PUBLIC RECORD

Dates: 15/09/2025 - 23/09/2025

Doctor:	Dr Douglas BROWN
GMC reference number:	3097625
Primary medical qualification:	MB ChB 1985 University of Glasgow

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Ms Amarjit Sagar
Lay Tribunal Member:	Mrs Kate Kirwin
Registrant Tribunal Member:	Mr Julian Williams

Tribunal Clerk:	Mr Matt O'Reilly

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Ms Rina Hill, Counsel

Attendance of Press / Public

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

Overarching Objective

Throughout the decision making process the tribunal has borne in mind the statutory overarching objective as set out in s1 Medical Act 1983 (the 1983 Act) to protect, promote and maintain the health, safety and well-being of the public, to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of that profession.

Determination on Facts - 18/09/2025

Background

1. Dr Brown qualified in 1985. He was a permanent consultant breast surgeon with NHS Tayside until he retired. Between 13 May 2021 and 12 May 2022, he had returned to work as a locum within NHS Tayside. The matters which led to the Allegation against Dr Brown can be summarised as follows.

2. The Yorkshire & Humber Regional Organised Crime Unit carried out an investigation into the online activities of Dr Brown. The investigation pertained to online communication between Dr Brown and Child A, whom, it is said, Dr Brown believed was a 12-year-old boy. The communications took place between 1 December 2021 and 8 February 2022 via two online platforms, Kik messenger and Snapchat. The investigation outlined that Kik is a mobile messaging application that allows one-to-one conversations and group chats XXX. Snapchat is a chat platform where users communicate primarily through the exchange of images, although they can communicate via text chat. Images and text messages sent via Snapchat are temporary and are not stored by either party.

3. It is alleged that the exchanges that Dr Brown had with Child A were inappropriate, sexually explicit, and were sexually motivated.

4. The undercover covert operation identified that Dr Brown used identical usernames and display names on both Kik and Snapchat, namely the username '[XXX]', and the display name Jamie Brown. Child A, an undercover online officer (UCOL), communicated under a profile named '*James*'. On 30 November 2021, '*James*' joined a group on the Kik platform called '[XXX]' and posted the message '*Hey everyone!!*' On 1 December 2021, at 09.53, the individual with the username '[XXX]' and the display name Jamie Brown sent a message to the group which said "*Hiya, U.K. here*". The profile picture of Jamie Brown was that of a man

in white underpants standing in what appears to be a changing room. *'James'* sent a direct message to Jamie Brown saying: *"Hey Jamie!! I'm James! I saw you in the group and I like your pic".* Further communications then took place between *'James'* and Jamie Brown on Kik until 8 December 2021, when the conversation moved onto Snapchat. Between 1 December 2021 and 8 February 2022 '*James'* and Jamie Brown communicated on numerous occasions.

5. '*Child A'* provided a witness statement, dated 8 February 2022, in which he stated that he is a trained and authorised law enforcement officer who is deployed to online chat platforms and websites with a view to identifying those with an interest in children. By purporting to be a child, he engages with users and gathers evidence and intelligence to a standard that would support criminal prosecutions against those committing offences under the Sexual Offences Act 2003.

6. Following the exchange of messages and images between Dr Brown and Child A on Kik and Snapchat, DC B, investigated the subscriber details and was provided with a mobile number and two IP address linked to Dr Brown.

7. Dr Brown was arrested at 11.11 on 8 April 2022, following a search at his address in Scotland, on suspicion of communicating indecently with a younger child and causing a younger child to view a sexual image. He was taken to Dundee police station where he was interviewed and provided "*no comment*" to all questions asked of him. Later that day, at 15.23, Dr Brown was charged with offences contrary to s.23 and s.24(1) of The Sexual Offences (Scotland) Act 2009 relating to his communications with '*James'*. He was released on an undertaking to appear at Dundee Sheriff Court on 3 May 2022.

8. The case against Dr Brown was subsequently discontinued and Dr Brown was not convicted for these offences. On 12 April 2022, Dr Brown self-referred to the GMC stating, *"I have been charged by the police under the sexual offences act on 8 April 2022*".

9. The Allegation against Dr Brown is that between 1 December 2021 and 8 February 2022, Dr Brown engaged in conversations via online platforms with Child A who he believed was a 12-year-old boy. It is also alleged that Dr Brown asked Child A for pictures and made remarks which were inappropriate and sexually explicit. It is further alleged that, between 8 August 2020 and 17 October 2021, Dr Brown accessed inappropriate websites involving boys.

The Outcome of Applications Made during the Facts Stage

10. At the outset of proceedings, Ms Rina Hill, Counsel on behalf of the GMC, told the Tribunal that some entries within the Confidential Schedule 2 contained typographical errors

and parts of the Confidential Schedule 3 had been omitted in error from the Notice of Allegation (NOA) served on Dr Brown. She told the Tribunal that all the information was however contained within the evidential bundle which had been served on Dr Brown. She requested time for the proposed amendments to be served on Dr Brown and this application was granted.

11. Ms Hill made an application to adduce further evidence pursuant to Rule 34 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit the email serving the amended NOA on Dr Brown, dated 15 September 2025, and a telephone note from the same date, of an unsuccessful attempt by the GMC solicitor to contact Dr Brown by telephone in order to confirm that he had received the correspondence. The Tribunal was satisfied that the evidence was relevant as it related to the service of the amended NOA and determined that it was fair to admit it on the grounds that this was information already within Dr Brown's knowledge and had been included in the bundle of evidence served upon him on 6 August 2025.

12. Ms Hill then made an application pursuant to Rule 17(6) of the Rules to amend the Allegation. She invited the Tribunal to include the amended and now full Confidential Schedules, which had been served on Dr Brown on the morning of the first day of the hearing, to replace the previously incomplete Schedules 2 and 3. The Tribunal was satisfied that the amended Schedules had been served on Dr Brown via email that day and amendments could be made without any injustice to Dr Brown as the Tribunal had allowed sufficient time for him to acknowledge receipt of the same. The amendments did not materially change the case against him as these were made to ensure that the Schedules were in line with the evidence already served upon him. The Tribunal therefore granted the application.

13. Dr Brown is neither present nor represented at these proceedings. Following the earlier applications, Ms Hill made an application to proceed in Dr Brown's absence. The Tribunal determined that service of these proceedings had been properly effected and granted the application to proceed in Dr Brown's absence. The Tribunal's full written reasons can be found at Annex A.

