

## PUBLIC RECORD

Dates: 06/05/2026 - 07/05/2026

Doctor: Dr Mark WESTBROOK

GMC reference number: 3433229

Primary medical qualification: MB BS 1990 University of London

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

## Summary of outcome

Erasure  
Immediate order imposed

## Tribunal:

Legally Qualified Chair	Mrs Cathie Seville
Registrant Tribunal Member:	Dr Suzanne Joels
Registrant Tribunal Member:	Dr Angela Jesudason
Tribunal Clerk:	Mr Matt O'Reilly

## Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Ian Brook, Counsel

## Attendance of Press / Public

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

### **Protecting the Public**

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

### **Determination on Facts - 06/05/2026**

#### **Background**

1. On 1 July 2025, a referral was made to the GMC from Gwent Police that retired GP, Dr Westbrook, had been arrested for possession and distribution of indecent images of children ('IIOC'), and that he had been released on bail. The referral was followed up by a telephone call between the police and the GMC on 15 July 2025. In that telephone call the police confirmed the charge against Dr Westbrook, stated that a warrant to search his home had been executed, that four devices were seized and there were indecent images on one of those devices.
2. Dr Westbrook was interviewed under caution by the police on two occasions, on 25 June 2025 and again on 5 September 2025. He had a solicitor present for both interviews. At the first interview Dr Westbrook provided a written statement on 25 June 2025, in which he confirmed he was responsible for the mobile phone seized which had the indecent content on it. He thereafter provided a no response interview and was subsequently released on bail pending further investigation. Dr Westbrook was then interviewed again on 5 September 2025 in which he again provided a 'no response' interview, save for, at the end of the second interview, Dr Westbrook confirmed that he was also responsible for the laptop that was seized.
3. It is alleged that Dr Westbrook was subsequently convicted of three offences of making indecent photographs / pseudo-photographs of a child contrary to sections 1(1)(a) and 6 of the Protection of Children Act 1978, on 14 November 2025 at Newport Magistrates Court. Namely, making 8 Category A indecent images and videos of children/of a child (paragraph 1a); 2 Category B indecent images and videos of children/of a child (paragraph 1b); and 2 Category C images and videos of a child (paragraph 1c).

4. It is further alleged that on 12 December 2025, Dr Westbrook was sentenced to imprisonment for: eight months suspended for 24 months in relation to paragraph 1a; four months concurrent suspended for 24 months in relation to paragraph 1b; two months concurrent suspended for 24 months in relation to paragraph 1c; and was made subject to a Sexual Harm Prevention Order for 10 years (paragraph 2).

5. It is further alleged that as a result of the conviction and sentence as set out in paragraphs 1 and 2 above, Dr Westbrook became subject to a notification requirement pursuant to sections 80 and 82 of the Sexual Offences Act 2003 for a period of 10 years.

### Outcome of Applications at during this stage of the hearing

6. Dr Westbrook is neither present not represented at this hearing. Mr Ian Brook, Counsel on behalf of the GMC, made an application in respect of service and proceeding in Dr Westbrook’s absence. The Tribunal granted the application. Its full written decision can be found at Annex A.

### The Allegation and the Doctor’s Response

7. The Allegation made against Dr Westbrook is as follows:

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

1. On 14 November 2025 at Newport Magistrates Court you were convicted of three offences of making indecent photographs / pseudo-photographs of a child contrary to sections 1(1)(a) and 6 of the Protection of Children Act 1978, namely, making:
  - a. 8 Category A indecent images and videos of children/of a child;  
**To be determined**
  - b. 2 Category B indecent images and videos of children/of a child;  
**To be determined**
  - c. 2 Category C images and videos of a child. **To be determined**
2. On 12 December 2025 you were:

- a. sentenced to imprisonment for:
  - i. eight months suspended for 24 months in relation to paragraph 1(a) above; **To be determined**
  - ii. four months concurrent suspended for 24 months in relation to paragraph 1(b) above; **To be determined**
  - iii. two months concurrent suspended for 24 months in relation to paragraph 1(c) above; **To be determined**
- b. made subject to a Sexual Harm Prevention Order for 10 years.  
**To be determined**
3. As a result of the conviction and sentence as set out in paragraphs 1 and 2 above, you became subject to a notification requirement pursuant to sections 80 and 82 of the Sexual Offences Act 2003 for a period of 10 years.  
**To be determined**

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

### The Facts to be Determined

8. Given that Dr Westbrook is neither present nor represented at these proceedings, the Tribunal is required to determine the entirety of the Allegation.

### Documentary Evidence

9. The Tribunal had regard to the documentary evidence provided by the GMC. This evidence included, but was not limited to, the following:
  - Referral to the GMC, dated 1 July 2025;
  - Telephone call note with Gwent Police regarding Dr Westbrook, dated 15 July 2025;
  - Email correspondence between the Police and the GMC regarding an update to their investigation, dated 2 September – 1 October 2025;
  - Police Occurrence Report, dated 24 June 2025;
  - Certificate of conviction, dated 12 December 2025;
  - Sexual Harm Prevention Order, dated 12 December 2025;

- Email from the Court confirming pre-sentencing, dated 2 February 2026;
- Email exchange between the Court and GMC regarding error on certificate of conviction, dated 9-10 March 2025;
- Two recorded police interviews with Dr Westbrook, dated 25 June 2025 and 5 September 2025, respectively;
- Sentencing Guidelines for possession of indecent photograph of a child, dated 1 April 2014.

### The Tribunal's Approach

10. 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.

11. The Tribunal had regard to Rule 34(3) and Rule 34(5) of the General Medical Council (Fitness to Practise) Rules 2004 (as amended) ('the Rules').

