously undermines public trust in the profession.*'

36. XXX

37. The Tribunal was again mindful of its finding that Dr Cook's misconduct was not sexually motivated, the messaging was not for sexual gratification, and he had no interest in children. Further, it had regard to the strategies Dr Cook had put in place to help him XXX, as set out in its determination on impairment. The Tribunal noted that Dr Cook has not worked since 2021 and therefore those strategies have not yet been tested in a workplace scenario.

However, during the period he has not worked, Dr Cook has spent that time reflecting on his actions and taking remedial steps to address the matters giving rise to his misconduct.

38. Having regard to the overarching objective, the Tribunal considered that the first limb, relating to public safety, would be satisfied by appropriate XXX conditions, given the link between Dr Cook's past misconduct XXX. The Tribunal was mindful that the second and third limbs required a careful judgment call. The Tribunal considered that a member of the public who only had regard to the messages would most likely conclude that the second and third limbs were not satisfied by imposing conditions. Such a view would be consistent with the very serious nature of the messages, their content, and the serious undermining of public trust in the profession. However, the Tribunal reminded itself that the proper approach when considering the public interest, was to ask what a reasonable and fully informed member of the public would think. This would include having regard to the XXX evidence in the case, which as noted above, consistently indicated that XXX at the time of his misconduct. XXX. In the Tribunal's view, the direct causal link must be borne in mind when considering the second and third limbs.

39. The Tribunal considered whether the second and third limbs of the overarching objective required a sanction of suspension. The Tribunal considered paragraph 97 of the SG in relation to suspension.

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

a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public;

XXX

40. In respect of paragraph 97 (a) and XXX, the Tribunal has already determined in its impairment decision that remediation is easier than it would otherwise have been given the causal link between XXX and his misconduct. Further, as stated above and again because of the said causal link, conditions would adequately address public safety. In light of Dr Cook's insight into XXX and past misconduct, and the extensive remediation, the Tribunal determined that suspension would be purely punitive and disproportionate. The Tribunal was also mindful that prior to the matters giving rise to this Tribunal Dr Cook was a doctor who had practiced without any previous fitness to practise concerns. With XXX, there is no reason to suggest Dr Cook would be anything other than a doctor who could provide a public benefit through the exercise of his skills and knowledge.

41. The Tribunal considered that a conditions of practice order would protect the public, maintain confidence in the medical profession and uphold professional standards. Conditions are tailored to address concerns raised by this case. The Tribunal considered that a review is required in this case.

42. The Tribunal considered it appropriate to address the GMC's submission in respect of erasure being the appropriate sanction. Had the allegation in respect of inciting child abuse been proved then clearly erasure would have been appropriate. Similarly, had Dr Cook's misconduct been sexually motivated then again erasure would have been appropriate. However, as stated throughout the Tribunal's determinations, XXX, concluded that Dr Cook's misconduct was directly caused by XXX. The Tribunal acknowledges that the circumstances of this case are unique and unusual, but it is obliged to engage with the said circumstances and consider all of the evidence. To erase a doctor in the circumstances of this case, in the Tribunal's view would be disproportionate and at odds with its previous findings in respect of facts and impairment. The Tribunal's assessment of Dr Cook's actions being remediable (given the direct causal link to XXX) as set out at paragraph 58 of its impairment decision, taken together with the extensive remediation completed by Dr Cook, would be entirely inconsistent with a conclusion that his actions were fundamentally incompatible with continued registration.

Conditions of Practice

43. The following conditions are public and will be published:

1 He must personally ensure the GMC is notified of the following information within seven calendar days of the date these conditions become effective:

a the details of his current post, including:

i his job title

ii his job location

iii his responsible officer (or their nominated deputy)

b the contact details of his employer and any contracting body, including his direct line manager

c any organisation where he has practising privileges and/or admitting rights

d any training programmes he is in

e of the contact details of any locum agency or out of hours service he is registered with.

2 He must personally ensure the GMC is notified:

a of any post he accepts, before starting it

- b that all relevant people have been notified of his conditions, in accordance with condition 9
 - c if any formal disciplinary proceedings against him are started by his employer and/or contracting body, within seven calendar days of being formally notified of such proceedings
 - d if any of his posts, practising privileges or admitting rights have been suspended or terminated by his employer before the agreed date within seven calendar days of being notified of the termination
 - e if he applies for a post outside the UK
- 3 He must allow the GMC to exchange information with any person involved in monitoring his compliance with his conditions.
- 4
- a He must have a workplace reporter appointed by his responsible officer (or their nominated deputy).
 - b He must not work until:
 - i his responsible officer (or their nominated deputy) has appointed his workplace reporter
 - ii he has personally ensured that the GMC has been notified of the name and contact details of his workplace reporter.
- 5
- a He must get the approval of his GMC Adviser before accepting any post.
 - b He must keep his professional commitments under review and limit his work if his GMC Adviser tells him to.
 - c He must stop work immediately if his GMC Adviser tells him to and must get the approval of his GMC Adviser before returning to work.
- 6 He must get the approval of the GMC before working in a non-NHS post or setting.
- 7
- a He must get the approval of his responsible officer (or their nominated deputy) and the GMC Adviser, before working as:
 - i a locum / in a fixed term contract
 - b He must not work until:

- i his responsible officer (or their nominated deputy) and the GMC Adviser has confirmed approval
 - ii he has personally ensured that the GMC has been notified of the approval of his responsible officer (or their nominated deputy) and the GMC Adviser.
- 8 He must have a mentor who is approved by his responsible officer (or their nominated deputy).
- 9 He must personally ensure the following persons are notified of the conditions listed at 1 to 8:
- a his responsible officer (or their nominated deputy)
 - b the responsible officer of the following organisations:
 - i his place(s) of work, and any prospective place of work (at the time of application)
 - ii all his contracting bodies and any prospective contracting body (prior to entering a contract)
 - iii any organisation where he has, or has applied for, practising privileges and/or admitting rights (at the time of application)
 - iv any locum agency or out of hours service he is registered with.
 - v If any of the organisations listed at (i to iv) does not have a responsible officer, he must notify the person with responsibility for overall clinical governance within that organisation. If he is unable to identify this person, he must contact the GMC for advice before working for that organisation.
 - c his immediate line manager and senior clinician (where there is one) at his place of work, at least 24 hours before starting work (for current and new posts, including locum posts).