The Allegation and the Doctor's Response

14. The Allegation made against Dr Brown is as follows:

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

1. Between 1 December 2021 and 8 February 2022, you engaged in conversations via online platforms ('the Conversations') with an individual ('Child A') who you:
    a. believed was a 12 year old boy; To be determined
    b. purported to accept was a 12 year old boy. To be determined
2. At all material times you were the user of the username as set out in Schedule 1. To be determined
3. During the course of the Conversations, as set out in Schedule 2, you:
    a. asked Child A for a picture of their erect penis; To be determined
    b. solicited pictures of Child A from Child A; To be determined
    c. made remarks to Child A that were:
        i. sexually explicit; To be determined
        ii. inappropriate; To be determined
    d. on one or more occasion, sent an inappropriate/sexually explicit image to Child A. To be determined
4. Between 8 August 2020 and 17 October 2021, you undertook searches on a mobile phone and accessed websites as set out at Schedule 3. To be determined
5. Your conduct at paragraphs 1, 3, and 4 was sexually motivated. 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 Facts to be Determined

15. In light of the fact that Dr Brown is neither present nor legally represented at this hearing, the Tribunal is required to make a finding of fact on each of the paragraphs and sub-paragraphs of the Allegation.

Documentary Evidence

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

- Witness Statement of DC C, dated 19 December 2024;
- Kik chat log between Dr Douglas Brown and '*James'*;
- Witness Statement of '*James'* dated 8 February 2022;
- Witness Statement of DC B dated 8 February 2022;
- Self-referral from Dr Douglas Brown dated 12 April 2022;
- Email exchange between GMC and Dundee Sheriff dated between 21 June 2021 and 17 August 2022;
- Police Scotland File which includes: a summary of events; witness statement of DC D; witness statement of Mr E and a Police Scotland Cybercrime Report;
- Email from NHS Tayside dated 16 May 2025.

The Tribunal's Approach

17. In reaching its decision on facts, the Tribunal has borne in mind that the burden of proof rests on the GMC and it is for the GMC to prove the Allegation. Dr Brown does not need to prove anything. The standard of proof is that applicable to civil proceedings, namely the balance of probabilities, i.e., whether it is more likely than not that the events occurred.

18. It is not the case that the more serious the allegation, the higher the standard of proof that is required. However, the seriousness of the allegation may make a heightened examination of the evidence necessary.

19. When evaluating the evidence, the Tribunal should ascertain the agreed facts and contemporaneous documents. Wherever possible, these should represent a starting point when the Tribunal is considering disputed versions of events. See *Byrne v General Medical Council [2021] EWHC 2237 (Admin).*

20. Dr Douglas Brown is of good character. The Legally Qualified Chair set out that the Tribunal should consider whether his good character makes it less likely that he acted as is alleged. However, as Dr Brown has not attended and has not given evidence, the direction to consider his good character when considering his evidence could be disregarded. The Tribunal should take his good character into account when considering the facts but bear in mind that this is not determinative. What weight should be given to Dr Brown's good character is a matter for the Tribunal and should be considered in light of all the evidence before it.

21. This case alleges sharing sexually explicit and inappropriate messages and images. In determining sexual motivation, the Tribunal must bear in mind the case of *Basson v General Medical Council [2018] EWHC 505 (Admin) (21 February 2018*) which sets out that sexual motivation means that the conduct was done either in pursuit of sexual gratification or in pursuit of a future sexual relationship. In this case, Mr Justice Mostyn further opined (at para 17):

> *"….the state of a person's mind is not something that can be proved by direct observation. It can only be proved by inference or deduction from the surrounding evidence".*

22. It was held in the case of Haris v GMC [2021] EWCA Civ 763 that the best evidence of a registrant's motivation is their behaviour. If the conduct is overtly sexual in nature, the absence of a plausible, innocent explanation for the conduct will invariably result in a finding of sexual motivation.

23. Tribunals must take a broad view by putting all the circumstances into the balance and then coming to a conclusion, on the balance of probabilities, as to whether the registrant had the alleged motivation, as was held in *Arunkalaivanan v GMC [2014] EWHC 873 (Admin)*

24. The Tribunal must therefore consider whether, objectively, the primary facts, if found proved, could be considered to be sexually motivated. After considering whether there was any innocent explanation for what physically happened, and after considering the good character of the doctor, the Tribunal must determine whether he has been proved to have been sexually motivated in respect of his actions in paragraphs 1, 3 and 4 of the Allegation, insofar as those actions are found proved.

25. The Tribunal must consider each allegation separately. It is entitled to consider any evidence which bears on any particular allegation. The Tribunal should beware of the domino effect; the fact that one allegation is proved does not mean that other allegations are necessarily proved.

The Tribunal's Analysis of the Evidence and Findings

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

27. In reaching its decision, the Tribunal was of the view that it would take the allegations out of order and determine paragraph 2 of the Allegation first. This related to whether or not Dr Brown was the user with the username '[XXX]'. If the Tribunal found that Dr Brown was not the person corresponding with Child A, a number of the paragraphs of the Allegation would fall away.

Paragraph 2 of the Allegation

> 2. At all material times you were the user of the username as set out in Schedule 1.

28. The Tribunal had regard to the police witness statement of DC B, dated 8 February 2022. In it he stated that he was part of Operation Reveal 2, an operation within the Yorkshire & Humber Regional Crime Unit, based in South Yorkshire. He contacted Snapchat and requested the subscriber details and the IP address for the account using the name '[XXX]' in order to identify the user. Snapchat provided DC B with the subscriber details and the IP address for the account which comprised a mobile number and two login IP addresses. DC B then submitted a telecoms application for the mobile number and login IP addresses provided by Snapchat. The subscriber data for the mobile number provider returned to Dr Douglas Brown and the two IP addresses also returned to Dr DC Brown as well as an address.

29. At 07.30 on 8 April 2022, the police attended Dr Brown's home address in Scotland and executed a search warrant. Dr Brown XXX were present at the time. The police seized a number of items at that time, these included: a tan coloured holdall bearing a '*Joules'* logo which it was said, Dr Brown regularly used as a gym bag; a number of pairs of white underpants from inside the holdall; and two mobile phones identified as 'mobile 1' and 'mobile 3'. Both handsets appeared to be linked to the same phone number. XXX.

30. A Cybercrime Interim Report, produced by DC B, dated 8 April 2022, set out the examination results for 'mobile 1', an Apple iPhone, that was in the possession of Dr Brown when his home was searched. The EE SIM card was identified as being the mobile number it had identified as being linked to the IP address. The Kik application was present on the device, with the user account information recorded as '[XXX]'.

31. There were also a number of images on the device that appear to have been self-taken and the reporting officer identified them as images of Dr Brown. There were five other images present on the device that were assessed as being evidentially significant as they showed an adult male wearing white underpants within a changing room. A tan coloured holdall bearing the '*Joules*' logo was visible behind the male which appeared to be identical to the one seized by the police. This is the image, it is alleged, that was sent by '[XXX]' to '*James*' on Kik on 6 December 2021.