*'34(3) Production of a certificate purporting to be under the hand of a competent officer of a Court in the United Kingdom or overseas that a person has been convicted of a criminal offence or, in Scotland, an extract conviction, shall be conclusive evidence of the offence committed.*

...

*34(5) The only evidence which may be adduced by the practitioner in rebuttal of a conviction or determination certified in the manner specified in paragraph (3) or (4) is evidence for the purposes of proving that he is not the person referred to in the certificate or extract.'*

12. The Tribunal cannot, save in very exceptional circumstances, 'go behind' the fact of a conviction. Re-determining the facts underpinning the conviction falls outside of the Tribunal's remit.

### The Tribunal's Analysis of the Evidence and Findings

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

14. The Tribunal had regard to Rule 34(3) and Rule 34(5) of the Rules.

15. The Tribunal also had regard to the Guidance for MPTS Tribunals - Section three: MPT hearings. It noted paragraph 36 which states:

*'36. If the MPT receives in evidence a signed certificate of a conviction, unless it also receives evidence to the effect that the doctor is not the person referred to in the conviction, then it must accept the certificate as conclusive evidence that the offence was committed. This means that the GMC does not have to re-prove the facts of the matter giving rise to the allegation.'*

16. The Tribunal determined that the GMC had provided it with a signed certificate of conviction in relation to Dr Westbrook's case.

17. The Tribunal noted that it has no evidence before it to suggest that the doctor the certificate of conviction relates to is not Dr Westbrook.

18. The Tribunal noted the email from Dr Westbrook to the GMC in relation to the charges dated 27 January 2026 in which he says *'I have come to my own conclusion that I am unfit to practice and expect to be removed from the GMC register'*, as evidence that Dr Westbrook appears to accept that he is the named person in the certificate of conviction.

19. The Tribunal considered the Rules and the Guidance as set out above. It determined that *'it must accept the certificate as conclusive evidence that the offence was committed.'* Further, the production of this evidence means that the GMC does not have to re-prove the facts of the matter giving rise to the allegation.

20. Accordingly, the Tribunal has found paragraphs 1-3 of the Allegation proved.

### **The Tribunal's Overall Determination on the Facts**

21. The Tribunal has determined the facts as follows:

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

1. On 14 November 2025 at Newport Magistrates Court you were convicted of three offences of making indecent photographs / pseudo-photographs of a child contrary to sections 1(1)(a) and 6 of the Protection of Children Act 1978, namely, making:

- a. 8 Category A indecent images and videos of children/of a child;  
**Determined and found proved**
  - b. 2 Category B indecent images and videos of children/of a child;  
**Determined and found proved**
  - c. 2 Category C images and videos of a child.  
**Determined and found proved**
2. On 12 December 2025 you were:
- a. sentenced to imprisonment for:
    - i. eight months suspended for 24 months in relation to paragraph 1(a) above;  
**Determined and found proved**
    - ii. four months concurrent suspended for 24 months in relation to paragraph 1(b) above; **Determined and found proved**
    - iii. two months concurrent suspended for 24 months in relation to paragraph 1(c) above; **Determined and found proved**
  - b. made subject to a Sexual Harm Prevention Order for 10 years.  
**Determined and found proved**
3. As a result of the conviction and sentence as set out in paragraphs 1 and 2 above, you became subject to a notification requirement pursuant to sections 80 and 82 of the Sexual Offences Act 2003 for a period of 10 years.  
**Determined and found proved**

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

Determination on Impairment - 07/05/2026

22. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts which it has found proved as set out before, Dr Westbrook's fitness to practise is impaired by reason of his conviction.

### The Evidence

23. The Tribunal has reviewed its findings of fact and all the evidence it received at Stage 1.

#### Submissions on behalf of the GMC

24. Mr Brook referred the Tribunal to the relevant paragraphs of *the MPTS Guidance for MPTS Tribunals (November 2025)* ('the Guidance') throughout his submissions. He said that in respect of Step 2b, the nature of the allegations was at the high end of seriousness, that Dr Westbrook has a criminal conviction which has resulted in him being required to register on the Sex Offenders Register and is subject to a notification requirement. He said that Dr Westbrook has received concurrent sentences of imprisonment, suspended, in relation to all three offences. Mr Brook submitted that the nature of which, in the Allegation, amount to an abuse of, or interference with, the dignity of children depicted in the indecent images of children.

25. Mr Brook submitted that this behaviour is a serious departure from professional standards, has breached the fundamental tenets of the profession, has brought the profession into disrepute, and has demonstrated a failure by Dr Westbrook to uphold the law. He submitted that the Guidance sets out that where a doctor receives a criminal conviction, it usually falls at the higher end of the spectrum of seriousness. He reminded the Tribunal that Dr Westbrook's behaviour related to the making of images and videos of underage children and was repeated over approximately a month, on multiple occasions. Mr Brook submitted that the seriousness is further aggravated by the nature of the material as there were 12 illegal images and videos that were found on the devices, and 8 of them were category A images and videos, depicting the most serious abuse of children.

26. In respect of any relevant context about the doctor and or his workplace, Step 2c of the Guidance, Mr Brook said that Dr Westbrook was retired. He said that this did not impact the level of risk. He submitted that there was no relevant context about Dr Westbrook or anything else which would decrease the seriousness of the Allegation from a high level. In respect of Dr Westbrook's response to the Allegation, Step 2d of the Guidance, Mr Brook submitted that there was an increased level of risk. He acknowledged that Dr Westbrook admitted to all the offences and pled guilty at Court and in his email to the GMC the doctor

said, *'I have come to my own conclusion that I am unfit to practice and expect to be removed from the GMC register'*.