44. XXX

Length of Order

45. In determining the length of the order, the Tribunal took account of XXX.

46. In all the circumstances, the Tribunal determined to impose conditions on Dr Cook's registration for a period of 24 months.

47. The Tribunal considered that this period was necessary to allow Dr Cook time to demonstrate the resilience of XXX in suitable employment, together with the effectiveness of the strategies he has developed XXX.

Review

48. In relation to review, the Tribunal took account of paragraphs 163 and 164 of the SG:

'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.

164 In some misconduct cases it may be self-evident that, following a short suspension, there will be no value in a review hearing.'

49. In view of the circumstances of this case, the Tribunal has determined to direct a review of Dr Cook's case. A review hearing will convene shortly before the end of the period of conditions.

50. It would assist the reviewing Tribunal to be updated in relation to Dr Cook's progress. Dr Cook is requested to provide:

- Evidence of his compliance with the conditions imposed on his registration;
- Evidence of his continued CPD activity;
- A report from his workplace reporter and/or mentor in relation to his progress in the workplace setting;
- Any other relevant information, which may include testimonials or a reflective statement, XXX.

Determination on Immediate Order - 05/06/2026

1. Having determined to impose conditions on Dr Cook's registration for twenty-four months, the Tribunal considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order of conditions.

2. The Tribunal took account of the test to be applied set out in the Rules, namely that it 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.

Submissions

3. On behalf of the GMC, Mr Kitching submitted that an immediate order is necessary for the protection of the public, in the wider public interest and in Dr Cook's own interests. He added that Dr Cook has been out of clinical practice for sometime, and for this reason, an immediate order is necessary.

4. Mr Kitching also invited the Tribunal to revoke the current interim order of conditions.

5. On behalf of Dr Cook, Ms Tanchel did not oppose the application. However, she indicated that should the Tribunal decide to impose an immediate order, the immediate order of conditions should reflect the conditions set out in the Tribunal's determination on sanction.

The Tribunal's Determination

6. In reaching its decision, the Tribunal took account of submissions by Mr Kitching and Ms Tanchel in the context of relevant evidence and paragraphs 172, 173 and 178 of the SG:

'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... 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.'

7. The Tribunal considered all the evidence presented and its previous decisions in this case. It took account of the evidence of Dr Cook's insight and remediation. The Tribunal determined, however, that an immediate order of conditions is required to protect the public, uphold professional standards and to maintain confidence in the medical profession, and in Dr Cook's own interests.

8. This means that Dr Cook's registration will be subject to an immediate order of conditions with effect from today, as he is present at this hearing. The substantive direction will take effect 28 days from today 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.

9. The interim order currently imposed on Dr Cook's registration will be revoked with immediate effect.

10. That concludes the case.

ANNEX A – 09/09/2025

Application to Admit Evidence pursuant to rule 34, rule 16 & rule 16A (In Private)

XXX

ANNEX B – 16/09/2025

Application for hearing to be held in private session (In Private)

1. This determination will be handed down in private. However, as this case concerns Dr Cook's misconduct a redacted version will be published at the close of the hearing.
2. On day three of these proceedings, Ms Tanchel on behalf of Dr Cook made an application pursuant to Rule 41(2) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the entirety of these proceedings should be held in private session.

Submissions

3. Ms Tanchel said that the principle of hearings ordinarily sitting in public is of profound importance and any derogation should be considered with care. She submitted that the allegations of misconduct are XXX. She submitted that it is the defence's case that every time Dr Cook sent those messages, he XXX. She submitted that if the application is not granted then the hearing will be in and out of public and private session and that would ultimately make it almost impossible for Dr Cook to give his evidence in an uninterrupted manner.
4. Ms Tanchel submitted that the Tribunal would have to consider the impact on third parties. She submitted that these allegations are of a sensitive nature and will have an impact on XXX.
5. Ms Tanchel told the Tribunal that the previous proceedings, whilst public, had not involved the reading of the messages themselves but instead their nature was referred to. She further told the Tribunal that adopting a hybrid hearing would leave the public with only the GMC side of the case and that is not in the public interest.
6. Mr Kitching submitted that it was achievable to have a hybrid hearing where matters not related to XXX can be dealt with in public. Mr Kitching further submitted that the hybrid approach is not unusual, and that Tribunals are well accustomed to having to move in and out of sitting privately throughout proceedings.
7. With regards to interrupting the flow of the doctors' answers during evidence, he submitted that is not a reason to have the whole of the hearing in private. He assured the Tribunal that his questioning and cross-examination could be arranged in different areas which deal with misconduct and then move on to matters which deal with XXX. He submitted that the Tribunal could take the pragmatic step of proceeding with cross-examination of the

doctor in private to ensure the doctor does have a fair opportunity to fully answer questions put to him.

8. With regards to the impact on the doctor's family, Mr Kitching submitted that matters have previously been extensively reported upon across different media. XXX. He submitted that shame and embarrassment is not a basis for holding a hearing in private.

9. Mr Kitching referred the Tribunal to the case of *L v Law Society (No.13 of 2008) [2008] EWCA Civ 811* and made specific reference to paragraph 41 of the relevant judgment. He specifically drew attention to the averment that public confidence in a profession and its reputation is protected by regulatory proceedings being held in public.