32. On 19 January 2023, a joint Cybercrime Report was produced to evidence the findings made following the examination of mobiles 1 and 3. In respect of 'mobile 1', the findings in the interim report were confirmed. The photo found therein was confirmed as being identical to the image sent by '[XXX]' to the '[XXX]' group, on Kik on 1 December 2021. Three further relevant photos were found of a man said to be Dr Brown on 'mobile 1', as well as an image of Dr Brown's photo driving licence. The pictures were of the same man, Dr Brown. The photos of Dr Brown found on 'mobile 1' were identical to those which '[XXX]' had sent to '*James*' on Kik on 6 December 2021 and which '*Jamie Brown*' had sent to Child A on Snapchat on 24 January 2022. The image that was used as the profile picture on the Kik account for '[XXX]' was also found on 'mobile 1'.

33. In respect of 'mobile 3', the Kik and Wickr applications were installed on this Apple iPhone. Data relating to google searches and websites visited were extracted from the handset, and form part of the Allegation in respect of Confidential Schedule 3.

34. The Tribunal was satisfied by the weight of the evidence provided from the police investigation, the identification of the IP address linked to Dr Brown's address and two mobile phones found at his address, the forensic extraction of data, the images of Dr Brown found on one of the phones including his photo driving licence, voicemails for Dr Brown found on the mobile phone 1, all demonstrated that the user '[XXX]' was in fact Dr Brown. Further, the Tribunal had noted that Dr Brown had not challenged that the phones belonged to him when they were seized. The Tribunal noted that the pin to unlock the phones was provided and it was reasonable to infer that this would have been provided by Dr Brown as the owner of the two phones.

35. The Tribunal therefore found paragraph 2 of the Allegation proved.

Paragraphs 1a and b of the Allegation

1. Between 1 December 2021 and 8 February 2022, you engaged in conversations via online platforms ('the Conversations') with an individual ('Child A') who you:

    a. believed was a 12 year old boy;

    b. purported to accept was a 12 year old boy.

Paragraph 1a

36. The Tribunal had regard to the Kik and Snapchat conversations between Dr Brown and Child A in which Child A told Dr Brown he was 12 years old:

6 December 2021 on Kik

XXX

8 December 2021 on Snapchat

XXX

24 January 2022 on Snapchat

XXX

37. The Tribunal considered that these were three instances where Child A told Dr Brown directly that he was 12 years old.

38. On 8 February 2022, Dr Brown messaged Child A and asked *'Any pic?'.* It is recorded in the West Yorkshire Police Report, that:

> *"James sends the subject* ***20210927_140012*** *as a "Live" image on the Snapchat platform. The image shows a male with an apparent age of 12 years old. His head and face is fully visible."*

Dr Brown's response to this image was *'Wow'*.

39. It was submitted by the GMC that this picture of a male with an apparent age of 12 supported paragraph 1 of the Allegation. However, the Tribunal was of the view the description of the image sent could not support a finding that Child A was 12. It noted that it did not have sight of the image sent, it was of the view that even if this was shown, it was not an expert in determining what a 12-year-old boy would look like, and that the description in the log was the subjective view of another. The Tribunal did not receive any further evidence on this point, and it could not therefore rely on that description to safely support that the image was of a 12-year-old male.

40. It was also submitted that the chat logs made reference to Child A having been in school and that this supported Child A being 12 years of age. However, the Tribunal was of the view that this did not specifically denote that Child A was 12 years old, just that he was of school age.

41. The Tribunal was however satisfied that on the three occasions Dr Brown asked Child A what age he was, Child A responded in no uncertain terms that his age was '*12'* and maintained this being his age. Dr Brown never questioned this and there was nothing to suggest that this was misunderstood by Dr Brown. It was noted that once Child A stated he was 12 years old, Dr Brown had continued chatting with him.

42. The Tribunal further noted that Dr Brown's interactions with Child A began on what is purported to be a chat group for '*School sports and uniform boys'*. It would be reasonable to infer from this that Dr Brown would have expected to encounter boys of a young age whilst on this chat.

43. The Tribunal was satisfied that Dr Brown did believe that Child A was 12-year-old. It therefore found paragraph 1a of the Allegation proved.

Paragraph 1b

44. The Tribunal had regard to the following exchange between Dr Brown and Child A, which took place on Kik, on 8 December 2021 XXX

45. The Tribunal concluded from this that upon learning Child A was 12, Dr Brown was aware that he should not be talking to Child A on Kik because of his belief that Child A was a 12-year-old boy, suggesting they converse elsewhere on another platform. Child A suggested Snapchat and Dr Brown confirmed to Child A that his name on Snapchat was '[XXX]'.

46. In an exchange with Child A on Snapchat, on the same date, Dr Brown also acknowledged that Child A was very young XXX

47. The Tribunal considered that this was evidence that Dr Brown acknowledged that he was older than Child A and that he accepted and believed that Child A was 12 years old, being *"very young"*. Dr Brown had also said to Child A that he was a "*Bit old for you. Sorry*" in one of their earlier exchanges on Kik, before they moved their exchanges to Snapchat. Dr Brown did not challenge Child A about his age being 12 years old and he continued his exchange with Child A on that basis.

48. The Tribunal also considered that on 24 January 2022, Dr Brown commented to Child A "*Bet you look cute in uniform*", and later, "*Cool, bet you look super cute in uniform."*. It was of the view that these comments in and of themselves in isolation, were not sufficient to prove 1b of the Allegation. They did however provide support to the allegation along with the Tribunal's findings at paragraph 1a. Dr Brown accepted Child A's age of 12, recognised that Child A was very young and appreciated this was wrong and following that disclosure, suggested they should change to a different platform to continue conversing. Further, the Tribunal had already concluded that by entering and engaging in a site named '[XXX]' Dr Brown would have expected to come across young boys of a school age. This went to his belief at the time he was engaging with Child A and being told that he was 12 years old.

49. The Tribunal was satisfied that in taking into account all of the evidence it has identified above, and in respect of its findings at paragraph 1a, it found paragraph 1b of the Allegation proved.

Paragraphs 3a, b and ci and ii of the Allegation

> 3. During the course of the Conversations, as set out in Schedule 2, you:
>
> a. asked Child A for a picture of their erect penis;
>
> b. solicited pictures of Child A from Child A;
>
> c. made remarks to Child A that were:
>
> i. sexually explicit;
>
> ii. inappropriate.

Paragraph 3a

50. In respect of paragraph 3a, the Tribunal had regard to the exchange between Dr Brown and Child A on Snapchat on 26 January 2022, in which the chat states XXX

51. The Tribunal bore in mind the statement provided by '*James'* in relation to images shared on Snapchat. He stated that "*pictures on Snapchat can be sent "live" where the user takes the photograph immediately prior to sending it, or the user can send an existing photograph from the phone's storage. A picture sent "live" will show as a solid red square icon prior to it being opened. After it has been opened, the red square will show as hollow/only the outline of the square."*

52. The Tribunal considered this evidence in relation to the image that Dr Brown had sent via Snapchat on 26 January 2022. This is described in the report as *"a picture of a white male wearing white coloured Y fronts, focussing on the groin area".* The Tribunal noted that this was a Snapchat image that was sent as a live picture because the solid red square icon in the chat appears to turn hollow once viewed. The Tribunal was therefore satisfied that this image was sent live to Child A and could infer from this that it was a means of persuading Child A to send a similar picture to him.