27. Mr Brook submitted that there was no information from Dr Westbrook to explain or justify his conduct as to why he started looking at these images and possess them. Mr Brook submitted that Dr Westbrook has not provided anything directly to the GMC or to this Tribunal in relation to insight or remediation. Mr Brook acknowledged however that within the documentary evidence it appeared that Dr Westbrook may have had a degree of insight during the criminal proceedings. He submitted however, there was no evidence to suggest Dr Westbrook has any insight into the consequence of his offending for the profession, or the negative impact which his offending was likely to have on public confidence.

28. Mr Brook submitted that in respect of remediation, this type of case might be difficult to remediate. He said Dr Westbrook has not provided any evidence of remediation and therefore there remains a risk of repetition. Mr Brook reminded the Tribunal that when the Magistrate imposed a suspended sentence, they thought Dr Westbrook was amenable to rehabilitation. He said there was also the community requirement of up to 10 days rehabilitation activity, but that Dr Westbrook has not provided any evidence as to whether he completed that rehabilitation activity requirement or obtained or shared any report or reflective learning from it.

29. In respect of Step 2e of the Guidance, Mr Brook reminded the Tribunal that the starting point was that this is a high-risk case, when considering the elements of public protection. He said that there was no evidence of insight and or remediation, and no contextual matters which might lower the level of current and ongoing risk to public protection. Mr Brook submitted that Dr Westbrook therefore poses a risk to all three elements of public protection.

### **The relevant legal principles**

30. Throughout its deliberations, the Tribunal should bear in mind the statutory overarching objective: to protect and promote the health, safety and wellbeing 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 the medical profession. It noted that the MPTS Guidance refers to the statutory overarching objective as the public protection.

31. There is no burden or standard of proof at this stage of the proceedings, and the decision of impairment is a matter for the Tribunal's judgement alone.

32. The Tribunal should only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response.

33. In approaching the decision, the Tribunal must determine whether, as a result of Dr Westbrook's conviction, his fitness to practise is currently impaired, in that he poses a current and ongoing risk to public protection requiring restrictive action.

34. In reaching a determination on impairment, the Tribunal was advised to consider the 2025 Guidance to assess whether Dr Westbrook poses any current and ongoing risk to public protection which may require restrictive action in response. In doing so, the Tribunal should:

- determine the level of seriousness of the allegation based on the nature of it. (Identify nature of the seriousness, identify any features that increase or decrease the level of seriousness and confirm where on the spectrum of seriousness the allegation lies based on the proven facts);
- identify if there is any relevant context, such as the doctor's working environment, role and experience or personal context. It should then consider if the context directly or indirectly affected the doctor's behaviour and determine whether it is appropriate to take that context into account and confirm what impact it has on the level of risk;
- then go on to review any relevant information about the doctor personally and their working environment to determine which issues, if any, affected the doctor's behaviour and if it is appropriate to take any of these issues into account. Having done so, the Tribunal should then determine what impact these issues may have on the level of risk;
- assess how the doctor has responded to the allegations (in terms of insight, remediation and efforts to keep skills and knowledge up to date).

35. The Tribunal was reminded that it must determine whether Dr Westbrook's fitness to practise is impaired today. The Tribunal should take into account Dr Westbrook's conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. It should also consider whether a finding of impairment is warranted with regards to the public interest.

36. 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* [2011] EWHC 927(admin). The Tribunal noted that any of the following features are likely to be present when a doctor’s fitness to practise is found to be impaired:

*‘.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. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past 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;...’*

37. As well as considering the questions above, the Tribunal must also determine whether the need to uphold the three limbs of public protection would be undermined if a finding of impairment was not made.

### **The Tribunal’s determination on impairment**

#### *Is there a legal basis for considering impairment?*

38. When determining whether there is a legal basis for considering impairment as set out in paragraph 35C(2) of the Medical Act 1983, the Tribunal had regard to paragraphs 9 and 10 of the Guidance, which state:

*‘9. An MPT must be satisfied that there is a legal basis for considering whether a doctor’s fitness to practise is impaired, meaning that there is a current and ongoing risk to public protection. The table below explains the grounds of impairment that apply to taking regulatory action in respect of doctors.*

*10 A finding of impairment can only be made by an MPT where the facts found proved engage at least one of these grounds of impairment and the doctor is assessed to pose a current and ongoing risk to one or more of the three parts of public protection requiring restrictive action in response.’*

39. Dr Westbrook’s case fell under the following ground of impairment:

*‘Conviction or caution*

*A conviction or caution in the British Islands for a criminal offence, or a conviction elsewhere for an offence which, if committed in England or Wales, would constitute a criminal offence can indicate that a doctor poses a current and ongoing risk to public protection.’*

40. The Tribunal was therefore satisfied that there is a legal basis for considering impairment.

*Where on the spectrum of seriousness does the allegation lie?*

41. The Tribunal considered where on the spectrum of seriousness its deliberations should begin. The Tribunal considered paragraph 28 of the Guidance in relation to allegations usually falling at the lower end of the spectrum of seriousness. The Tribunal determined that this was not an appropriate starting level given the sexualised nature of the conviction which included indecent images of children.

42. The Tribunal then had regard to paragraph 31 of the Guidance which sets out:

***‘Allegations usually falling at the higher end of the spectrum of seriousness***

31. *Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*

...

- *a criminal conviction or other court sanction resulting in a custodial sentence (whether immediate or suspended)*

...