The Tribunal's approach

10. In its deliberations, the Tribunal had regard to Rule 41(2) which states:

'The Committee or Medical Practitioners Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.'

11. The Tribunal also had regard to the presumption of hearings being in public; the principle of open justice; and the need for any derogation to be justified and proportionate. The Tribunal was also mindful of the overarching objective, specifically the need to uphold public confidence in the profession and it was required to balance these matters with the rights of Dr Cook and relevant third parties XXX.

The Tribunal's decision

12. In its deliberations, the Tribunal noted the defence contention that XXX could be linked to his misconduct but the existence, and extent of any such link, remains to be determined in the case. The Tribunal was not persuaded that practical difficulties would be insurmountable in moving from public to private when XXX arose.

13. The Tribunal also noted the submissions regarding the potential emotional impact on XXX. The arguments in support of the said impact were speculative and there was an absence of any compelling evidence indicating the likelihood or extent of potential emotional impact. The existence of previous public proceedings meant that the nature of the allegations is already in the public domain.

14. The Tribunal was not persuaded by the defence contention that a one-sided narrative would be the consequence of a hybrid hearing. Tribunals regularly adopt such an approach, the Rules specifically envisage it, and the public is required to have trust in the Tribunal reaching a fair and just outcome notwithstanding that some evidence may be heard in private.

15. Overall, the Tribunal was satisfied that the public interest outweighs Dr Cook's interests, and those of XXX. There were no compelling reasons to derogate from the default position of the hearing being in public, save for where matters of XXX are raised.

16. The Tribunal therefore determined to refuse Dr Cook's application for all of proceedings to be held in private and instead the Tribunal will move into private for discussion of XXX.

ANNEX C – 16/09/2025

Application to refuse the Admission of Evidence pursuant to rule 34(1) (In Private)

Submissions

For Dr Cook

1. On day 4 of the hearing, Ms Tanchel informed the Tribunal that the defence objected to the admission of evidence which was currently redacted within the bundle. She referred the Tribunal to Rule 34(1) of the Rules. She told the Tribunal that the evidence related to Dr Cook's work rota at a previous hospital trust where he had worked. Ms Tanchel submitted that the GMC had obtained the work rota and then devised a table ('the schedule') comparing the timings of text messages sent by Dr Cook against his work rota. She submitted, however, that the GMC had not obtained a witness statement from any individual involved in producing the work rota.

2. Ms Tanchel submitted that the normal rules for collating evidence were that any evidence should be supported by a statement provided by the individual involved in producing the evidence, but this had not happened here. She said that a statement from someone within the hospital trust had not been obtained providing detail as to how the work rota had been produced, how accurate it was, and whether it was complete. Ms Tanchel submitted that the defence was entitled to know this information in order that it could properly test the evidence including through cross-examination. She said she could not do this because no evidence was available to the defence to indicate who produced the work rota or how it came about. She submitted that, if properly prepared, a statement may have given rise to further enquiries being made by the defence.

3. Ms Tanchel added that the GMC could not simply decide to produce this information and adduce it into evidence without demonstrating that the computer systems had been properly interrogated. She said that computer systems can fail to produce accurate or reliable information.

4. Ms Tanchel submitted that the relevance of the work rota was also a consideration. She told the Tribunal that initially the GMC had devised a different set of allegations against Dr Cook, which included an allegation relating to the timing of the messages which they claimed he had sent during work, as per the work rota now subject to this application. However, the GMC later decided to abandon those allegations. She said that if an allegation relating to the timings had formed part of the Allegation now before this Tribunal, one could

understand why the schedule which the GMC now sought to place before the Tribunal might be relevant.

5. Ms Tanchel invited the Tribunal to grant her application to refuse the admission of the evidence.

For the GMC

6. Mr Kitching described the schedule as being information rather than evidence. He said that the schedule went to demonstrating whether Dr Cook was at work at the times when he sent the messages. He confirmed that initially there was a different set of allegations but the relevant allegation relating to work was withdrawn on the basis that there were no patient safety issues. Mr Kitching submitted, however, that the schedule was relevant to the question of causative link and it also could be an aggravating feature in this case, namely that Dr Cook was able to engage in this type of conduct whilst at work despite XXX.

7. In relation to fairness, Mr Kitching submitted that whilst no statement had been obtained, the work rota had been produced from the hospital trust's computer records. He said that computer records are admissible as hearsay evidence unless there is a very good reason to suggest that the computer system from which the record had been produced was unreliable. By way of example, he submitted this might be where the information contained in the work rota could not reasonably be expected to have come from an individual with actual knowledge or recollection of the workloads for the period in question. Mr Kitching submitted that whilst he did not suggest the impossibility of computer error, perhaps due to a last-minute change to the rota which may not have been recorded, that did not undermine the reliability of the core information in any material way. He added that statements are not routinely taken where records or documents are produced from computer systems.

8. Mr Kitching submitted that all that the schedule did was to compare the dates and times of the messages sent by Dr Cook against his work rota at the hospital trust. He added that if the defence wished to challenge the reliability of the information contained in the schedule, it could do so. However, he submitted that this was simply information to assist the Tribunal and the defence ought to make clear whether it took issue with the assertion that Dr Cook sent messages whilst he was at work. He invited the Tribunal to allow for the schedule to be adduced into evidence.

The Tribunal's Decision

9. The Tribunal considered the submissions made by Ms Tanchel and by Mr Kitching.

10. The Tribunal had regard to Rule 34(1) which states:

'The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.'