The conversation then continues XXX

53. The Tribunal concluded that this was a continuation of the conversation about the erect penis and formed part of Dr Brown's continuing efforts to solicit a picture of Child A's erect penis. Whether this was with underwear or not, in the Tribunal's view, did not make a material difference as the request remained the same.

54. The Tribunal was satisfied that this was cogent and contemporaneous evidence of Dr Brown asking Child A for a picture of their erect penis. The Tribunal therefore found paragraph 3a of the Allegation proved.

Paragraph 3b

55. In respect of paragraph 3b, the Tribunal considered the exchange between Dr Brown and Child A on 24 January 2021, the chat recorded on Snapchat in which the following was said XXX

56. The report then states that *"[Child A] sends the subject **20210927_140012** as a "Live" image on the Snapchat platform. The image shows a male with an apparent age of 12 years old. His head and face is fully visible."* XXX

57. The Tribunal noted that the picture sent to Dr Brown was sent by the undercover online police officer and the Tribunal did not have sight of that picture sent. There was however clear acknowledgement from Dr Brown of the picture having been received, given his response of "*Wow"* and that he liked the picture *"Very much".*

58. On 24 January 2022, the following exchange took place on Snapchat XXX

59. The reports then states "*the subject then sends the following "Gallery" image on the Snapchat platform…..the image shows a white male stood up wearing only a pair of white underpants. He is stood up taking a selfie. This is the second time the subject has sent this image to James*."

60. The Tribunal was satisfied that these were two clear examples of Dr Brown having solicited pictures from Child A. Again, the Tribunal could infer that by Dr Brown sending his photo to Child A, he sought to encourage Child A to send their pictures to Dr Brown.

61. The Tribunal therefore found paragraphs 3b of the Allegation proved.

Paragraphs 3ci and ii

62. In respect of paragraph 3ci and ii, whereby it is alleged that during his conversations with Child A, Dr Brown made remarks to Child A that were inappropriate and were sexually explicit, the Tribunal again had regard to the chat logs.

63. On Snapchat on 8 December 2021, Dr Brown said XXX

64. On 24 January 2022, Dr Brown having sent Child A a picture of himself in his underpants on the same date, then sends a message to Child A stating XXX

65. The Tribunal was satisfied that these comments, made to a person Dr Brown believed to be a 12-year-old child, were inappropriate.

66. The Tribunal then considered how the chat between Dr Brown and Child A was escalated by Dr Brown to be more sexually explicit. XXX

67. The Tribunal noted that the picture Dr Brown sent Child A was a picture of him in his underwear, focussing on his groin.

68. In a subsequent exchange between Dr Brown and Child A on Kik on 7 February 2022, the messages stated XXX

69. As the Tribunal went through this exercise it identified that whilst some of the comments made by Dr Brown were inappropriate, they were not necessarily sexually explicit. It was however of the view that such comments made to a person whom Dr Brown believed to be a 12-year-old child, in a group chat for '[XXX]'' were '*inappropriate*'.

70. The Tribunal was of the view that Dr Brown's interactions with Child A were escalating from inappropriate remarks to then sexually explicit remarks. Dr Brown's comments, in the Tribunal's view, were aimed at encouraging Child A, to share images with him and converse with him on a sexual level.

71. The Tribunal considered that there was clear and overwhelming evidence that Dr Brown had made both inappropriate and sexually explicit remarks to Child A during the course of the Conversations, as set out in Schedule 2.

72. The Tribunal therefore found paragraphs 3ci and ii of the Allegation proved.

Paragraph 3d of the Allegation

> 3. During the course of the Conversations, as set out in Schedule 2, you:
>
> d. on one or more occasion, sent an inappropriate/sexually explicit image to Child A.

73. The Tribunal noted that there were 5 images found by the police that were of evidential value which had been sent from Dr Brown's phone. These were the images sent on 1 December 2021, 6 December 2021, 24 January 2022 (the same image as sent on 6 December 2021), and on 26 January 2022.

74. In one of the images, Dr Brown had a profile picture of a white male wearing only his under pants with his back facing towards a mirror and a picture taken on his mobile phone of the reflection in the mirror. Dr Brown used this profile picture on Kik when he joined the '[XXX]' group chat. The Tribunal considered that this picture was not directly sent to Child A but was a picture that Child A would have seen as a member of that chat group, and that he was not the sole recipient of that picture. It was of the view that this picture was inappropriate as he was in a state of undress, but this was not sexually explicit.

75. Another image which Dr Brown sent to Child A was described by the police as "*white male stood up wearing only a pair of white underpants. He is stood up taking a selfie".* This image was sent to Child A on 6 December 2021 on Kik, and on 24 January 2022 on Snapchat. The Tribunal again considered that this image was inappropriate as Dr Brown was in a state of undress, but not that it was sexually explicit.

76. Dr Brown sent a further image to Child A on Snapchat on 26 January 2022, which the police described the image showing "*underwear with a bulge in the front."* This image was sent following the remarks of Dr Brown stating that Child A was *"making him feel hard*", "*Mmmmmm", "Love to see*", "*Your hardon."*

77. The Tribunal determined that the picture focussing on Dr Brown's groin was sent in the context of having a sexualised chat with Child A where he had asked Child A to send a picture in response.

78. The Tribunal therefore determined that the image Dr Brown sent to Child A on 26 January 2022, and the context in which it was sent given the chat, was sexually explicit.

79. The Tribunal therefore found paragraph 3d of the Allegation proved.

<u>Paragraph 4 of the Allegation</u>

> 4. Between 8 August 2020 and 17 October 2021, you undertook searches on a mobile phone and accessed websites as set out at Schedule 3.

80. The Tribunal noted that all the searches and websites visited in respect of Schedule 3 were conducted on what the police referred to as 'mobile 3', which had been retrieved from Dr Brown's home when he was arrested.

81. The Cybercrime Joint Report of Mr F and Mr G, dated 19 January 2023, found the following web history on 'mobile 3' XXX

82. The Tribunal has received no evidence that Dr Brown had challenged the findings of the forensic report, he did not provide a witness statement to explain why such searches or webpages visited were on this phone, and not he did attend to put forward any cogent reason for this. The Tribunal noted that the IP address retrieved led to Dr Brown's phone number being identified and there were two phones linked to that number (mobile 1 and mobile 3). It also inferred, from the pin codes being provided to the investigator, that Dr Brown must have provided these to the police, further confirming that the phones were his. XXX. The Tribunal also noted that images on the phone matched those of Dr Brown, which he

had sent to Child A on Kik and Snapchat. Further, there was a screenshot of Dr Brown's driving licence on the phone.

