

PUBLIC RECORD

Dates: 08/06/2026 - 10/06/2026

Doctor: Dr Philip BRAAKENBURG

GMC reference number: 4306463

Primary medical qualification: MB BCh 1996 University of Wales

Type of case	Outcome on facts	Outcome on impairment
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Misconduct	Facts relevant to impairment found proved	Fitness to practice not impaired
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Summary of outcome

No warning

Tribunal:

Legally Qualified Chair	Mr Sean Ell
Lay Tribunal Member:	Ms Morgan Phillips
Registrant Tribunal Member:	Dr Richard Vautrey

Tribunal Clerk:	Mrs Olivia Gamble
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Attendance and Representation:

Doctor:	Present, not represented
GMC Representative:	Mr Peter Byrne, 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.

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 - 09/06/2026

1. This determination was handed down in public. However, 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 were confidential.

Background

2. Dr Braakenburg qualified in MB BCh in 1996 from University of Wales. The doctor retired XXX from full time work as an Orthopaedic Surgeon. Since then, he has been undertaking occasional locum work. At the time of the events which are the subject of the hearing, Dr Braakenburg was working as a locum registrar in adult psychiatry at XXX.

3. The allegations that have led to Dr Braakenburg's hearing relate to an incident that took place in December 2024 at XXX. It is alleged that whilst working as a locum registrar in adult psychiatry, Dr Braakenburg, after being attacked by a patient, struck/punched the vulnerable patient in the abdominal area and the face. It is further alleged that Dr Braakenburg's conduct involved the use of inappropriate and/or excessive force.

4. The initial concerns were raised with the GMC on 12 December 2024 by Pertemps Medical Ltd.

The Allegation and the Doctor's Response

5. The Allegation made against Dr Braakenburg is as follows:

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

1. At all material times:

- a. Patient A was vulnerable by reason of XXX health as set out in Schedule 1; **Admitted and found proved**
- b. you knew or ought to have known Patient A was vulnerable. **Admitted and found proved**

2. On 1 December 2024, you consulted with Patient A at XXX in your capacity as a locum registrar in adult psychiatry. **Admitted and found proved**
3. Shortly following the consultation described at paragraph 2, in response to Patient A’s actions towards you, you struck/punched Patient A in the:
 - a. abdomen area; **To be determined**
 - b. face. **Admitted and found proved**
4. Your conduct as set out at paragraph 3 involved the use of inappropriate and/or excessive force on a vulnerable patient. **To be determined**

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

The Admitted Facts

6. At the outset of these proceedings, Dr Braakenburg 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

7. In light of Dr Braakenburg’s response to the Allegation made against him, the Tribunal is required to determine whether Dr Braakenburg punched Patient A in the abdominal area and whether his conduct, as set out at paragraph 3, involved the use of inappropriate and/or excessive force on a vulnerable patient.

Witness Evidence

8. Dr Braakenburg provided his own witness statement and also gave oral evidence at the hearing.

Documentary Evidence

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

- CCTV footage of the incident;
- Witness statement of Ms B – dated 17 April 2025;
- Witness statement of Ms D – dated 25 April 2025;
- Witness statement of Mr C – dated 30 April 2025;

- Witness statement of Ms E – dated 1 May 2025;
- Witness statement of Ms F – dated 4 June 2025;
- Hospital statement – dated 6 December 2024;
- Police MG5 – dated 5 December 2024;
- Other police correspondence – various dates;
- Dr Braakenburg’s Rule 7 comments – dated 21 July 2025;
- Witness statement from Dr Braakenburg’s wife, Ms G – dated 1 December 2024;
- Clinical photographs of the injuries sustained to Dr Braakenburg following the incident – dated 4 December 2024;
- Referral form to Cornea Clinic from Dr I – dated 2 July 2025;
- XXX;
- Photograph of Dr Braakenburg’s medical bag.

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 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. The Tribunal should not decide reliability and credibility based on the demeanour of a witness alone.

The Tribunal’s Analysis of the Evidence and Findings

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

Paragraph 3a

13. The Tribunal was required to determine whether Dr Braakenburg struck/punched Patient A in the abdominal area. It considered the evidence it had before it, along with the submissions of Mr Byrne, Counsel for the GMC and Dr Braakenburg.