11. The Tribunal also had regard to the overarching objective.
12. It was mindful that it has not been provided with the contents of the schedule to which the application relates. However, for the purpose of considering the application made, the Tribunal did not consider it necessary for it to have sight of the schedule.
13. The Tribunal noted that initially the Allegation included an allegation about the timings of the text messages but this had been amended so as to remove the relevant wording.
14. The GMC has asserted that the information it sought to adduce into evidence was only for information to assist the Tribunal. But then it also suggested that the information contained in the schedule could be an aggravating feature in this case because it could demonstrate that Dr Cook was able to send the text messages whilst at work and at a time when it is claimed he was XXX.
15. The Tribunal determined that the contested evidence was of limited relevance. The GMC would not be prevented from making arguments about Dr Cook’s ability to remain in employment whilst sending the relevant text messages, without the disputed evidence. The Tribunal was mindful that the messages were sent during the Covid-19 lockdown, a time when rotas may have been subject to significant alteration, and this would have been particularly pertinent as Dr Cook was a respiratory physician. In such circumstances, the Tribunal agrees with the defence that fairness would necessitate the opportunity to probe and test the veracity and accuracy of the underlying computer records but in the absence of a related witness statement there could be no such opportunity. The Tribunal weighed the limited relevance of the disputed evidence against the unfairness of admitting it and determined that it should not be admitted.
16. The Tribunal therefore granted the defence application not to admit the schedule into evidence.

ANNEX D – 16/09/2025

Application on half-time submissions under Rule 17(2)(g) (PRIVATE)

1. At the close of the case on behalf of the GMC, Ms Tanchel, on behalf of Dr Cook, made an application pursuant to Rule 17(2)(g) of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’).
2. Ms Tanchel submitted that there was insufficient evidence upon which a Tribunal, properly advised, could find (i) paragraph 5(a) – ‘inciting abuse of a child’ and (ii) paragraph 6 ‘Your conduct as described at paragraphs 2, 3 and 4 was sexually motivated’, proved.
3. Both parties provided written skeleton arguments.

Submissions

On behalf of Dr Cook

4. Ms Tanchel referred the Tribunal to the principle set out in *R v Galbraith 73 Cr App R 124 CA* and in *R v Shippey [1988] Crim LR 767*. Ms Tanchel submitted that the test was whether a properly advised Tribunal could find the allegations proven or whether the state of the evidence as a whole is so unsatisfactory, tenuous or contradictory, that no such finding can be made. She added that a ‘Panel’ upon hearing submissions must come to its decision on the basis that it will draw such inferences which are reasonably open to it based on the evidence presented. Ms Tanchel submitted that the defence’s application is made on limb one of the Galbraith test, i.e. that there was no evidence to find the allegations proved.

5. Ms Tanchel reminded the Tribunal that (a) the burden of proof is on the GMC throughout, and (b) the standard of proof is the balance of probability – there is no enhanced standard.

6. She submitted that the common law offence of incitement was abolished by Section 59 of Serious Crime Act 2007 (‘SCA’) and replaced by offences identified in Sections 44-46 of the SCA. She reminded the Tribunal that the relevant Explanatory Notes state:

‘The Act abolishes the common law offence of incitement and in its place creates new offences of intentionally encouraging or assisting crime and encouraging or assisting crime believing that an offence, or one or more offences, will be committed.’

7. Ms Tanchel submitted that the SCA created three inchoate offences:

- (i) intentionally encouraging or assisting an offence;
- (ii) (ii) encouraging or assisting an offence, believing it will be committed;
- (iii) (iii) encouraging or assisting offences, believing one or more will be committed.

8. Ms Tanchel submitted that the ‘impossibility defence’ which in 1981 was removed from the law relating to statutory conspiracy and attempt, survived in respect of incitement and remained in the SCA for inchoate offences. She submitted, therefore, that if the relevant act is incapable of providing encouragement or assistance to the other party, then the doctor could not be guilty even if he intended to provide such encouragement. She went on to highlight that Section 44 of the SCA made clear that it was an offence for someone to undertake an act which was capable of encouraging or assisting the commission of an offence and the person has to have intended to encourage or commission the offence. However, a person is not intended to have encouraged or assisted the commission of an offence merely because such encouragement or assistance was a foreseeable consequence of their acts. Ms Tanchel then highlighted that under Section 45 of the SCA a person only commits an offence if they carry out an act capable of encouraging or assisting the commission of an offence, believing that the offence would be committed and their act will encourage or assist its commission.

9. Ms Tanchel then invited the Tribunal, in relation to incitement, to approach its consideration of these matters as follows:

- i. First, having read the messages consider whether there is any conduct identified within them which encourages the reader to commit any unlawful act as opposed to being simply a discussion about the behaviour. Simple discussion or exchange of views cannot of itself amount to encouragement.
- ii. Secondly, consider whether Dr Cook intended to encourage the users to commit unlawful acts.
- iii. Thirdly consider whether anything said or done by Dr Cook was in fact capable of encouraging the commission of an unlawful act, whether Dr Cook believed that an offence would be committed and that his conduct would assist in its commission.
- iv. Fourthly, consider whether the act purportedly encouraged was in fact even possible.

10. Ms Tanchel submitted that applying the above principles, it was the defence argument that there was no evidence upon which a properly directed Tribunal could find the allegations proven. She said there was no evidence of any encouragement by Dr Cook. She submitted that the test was whether what Dr Cook was saying or doing was to encourage another of the relevant behaviour. She added that the Tribunal should not assume the role of prosecutor and prosecute the doctor on behalf of the GMC. She said that it was for the GMC to produce the evidence to support the allegations brought against the doctor. Ms Tanchel added that the Tribunal should not, and could not, take into account the defence evidence and she invited it to only consider the GMC's evidence at this point for the purpose of her application.

11. Ms Tanchel submitted that the Tribunal should remain neutral between the parties until the facts are heard and decisions are made, even if the Tribunal was concerned about the manner in which the case had been presented by the GMC.