83. The Tribunal was satisfied that it was quite reasonable to infer that, as it has already determined at paragraph 2, this was Dr Brown's phone and that these google searches, and the webpages visited, as set out at schedule 3, were carried out by Dr Brown.

84. The Tribunal determined that in the absence of any cogent challenge from Dr Brown, the evidence before it carried significant weight that Dr Brown had undertaken the searches and accessed the websites as set out at Schedule 3, between 8 August 2020 and 17 October 2021.

85. The Tribunal therefore found paragraph 4 of the Allegation proved.

Paragraph 5 of the Allegation

5. Your conduct at paragraphs 1, 3, and 4 was sexually motivated.

86. The Tribunal reminded itself that the term '*sexual motivation'* was defined by the High Court in the case of *Basson v GMC [2018] EWHC 505* as: "*A sexual motive means that the conduct was done either in pursuit of sexual gratification, or in pursuit of a future sexual relationship*." It considered that the concept of sexual motivation required it to consider Dr Brown's state of mind at the relevant time.

87. The Tribunal considered that Dr Brown had asked Child A his age and was told on three occasions that he was 12 years old, following this he suggested that they move their chat from Kik to Snapchat. Dr Brown also asked Child A if he was interested in *"older guys"* and acknowledged in the chat that Child A was "*very young"*.

88. Dr Brown sent a sexually explicit picture to Child A following conversations about "*wanking"* and asking Child A about getting "*a hardon"*. When Dr Brown sent the sexually explicit picture he requested a picture in response of Child A's erect penis. Dr Brown went on to talk about XXX clubs, anal sex and oral sex and other fetishes such as "*spanking"*. He asked Child A if he was interested in these acts, and he told Child A that he was interested in him.

89. Dr Brown said to Child A, following the conversation about visiting XXX clubs in London, that he had his own place in London. He remarked about the erotic acts which happened at XXX clubs in London and whether Child A was interested in such things. When asked by Child A why he was asking, Dr Brown said because he was interested in him, and that Child A was "*cute"*. It noted that Dr Brown was interested in and explored the geographical location between himself and Child A in their chat.

90. Dr Brown also demonstrated an interest in young boys as was demonstrated by his google searches and the websites which he accessed. It was clear that Dr Brown has an interest in topics which he had brought up in conversations with Child A, such as pictures of *"boys in tighty whities"*.

91. The Tribunal was satisfied that given all the evidence before it of Dr Brown's motivation was sexual in nature. The Tribunal was of the view that the chat led by Dr Brown was not only for his immediate sexual gratification, but it was also preparatory in nature for the potential of a future sexual relationship with Child A, either online or in person.

92. The Tribunal determined therefore that both limbs of sexual motivation as set out in the case of *Basson*, were engaged in this case.

93. The Tribunal therefore found paragraph 5 of the Allegation proved.

94. The Tribunal reminded itself that Dr Brown was entitled to a good character direction. The Tribunal was satisfied however that the chats, pictures and web searches and websites visited constituted contemporaneous evidence which was time stamped and forensically analysed. It was therefore satisfied that strength of the evidence against Dr Brown outweighed the good character direction in this case.

The Tribunal's Overall Determination on the Facts

95. The Tribunal has determined the facts as follows:

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

1. Between 1 December 2021 and 8 February 2022, you engaged in conversations via online platforms ('the Conversations') with an individual ('Child A') who you:

   a. believed was a 12 year old boy;
   Determined and found proved

   b. purported to accept was a 12 year old boy.
   Determined and found proved

2. At all material times you were the user of the username as set out in Schedule 1. **Determined and found proved**

3. During the course of the Conversations, as set out in Schedule 2, you:

a. asked Child A for a picture of their erect penis;
Determined and found proved

b. solicited pictures of Child A from Child A;
Determined and found proved

c. made remarks to Child A that were:

i. sexually explicit; **Determined and found proved**

ii. inappropriate; **Determined and found proved**

d. on one or more occasion, sent an inappropriate/sexually explicit image to Child A. **Determined and found proved**

4. Between 8 August 2020 and 17 October 2021, you undertook searches on a mobile phone and accessed websites as set out at Schedule 3.
Determined and found proved

5. Your conduct at paragraphs 1, 3, and 4 was sexually motivated.
Determined and found 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 - 19/09/2025

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

The Evidence

97. The Tribunal has taken into account all the documentary evidence received during the facts stage of the hearing.

Submissions on behalf of the GMC

98. Ms Hill referred the Tribunal to the relevant legal principles the Tribunal should consider when determining misconduct and impairment, and of the Overarching Objective. She submitted that given the findings of fact, Dr Brown's fitness to practise is impaired by reason of his misconduct.

99. Ms Hill submitted that paragraph 65 of Good Medical Practise (2013)('GMP') is engaged in this case. Namely, "*You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession".* Ms Hill submitted that Dr Brown's conduct can properly be categorised as misconduct as his actions fell far short of what would be proper in the circumstances and further because it amounts to conduct that would be regarded as deplorable by fellow practitioners. She submitted that between the 8 August 2020 and 17 October 2021, Dr Brown undertook searches and accessed the websites as set out in Confidential Schedule 3. She stated the searches evidenced the fact that Dr Brown was actively seeking photos of boys, XXX, online. She said the images he sought were of nude or naked boys, boys in white underwear or boys in school uniform. She submitted that as the online searches progressed, Dr Brown then began actively seeking opportunities to engage online with boys and did so anonymously under the cover of platforms such as Kik and Snapchat. Ms Hill highlighted the name of the group that Dr Brown had joined on Kik, namely *'*[XXX]*'* and submitted that this was a clear indication of Dr Brown's intentions and motivations, that he was actively seeking to engage in communication with boys. She acknowledged that there was inconsistency with regards to Dr Brown reporting his age to Child A, in that he initially stated he was 39, and on another occasion, told Child A that he was 42 years old. However, she submitted that Dr Brown did not seek to hide from Child A, the fact that he was an adult who was sexually active and openly expressed his sexual preferences to Child A. Ms Hill reminded the Tribunal that it had determined that Dr Brown believed and purported to accept that he was communicating with a 12-year-old boy, and that those communications were both inappropriate and sexually explicit.

100. Ms Hill submitted that there was a clear progression in the nature and type of relationship that was developing between Dr Brown and Child A over time. She stated the content of the communications, which were at first inappropriate, became sexualised. Not only did Dr Brown share an image which the police described as an *"image showing underwear with a bulge in the front",* but also solicited similar images from Child A.

101. Ms Hill submitted that whilst the communications ceased on 8 February 2022, it was noteworthy that on 7 February 2022, Dr Brown asked whether Child A was tempted to "*do*

stuff with guys" and commented *"you interest me",* and a chat on video was also contemplated later that day.

