

## PUBLIC RECORD

Dates: 16/03/2026 - 17/03/2026

Doctor: Mr Jonathan BROOKS  
GMC reference number: 3351383  
Primary medical qualification: MB BS 1988 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 Sarah Hamilton
Registrant Tribunal Member:	Dr John Baxendale
Registrant Tribunal Member:	Dr Janet Nicholls

Tribunal Clerk:	Miss Emma Saunders
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**Attendance and Representation:**

Doctor:	Not present, not represented
GMC Representative:	Mr Adam Birkby, 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 the Facts - 16/03/2026

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. Mr Brooks qualified in 1988. At the time of the events, he was practising as a plastic surgeon in Nottingham.

3. The allegations that have led to Mr Brooks' hearing relate to his conviction and sentence for a number of offences. Mr Brooks was embroiled in a professional employment dispute which involved a work colleague. On 14 January 2021 Mr Brooks executed a premeditated plan to murder that colleague in their own home. Mr Brooks broke into the house with a crowbar to force entry and doused the ground floor with highly flammable fuel, intending to set it alight and to kill those occupying the building. He was wearing a camouflage suit and balaclava. The colleague came downstairs to investigate and disturbed Mr Brooks before he could light the fire. Mr Brooks, having armed himself with a knife that he had brought to the scene, stabbed his colleague in the abdomen, causing severe injuries.

4. It is alleged by the GMC that Mr Brooks was convicted on 7 April 2025 of two counts of attempted murder, attempted arson with intent to endanger life and possession of a knife blade/sharp pointed article in a public place contrary to the Criminal Justice Act 1988. It is also alleged by the GMC that Mr Brooks was sentenced on 9 June 2025 to life imprisonment with a specified minimum term of 22 years, equating to 17 years and 223 days taking into account the days spent on remand, that he be deprived of rights in respect of a bladed article, a knife, and was made the subject of a restraining order which is to remain in force until further order with regards to the victim.

### The Outcome of an Application made during the Facts Stage

5. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the Rules, and determined to proceed with the hearing in Mr Brooks' absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

### The Allegation and the Doctor's Response

6. The Allegation made against Mr Brooks is as follows:

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

1. On 7 April 2025 at Nottingham Crown Court, you were convicted of:
  - a. attempted murder where the victim was aged 1 year or over;  
**To be determined**
  - b. attempted murder where the victim was aged 1 year or over;  
**To be determined**
  - c. attempted arson with intent to endanger life;  
**To be determined**
  - d. possession of a knife blade/sharp pointed article in a public place, contrary to the Criminal Justice Act 1988.  
**To be determined**
2. On 9 June 2025 you were sentenced to:
  - a. life imprisonment with a specified minimum term of 22 years, equating to 17 years and 223 days taking into account the days spent on remand:
    - i. in respect of allegation 1.a.;  
**To be determined**
    - ii. to run concurrently in respect of allegation 1.b.;  
**To be determined**
  - b. 6 years imprisonment to run concurrent to the sentence as set out in paragraph 2.a., in respect of allegation 1.c.;  
**To be determined**
  - c. 18 months imprisonment to run concurrent to the sentence as set out in paragraph 2.a., in respect of allegation 1.d;  
**To be determined**
  - d. be deprived of rights in respect of a bladed article, a knife, pursuant to s.143 Powers of Criminal Courts (Sentencing) Act 2000;  
**To be determined**
  - e. restraining order which is to remain in force until further order, with regards to the victim, pursuant to s.360 of Restraining Order Sentencing Act 2020;

**To be determined**

f. to pay a victim surcharge of £190.00.

**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**

**Documentary Evidence**

7. The Tribunal had regard to the documentary evidence provided by the GMC. This evidence included the Sentencing remarks of Mr Justice Pepperall dated 9 June 2025 and the Certificate of Conviction dated 11 July 2025. The Tribunal also had a proof of service bundle from the GMC, dealing with how correspondence had been sent to Mr Brooks.

8. Mr Brooks was not present or represented at this hearing and did not provide a witness statement or any written representations for this hearing.

**The Tribunal's Approach**

9. 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.

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

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

Paragraph 1

11. The Tribunal took account of the Certificate of Conviction dated 11 July 2025 from the Crown Court at Nottingham in respect of Mr Brooks. It noted that the date of the conviction was listed as 7 April 2025 and the various offences at paragraph 1 (a) to (d) of the Allegation were included.