12. Ms Tanchel then went on to explain:

a. There was no evidence to suggest that anything Dr Cook said or did during his conversation with the other person in the chat room encouraged the other person to act in a manner that they would not otherwise have done. It was the undercover officer himself who set up a fake profile with a name to entice others to engage in conversations about sexualised behaviour with children.

b. There was no evidence that Dr Cook used language or behaviour to encourage others to do anything. She said that an analysis of the conversations makes plain that the other users were the ones making and suggesting the conduct, for example, voluntarily providing photographs of their purported children and themselves.

c. The users were setting out that they were already engaging in such conduct. For example, the discussion by one user of conduct she had already purportedly undertaken with her nephew, the purported behaviour of her husband with her daughter and finally the conduct of the male user (completely unprompted by Dr Cook) with his child who was not going to be at school for a few days.

d. The lack of any concrete plans to meet and Dr Cook being evasive about where he lived and where to meet, were inconsistent with encouraging the relevant behaviour. Ms Tanchel said that of note was the conversation about living in XXX when in fact Dr Cook lived in XXX.

13. Ms Tanchel then moved on to the question of ‘Impossibility’ and stated:

e. There was no evidence before this Tribunal that the behaviour described in the messages was in fact even possible. She said that there was no evidence that any of the users with whom Dr Cook communicated with had children of their own, were married to others who abused children or had nieces and nephews, or the opportunity to engage in the behaviour described. Ms Tanchel submitted that, in fact, the evidence pointed the other way, namely that as the people being spoken to were in fact police officers it was impossible for them to engage in the conduct described at the times and places described.

14. Ms Tanchel moved on to the question of ‘Intention’ and stated:

f. XXX. Ms Tanchel submitted that this was conclusive evidence that Dr Cook’s motivation in engaging in the chat rooms was not consistent with any formed intent to persuade or encourage others to engage in the behaviours described. She said that the only reasonable inference which the Tribunal could draw from the XXX evidence was that Dr Cook’s purpose was to engage in the chats themselves only and it was not intended that he or anyone else in those chat rooms would engage in the underlying behaviours.

15. Ms Tanchel then moved on to the sexual motivation and submitted that a state of mind was a fact that needed to be proved in the same way as any other fact, and that it could be proved by inference.

16. XXX

17. XXX

18. Ms Tanchel told the Tribunal that XXX. She submitted that this was inconsistent with sexual desire and therefore sexual motivation. XXX. Ms Tanchel submitted therefore that a properly directed Tribunal could not find that Dr Cook had a sexual interest in children and as a consequence, sexual motivation could not be proven.

19. XXX

20. Ms Tanchel submitted XXX. She submitted these conclusions were inconsistent with sexual motivation. She reminded the Tribunal that no indecent images or any other evidence of a sexual interest in children were ever found by the police on Dr Cook’s devices.

21. Ms Tanchel concluded by submitting that XXX, relied upon by the GMC itself was inconsistent with him behaving in a sexually motivated manner and, further, in light of XXX, the Tribunal could not find Dr Cook's behaviour was sexually motivated. She invited the Tribunal to find there was a no case to answer in respect of paragraphs 5a and 6 of the Allegation.

On behalf of the GMC

22. Mr Kitching began by setting out the relevant case and the test to be applied. He referred the Tribunal to the test in *Galbraith*, as well as that in *R v Shippey*. Mr Kitching submitted that criminal case law makes clear that the decision in *Shippey* was a decision on its facts laying down no new principle of law. He said that in *Shippey* it was explained that the requirement to take the prosecution case at its highest did not mean picking out all the plums and leaving the duff behind. He said that *Galbraith* was not to be taken as suggesting that if there were parts of the evidence which go to support the allegation then that was enough to allow the case to continue no matter what the state of the rest of the evidence. He submitted therefore that the test required the Tribunal to carry out an assessment of the evidence as it currently stands and to ask itself the question: 'Is there evidence upon which we could find the allegation in question proved'. Mr Kitching said that this was obviously a very different question to the one to be answered at the end of stage 1 which is 'Is there evidence upon which we do find the charge proved'.

23. Mr Kitching then addressed the Tribunal on the issue of incitement. He explained that the Tribunal should only apply the Oxford English Dictionary (OED) meaning of the word. He acknowledged that incitement had a specific meaning in criminal law but reminded the Tribunal that these were not criminal proceedings and submitted that it would be wrong for the Tribunal to adopt or apply definitions of the word arising from statute or criminal law. Mr Kitching provided the meaning of the word as set out in the OED as follows:

Re 'Incite'

"a. transitive. To urge or spur on; to stir up, animate, instigate, stimulate. Const. to do something; to or unto some action.

b. To urge or provoke (some action)."

re 'Incitement'

"1. The action of inciting or rousing to action; an urging, spurring, or setting on; instigation, stimulation. Also, the condition of being incited.

2. That which incites or rouses to action; an inciting cause or motive; stimulus, incentive, 'spur'."

Re 'Inciting'

"a. transitive. To urge or spur on; to stir up, animate, instigate, stimulate. Const. to do something; to or unto some action.

b. to urge or provoke (some action).

Adj: That incites; stimulating, provoking"

24. In relation to the question of ‘impossibility’, he acknowledged that no actual child was involved in the online chat with the uncover police officer (UCO) and accepted that the GMC could not prove to the requisite standard that there were actual children involved in the other chats. As a consequence, he submitted that the GMC accepted that it could not prove that Dr Cook’s actions actually led to the abuse of any child. Mr Kitching submitted, however, that the absence of any children would not have been known to Dr Cook at the time of his conduct.

25. Mr Kitching submitted that if the Tribunal utilised the ordinary meaning of the word ‘inciting’, it would need to consider whether it was possible to incite something that subsequently turns out to have not been possible. He said that such a submission, that is placing reliance on a dictionary definition, was not “vague” or “woolly” but rather a common sense and commonly adopted approach. Mr Kitching submitted that it was possible to incite another into an act in these circumstances. He added that the word ‘Inciting’ involved the urging of another to do some act and that it was the state of mind of the person doing the urging that required consideration, and not evidence that the act urged was or could have been successfully achieved.