- *a criminal conviction, caution or other disposal that has resulted in a doctor being required to register on the sex offenders register...’*

43. Dr Westbrook’s behaviour related to the making of indecent images and videos of children and was repeated over approximately a month, on multiple occasions. They included images of abuse of, or interference with, the dignity of children depicted in the indecent images. There were 12 illegal images and videos that were found on Dr Westbrook’s devices, 8 of them having been classed as category A images and videos, depicting the most serious

abuse of children. Dr Westbrook had downloaded the ‘Kik’ messaging application in which he had expressed his sexual interest in 14-year-old girls. The nature of the 3 offences was so serious as to amount to the following:

- concurrent custodial sentences for 8 months, 4 months and 2 months, albeit suspended;
- a rehabilitative activity requirement for up to 10 days;
- an order for deprivation of the defendant’s rights made to deprive Dr Westbrook of his right to a Samsung mobile phone and a silver laptop;
- a notification requirement to register with the police in accordance with Sexual Offences Act (2003) for 10 years; and,
- a Sexual Harm Prevention Order for 10 years.

44. The Tribunal was satisfied that given the nature of these matters; the starting point was that this was at the high end on the spectrum of seriousness.

45. The Tribunal considered the following factors, as set out in the table set out at paragraph 36 in the Guidance, to be engaged when considering features which may increase seriousness.

***The behaviour or poor performance was persistent or repeated***

*‘Behaviour or poor performance will be persistent or repeated where the same, or similar, act(s) or omission(s) occur(s) multiple times and/or where an act or omission continues over a prolonged period.*

*Persistent or repeated behaviour can be seen inside or outside a doctor’s working life...’*

46. Dr Westbrook had made multiple indecent images of children over a period of approximately one month. Therefore, his behaviour was persistent and repeated.

***The behaviour was directed towards, or the poor performance involved interaction with, a person with impaired capacity or a person with a particular vulnerability***

*‘...Behaviour directed towards a person with impaired capacity or a person with a particular vulnerability may arise inside or outside a doctor’s working life...’*

*... Certain characteristics indicating vulnerability include ...being a child or young person under the age of 18...'*

47. The sexual images that Dr Westbrook made were of children. Children are inherently vulnerable.

### ***Premeditated behaviour***

*'Premeditated behaviour is characterised by the doctor having acted intentionally and with planning. It usually arises where a doctor looks for, or identifies, an opportunity to take advantage of a person or situation and takes steps towards doing so.*

*A doctor may behave in a premeditated way inside or outside their working life.'*

48. Dr Westbrook sought out the indecent images of children. He engaged with the 'Kik' application to indicate his predilection to 14-year-old girls. He intentionally planned to seek out indecent images of children online and acted to download the same.

### ***Predatory behaviour***

*'Predatory behaviour is characterised by the doctor taking, or attempting to take, advantage of an opportunity to exploit a person or situation. It can involve premeditation or be opportunistic.*

*A doctor may behave in a predatory way inside or outside their working life.'*

49. Dr Westbrook used the 'Kik' application to indicate that he was seeking indecent images of children and indicated his desire for 14-year-old girls. Such behaviour online was predatory towards children.

### ***A reckless disregard for patient safety or professional standards***

*'...A reckless disregard for patient safety or professional standards is most frequently seen in a doctor's working life but can also be seen outside of it.'*

50. Quite clearly, Dr Westbrook had reckless disregard for professional standards when he downloaded child pornography. The Tribunal had regard to paragraph 81 of Good Medical Practice (2024) ('GMP'):

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

51. The Tribunal also had regard to paragraphs 7, 9 and 14 of the *'Using social media as a medical professional'* (updated on 13 December 2024):

*'7 How you behave when using social media matters. Medical professionals, like everyone else, have rights to freedom of belief, privacy, and expression. But exercising these rights when using social media as a medical professional has to be balanced with the possible impact on other people's rights and interests.'*

*'9 Bear in mind that content uploaded anonymously can, in many cases, be traced back to its point of origin. When communicating privately, including using instant messaging services, messages or other communications in private groups may also become public. We have a legal duty to investigate any concerns raised to us that reach our fitness to practise threshold.'*

*'14 You must not use social media to abuse, discriminate against, bully, harass or deliberately target any individual or group.'*

#### ***Undermining a system designed to protect the public***

52. The Tribunal was of the view that Dr Westbrook undermined a system designed to protect the public in that he did not inform the GMC that he had been charged with an offence, or as to the outcome of his Court case resulting in his criminal conviction. It had regard to paragraph 99 of GMP which it considered engaged in this case:

*'99 You must tell us without delay if, anywhere in the world:*

- a you have accepted a caution (or equivalent) from a prosecuting authority*
- b you have been charged with a criminal offence in person or by post*
- c you have been found guilty of a criminal offence...'*

53. The Tribunal therefore determined that the nature of Dr Westbrook's behaviour which led to his conviction remained at the high end on the spectrum of seriousness.

What is the impact of any relevant context known about Dr Westbrook and/or his working environment?

54. The Tribunal was aware from the documentary evidence from the police that Dr Westbrook is a retired GP. He also provided a written statement to the police in his first interview in which he took responsibility for the seized electronic devices and, thereafter, provided a ‘no response’ interview on two occasions. Dr Westbrook pled guilty in Court, which led the Court to see the potential of rehabilitation in the community and suspended the custodial sentence.

55. However, the Tribunal has no evidence before it as to Dr Westbrook’s motivation and/or reasons why he made admissions in a statement to the police or pled guilty to the offences in court. The Tribunal would not venture into speculation.

56. The Tribunal noted that the Magistrates made comment in the sentencing that his custodial sentence would be suspended on the basis of his previous good character. The GMC did not produce any further evidence in relation to Dr Westbrook’s good character. The Tribunal, therefore, had nothing before it to suggest that Dr Westbrook was not of previous good character, prior to these events.

57. The Tribunal considered that there was a complete lack of any evidence of context relating to his working environment, his previous role and experience, save for that he is now retired. Nor is there any evidence as to Dr Westbrook’s personal context.

58. The Tribunal determined that the limited information it had in relation to any context would not decrease the level of risk.