12. The Tribunal noted that it was entitled to take into account the provisions set out at Rule 34(3) of the Rules that:

*“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.”*

13. The Tribunal determined that the Certificate of Conviction was evidence that Mr Brooks was convicted of the various offences at paragraph 1 (a) to (d) of the Allegation. Accordingly, the Tribunal found paragraph 1 of the Allegation proved.

#### Paragraph 2

14. The Tribunal again had regard to the Certificate of Conviction dated 11 July 2025. It noted that the date of the sentence was listed as 9 June 2025 and the various parts of the sentence, as set out at paragraph 2 (a) to (f) of the Allegation, were included.

15. The Tribunal determined that the Certificate of Conviction was evidence that Mr Brooks was sentenced as set out at paragraph 2 (a) to (f) of the Allegation. Accordingly, the Tribunal found paragraph 2 of the Allegation proved.

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

16. The Tribunal has determined the facts as follows:

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

1. On 7 April 2025 at Nottingham Crown Court, you were convicted of:
  - a. attempted murder where the victim was aged 1 year or over;  
**Determined and found proved**
  - b. attempted murder where the victim was aged 1 year or over;  
**Determined and found proved**
  - c. attempted arson with intent to endanger life;  
**Determined and found proved**
  - d. possession of a knife blade/sharp pointed article in a public place, contrary to the Criminal Justice Act 1988.  
**Determined and found proved**
2. On 9 June 2025 you were sentenced to:

- a. life imprisonment with a specified minimum term of 22 years, equating to 17 years and 223 days taking into account the days spent on remand:
- i. in respect of allegation 1.a.;  
**Determined and found proved**
  - ii. to run concurrently in respect of allegation 1.b.;  
**Determined and found proved**
- b. 6 years imprisonment to run concurrent to the sentence as set out in paragraph 2.a., in respect of allegation 1.c.;  
**Determined and found proved**
- c. 18 months imprisonment to run concurrent to the sentence as set out in paragraph 2.a., in respect of allegation 1.d;  
**Determined and found proved**
- d. be deprived of rights in respect of a bladed article, a knife, pursuant to s.143 Powers of Criminal Courts (Sentencing) Act 2000;  
**Determined and found proved**
- e. restraining order which is to remain in force until further order, with regards to the victim, pursuant to s.360 of Restraining Order Sentencing Act 2020;  
**Determined and found proved**
- f. to pay a victim surcharge of £190.00.  
**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 - 17/03/2026**

1. The Tribunal exercised its powers under Rule 41 of the Rules, to sit in private when the matters under consideration were confidential. This determination will be handed down in private but, as this case concerns Mr Brooks' conviction, a redacted version will be published at the close of the hearing.
2. 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, Mr Brooks' fitness to practise is impaired by reason of a conviction for a criminal offence.

#### **The Evidence**

3. The Tribunal has reviewed its findings of fact and had regard to the documentation submitted at that earlier stage.

## Submissions

### Submissions on behalf of the GMC

4. Mr Birkby referred to the Guidance for MPTS Tribunals Section three: MPT hearings (24 November 2025). He submitted that there was a legal basis for considering whether Mr Brooks' fitness to practise is impaired, by virtue of the fact that he has been convicted of some very serious offences.

5. Mr Birkby stated that the Tribunal has to look at where this case falls on the spectrum of seriousness. He submitted that it falls at the higher end of the spectrum as it relates to a conviction for serious violent offending. Mr Birkby stated that Mr Brooks' actions were premeditated and consisted of two different forms of violence used, or intended to be used, against his colleague. Mr Birkby submitted that the violence resulted in severe physical and psychological harm to the victim, as well as psychological harm to his family. He stated that there was also substantial damage to private property in the sum of £74,000. Mr Birkby submitted that there was a high degree of harm and, as Mr Justice Pepperall set out in his sentencing remarks, there was a very high degree of culpability. Mr Birkby also submitted that the seriousness of the matter was demonstrated by the very long sentence imposed for these offences, namely life with a minimum of 22 years to be served in prison.

6. Mr Birkby submitted that the Tribunal may conclude that Mr Brooks tried to avoid responsibility for his actions. He stated that there was a substantial effort by Mr Brooks to delay his criminal trial and, at trial, he ran the defence that he stabbed the victim in self-defence - a defence which was categorically rejected by the jury. Mr Birkby referred to Mr Justice Pepperall's sentencing remarks where he described Mr Brooks' actions as a sustained and determined attempt to commit murder. Mr Birkby submitted that this was done to, effectively, satisfy a long-held grudge that Mr Brooks held against his colleague.