26. Mr Kitching addressed the criminal law but said that no allegation of the commission of a specific criminal offence has been alleged. Mr Kitching provided an extract from the 2025 edition of ‘Blackstones Criminal Practice’ referencing the SCA offences and the case of *DPP v Armstrong [2000] Crim LR 379*. Mr Kitching submitted that the facts in *Armstrong* were strikingly similar to the facts of this case on the question of impossibility. He explained that the case of *Armstrong* involved a call from the defendant to a UCO working to catch paedophiles. The defendant sought the supply of sexual material relating to underage children but there was, of course, never any prospect of the material actually being supplied. Mr Kitching submitted that the Court of Appeal held that the lower court had erred in deciding that there could, therefore, be no offence made out.

27. Mr Kitching then went on to speak about the messages Dr Cook had sent. He provided the Tribunal with extracts of the messages in support of his argument. He reiterated that the Tribunal should not take the messages out of context and added that the GMC relied on their context to bolster this aspect of its case against Dr Cook. He said that the requesting of the taking of pictures to be sent to someone professing paedophilic interest in that child is a form of sexual abuse and to request pictures in those circumstances, as Dr Cook did, incited the commission of that abuse. Mr Kitching submitted that it was clear from the context of the messages that Dr Cook was encouraging the UCO and urging them to undertake the acts.

28. Mr Kitching submitted that, in relation to the physical approach Dr Cook would take with the child, when the UCO made it clear that he did not want the child being subject to violence (apart from that inherent in the acts of abuse), Dr Cook reassured the UCO that he would not take that approach. Mr Kitching went on to say that Dr Cook encouraged the UCO to speak to the child to explain to her that he would like her to engage in sexual relations with another man, i.e. Dr Cook. Mr Kitching submitted that the very act of speaking to a child in that way was a form of sexual abuse and, of course, the end result which Dr Cook was inciting by ensuring she agreed to meet was his sexual abuse of that child. Mr Kitching drew the Tribunal’s attention to the extract taken from p165 of the hearing bundle where both the

UCO and Dr Cook discussed how they would jointly ensure that Dr Cook was able to sexually abuse the child. Mr Kitching then went on to explain the context of extracts of other such messages.

29. Mr Kitching said that the extracts also demonstrated that Dr Cook was the one who solicited the sending of photographs of the children in question. He said that this was an act which, in and of itself, incited an act of sexual abuse, i.e. the disclosure of pictures of children, some of which were scantily clad, to a person professing a paedophilic desire to abuse those children. He added that the whole tenor of all three chats was to encourage, to urge, the other party to either abuse the child themselves or to arrange the abuse of the child by Dr Cook. Mr Kitching submitted that it was absurd to suggest that the words, on their face, could not amount to incitement, adding that these were not mere discussions as suggested by the defence.

30. In relation to sexual motivation, Mr Kitching said that the definition is agreed between the parties. i.e. engaging in behaviour in pursuit of a sexual relationship and/or for sexual gratification. He submitted that there was ample evidence upon which the Tribunal could find that Dr Cook did have one or both of the two requisite purposes. He said that the messages themselves provide abundant evidence.

31. Mr Kitching submitted that XXX. He submitted that Dr Cook's account was more problematic, and was, in one sense, before the Tribunal because it was recounted by XXX. Mr Kitching submitted that it was a hearsay account given unsworn and untested and therefore little, if any, weight should be attached to it at this stage.

32. XXX

33. He said that the evidence provided XXX the Tribunal had the messages themselves in which expressions of sexual gratification/ pursuit of a sexual relationship, was clear and unequivocal. Mr Kitching acknowledged that such expressions, in and of themselves, did not prove actual sexual gratification/pursuit of a sexual relationship, but they were very powerful evidence of it. He added that the test was, of course, whether the Tribunal could find that the messages demonstrated sexual gratification/pursuit of a sexual relationship. He said that it was absurd to suggest that the Tribunal could not make such a finding.

34. Mr Kitching submitted that there was other evidence which should be factored into the proper assessment of the existence and extent of any causal link, such as:

- The absence of supporting evidence for XXX pre-arrest.
- The failure to mention XXX in interview.
- The impact of the arrest which took place before XXX.

35. Mr Kitching said that these were matters to which the Tribunal should have regard when applying the appropriate test, adding that these were capable of undermining the submission on Dr Cook's behalf that he had no motivation other than XXX. Mr Kitching submitted that the submission made by the defence essentially suggests that XXX. He submitted that it was farcical to suggest that XXX was affected to such degree, adding that

such a view would be at odds with the messages and the detailed account provided during Dr Cook's first police interview. Mr Kitching said that if further evidence was required that Dr Cook was capable of understanding the nature of his acts, one needed to look no further than allegations 1a and 1b, and Dr Cook's admission in respect of allegation 5b. He submitted that both pre-supposed an understanding by Dr Cook of what he was doing, but he acknowledged that they do not prove sexual motivation, merely that XXX.

36. Mr Kitching submitted that XXX. He said that the question for the Tribunal was whether there was evidence upon which it could conclude that Dr Cook's conduct was sexually motivated in one of the ways set out in the case of *Basson*. Mr Kitching submitted that there was clear evidence upon which the Tribunal could conclude this. He invited the Tribunal to reject the defence application.

The Tribunal's Approach

37. The Tribunal had regard to Rule 17(2)(g) which states:

'the practitioner may make submissions as to whether sufficient evidence has been adduced to find some or all of the facts proved and whether the hearing should proceed no further as a result, and the Medical Practitioners Tribunal shall consider any such submissions and announce its decision as to whether they should be upheld'.