How has Dr Westbrook responded to the allegations?

59. The Tribunal considered that whilst a criminal conviction for the nature of the behaviour demonstrated in this case may be remediable, it was of the view that it would be extremely difficult to remediate.

60. The Tribunal reminded itself that during police interview, Dr Westbrook took responsibility for the devices seized. He also made early admissions during the criminal proceedings. In an email response to the GMC in respect of these proceedings, on 27 January 2026, Dr Westbrook stated, ‘*I have come to my own conclusion that I am unfit to practice and expect to be removed from the GMC register.*’ The Tribunal considered that this *may* demonstrate an element of insight, but that no context was known about why Dr Westbrook

made those comments in email. Therefore, the Tribunal had no evidence about his motivations or reasons for indicating that he would expect to be removed from the GMC register. Therefore, save for this isolated statement, there was otherwise no evidence of insight.

61. The Court in the criminal proceedings was of the view that Dr Westbrook may respond positively to rehabilitation. It imposed a maximum 10-day rehabilitation requirement on Dr Westbrook. There was no evidence before this Tribunal that Dr Westbrook had started or completed this requirement. There was no evidence of any rehabilitative efforts, reports, learning, insight gained or understanding from Dr Westbrook as to the impact of his actions.

62. The Tribunal also had before it no evidence of any remediation from Dr Westbrook. He has not engaged in this regulatory process and has provided no evidence as to why he behaved the way he did, reflected on his behaviour, demonstrated any learning or demonstrated that he understands how his actions may have impacted patient safety, public confidence in the profession, and standards for members of the medical profession.

63. The Tribunal had regard to paragraph 118 of the Guidance, which states:

*'118. Where there is no evidence of a doctor having completed or started any remediation, it will often be reasonable to conclude that a risk of repetition exists. This may increase the level of current and ongoing risk to public protection posed by the doctor.'*

64. Given the lack of remediation and insight, the Tribunal was of the view that there is a risk of repetition, and this increases the level of current and ongoing risk to public protection posed by Dr Westbrook.

*Tribunal's decision as to whether Dr Westbrook poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment*

65. The Tribunal considered whether Dr Westbrook poses a current and ongoing risk to public protection which may require restrictive action in response.

66. The Tribunal had regard to paragraph 134 of the Guidance, which states:

*'134 In cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high. Evidence of relevant context that decreases risk and evidence of insight and remediation that decreases risk may have less impact and carry less weight because these types of allegations can be more difficult to remediate. Evidence*

*of the doctor having kept their knowledge and skills up to date may also be less relevant. This should be considered by the MPT when they are reaching a view on risk and a conclusion that the doctor poses a current and ongoing risk to one of more of the three parts of public protection requiring restrictive action in response may be needed, particularly as the allegation is likely to engage public confidence.'*

67. The Tribunal determined that, having regard to its findings on seriousness, the absence of relevant context, and the lack of insight and remediation, Dr Westbrook does pose a high current and ongoing risk to public protection.

68. The Tribunal was of the view that limbs a, b and c of the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in case of Grant [2011], are engaged in this case. Namely, that Dr Westbrook:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or
- b. has in the past 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.

69. The Tribunal determined that all three limbs of the overarching objective are engaged in this case.

70. In relation to patient safety, the Tribunal determined that, were Dr Westbrook to return to practise, it would have serious concerns in his treating young patients given the serious nature of his conviction. The Tribunal was of the view that a member of the public would be horrified were it not to make a finding of current impairment on patient safety grounds.

71. In relation to public confidence, the Tribunal determined that a fully informed reasonable member of the public would be seriously concerned by Dr Westbrook's behaviour which led to his conviction, and the imposition of a custodial sentence, albeit suspended. The nature of Dr Westbrook's conduct was so serious that it fell at the high end on the spectrum of seriousness. The Tribunal was of the view that Dr Westbrook's conduct was capable of undermining trust in doctors and the profession and therefore a finding of impairment was required to maintain public confidence in the profession.

72. In relation to proper professional standards, the Tribunal determined that a finding of impairment is necessary to uphold the standards expected of a registered medical practitioner.

73. Having determined that all three limbs of the overarching objective are engaged in this case. The Tribunal determined that in all the circumstances of his case, Dr Westbrook's fitness to practise is currently impaired by reason his conviction.

#### **Determination on Sanction - 07/05/2026**

74. Having determined that Dr Westbrook's fitness to practise is impaired by reason of conviction, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, the appropriate sanction, if any, to impose.

#### **The Evidence**

75. The Tribunal has reviewed its findings at the facts and impairment stages and taken into account all the evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction.

#### **Submissions on behalf of the GMC**

76. Mr Brook submitted that the sanction banding indicated a suspension for 12 months to erasure in respect of this case. He said the GMC did not consider this to be an upper end of suspension case. Mr Brook submitted the only proportionate sanction was one of erasure. He said that the conviction was at the higher end of the spectrum of seriousness and posed a high level of current and ongoing risk to public protection. He reminded the Tribunal that it found there is a risk of repetition.

77. In respect of considering suspension at the upper end, Mr Brook said that Dr Westbrook is retired, and that the Tribunal was aware as to what Dr Westbrook wrote in his email. Mr Brook said that suspension would be appropriate where there was clear evidence that the doctor could gain insight into his conduct and take steps to remediate. Mr Brook reminded the Tribunal that although Dr Westbrook pled guilty at court and provided an email that he was unfit to practise he has provided no additional evidence of insight or relevant remediation. Mr Brook submitted that given the serious nature of the allegations involving indecent images of children, in particular, those of Category A, the GMC submits that even high-end suspension would be insufficient to mark the gravity of these proved allegations.