7. Mr Birkby stated that there had been a number of investigations opened by the GMC into Mr Brooks' actions. From 2014 there were allegations of alleged research malpractice and dishonesty. Mr Birkby stated that there were further allegations made in 2017 relating to Mr Brooks' alleged misrepresentation of his qualifications and Royal College membership. Those cases were closed. Mr Birkby stated that they were followed in 2019 by a further GMC investigation in relation to a surgical procedure. He stated that what connected the three

investigations was that the victim, who was the subject of Mr Brooks' attack, was the instigator of those complaints to the GMC. The colleague then provided a copy of a judgment to the GMC in January 2021 from an employment Tribunal case that Mr Brooks had initiated against his employing Trust, setting out that Mr Brooks had given false or dishonest evidence during those hearings. Mr Birkby stated that those allegations were in the process of being investigated by the GMC when the offences were committed by Mr Brooks.

8. Mr Birkby submitted that Mr Brooks' significant and serious offending had to be seen within the context not just of a misunderstanding or a fallout between colleagues, but of a substantial grudge borne by Mr Brooks against his colleague, who was in fact doing his duty to his regulator in reporting what he considered to be malpractice by Mr Brooks. Mr Birkby submitted that the case falls at the higher end of the spectrum of seriousness, which would result in a higher starting point for assessing risk.

9. Mr Birkby stated that the Tribunal would then need to consider the impact of any relevant context. He referred to the sentencing remarks, including that Mr Brooks had XXX. Mr Birkby referred to Mr Justice Pepperall's remarks, that those potential difficulties *"do not even start to explain or excuse these appalling crimes"*. Mr Birkby submitted that, although Mr Brooks was under very significant pressure at the time, it was his *"anger at the perceived injustice and hopelessness of your situation [that] led to this explosion of very serious violence"*. Mr Birkby submitted that XXX did not decrease the risk to public protection.

10. Mr Birkby stated that the Tribunal will consider how Mr Brooks has responded to the Allegation. He submitted that Mr Brooks has not engaged, has not demonstrated any insight and there is no evidence of remediation. Mr Birkby submitted that Mr Brooks' response could be best described as *"entirely dismissive"* of his regulatory duties and the regulator itself.

11. Mr Birkby submitted that the current and ongoing risk to public protection posed by Mr Brooks is high. He submitted that, given the extreme nature of the violence used by Mr Brooks, as well as his conviction for serious criminal offences, each of the three parts of public protection were engaged in this case such that Mr Brooks' fitness to practise is impaired.

12. Mr Brooks was not present or represented at this hearing and did not provide a witness statement or any written representations for this hearing.

## The Relevant Legal Principles

13. 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 judgment alone. The Tribunal will 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. 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.

14. To assess whether Mr Brooks poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies, based on the facts found proved, the impact of any relevant context known about Mr Brooks and/or the working environment, and
- how Mr Brooks has responded to the Allegation.

15. The Legally Qualified Chair (LQC) gave legal advice and referred the Tribunal to the MPTS guidance and the approach it should take at this stage

### The Tribunal’s determination on impairment

#### Conviction

16. The Tribunal had regard to Mr Justice Pepperall’s sentencing remarks, the submissions provided by Mr Birkby, and the Guidance for MPTS Tribunals. The Tribunal has regard to the statutory over-arching objective in terms of public protection. It must act in a way that:

- protects, promotes and maintains the health, safety and well-being of the public (‘patient safety’)
- promotes and maintains public confidence in the profession (‘public confidence’), and
- promotes and maintains proper professional standards and conduct for members of those professions (‘uphold professional standards’).

17. The Tribunal has followed section three of the Guidance for MPTS Tribunals (MPT Hearings > Part B > Stage 2: Impairment) in terms of steps 2(a) to (e) as set out below:

Is there a legal basis for considering impairment?

18. The Tribunal had regard to its findings as set out in its determination on the facts. The Tribunal has found that the proven facts did engage a legal basis for considering impairment, namely a conviction for a criminal offence.

Where on the spectrum of seriousness does the Allegation lie?

19. The Tribunal noted that the starting point for assessing the level of current and ongoing risk to public protection posed by a doctor (low, medium or high) is based on where on the spectrum of seriousness the Allegation lies.

20. The Tribunal considered the starting point for assessing seriousness. It was of the view that the Allegation in this case lies at the higher end of the spectrum of seriousness, taking into account the serious, violent nature of the convictions and the sentence of life imprisonment, with a minimum of 22 years.