102. When considering impairment, Ms Hill submitted that limbs (b) and (c) of the guidance set out by Dame Janet Smith in the Fifth Shipman Report, as referred to in the case of *CHRE v the NMC and Grant*, were engaged in this case. Dr Brown has in the past and/or is liable in the future to bring the medical profession into disrepute; and/or, has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession. She said that the case of *Grant* also emphasised the need to uphold proper professional standards and public confidence in the profession as key factors, and that a Tribunal should consider whether public confidence would be undermined if a finding of impairment were not made in the particular circumstances.

103. Ms Hill submitted that a finding of impairment can properly be made in Dr Brown's case in light of the Tribunal's findings of fact, and that his conduct of repeated and progressive communication with an individual he believed to be a 12-year-old boy was for his sexual gratification and was preparatory in nature for the potential of a future sexual relationship. This, she submitted, represents conduct that seriously undermines public confidence in the profession and brings the profession into disrepute. She stated that the public would not expect doctors to engage in inappropriate and sexually explicit communications with children, either on or offline. She submitted that a finding of impairment would therefore be necessary and appropriate to promote and maintain public confidence in the profession and to promote and maintain proper professional standards.

104. Ms Hill reminded the Tribunal that the conduct took place over three years ago. She said that Dr Brown has made no admissions either in part, or in full, and has not submitted any evidence of remediation. She submitted that the Tribunal was therefore entitled to conclude that Dr Brown has not remediated, or at least, not demonstrated remediation. Ms Hill submitted that Dr Brown had not demonstrated any evidence of insight, or none that has been forthcoming in the course of these proceedings, and that the Tribunal was therefore again entitled to conclude that he has no insight. Ms Hill confirmed that Dr Brown has no relevant fitness to practise history. She submitted that whilst there was no evidence that there has been any repetition of the behaviour, given Dr Brown's lack of acknowledgement of any wrongdoing and his disengagement from this regulatory process, there must be a likelihood of repetition, even if that is considered to be low. Ms Hill submitted however that the conduct was not an isolated incident but amounted to persistent communication with Child A, and as such, was not a single lapse of judgment. Ms Hill stated this should be considered when the Tribunal assesses risk of repetition.

105. Ms Hill submitted that a reasonable and well-informed member of the public would expect a finding of impairment to be made given the morally unacceptable conduct of Dr Brown, both to mark the seriousness of the misconduct, and to uphold proper standards across the medical profession. She submitted that Dr Brown's conduct can properly be described as misconduct that is serious, and that his fitness to practise is impaired by reason of that misconduct. She submitted that all three limbs of the overarching objective are engaged.

The Relevant Legal Principles

106. The Tribunal reminded itself that at this stage of proceedings, there is no burden or standard of proof and the decision of impairment is a matter for the Tribunal's judgement alone.

107. The Tribunal was mindful of the two-stage process to be adopted. Firstly, whether the facts as found proved amounted to misconduct, and that misconduct is serious misconduct. Secondly, if so, whether Dr Brown's fitness to practise is currently impaired as a result of that serious misconduct.

108. In determining whether Dr Brown's fitness to practise is currently impaired, the Tribunal must take into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remediated and any likelihood of repetition.

109. The Tribunal must bear in mind the statutory Overarching Objective as set out in the Medical Act 1983 namely 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.

110. There is no statutory definition of misconduct and the decision in every case as to whether the misconduct is serious has to be made by the Tribunal exercising its own judgment on the facts and circumstances in light of the evidence.

111. In approaching its decision, the Tribunal had regard to the case of *Roylance v General Medical Council (No.2)* [2000]1 AC 311 (UKPC) which states:

> *"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may*

often be found by reference to the rules and standards ordinarily required to be followed by a [medical] practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word professional which links the misconduct to the profession [of medicine]. Secondly, the misconduct is qualified by the word serious. It is not any professional misconduct which would qualify. The professional misconduct must be serious."

112. In *Nandi v General Medical Council [2004] EWHC 2317 (Admin)*, Collins J observed at §31 that in other contexts misconduct has been described as *"conduct which would be regarded as deplorable by fellow practitioners"*.

113. 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 Paula Grant [2011] EWHC 297 Admin.* In particular, the Tribunal considered whether its findings of fact showed that Dr Brown's fitness to practise is impaired in 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 and/or is liable in the future to bring the medical profession into disrepute; and/or*

c. *Has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*

d. *Has in the past acted dishonestly and/or is liable to act dishonestly in the future."*

The Tribunal's Determination on Impairment

Misconduct

114. In determining whether Dr Brown's fitness to practise is currently impaired by reason of misconduct, the Tribunal first considered whether the facts found proved amounted to misconduct.

115. The Tribunal reminded itself of the content that Dr Brown had googled and searched for online between 8 August 2020 and 17 October 2021, which demonstrated that he had a sexual interest in young boys. His google searches included, *'pics of boys sleeping in tighty whities',* and webpages he visited included, '*pics of boys in tighty whities*', '*pics of boys in*

school uniform', '*pics of boys in white underwear'*, '*pics of boys sleeping in white underwear*', '*nude boys'*, and '*naked photos of boys*'. Dr Brown also joined the '[XXX]' group chat on Kik, and following a chat being initiated by someone who Dr Brown believed to be a 12-year-old boy, Dr Brown knowingly attempted to conceal his online communication with Child A telling Child A, *"Not sure we should be chatting on here".* They subsequently began using Snapchat and exchanged messages and pictures on that platform. This behaviour demonstrated to the Tribunal that Dr Brown knew what he was doing was wrong, but continued nevertheless due to his sexual interest in young boys.

116. The Tribunal concluded that Dr Brown escalated the nature and content of chat over the course of three months between 1 December 2021 to 8 February 2022. His comments transitioned from being inappropriate to sexually explicit. Dr Brown asked Child A whether he liked older guys, whether he had boyfriends, whether there were cute boys in his class, stating that he bet Child A looked "*cute*" in uniform. Dr Brown then chose to converse about *"hardons*", *"wanking"*, *"oral/anal"*, "*best to start with a blowjob"* and going on to say "*You are making me hard*", *"love to see…your hardon".* He informed Child A of the adult behaviour and sex acts which he had observed in XXX clubs in London and asked Child A *"what would you like to try*", "*so you tempted to do stuff with guys?*", "*you interest me."* Dr Brown sent inappropriate pictures of himself wearing only his underwear and later sent a sexually explicit picture of him in his underwear, focussing on his groin. The Tribunal further noted that shortly before the exchange between Dr Brown and Child A ended in February 2022, Dr Brown had contemplated a video call when this was suggested by Child A. The Tribunal concluded from this that not only were Dr Brown's interactions with Child A motivated by his pursuit for his own sexual gratification, but these also strongly indicated to the Tribunal an intention to pursue a future sexual relationship with Child A, either online or in person.