38. The Tribunal carefully considered the oral submissions of both Ms Tanchel, on behalf Dr Cook, and Mr Kitching, on behalf of the GMC. In reaching its decision, it had full regard to GMC evidence presented to date, both oral and documentary.

39. The Tribunal also took into account the advice provided by the Legally Qualified Chair to the parties, and upon which the parties were invited to comment. The Tribunal accepted fully that advice. The test of no case to answer was laid down by Lord Lane CJ in the case of *Regina v Galbraith (1981) 73 Cr. App. R. 124*. It was confirmed as the appropriate test for regulatory proceedings in the case of *General Medical Council v Udoe [2021] EWHC 1511 (Admin)*. The Galbraith test states that a case should not be left to the jury if there is no evidence or insufficient evidence to support a conviction. The test sets out:

'(1) If there is no evidence that the crime alleged has been committed by the defendant, there is no difficulty. The Judge will of course stop the case.

(2) The difficulty arises where there is some evidence but it is of a tenuous character, for example because of inherent weakness or vagueness or because it is inconsistent with other evidence, (a) Where the judge comes to the conclusion that the prosecution evidence, taken at its highest, is such that a jury properly directed could not properly convict upon it, it is his duty, upon a submission being made to stop the case, (b) Where however the prosecution evidence is such that its strength or weakness depends on the view taken of a witness's reliability, or other matters that are generally speaking within the province of the jury, and where, on one possible view of the facts, there is evidence upon which a jury could properly come to the conclusion that the defendant is guilty, then the Judge should allow the matter to be tried by the jury.'

40. The Tribunal, having taken the advice of the Legally Qualified Chair, was careful to distinguish between its approach to the evidence at this stage and its approach at the end of the fact-finding stage. At this stage, the Tribunal had to decide whether sufficient evidence had been adduced to satisfy it to the necessary standard identified in the *Galbraith* test in relation to those outstanding paragraphs and sub-paragraphs which form the subject of the present application. It was not presently its function to determine whether those facts in the Allegation were proved but rather a determination was required whether, with the evidence taken at its height, the relevant paragraphs *could* be found proved.

The Tribunal's analysis and decision

Incitement

41. Having taken the approach to this application advised by the Legally Qualified Chair, the Tribunal has determined that there is insufficient evidence to establish a case to answer in relation to paragraph 5a of the Allegation. Paragraph 5a states:

- '5. Your conduct at paragraphs 2, 3 and 4 amounted to:
- a. inciting abuse of a child; or in the alternative,'

42. The Tribunal had regard to the arguments advanced by both counsel as to how the word 'inciting' should be understood and applied. The GMC has contended that the dictionary meaning should apply as these are neither criminal nor civil proceedings and Mr Kitching described 'incite' as an ordinary English word. Ms Tanchel on the other hand contended that the dictionary meaning is not sufficient and the Tribunal should instead have regard to the criminal law in respect of 'incitement'.

43. The Tribunal decided that in the circumstances of this case it was appropriate to adopt the criminal law principles relating to incitement. The Tribunal reached this decision on the basis that it considered 'incitement', including the related words of 'inciting' and 'incite', to be words more frequently used in a legal context, much more so than they can be described as everyday words with an ordinary meaning; the application of principles from the criminal law was not unprecedented and the *Galbraith* test was a good example; to proceed with the dictionary definition would provide the Tribunal with no guidance or direction as to how to consider 'impossibility'; and it was a fundamental matter of natural justice that a doctor in these proceedings must know the allegation they face and in the circumstances of this case, the ambiguity as to the meaning of 'incitement' should be resolved in the favour of the doctor by utilising the certainty and clarity of applying the criminal principles.

44. Adopting the principles from the criminal law in respect of incitement, the Tribunal was mindful that one would have to have carried out an act capable of encouraging or assisting the abuse of a child and having intended to encourage or commission the offence; or one would have to have encouraged or assisted the commission of the abuse of a child believing that it would be committed and their act would encourage or assist its commission.

45. The Tribunal determined that the evidence in respect of Dr Cook encouraging the abuse of a child, as contained within the chat conversations, is inherently weak and vague, specifically in respect of there being any such child or children. The only such evidence was referenced by unknown users to unknown and unspecified purported children. The evidence put forward by the GMC was weakened further by the descriptions of the other users themselves purportedly carrying out, and having carried out, acts of abuse. In its own submissions at paragraph 13, the GMC states:

'The GMC of course accepts that there was no actual child involved in the chat with the UCO. It also accepts that it cannot prove, to the requisite standard, that there were actual children involved in the other chats. The GMC accepts, therefore, that it cannot prove that Dr Cook's actions could, in fact, have led to the abuse of an actual child. The GMC submit that that was, however, not something that Dr Cook could have known at the time of these chats. Nor does it render the acts "impossible" for the purposes of the criminal law.'

46. The Tribunal considered the evidence before it regarding the existence of a child or children was so weak that even taking the evidence at its height it would not be possible to prove that Dr Cook carried out any acts of incitement. Consistent with this, the defence of impossibility would be a further barrier to the prospects of allegation 5a being found proved. Other than the vague references to children purportedly related to unknown users, there was no evidence before the Tribunal that the child or children existed and in the case of the UCO it was clearly impossible for Dr Cook to incite child abuse as there was in fact no child to be abused.

47. In the circumstances, the Tribunal was satisfied that taking account of limb 2a of the *Galbraith* test, the evidence before it was such that the GMC's case taken at its highest was not such that a Tribunal properly directed could make findings of fact against Dr Cook in respect of paragraph 5a.

48. It therefore determined to grant the application in respect of paragraph 5a. As a consequence, paragraph 5a of the Allegation now falls away.

Sexual Motivation

49. The Tribunal had regard to paragraph 6 of the Allegation which states:

'Your conduct as described at paragraphs 2, 3 and 4 was sexually motivated.'