14. The incident was recorded on CCTV. The footage showed Patient A leaving the consultation room and entering the common area before walking off screen. Around 26 seconds later, Dr Braakenburg and the healthcare assistant left the consultation room. Dr Braakenburg started to leave the common area, however, Patient A, having returned, picked

up a tray and threw it at the doctor. The tray struck Dr Braakenburg's left wrist. As Dr Braakenburg started to walk towards Patient A, the patient grabbed him around his head, knocked his glasses off and scratched him across his left eye. Patient A then pulled Dr Braakenburg towards the wall before striking him around the right side of his face, at which point Dr Braakenburg punched Patient A in the face, causing the patient to let go of him. The incident lasted around 3 seconds.

15. The Tribunal, having watched the CCTV footage of the incident multiple times, could not clearly see that Dr Braakenburg had punched or struck Patient A in the abdomen. At the point where GMC submit the punch to the abdomen took place, there is movement of Dr Braakenburg's right elbow. However, the Tribunal noted that this movement was in the context of Dr Braakenburg being pulled forward by Patient A. Dr Braakenburg's right arm is obscured from view by his body and it is not possible to see what happened with his arm. The Tribunal also noted that there was no visible reaction from Patient A at the point the GMC alleges Dr Braakenburg punched Patient A in the abdomen.

16. The Tribunal considered the evidence of the witnesses present. Although none of the witnesses fully saw what happened, nobody observed Dr Braakenburg punch or strike the patient in the abdomen. In recounting their discussions with the patient, after the incident, none of the witnesses refer to the patient claiming to be punched or struck more than once.

17. The Tribunal considered Dr Braakenburg to be a credible witness who was open and honest in all of the answers and evidence that he gave to the Tribunal. The Tribunal accepted his account that the movement in his arm was as a result of being pulled forward rather than him punching/striking Patient A in the abdomen.

18. Given the evidence it had before it, the Tribunal took the view that on the balance of probabilities, Dr Braakenburg did not punch or strike Patient A in the abdominal area. Accordingly, the Tribunal found paragraph 3a of the Allegation not proved.

Paragraph 4

19. The Tribunal moved on to consider whether Dr Braakenburg's admitted actions at paragraphs 3b of the Allegation involved the use of inappropriate and/or excessive force on a vulnerable patient.

20. The Tribunal considered the suggestion from the GMC that Dr Braakenburg 'lost his temper' with Patient A, leading him to punch Patient A in the face. Dr Braakenburg explained that he only used such force in order to get away from the situation, protect himself and stop the attack.

21. The Tribunal considered Dr Braakenburg's oral evidence along with his Rule 7 comments. It had regard to the below comments in Dr Braakenburg's Rule 7 statement, which he also spoke about during his oral evidence:

XXX

22. The Tribunal accepted Dr Braakenburg's evidence that he is particularly careful to protect his eyes XXX. Dr Braakenburg explained in his evidence that he had approached the patient as he was trying to calm Patient A down. This was consistent with the evidence of Ms B who described Dr Braakenburg as appearing to try and de-escalate the situation with the patient.

23. Having watched the CCTV footage and heard evidence from the doctor, the Tribunal noted that Patient A had already injured one of Dr Braakenburg's eyes before he punched the patient. The Tribunal accepted Dr Braakenburg's evidence that at the point he punched the patient, his only focus was getting himself out of the situation and to avoid further injury. Dr Braakenburg's evidence is that he was overpowered and '*very scared*' and the Tribunal accepts this. It is consistent with the CCTV footage. The CCTV footage does not support the GMC's submissions that Dr Braakenburg had lost his temper. The Tribunal therefore does not accept that the doctor punched the patient because he '*lost his temper*' but instead did so to extricate himself from harm.

24. The Tribunal was clear that punching a patient will almost always be inappropriate. However, there will be exceptional circumstances, such as a doctor acting in self-defence, where such action might be appropriate. Such instances will be rare. The Tribunal noted that the GMC did not seek to go behind the findings of the Police, that Dr Braakenburg was the victim in this matter. The Tribunal accepted Dr Braakenburg's evidence that he was very frightened at the time. The Tribunal noted that Dr Braakenburg acknowledged that his were '*deeply regrettable actions*' and that '*they were purely in self-defence*'. It noted from the CCTV footage that Patient A had overpowered him and consistent with his evidence was attacking his eyes. The Tribunal was satisfied that it was necessary for Dr Braakenburg to take action to get himself out of the violent attack he was being subjected to by Patient A.