117. The Tribunal deduced from the profile picture that Dr Brown had displayed on the Kik chat group named '[XXX]' which was a self-taken picture of his posterior in his white brief type underwear, that Dr Brown's intention at the outset was to engage in inappropriate and or sexually explicit conversations with young boys.

118. The Tribunal noted that clear similarities between the material Dr Brown had searched on the web to references he later makes in his conversation with Child A. Dr Brown searched for material related to "*boys legs in school knee socks*" and subsequently asked Child A for a picture *'Even just a shoe and sock!"* and again asked for a *"pic of shoe/sock if genuine*". Other similarities included searches for "*boys asleep in tighty whities*", "*boys in tiger briefs"* and "*boys in school uniform*". Dr Brown repeatedly sent Child A a picture of himself in white brief type underwear, referring to these as "*tightly whities"* and referred to Child A as looking cute in uniform. It was evident therefore that Dr Brown had a pre-existing

sexual interest in young boys and chose to cross boundaries with Child A by discussing themes he was interested in for the purposes of his own sexual gratification.

119. The Tribunal was of the view that members of the public and fellow practitioners would consider Dr Brown's conduct to be deplorable, reprehensible, morally culpable and disgraceful. The Tribunal characterised Dr Brown's behaviour as predatory. It considered this deplorable behaviour to be compounded by the fact that Dr Brown's conduct amounted to grooming and sexual exploitation of someone he believed to be a child, and the communication was of an extremely explicit nature.

120. The Tribunal was satisfied that the introductory paragraph relating to the duties of a doctor and paragraphs 1 and 65 of GMP were engaged in this case:

> *"Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains."*
>
> "*1. Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law"*
>
> *"65. You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession."*

121. The Tribunal concluded that Dr Brown's conduct was serious and that it breached GMP and fundamental tenets of the profession. The Tribunal therefore concluded that Dr Brown's behaviour fell so far short of the standards of conduct reasonably expected of a doctor that it amounts to serious misconduct.

Impairment

122. Having found that the facts found proved amounted to serious misconduct, the Tribunal went on to consider whether, as a result of that misconduct, Dr Brown's fitness to practise is currently impaired.

123. The Tribunal therefore considered whether Dr Brown's conduct was remediable, had been remedied and whether there was a risk of repetition.

124. When considering whether Dr Brown's conduct was remediable, the Tribunal was of the view that whilst it may theoretically be possible for him to remediate his actions, it would be difficult to do so. It considered that Dr Brown would firstly have to have insight into his actions and acknowledge his wrongdoing. It considered that in view of his sexual interest in young boys, Dr Brown would need to demonstrate how he was managing that impulse. It considered that Dr Brown could have demonstrated remediation, either with a psychological report, with reflection demonstrating insight into his behaviour, providing evidence of steps he has taken to address his actions and compulsions so to prevent any future repetition. Further, any meetings or courses attended to address his behaviour could have assisted the Tribunal in assessing the risk posed by Dr Brown. No such evidence was put before this Tribunal.

125. The Tribunal noted that Dr Brown is of previous good character and that it had before it no evidence of any other regulatory findings against him. It also noted that these events occurred over 3 years ago, and that the conversation was instigated by Child A. However, once engaged, Dr Brown's sexual and inappropriate comments and behaviour were persistent and escalating in nature.

126. The Tribunal was also mindful that Dr Brown's behaviour had not been addressed by courts in Scotland as the matter was discontinued. Further, due to his lack of cooperation in these proceedings, there was no evidence of whether he had sought to address his conduct following his arrest and self-referral to the GMC. There had been no acknowledgement by Dr Brown of any wrongdoing, and he had shown no remorse for his actions. The Tribunal was therefore of the view that the risk of repetition remains.

127. The Tribunal therefore determined that limbs (b) and (c) of the test as set out in *Grant* were engaged in this case.

128. The Tribunal next considered whether it is necessary to find that Dr Brown's fitness to practise is impaired in order uphold the Overarching Objective. It considered that Dr Brown's conduct was so serious that it placed the public, and in particular, children at risk of harm, it undermined public confidence and the expected standards of the medical profession. It concluded that members of the public and members of the medical profession would be appalled if a finding of impairment were not found in this case. The Tribunal therefore found all three limbs of the Overarching Objective were engaged in this case.

129. For all these reasons, the Tribunal determined that Dr Brown's fitness to practise is currently impaired by reason of his misconduct.

Determination on Sanction - 23/09/2025

130. Having determined that Dr Brown's fitness to practise is impaired by reason of misconduct, the Tribunal now must decide in accordance with Rule 17(2)(n) of the Rules on the appropriate sanction, if any, to impose.

The Evidence

131. The Tribunal has taken into account evidence received during the earlier stages of the hearing where relevant in reaching a decision on sanction.

Submissions on behalf of the GMC

132. Ms Hill submitted that the appropriate sanction in this case is one of erasure. She referred the Tribunal to the relevant paragraphs of the Sanctions Guidance (5 February 2024) ('SG'), in deciding what sanction, if any, to impose and said that it must consider the legal duty under the Medical Act 1983 to protect the public and referred it to the overarching objective. She submitted that the lapse of time since these events was the only mitigating factor in this case.

133. Ms Hill submitted that sexual misconduct was an aggravating factor in this case. She stated that the paragraph 149 of the SG sets out that sexual misconduct "*encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patient's relatives or others…".* Further, at paragraph 150 of the SG, that, "*sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies*", and that, *"More serious action, it notes, such as erasure, is likely to be appropriate in such cases.".* Ms Hill also referred the Tribunal to the SG which sets out that tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as inappropriate behaviour towards children or vulnerable adults, and misconduct involving offences of a sexual nature.

134. Ms Hill reminded the Tribunal that Dr Brown has not been convicted of any offence, and that any the SG must be approached and applied in the knowledge of that fact. She said however that the underlying facts of the matters found proved were, on the face of them, capable of comprising the elements of at least attempting to commit sex offences involving

children in both Scotland and England. Ms Hill then reminded the Tribunal of its factual findings and its decision making at the impairment stage in detail.

135. Ms Hill submitted there are no exceptional circumstances in this case which would justify taking no action and that a sanction was necessary to protect the public and maintain public confidence in the medical profession. Ms Hill then addressed the Tribunal on the sanction of conditions, stating that the purpose of conditions is to help the doctor deal with their health issues and or remedy any deficiencies in their practise whilst protecting the public. She submitted that conditions were not appropriate in this case because of the nature and type of allegations proved, namely, sexual misconduct. She further submitted that conditions would not be proportionate or appropriately reflect the gravity of Dr Brown's conduct. Ms Hill said that conditions would be insufficient to maintain public confidence in the profession and to promote proper standards of conduct.