21. The Tribunal then had regard to whether there were any relevant factors that might increase the seriousness of the allegation. It noted that Mr Brooks' actions were premeditated and involved a high level of violence. Mr Brooks had broken into his colleague's house, attempted to commit arson and kill him by fire and, when this did not work, stabbed him, all of which resulted in very serious injuries of a physical and psychological nature.

22. The Tribunal noted within the sentencing remarks the following:

*“Peter Brooks, you have been found guilty of attempting to murder [your colleague] by both fire and stabbing, of attempted arson with intent to endanger life, and of possession of a bladed article in a public place. You are a doctor who specialised in treating burns. You must have had substantial professional experience of treating those who have suffered appalling and painful burns, and yet you attempted to set a fire in the middle of the night intending to kill your former colleague and to endanger the lives of any other occupants as they lay sleeping in their beds. Further, you were a trained surgeon, and yet you plunged a knife into your colleague's body passing through his liver, his pancreas, his duodenum and his inferior vena cava with the same murderous intent.*

...

*In addition, your crimes caused significant damage to property and expense that totalled over £74,000.*

...

*This case is exceptionally unusual in that you have been convicted of two offences of attempting to murder the same person in the same night. First, you attempted to murder [your colleague] as he lay sleeping in his bed by setting a fire. Then, when you were disturbed in your attempt to murder [your colleague] by fire, you attempted to murder him by inflicting the most appalling stab injury. While you have been convicted of two separate offences, these offences cannot properly be considered in isolation. Taken together, they represent a sustained and determined attempt to commit murder.”*

23. The Tribunal has identified a number of factors that would increase seriousness. Given the starting point, the Allegation stays at the higher end of the spectrum. As such, the starting point for current and ongoing risk to public protection is that there is a high risk.

What is the impact of any relevant context known about Mr Brooks and/or their working environment?

24. The Tribunal appreciated that there are three types of relevant context which it should consider: working environment context, role and experience, and personal context. The impact that evidence of relevant context has on the assessment of risk will depend on the nature of the allegation and individual circumstances of the case. The Tribunal noted that evidence of relevant context that may decrease the level of risk to public protection posed by the doctor will usually carry less weight in cases that fall at the higher end of the spectrum of seriousness. This is because the risk to public protection arising from allegations at the higher end of the spectrum of seriousness is generally more difficult to mitigate and address.

25. The Tribunal had regard to the Sentencing remarks, including:

*“I turn then to the mitigating features of your case.*

*...*

*b) Secondly, I take into account [XXX]. Your [XXX] and your underlying personality help to explain the rigidity of your thought processes and your difficulties with interpersonal skills, but do not even start to explain or excuse these appalling crimes. I am satisfied [XXX] that you do not suffer any psychiatric illness. Nevertheless, there is evidence that your life was falling apart in January 2021. Your employment difficulties were coming to a head and you anticipated that the disciplinary hearing that opened earlier that week was likely to lead to your dismissal, the loss of your home and [XXX]. While not mentally ill, you were under very significant pressure. In my judgment, your*

*anger at the perceived injustice and hopelessness of your situation led to this explosion of very serious violence.*

*Your counsel argues that there is some limited evidence of remorse. I cannot detect remorse, but rather a fixed view that you were hounded out of your employment by what you describe as the “medical mafia” and self-pity at the situation in which you now find yourself.”*

26. The Tribunal considered that Mr Justice Pepperall had accurately summarised Mr Brooks’ position that *“your anger at the perceived injustice and hopelessness of your situation led to this explosion of very serious violence”* and was clear that this did not decrease the risk, particularly given the lack of engagement shown by Mr Brooks, in both the criminal and now the regulatory proceedings. The Tribunal was of the view that there has been no remorse, there has been no remediation, and no evidence of any insight by Mr Brooks.

27. The Tribunal therefore determined that the current and ongoing risk to public protection remained high.

#### How has Mr Brooks responded to the Allegation?

28. The Tribunal noted from the Guidance for MPTS Tribunals that it should consider the evidence available to it to establish if Mr Brooks has: (a) shown insight into his behaviour (b) taken steps which have reduced the risk of similar allegations occurring again (remediation), such as participating in training, supervision, coaching or mentoring relevant to the allegation, and (c) kept his knowledge and skills up to date.

29. As above, the Tribunal has noted that Mr Brooks has not engaged with the GMC or with this hearing and was of the view that there has been no remorse, remediation, or evidence of any insight shown by Mr Brooks. The Tribunal agreed with Mr Birkby’s description that Mr Brooks has been *“entirely dismissive”* of these proceedings. Overall, the Tribunal determined that the current and ongoing risk to public protection remained high.