25. Whilst there might have been other ways for Dr Braakenburg to get out of the situation all would likely have involved physical force. The Tribunal noted that the GMC failed to put forward any evidence of what it says would have been a proportionate and measured response by Dr Braakenburg to protect himself in the circumstances. This incident lasted a matter of seconds. Given the short period of time, and the unusual circumstance Dr Braakenburg found himself in, the Tribunal do not consider his action, in punching the patient, to have been disproportionate. The Tribunal considered this to have been one of the exceptional sets of circumstances where it became necessary for Dr Braakenburg to have had to use physical force on a patient for his own safety. The Tribunal is therefore not satisfied on the balance of probabilities that punching the patient in their face in the circumstances Dr Braakenburg found himself in, in order to get away to safety, was inappropriate.

26. Turning to the question of whether the force used by Dr Braakenburg was excessive, the Tribunal noted that whilst under an attack from Patient A, Dr Braakenburg punched the patient once in their face to get away. The patient was not rendered unconscious as a result of the punch, nor did they have any visual signs of trauma to their face. Within 45 seconds

Patient A stood up from a seated position and following on from this incident, was later violent towards other members of staff. In the circumstances the Tribunal was of the view that Dr Braakenburg did not use excessive force.

27. The Tribunal notes Dr Braakenburg’s evidence that he had little exposure to aggressive patients and certainly not to violent patients in the way Patient A was on this occasion. Although he had asked to undergo appropriate training, similar to the nursing staff, in respect of conflict resolution and how to deal with patients that might be violent, this had not been made available to him by the hospital. The Tribunal considered it disappointing that notwithstanding Dr Braakenburg being a locum he had worked for the hospital for some time, and should have been given appropriate training on how to deal with a situation such as the one he found himself in.

28. Given all of the circumstances of this case, the Tribunal was of the view that Dr Braakenburg’s action at 3b of the Allegation was neither inappropriate nor an excessive use of force. The Tribunal considered the doctor’s behaviour to be proportionate in order to prevent himself from being harmed further. Accordingly, the Tribunal found paragraph 4 of the Allegation not proved.

The Tribunal’s Overall Determination on the Facts

29. The Tribunal has determined the facts as follows:

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

1. At all material times:
 - a. Patient A was vulnerable by reason of XXX health as set out in Schedule 1; **Admitted and found proved**
 - b. you knew or ought to have known Patient A was vulnerable. **Admitted and found proved**
2. On 1 December 2024, you consulted with Patient A at XXX in your capacity as a locum registrar in adult psychiatry. **Admitted and found proved**
3. Shortly following the consultation described at paragraph 2, in response to Patient A’s actions towards you, you struck/punched Patient A in the:
 - a. abdomen area; **Not proved**
 - b. face. **Admitted and found proved**
4. Your conduct as set out at paragraph 3 involved the use of inappropriate and/or excessive force on a vulnerable patient. **Not proved**

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

Determination on Impairment - 10/06/2026

30. This determination was handed down in public. However, 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 were confidential.

31. 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 Braakenburg's fitness to practise is impaired by reason of misconduct.

Submissions

Submissions on behalf of the GMC

32. Mr Byrne, Counsel on behalf of the GMC, made no positive submissions in relation to impairment. He said it was a matter entirely for the Tribunal.

Submissions of Dr Braakenburg

33. Dr Braakenburg did not make any further submissions at this stage in proceedings.

The Relevant Legal Principles

34. There is no burden or standard of proof at this stage of the proceedings and the decision on impairment is a matter for the Tribunal's judgement alone. The Tribunal will only make a finding of impaired fitness to practise 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. The three parts of public protection are: to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

35. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first, whether the facts found proved were serious enough to amount to the statutory ground of misconduct; and second, whether that misconduct poses a current and ongoing risk to public protection requiring restrictive action in response and therefore leading to a finding of impaired fitness to practise.

36. To assess whether Dr Braakenburg poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider the steps set out in the Guidance:

- Where on the spectrum of seriousness does the conduct lie?
- What is the impact of any relevant context known about the doctor and their working environment?
- How has the doctor responded and what does this tell us about how the doctor might act in the future?