High-end suspension would be insufficient to uphold public confidence in the profession and public protection. He reminded the Tribunal that Dr Westbrook has been made the subject of a notification order and a Sexual Harm Prevention order, both to run for 10 years. He said that even an upper end suspension of 12 months would expire significantly before Dr Westbrook would have completed those aspects of his criminal sentence. Mr Brook submitted that Dr Westbrook's offending was incompatible with current registration.

78. Mr Brook submitted that erasure was appropriate as Dr Westbrook's behaviour is incompatible with continued registration due to the level of current and ongoing risk he poses to public protection. He said that any lesser sanction would not be sufficient due to Dr Westbrook's lack of insight and remediation, which would be difficult considering the nature of these matters. He submitted that erasure would not allow Dr Westbrook to return to work and that erasure would uphold the reputation of the profession, given the seriousness of the proven allegations.

79. Mr Brook submitted that in all the circumstances, the only proportionate sanction was one of erasure, which would mark the gravity of the proven allegations, the conviction for, amongst other things, Category A moving and still images of children. He said that there was no relevant evidence identified relating to the impact a certain type of sanction would have, nor were there any testimonials. He submitted that this case is clearly one calling for erasure.

### **The Tribunal's Determination on Sanction**

80. The Tribunal had regard to the statutory overarching objective in Section 1 of the Medical Act 1983 throughout its deliberations. It considered all the evidence in this case and the submissions made by Mr Brook.

81. The Tribunal bore in mind that the purpose of imposing a sanction is to protect the public. Sanctions are not imposed to punish doctors, although they may have a punitive effect.

82. The Tribunal reminded itself that any sanction must be proportionate, transparent and fair.

83. The Tribunal also bore in mind that the decision as to the appropriate sanction, if any, is a matter for its own independent judgement.

84. The Tribunal took a proportionate approach, balancing the interests of Dr Westbrook and the public interest. It bore in mind that the reputation of the profession as a whole is more important than the interests of any individual doctor.

85. In making its decision on sanction, the Tribunal has reviewed its decision on facts and impairment and has considered the level of current and ongoing risk the doctor poses to public protection. It has referred to the sanctions banding for conviction cases as set out in Part C of the Guidance for MPT hearings ('the Guidance'). It has also considered the impact of any specific sanction type on the doctor.

86. The Tribunal reminded itself of the serious nature of Dr Westbrook's conviction, its finding that the risk to public protection was high and that Dr Westbrook had demonstrated no insight nor provided any remediation. It also considered that all three parts of public protection were engaged in this case.

87. The Tribunal considered all the available sanctions, beginning with the least restrictive. Throughout its deliberations it had regard to the relevant paragraphs of the Guidance.

88. The Tribunal was reminded of paragraph 255 of the Guidance of MPTS Tribunals, Guidance introduction which states:

*'When considering length of sanction, the tribunal should bear in mind that where a doctor has been convicted of a serious criminal offence resulting in an immediate or suspended custodial sentence, the impact on public protection means they should not be permitted to hold unrestricted practise until they have completed their sentence. Similarly, no doctor registered as a sex offender should be able to hold unrestricted registration.'*

### **No action**

89. The Tribunal noted that, to take no action, exceptional circumstances must be present to justify such a course. The Tribunal considered that no such exceptional circumstances were present in this case. It considered that taking no action would not be sufficient, proportionate, or in the public interest given the high-end of the spectrum of seriousness in this case. The Tribunal was of the view that action must be taken in this case.

### **Conditions**

90. The Tribunal next considered whether to impose conditions on Dr Westbrook's registration. It bore in mind that any conditions imposed would need to be appropriate, proportionate, workable and measurable.
91. The Tribunal considered that the sanctions banding for this case type does not indicate that conditions would be sufficient to meet the level of risk to public protection.
92. The Tribunal agreed that there were no conditions which could be implemented that would be sufficient to protect the public when considering all three limbs of public protection.
93. Given the seriousness of Dr Westbrook's conviction, the Tribunal considered that an order of conditions would not be proportionate or appropriate to address the gravity of Dr Westbrook's offending.
94. In all the circumstances, the Tribunal concluded that a period of conditional registration would not be the appropriate sanction and would not satisfy all three limbs of public protection.

### Suspension

95. The Tribunal then went on to consider suspension. It referred to paragraph 45 of the Guidance:

*'45 Suspension may be proportionate in cases where some, or all, of the following factors are present:*

- a. conditions are not appropriate, measurable and/or workable*
- b. the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or*
- c. the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'*

96. The Tribunal has already determined that it would be extremely difficult for Dr Westbrook to remediate his actions, and that there was no evidence before it to suggest that he has taken any steps towards remediation. Further, there was no evidence before the

Tribunal that Dr Westbrook has any insight into his behaviour. The Tribunal reminded itself of its previous determination that the risk of repetition is high given the lack of evidence of insight or remediation.

97. The Tribunal considered whether a period of suspension at the upper end would be an appropriate response given the seriousness of Dr Westbrook's offending.

98. The Tribunal reminded itself that Dr Westbrook's behaviour related to the making of indecent images and videos of children and was repeated on multiple occasions over approximately a month. They included 12 indecent images and videos of children that were found on Dr Westbrook's devices, 8 of them having been classed as Category A images and videos, depicting the most serious abuse of children. Dr Westbrook had downloaded the 'Kik' application in which he had expressed his sexual interest in 14-year-old girls. The nature of the 3 offences was so serious he was sentenced to the following:

- concurrent custodial sentences for 8 months, 4 months and 2 months, albeit suspended for 24 months;
- a rehabilitative activity requirement for up to 10 days;
- an order for deprivation of the defendant's rights made to deprive Dr Westbrook of his right to a Samsung mobile phone and a silver laptop;
- a notification requirement to register with the police in accordance with Sexual Offences Act (2003) for 10 years; and,
- a Sexual Harm Prevention Order for 10 years.