50. The Tribunal accepted the advice of the Legally Qualified Chair. He referred to *Basson v GMC [2018] EWHC* and the comment of Mostyn J that the state of a person's mind is not something that can be proved by direct observation but instead it can be proved by inference from or deduction from the surrounding evidence. He also referred to the case of *Haris v GMC [2021] EWCA Civ 763* in which Andrews LJ said that there is rarely any direct evidence of sexual motivation however there will be cases where the facts speak for themselves in the absence of any other innocent plausible explanation.

51. In respect of this allegation, the GMC relies upon the content of the messages, the police interview transcripts, and XXX.

52. Extracts of some of the messages were provided to the Tribunal, and the Tribunal had regard to them. A sample of some of those messages is set out below:

'That's good, I'd like her to be around me if you'd be ok with that x'

'And perfect so I can go straight into playing with her then x'

'[XXX]

'May be next week of that's ok? Presumably she's off school at the moment x'

'To respond to your last [XXX] message yes your daughter is old enough to decide who to have sex with – if she wants to be part of this with [WIFE] then she should and can be – from what you say it sounds like [WIFE] would like that'

'It's something I'd want too – the control over all 3 would be what I'd want – although I'm happy to take my time – having control over your girls initially is fine but in time I'd want to expand that to you – then I'd be on total control of the household and all that happened there sexually at least'

'I think you're a special kind of dad!

I'm sure she'd like enjoy that too!

Have you any pics of either of them on here or [XXX]? Not asking for anything rude or anything – and fine if you want to wait until after we've met'

53. The Tribunal determined that on one view, the messages themselves; the relevant chat platforms used; the changing of platforms to better enable conversations; the consistent and repeated references to sexual matters; and the absence of any other matters being meaningfully discussed *could* all lead to an inference being drawn that Dr Cook was sexually gratified by the chat conversations and his actions were sexually motivated.

54. XXX

55. XXX

56. XXX. A sexual motivation is not expressly ruled out, nor is it incompatible with the potential for there having been multiple motivating factors at play. Such a view may also be supported by the content of Dr Cook's police interview on 21 May 2021 in which he spoke of his enjoyment of what he described as 'role plays'. The view could also be taken that Dr Cook's answers to police questions contradict or cast doubt on the causal link conclusions and similarly the absence of XXX could have the same effect. XXX.

57. Having regard to the above, on one view, the inferences which could be drawn from the messages could indicate sexual motivation notwithstanding the content of XXX.

58. The Tribunal was therefore satisfied that in applying the Galbraith Test to paragraph 6, the evidence falls within 2b of the test and therefore there remains a case to answer.

59. Accordingly, the Tribunal refused Ms Tanchel's application in respect of paragraph 6 of the Allegation.

ANNEX E – 16/09/2025

Application to adjourn proceedings under Rule 29(2)

1. On day 7, after the Tribunal had announced its determination on the Rule 17(2)(g) application, Ms Tanchel made an application pursuant to Rule 29(2) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004 ('the Rules') for the Tribunal to adjourn proceedings.

2. Ms Tanchel made the application on the basis that the Tribunal will not conclude the defence case in the current listing. She said that had the defence application which she made under Rule 17(2)(g) been successful in relation to both aspects, then there might have been little examination in respect of Dr Cook's evidence. However, as matters relating to the alleged sexual motivation remain, more time would be required to conclude Dr Cook's evidence. Further, Ms Tanchel added that there was also the evidence of XXX and Dr Cook's wife still to be heard.

3. Ms Tanchel submitted that to start Dr Cook's evidence and then have to adjourn part way through would be prejudicial to Dr Cook given that he resides at home with his wife and daughter. She added that the immediacy of hearing his evidence and determining the facts would also be lost.

4. Ms Tanchel submitted that it would only be fair for the proceedings to be adjourned at this stage and invited the Tribunal to grant the application and to reconvene so that the conclusion of stage 1 and the entirety of stage 2 could be dealt with, possibly in one sitting. Ms Tanchel indicated that both the GMC and the defence had agreed that ten days might be needed to conclude the case.

5. In response to a question from the Tribunal as to which of the defence witnesses might be available to give evidence in the current listing, Ms Tanchel indicated that although she could not provide a definite answer, in any event, it was unlikely that Dr Cook's evidence would be concluded in the time available.

6. Mr Kitching did not oppose the application. He said that even if there was some prospect of concluding Dr Cook's evidence within the time available, the hearing would have to be adjourned for some length of time before the Tribunal could reconvene to hear from XXX and from Dr Cook's wife. He therefore submitted that it would not be desirable to commence with Dr Cook's evidence at this stage.

Tribunal's approach and decision

7. The Tribunal reminded itself of Rule 29(2) of the Rules, which states:

Where a hearing of which notice has been served on the practitioner in accordance with these Rules has commenced, the Committee or Tribunal considering the matter may, at any stage in their proceedings, whether of their own motion or upon the application of a party to the proceedings, adjourn the hearing until such time and date as they think fit.

8. The Tribunal took account of the submissions of both parties and their agreed position. It also took into account Dr Cook's current home situation, i.e. he was living at home with his wife and daughter. It accepted that there was a realistic prospect of Dr Cook's evidence being adjourned part-heard which it considered may then cause difficulties given his home situation. Further, the Tribunal considered it preferable to hear Dr Cook's evidence and XXX evidence in one sitting to enable the Tribunal to be well placed to make findings on the facts of this case.

9. The Tribunal noted the indication from both parties that ten days would be required to conclude the case. However, it was mindful that the number of days allocated for the reconvening dates is a matter for MPTS Case Management.

10. In the circumstances, the Tribunal decided to grant the application. As agreed with parties, the Tribunal's written decision will be circulated to parties via email.

11. The hearing is adjourned part-heard.

ANNEX F – 24/04/2026

Application to re-open the GMC case and admit further evidence - PRIVATE

XXX