#### Tribunal’s decision as to whether Mr Brooks poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

30. The Tribunal, based on its conclusions above, determined that Mr Brooks does pose a current and ongoing risk to public protection. It found the level of risk to be high.

31. The Tribunal determined that all three parts of public protection were engaged, namely patient safety, public confidence and professional standards.
32. The Tribunal has therefore determined that Mr Brooks' fitness to practise is impaired by reason of conviction for a criminal offence.

#### Determination on Sanction - 17/03/2026

1. Having determined that Mr Brooks' fitness to practise is impaired by reason of conviction for a criminal offence, the Tribunal now has to decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

#### The Evidence

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

#### Submissions

##### Submissions on behalf of the GMC

3. Mr Birkby referred to various paragraphs from Part C: stage three - sanction in the Guidance for MPTS Tribunals, including paragraph 10 which states that *"A good decision about a doctor's fitness to practise should protect the public, be proportionate, be transparent and be fair..."*
4. Mr Birkby referred to the Tribunal's determination on impairment. He stated that the Tribunal had found that Mr Brooks' fitness to practise was impaired by reason of his conviction for a premeditated, determined and sustained attempt to commit murder to satisfy a professional grudge which caused serious harm to the victim. Mr Birkby stated that the Tribunal determined that Mr Brooks' conduct fell towards the higher end of the spectrum in terms of seriousness and did not find any context that ought properly to be taken into account to reduce current and ongoing risk. He stated that the Tribunal also concluded that Mr Brooks had not shown any insight into his behaviour, had not demonstrated any remediation, nor had he shown any remorse. Mr Birkby stated that the Tribunal had concluded there was a current and ongoing risk to public protection, that all three parts of public protection were engaged and that the level of risk is high.

5. Mr Birkby stated that the Guidance for MPTS Tribunals included sanctions bandings for some case types commonly seen at a hearing. He stated that this Tribunal has found there to be a higher level of risk to public protection and so, in relation to a conviction case, the relevant sanctions banding was *“Suspension 12 months to Erasure”*.
6. Mr Birkby submitted that the Tribunal taking no action in this case would be obviously inappropriate in a case of this seriousness. He submitted that, similarly, there were no conditions that could be applied to Mr Brooks' practice that would adequately or appropriately manage the risk he poses to public protection.
7. Mr Birkby referred to paragraph 41 at Part C in the Guidance for MPTS Tribunals, in that suspension would be for cases where the doctor's behaviour was *“currently incompatible with unrestricted registration... with the aim they should be able to safely return to unrestricted practice in the future”*. Mr Birkby submitted that Mr Brooks did not fall into that category. He submitted that Mr Brooks' offending represented an egregious departure from the standards of behaviour expected of a registered doctor. Mr Birkby submitted that such serious and premeditated violence, with the concomitant risk to patient safety, to public confidence and to professional standards, was fundamentally incompatible with continued registration. Mr Birkby submitted that Mr Brooks could not realistically return to unrestricted practice.
8. Mr Birkby submitted that erasure of Mr Brooks' name from the medical register was the most appropriate sanction for the level of current and ongoing risk that Mr Brooks poses to public protection. He submitted that the level of risk was so significant that Mr Brooks should not be allowed to practise.
9. Mr Birkby submitted that suspension would not be sufficient to protect the public given the serious harm caused by Mr Brooks' actions. He submitted that Mr Brooks had shown a total lack of insight into the seriousness of the allegations about his behaviour and the actual consequences of that behaviour. Mr Birkby also submitted that, given the seriousness of the facts found proved and the current and ongoing risk to public protection posed by Mr Brooks, the effect of him continuing to hold registration was such that it would substantially undermine public confidence in the profession.
10. Mr Brooks was not present or represented at this hearing and did not provide a witness statement or any written representations for this hearing.