99. The Tribunal considered that were it to suspend Dr Westbrook's registration for 12 months, his suspended custodial sentence (suspended for 24 months) would not have been completed, and he would still be subject to a Sexual Harm Prevention Order for 10 years. The Tribunal noted paragraph 255 of the Guidance introduction that '*no doctor should be permitted to hold unrestricted practise until they have completed their sentence*'.

100. The Tribunal noted that the notification requirement to register with the police in accordance with Sexual Offences Act (2003) was for 10 years and therefore this would also still be in place at the time a 12-month period of suspension came to an end. The Tribunal noted the Guidance introduction at paragraph 255 that '*no doctor registered as a sex offender should be able to hold unrestricted registration*'.

101. The Tribunal considered the high risk to all three limbs of public protection, and the risk of repetition, and determined that an order of suspension was not the appropriate or proportionate sanction in all the circumstances of this case to protect the public.

## Erasure

102. The Tribunal, having concluded that a suspension order would be insufficient to protect the public, went on, therefore, to consider erasure from the medical register.

103. The Tribunal considered paragraph 55 of the Guidance:

*'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise'*

104. The Tribunal also had regard to paragraphs 251 and 255 of the Guidance introduction:

*'251 While the courts distinguish between degrees of seriousness, any conviction for child sex abuse materials will undermine public confidence in the professions. The only proportionate action in these cases will usually be erasure and any departure from this will need to be carefully explained.'*

*'255 When considering length of sanction, the tribunal should bear in mind that where a doctor has been convicted of a serious criminal offence resulting in an immediate or suspended custodial sentence, the impact on public protection means they should not be permitted to hold unrestricted practice until they have completed their sentence. Similarly, no doctor registered as a sex offender should be able to hold unrestricted registration.'*

105. The Tribunal was satisfied that paragraphs 55, 251 and 255, as set out above, were all engaged in this case.

106. The Tribunal then referred to paragraph 57 the Guidance:

*'57 Erasure may be the proportionate response where:*

- a. conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*

- b. the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
- c. the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
- d. the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

107. The Tribunal reminded itself of the nature of Dr Westbrook's offending as set out above and determined that he has provided no evidence of insight into his offending. The Tribunal's starting point for Dr Westbrook's offending was at the high-end on the spectrum of seriousness. The Tribunal then considered the nature and gravity of his offending, the lack of any relevant context and lack of evidence of insight and remediation, and determined that these additional features would not lower that level of seriousness, in fact they appeared to raise the level of seriousness to the upper end of high on the spectrum of seriousness. The Tribunal was satisfied that his offending remained at the upper end of high on the spectrum of seriousness and risk to public protection.

108. The Tribunal considered all three limbs of public protection and determined that public confidence in the profession would be seriously undermined if Dr Westbrook were to continue to hold registration.

109. The Tribunal viewed that patient wellbeing and safety would be put at risk should Dr Westbrook resume practise at any time in the future given the seriousness of the convictions. The doctor's ability to remediate his crimes to an extent that anyone could be satisfied that all patients would be safe should he resume practise, would be extremely difficult.

110. The Tribunal determined that the severity of his convictions was such a significant departure from professional standards and conduct for the profession, that it was incompatible with continued registration.

111. The Tribunal concluded that for the reasoning set out above, Dr Westbrook's conviction is incompatible with continued registration making erasure the only proportionate and appropriate sanction in this case. The Tribunal noted that this sanction is in line with the appropriate sanction banding set out in the Guidance.

112. The Tribunal then had regard to paragraph 64 of the Guidance:

*'64. Once the MPT has applied the bandings to reach a provisional view on what sanction is appropriate, before finalising their decision they must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. They should also remind themselves of their decision on how the case engaged one of more of the three parts of public protection with reference to their decision on impairment and the general guidance and specific case types section in the Introduction.*

113. The Tribunal was satisfied that it had before it no additional evidence that may be relevant in deciding what the proportionate sanction should be. It has determined that this case engaged all three limbs of public protection, namely, patient safety, public confidence in the profession and the need to maintain proper professional standards for members of the profession.

114. The Tribunal then had regard to paragraph 68 of the Guidance:

*'68. The following should inform the MPT's consideration of whether evidence about the impact of a specific type of action is relevant to the decision on what sanction to impose:*

- a the extent to which the information provided can be corroborated or verified, and*
- b what is known about the doctor's future career plans and prospects.'*

115. The Tribunal was mindful that Dr Westbrook has retired from practice, but that it was not inconceivable that he could wish to return to practise. The fact Dr Westbrook is retired does not have an impact on the Tribunal's decision making as its decision making is based on the need to uphold the three limbs of public protection.

116. In respect of references and testimonials, The Tribunal noted that it had none in support of Dr Westbrook. It made no adverse inferences in this regard. It was of the view however that given the nature and gravity of the offences for which Dr Westbrook was convicted, any references or testimonials would carry little weight.

117. The Tribunal determined that the risk to public protection could not be managed by any sanction other than erasure and that public confidence in the profession would be

undermined by any lesser sanction. As such, the Tribunal determined to erase Dr Westbrook's name from the register.

#### **Determination on Immediate Order - 07/05/2026**

118. Having determined to erase Dr Westbrook from the medical register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Westbrook's registration should be subject to an immediate order.

#### **Submissions**

119. On behalf of the GMC, Mr Brook referred the Tribunal to paragraphs 79, 83 and 84 of the Guidance in respect of immediate orders. He submitted that the Tribunal may impose an immediate order where it is necessary to protect members of the public or is otherwise in the public interest. He submitted that when a Tribunal has imposed a sanction of erasure, it may impose an immediate order of suspension. He said that it was at the Tribunal's discretion based on the facts of the case, and it is required to consider the seriousness of the proved allegations and the level of current and ongoing risk to public protection posed by the doctor. He submitted that paragraph 84 of the Guidance (set out below) is engaged in this case on all three limbs.