The Tribunal's Determination on Impairment

Misconduct

37. The Tribunal noted that its findings in relation to paragraphs 1a, 1b and 2 of the Allegation related to the background circumstances; the patient was vulnerable, Dr Braakenburg knew this and that the doctor had consulted with Patient A on 1 December 2024. The Tribunal was satisfied that none of those findings were matters that themselves could amount to misconduct.

38. The Tribunal went on to consider whether Dr Braakenburg's actions, in punching/striking Patient A in the face, amounted to misconduct.

39. It had regard to its previous findings at the facts stage of proceedings:

'The Tribunal was clear that punching a patient will almost always be inappropriate. However, there will be exceptional circumstances, such as a doctor acting in self-defence, where such action might be appropriate. Such instances will be rare. The Tribunal noted that the GMC did not seek to go behind the findings of the Police, that Dr Braakenburg was the victim in this matter. The Tribunal accepted Dr Braakenburg's evidence that he was very frightened at the time. The Tribunal noted that Dr Braakenburg acknowledged that his were 'deeply regrettable actions' and that 'they were purely in self-defence'. It noted from the CCTV footage that Patient A had overpowered him and consistent with his evidence was attacking his eyes. The Tribunal was satisfied that it was necessary for Dr Braakenburg to take action to get himself out of the violent attack he was being subjected to by Patient A... Turning to the question of whether the force used by Dr Braakenburg was excessive, the Tribunal noted that whilst under an attack from Patient A, Dr Braakenburg punched the patient once in their face to get away. The patient was not rendered unconscious as a result of the punch, nor did they have any visual signs of trauma to their face. Within 45 seconds Patient A stood up from a seated position and following on from this incident, was later violent towards other members of staff. In the circumstances the Tribunal was of the view that Dr Braakenburg did not use excessive force.'

40. The Tribunal previously determined that when Dr Braakenburg punched/struck Patient A, he was acting in self-defence, in order to stop the violent attack he was being subjected to. Further, it had determined at the facts stage, that given the rare and specific circumstances in this case, Dr Braakenburg's actions did not amount to the use of excessive force as alleged by the GMC, nor was it inappropriate.

41. The Tribunal accepted Dr Braakenburg's evidence that he had never been in a similar situation in his life. It noted that this incident was a single, isolated one which had not happened before and had not been repeated since. It is something that he regrets.

42. The Tribunal also noted Dr Braakenburg's evidence that he had offered an apology to Patient A XXX. The doctor also gave evidence that he had considered apologising to Patient A on the day of the incident but decided, on reflection, not to do so as to avoid inflaming the situation.

43. Overall, the Tribunal concluded that Dr Braakenburg only punched/struck Patient A to stop the attack upon himself. It considered that Dr Braakenburg was initially seeking to calm the situation when he approached Patient A, however, the patient overpowered him and caused further injury to him. The Tribunal accepted Dr Braakenburg's evidence that he was '*very frightened*' during the incident. The Tribunal took the view that Dr Braakenburg, having been overpowered, acted in self-defence when he punched/struck Patient A in order to get away from the situation. The Tribunal considered his actions to be justified and appropriate given the circumstances. The Tribunal further found that Dr Braakenburg did not use excessive force on Patient A, given the patient was able to stand up within 45 seconds and continue acting violently towards other staff members soon after.

44. Taking into account the nature and extent of Dr Braakenburg's actions and the circumstances of this case, the Tribunal did not consider that the doctor's behaviour amounted to misconduct. Accordingly, it did not go on to consider impairment.

Determination on Warning - 10/06/2026

45. This determination was handed down in public. However, 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 were confidential.

Submissions

46. On behalf of the GMC, Mr Byrne submitted that a warning was not required in this case.

The Tribunal's Determination on warning

47. The Tribunal has taken account of its earlier conclusions at the facts and impairment stages. It has also taken account of Part D of Section three: MPT hearings of the Guidance for MPTS Tribunals as to the purpose of warnings and the factors to be borne in mind when considering whether or not a warning is required.

48. As the Tribunal determined that Dr Braakenburg's fitness to practise did not amount to misconduct and as such was not impaired, it determined that a warning was not necessary in this case.

49. The current order of conditions on Dr Braakenburg's registration is revoked with immediate effect.

50. Case concluded.