## The Relevant Legal Principles

11. The LQC gave legal advice and referred the Tribunal to the MPTS guidance and the approach it should take at this stage.
12. The Tribunal's decision as to the appropriate sanction is a matter for its own independent judgement. It should consider the least restrictive sanction first before moving on to consider the other available sanctions in ascending order of severity. The Tribunal should note that the main purpose of imposing a sanction is to protect the public. Its purpose is not to punish, although it may have a punitive effect.
13. The Tribunal should also consider proportionality by weighing the public interest against the interests of the doctor. The Tribunal should have regard to the case of *Bolton v Law Society [1994] 1 WLR 512*, which provides that the reputation of the profession is more important than the fortunes of any individual member.
14. At Part C of the Guidance for MPTS Tribunals it confirms that “*any sanction must be proportionate, transparent and fair*”. In reaching its decision, the Tribunal should take into account any mitigating and aggravating features in the case and weigh them accordingly.
15. The LQC referred to the case of *Council for the Regulation of Health Care Professionals v General Dental Council v Fleischmann [2005] EWHC 87* that there was a general principle, where a practitioner has been convicted of a serious criminal offence they should not be permitted to resume their practice until they have completed their sentence. The LQC stated that, in this case, Mr Brooks has been sentenced to life imprisonment, with a minimum sentence of 17 years before he can be considered for parole. The LQC also referred to the more recent case of the *Professional Standards Authority for Health and Social Care v GDC (Patel) [2024] EWHC 243 (Admin)*, where the judge concluded that the principle in *Fleischmann* could not be applied as if it were a rule, and that both it and the general principle derived from it in the GDC guidance, must bend to the overarching requirement to impose a sanction that is just, proportionate and only that which is necessary to maintain public confidence.

### The Tribunal’s Determination on Sanction

16. 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 taken account of the relevant legal principles above, including proportionality and that the main purpose of imposing a sanction is to protect the public.

17. The Tribunal had regard to Part C of the Guidance for MPTS Tribunals in relation to sanctions bandings for some case types commonly seen at a hearing. As referred to by Mr Birkby above, this Tribunal has found there to be a higher level of risk to public protection and so, in relation to a conviction case, the relevant sanctions banding to be considered is “*Suspension 12 months to Erasure*”.

18. The Tribunal identified a number of aggravating factors in this case, namely that Mr Brooks’ actions amounted to serious violent offending that caused significant harm such that it fell at the higher end of the spectrum of seriousness, and the lack of remorse or insight from Mr Brooks. The Tribunal was unable to identify any mitigating factors in this case.

### **No action**

19. In coming to its decision as to the appropriate sanction, if any, to impose in Mr Brooks’ case, the Tribunal first considered whether to conclude the case by taking no action.

20. In accordance with paragraph 13 of Part C of the Guidance for MPTS Tribunals, the Tribunal noted that:

*“Where a doctor’s fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor’s registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.”*

21. The Tribunal determined that, given the serious nature of the Tribunal’s findings on impairment, it would be neither sufficient, appropriate nor in the public interest to conclude this case by taking no action. The Tribunal was unable to find any exceptional circumstances such that taking no action would be appropriate, and the seriousness of the conviction was such that this would be insufficient in any event.

### **Conditions**

22. The Tribunal next considered whether imposing conditions on Mr Brooks’ registration would be sufficient and appropriate. It bore in mind that conditions restrict a doctor’s ability to practise and/or require them to do something. They would provide a doctor with time to address identified failings to demonstrate they are fit to practise on an unrestricted basis,

whilst ensuring that the current and ongoing risk posed to public protection was being adequately managed.

23. The Tribunal appreciated, with reference to paragraph 28 of Part C of the Guidance for MPTS Tribunals, that conditions may be proportionate in cases where the doctor has shown a degree of insight. It did not consider this to apply in Mr Brooks' case. He has not demonstrated that he is willing to remediate, and this is not a case where there are identifiable areas of his practice that need prohibiting, monitoring or retraining. In addition, there was no indication that Mr Brooks would not put patients at harm if conditions were imposed on his registration.

24. The Tribunal noted, with reference to paragraph 30 of Part C of the Guidance for MPTS Tribunals, that:

*“Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor’s behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude.”*

25. In all the circumstances, the Tribunal was clear that Mr Brooks' behaviour fell at the higher end of the spectrum of seriousness and was such that it would not be appropriate or sufficient to direct the imposition of conditions on Mr Brooks' registration.

## Suspension

26. The Tribunal then went on to consider whether suspending Mr Brooks' registration would be appropriate and proportionate. Suspension restricts a doctor's registration and prevents them from practising during the period it is in effect.

27. The Tribunal had regard to paragraph 41 at Part C of the Guidance for MPTS Tribunals (as referred to above) in that suspension would be for cases where the doctor's behaviour was *“currently incompatible with unrestricted registration... with the aim they should be able to safely return to unrestricted practice in the future”*.

28. The Tribunal appreciated, with reference to paragraph 45 of Part C of the Guidance for MPTS Tribunals, that 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.”*

29. The Tribunal determined that these factors were not applicable in this case.

30. The Tribunal had regard to the circumstances of the conviction, as set out in the facts and impairment determinations. It determined that the conviction was so serious that suspension would not be sufficient or appropriate in terms of public protection.