120. Mr Brook submitted that Dr Westbrook is currently retired, but he could try and work if he was so minded. He submitted that the risk to one or more parts of public protection is high. He submitted that an immediate order is therefore needed to maintain public confidence in the medical profession.

#### **The Tribunal's Determination**

121. The Tribunal may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest or is in the best interests of the doctor.

122. The Tribunal considered its findings at previous stages in relation to Dr Westbrook's conviction. It considered the Guidance, particularly paragraph 84, which states:

*'84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*

- a. *the doctor poses a risk to patient safety*
- b. *the risk to one or more parts of public protection is high, and/or*
- c. *immediate action is needed to maintain public confidence in the medical profession.'*

123. The Tribunal considered that all three limbs of public protection were engaged in this case. The Tribunal has set out in detail how all three limbs of public protection are engaged in its determination in relation to sanction. It determined that an immediate order is necessary to meet the requirements of the overarching objective and is in line with the Guidance. The Tribunal considered that the only way to manage the current and ongoing risk is to impose an immediate order.

124. This means that Dr Westbrook's registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

125. The current interim order of suspension in place on Dr Westbrook's registration will be revoked when the immediate order takes effect.

126. This case is concluded.

ANNEX A – 06/05/2026

**Determination: Service and proceeding in absence**

**Service:**

127. Dr Westbrook is neither present nor represented today.

128. The Tribunal was provided with a service bundle in advance of the hearing.

129. The Tribunal then considered whether the relevant documents have been served in accordance with Rule 31 and Rule 40 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'):

*'31 Where the practitioner is neither present nor represented at a hearing, the Committee or Tribunal may nevertheless proceed to consider and determine the allegation if they are satisfied that all reasonable efforts have been made to serve the practitioner with notice of the hearing in accordance with these Rules.'*

*'40. (1) Any notice of hearing required to be served upon the practitioner under these Rules shall be served in accordance with paragraph 8 of Schedule 4 to the Act.'*

130. In so doing, the Tribunal has taken into account all of the evidence before it, together with the submissions on behalf of the GMC.

131. The Tribunal service bundle included a screenshot of Dr Westbrook's registered address details from the GMC's management system 'Seibel'. It also had a pathfinder email from the GMC to Dr Westbrook, dated 27 January 2026, and his response, dated 27 January 2026, in which he confirmed an alternate, preferred email address. The Tribunal had before it a further pathfinder email sent to Dr Westbrook's preferred email address, dated 28 January 2026 and the Notice of Hearing emailed to Dr Westbrook from the MPTS, dated 1 April 2026. Dr Westbrook responded to the MPTS hearing preparation team on 1 April 2026 confirming safe receipt of the Notice of Hearing and indicated that he did not intend to attend the hearing.

132. The Tribunal also had before it the Notice of Allegation emailed from the GMC to Dr Westbrook, dated 2 April 2026, with the Rule 15 allegations attached and an email delivery receipt in respect of that email on the same date. Dr Westbrook also

acknowledged the Notice of Allegation by email on 2 April 2026.

133. The Tribunal determined that notice of this hearing, and the requisite GMC documentation, has been served in accordance with the relevant provisions.

#### Proceeding in Dr Westbrook's Absence

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

135. In deciding whether to proceed with this hearing in Dr Westbrook's absence, the Tribunal carefully considered all of the information before it. In its deliberations, the Tribunal had regard to the principles set out in *Adeogba v the GMC [2016] EWCA Civ 162* and the case of *R v Jones [2002] UKHL5*. The Tribunal had regard to all the circumstances including the following:

- The nature and circumstances of the doctor's behaviour in absenting himself, in particular, whether the behaviour was voluntary and therefore waived the right to be present;
- Whether an adjournment would resolve the matter;
- The likely length of any such adjournment;
- The extent of any disadvantage to the doctor in not being able to present his account of events;
- The public interest that a hearing should take place within a reasonable time.

136. The Tribunal has balanced Dr Westbrook's interests with the public interest in deciding whether to proceed in his absence.

137. The Tribunal has determined that Dr Westbrook has been properly served with the hearing documentation. It considered that in his email to the GMC, on 27 January 2026, Dr Westbrook stated:

*'...I have not sought any legal representation. I have come to my own conclusion that I am unfit to practice and expect to be removed from the GMC register. I do not intend to attend the hearing.'*

138. In Dr Westbrook’s response email to the MPTS regarding the Notice of Hearing, on 1 April 2026, he stated:

*‘...I have received the email. I do not intend to attend the hearing.’*

139. The Tribunal was satisfied that Dr Westbrook is aware of today’s proceedings, has confirmed that he did not intend to attend. He has not requested an adjournment. The Tribunal was also of the view that were it to adjourn these proceedings until a later date to enable Dr Westbrook to attend these proceedings, it was unlikely an adjournment would ensure Dr Westbrook’s attendance given his email responses above.

140. The Tribunal also considered that given the significance of the criminal conviction it would be in the public interest for these matters to be dealt with expeditiously.

141. The Tribunal was satisfied that there would be no unfairness or injustice caused to Dr Westbrook in proceeding today. It determined that it was both in the public interest and in Dr Westbrook’s interests for these matters to be dealt with. On this basis, the Tribunal could find no good reason not to proceed.

142. The Tribunal concluded that it would be both fair and in the public interest for this hearing to proceed without further delay. The Tribunal therefore exercised its discretion to proceed in Dr Westbrook’s absence.