#### **Erasure**

31. The Tribunal considered whether it would be appropriate and necessary to erase Mr Brooks’ name from the medical register.

32. The Tribunal appreciated, with reference to paragraph 56 of Part C of the Guidance for MPTS Tribunals, that erasure is used to protect the public in the most serious cases. With reference to paragraph 57, the Tribunal has found erasure to be proportionate in these circumstances, where conditions would not be appropriate and suspension was not sufficient to protect the public. It has found that Mr Brooks’ behaviour caused serious harm and the risk of harm could not be mitigated sufficiently through conditions or suspension.

33. The Tribunal determined that Mr Brooks’ behaviour was fundamentally incompatible with continued registration. It was of the view that the level of current and ongoing risk Mr Brooks poses to public protection was so significant that he should not be allowed to practise.

34. Further, the Tribunal determined that the seriousness of Mr Brooks’ actions meant that the effect of him continuing to hold registration would undermine public confidence in the profession. It concluded that a reasonable and informed member of the public would be shocked if any sanction lower than erasure was imposed in this case.

35. The Tribunal therefore directs that Mr Brooks’ name be erased from the medical register.

### Determination on Immediate Order - 17/03/2026

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

### Submissions

2. On behalf of the GMC, Mr Birkby stated that, pursuant to paragraph 58 of Part C of the Guidance for MPTS Tribunals, the decision to erase will only take effect at the conclusion of the 28-day appeal period. Mr Birkby submitted that, given the serious nature of the offence and the level of current and ongoing risk to public protection, an immediate order was necessary.

3. Mr Birkby stated that there was an interim order of suspension currently in place on Mr Brooks' registration.

4. Mr Brooks was not present or represented at this hearing and did not provide any written representations for this hearing.

### The Tribunal's Determination

5. The Tribunal had regard to the 'Immediate and interim orders following sanction' section within Part C of the Guidance for MPTS Tribunals. It appreciated, with regard to paragraph 79, that:

*"The MPT may impose an immediate order where 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..."*

6. In all the circumstances, the Tribunal determined to impose an immediate order of suspension on Mr Brooks' registration given the seriousness of the Allegation. It determined that it was necessary to protect members of the public and was otherwise in the public interest.

7. This means that Mr Brooks' 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.

8. The interim order currently in place on Mr Brooks' registration will be revoked when the immediate order takes effect.

9. That concludes this case.

ANNEX A - 16/03/2026

## Service and Proceeding in Absence

### Service

1. Mr Brooks is neither present nor legally represented at this hearing.
2. The Tribunal was provided with a copy of a Proof of Service bundle from the General Medical Council (GMC). This included email correspondence dated 7 July 2025 from the 'Find a Prisoner Service' of the HM Prison and Probation Service, which confirmed the prison where Mr Brooks was being held.
3. The GMC wrote to Mr Brooks on 22 September 2025 to confirm that an Assistant Registrar had decided to refer his case to a hearing before a Medical Practitioners Tribunal hearing. The Tribunal has been provided with tracking information to show that this correspondence was delivered on 24 September 2025.
4. All letters were sent by hard copy to Mr Brooks in prison via the relevant prison governor. When sending correspondence to Mr Brooks, the procedure would be to address all correspondence to the prison governor, which would contain a separate sealed envelope with a letter addressed to Mr Brooks to ensure confidential information remained protected.
5. In email correspondence on 10 October 2025, the GMC wrote to the prison to ask for confirmation that Mr Brooks still resided at that prison. A member of staff at the prison emailed back to confirm that Mr Brooks was still located at that prison.
6. The GMC sent a letter to Mr Brooks on 14 October 2025 regarding pre-listing information. The GMC sent a further letter on 20 January 2026 setting out various information about the hearing including the Allegation and a draft hearing bundle. The Tribunal was provided with tracking information to show that the letter was delivered to the prison on 21 January 2026.
7. The GMC Legal Adviser made a number of enquiries of the prison to seek confirmation that Mr Brooks had received the various GMC correspondence. She noted that the 14 October 2025 letter had been returned to sender. On 2 February 2026 the Prison Offender Manager at the relevant prison, replied to the GMC. He confirmed that Mr Brooks was "*still incarcerated*" at the prison. The Prison Offender Manager stated that they had a

record of the correspondence being received on 23 September 2025, 15 October 2025 and 27 January 2026.

8. In respect of the October 2025 letter, the prison had recorded that Mr Brooks had been sent a pack from the GMC with a cover letter asking for support to be offered. The prison staff member stated that the letters were handed to Mr Brooks and reported that Mr Brooks:

*“took a brief look at the contents... and stated his frustrations, saying that the organisation should be disbanded and that they were useless... he stated that he had asked to be removed from the council when he entered prison... he stated that he will just place it with the other ‘rubbish’ they have sent and not bother reading it. I stated to him that it might be important but again he stated he had enough of dealing with them and just wanted to move on.”*

9. In respect of the January 2026 letter, the prison had recorded that it had been delivered to Mr Brooks on 27 January 2026. They said they *“tried to wake Mr Brooks but he declined to stir so the letter was left on his person”*.

10. The Medical Practitioners Tribunal Service (MPTS) notice of hearing letter was sent to Mr Brooks on 3 February 2026. The Tribunal has been provided with tracking information to show that this correspondence was delivered on 4 February 2026.

11. On 9 March 2026 the GMC emailed the prison again to ask for confirmation that Mr Brooks had received the MPTS letter as it was important to establish that he was aware of the upcoming hearing dates and his ability to attend virtually. The Prison Offender Manager stated that, whilst he could not say with certainty that the letter was handed to Mr Brooks, he was 90% confident that it was. He provided two case notes which stated that colleagues attended and delivered a letter to Mr Brooks on 24 February 2026. One stated that they delivered a letter on 23 February where Mr Brooks *“did not move or engage with us at any point during our time in his cell”* and the other stated that he handed a letter to Mr Brooks on 24 February 2026 from the GMC but that Mr Brooks did not engage with them and so, once explaining there was a letter for him to read, they exited the cell. The Prison Offender Manager stated that Mr Brooks was *“consistently failing to engage with staff or the regime. I think it is highly likely he will not engage with a virtual hearing”*.

12. Mr Birkby, Counsel on behalf of the GMC, stated that Mr Brooks was not present at this hearing and this was to be expected as Mr Brooks had given every indication that he did not want to engage with these proceedings. Mr Birkby took the Tribunal through the various

correspondence sent to Mr Brooks. Mr Birkby submitted that all reasonable efforts have been made to serve Mr Brooks with the notice of hearing and all other associated documentation.

13. The Tribunal determined that notice of this hearing had been served on Mr Brooks in accordance with Rule 40 of the GMC (Fitness to Practise) Rules 2004, as amended, ('the Rules'), and paragraph 8 of Schedule 4 to the Medical Act 1983, as amended.

#### Proceeding in Absence

14. The Tribunal then went on to consider whether it would be appropriate to proceed with this hearing in Mr Brooks' absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest.

15. Mr Birkby submitted that it would be appropriate to proceed with the hearing in Mr Brooks' absence. He referred to various case law, including *GMC v Adeogba* [2016] EWCA Civ 162 and *R v Jones* [2002] C App R 9. He referred to the relevant criteria in *Jones* and submitted that Mr Brooks has voluntarily decided not to attend this hearing and has indicated an unwillingness to engage with the GMC or with the Tribunal. Mr Birkby submitted that, given Mr Brooks' expressed attitude, the Tribunal could be satisfied that an adjournment would not result in his attendance at a future hearing date. Mr Birkby stated that the fact of the conviction was set out in the Certificate of Conviction and the details of the case against him are clear from the sentencing remarks. He submitted that there was very little, if any, disadvantage to Mr Brooks not being in attendance. Mr Birkby also submitted that there was no risk of there being an improper conclusion about Mr Brooks' absence as he has expressed his unwillingness to attend and his disdain for the GMC.

16. Mr Birkby referred to the seriousness of this case. He submitted that this case falls towards the very highest end of the spectrum in terms of seriousness, given that Mr Brooks attempted to murder a colleague. Mr Birkby submitted that there is a substantial public interest in Mr Brooks' fitness to practise being determined without delay.

17. In deciding whether to proceed with this hearing in Mr Brooks' absence, the Tribunal carefully considered all the information before it. The Tribunal also took account of the case law set out by Mr Birkby.

18. In the circumstances, the Tribunal determined that it was appropriate to proceed in Mr Brooks' absence because he has voluntarily absented himself and has made it clear he does not wish to engage with these proceedings. The Tribunal noted that no application had been made by Mr Brooks for an adjournment of this hearing and, given the lack of engagement, it determined that such an adjournment would be unlikely to result in Mr Brooks' participation in the hearing at any future hearing date. The Tribunal appreciated, with reference to the case law, that the fair, economical, expeditious and efficient disposal of allegations is of very real importance. The Tribunal noted that this is a very serious case and determined that it is in the public interest for this hearing to proceed today.