136. When considering suspension, Ms Hil referred the Tribunal to the relevant paragraphs of the SG. She submitted that suspension may be appropriate where there may have been an acknowledgement of fault, and the Tribunal is satisfied that the behaviour or incident is unlikely to be repeated. She said that this was not applicable in the present case. She referred the Tribunal to factors contained in the SG which may indicate that suspension may be appropriate (97, a, e and f, as set out below). Ms Hill submitted that whilst some of those factors may be relevant, they do not indicate that suspension may be appropriate in this case.

137. Ms Hill then referred the Tribunal to the relevant paragraphs of the SG in respect of erasure. She submitted that, at stage two, the Tribunal had determined that Dr Brown's actions represented conduct that was both deplorable and amounted to a very serious breach of professional standards. She referred the Tribunal to paragraph 109 of the SG which set out factors which may indicate erasure was appropriate. She submitted that sub paragraphs, a, b, d, f, i and j (as set out below), were engaged in the case.

138. Ms Hill stated that, in accordance with paragraph 10(d) of the SG, doctors must be trustworthy and act within the law. She also referred the Tribunal to the introductory paragraph in GMP relating to the duties of a doctor, and paragraph 65 of GMP, which were found to be engaged in this case. Ms Hill submitted that these encompass the core principles and fundamental tenets of being a doctor and that Dr Brown's conduct was in breach of those core principles. She submitted that in view of the Tribunal's findings on facts and impairment, Dr Brown's conduct is fundamentally incompatible with continued medical registration and that erasure was the appropriate response to maintain public confidence in

the medical profession and to maintain proper standards of conduct for members of the medical profession.

The Relevant Legal Principles

139. The Tribunal reminded itself that the decision as to the appropriate sanction to impose, if any, was a matter for it alone, exercising its own judgement. In reaching its decision on sanction, the Tribunal must have regard to the SG. The Tribunal further reminded itself that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest, although sanctions may have a punitive effect.

140. The Tribunal bore in mind that in deciding what sanction, if any, to impose, it should start with the least restrictive and consider them in ascending order, imposing the sanction which was appropriate and necessary. In doing so, it may consider submissions made by parties. However, the Tribunal is not bound by the submissions of the GMC, nor is it fettered by any lack of submissions from Dr Brown.

141. Throughout its deliberations, the Tribunal had regard to the three limbs of the overarching objective, namely, the protection of the public, the maintenance of public confidence in the profession, and the promotion and maintenance of proper professional standards and conduct for members of the profession. It applied the principle of proportionality, balancing Dr Brown's interests with the public interest.

The Tribunal's Determination on Sanction

142. The Tribunal first identified the aggravating and mitigating factors.

Aggravating factors

143. The circumstances surrounding the event. The Tribunal had found that Dr Brown's actions were sexually motivated, for his own sexual gratification and were in the pursuit of a future sexual relationship. His actions amounted to conduct which could be described as sexual offences towards a child which included the use of child sex abuse materials namely: the sexually explicit chat; sending a sexually explicit image of himself; and soliciting sexually explicit images from a child. Whilst the Tribunal acknowledged that Dr Brown's conduct did not result in a criminal conviction, his actions were capable of amounting to a criminal offence.

144. Lack of insight: Dr Brown has not provided any evidence of any insight. He has chosen not to engage in the hearing process and has put forward no evidence of any remorse, apology or acknowledgement of having done wrong. He has provided no evidence of steps taken to address his actions or prevent these from being repeated in the future.

145. Conduct in doctor's personal life: Dr Brown had engaged in sexually explicit communications with Child A as part of his personal life. Dr Brown chose to join a chat group for schoolboys and engage in behaviour that was sexually motivated and inappropriate with a child he believed to be 12 years old.

Mitigating Factors

146. Lapse of time: The Tribunal considered the lapse of time of three years since these events took place to be a mitigating factor and the fact that there was no evidence before it of any reoccurrence of the behaviour. The Tribunal was of the view however, that given the seriousness and the nature of Dr Brown's conduct, the lapse of time carried little weight.

147. The Tribunal concluded that the aggravating factors outweighed the mitigating factors in this case.

148. The Tribunal went on to consider each sanction in ascending order, starting with the least restrictive.

No action

149. The Tribunal first considered whether to conclude the case by taking no action. It noted that taking no action following a finding of impaired fitness to practise is only appropriate in exceptional circumstances.

150. The Tribunal was satisfied that there were no exceptional circumstances in Dr Brown's case which could justify it taking no action. Further, the Tribunal considered that concluding the case by taking no action was inconsistent with all three limbs of the overarching objective given the seriousness of Dr Brown's misconduct.

Conditions

151. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Brown's registration. It had regard to the SG, in particular paragraphs 81, 82 and 85:

"81 Conditions might be most appropriate in cases:

a involving the doctor's health

b involving issues around the doctor's performance

c where there is evidence of shortcomings in a specific area or areas of the doctor's practice

d where a doctor lacks the necessary knowledge of English to practise medicine without direct supervision.

82 Conditions are likely to be workable where:

a the doctor has insight

b a period of retraining and/or supervision is likely to be the most appropriate way of addressing any findings

c the tribunal is satisfied the doctor will comply with them

d the doctor has the potential to respond positively to remediation, or retraining, or to their work being supervised."

"85 Conditions should be appropriate, proportionate, workable and measurable."

152. The Tribunal considered that none of the factors identified in paragraphs 81 and 82 of the SG are present in this case and Dr Brown does not have any insight into his misconduct. The Tribunal was also not satisfied that Dr Brown would comply with conditions as he has not engaged with the regulatory process.

153. The Tribunal was of the view that no appropriate, workable, proportionate or measurable conditions could be formulated which would address the seriousness of Dr Brown's misconduct or mitigate the risk of repetition. Further, Dr Brown's conduct was not related to his clinical practise and there is no way of monitoring Dr Brown's online activities through the imposition of conditions.

154. The Tribunal therefore determined that the imposition of conditions would be insufficient to maintain public confidence in the profession and to promote and maintain proper standards of conduct given the seriousness of the conduct found proved.

Suspension

155. The Tribunal then went on to consider suspension. The Tribunal had regard to paragraphs 91, 92, 93, 97(a), (e), (f) and (g) of the SG which provide:

> *'91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor….*
>
> *92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*
>
> *93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated….*
>
> *97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*
>
> *a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*
>
> *…*
>
> *e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.*

f No evidence of repetition of similar behaviour since incident.

g The tribunal is satisfied the doctor has insight and does not pose a significant risk of repeating behaviour.'

156. Whilst the Tribunal was satisfied that 97(f) was engaged in this case, namely that there was no evidence that Dr Brown had behaved in a similar way, it found none of the other factors applied to indicate that suspension would be the appropriate sanction.

157. The Tribunal then had regard to paragraphs 149 and 150 of the SG, in respect of sexual misconduct, which state:

> *"149 This encompasses a wide range of conduct from criminal convictions for sexual assault and sexual abuse of children (including child sex abuse materials) to sexual misconduct with patients, colleagues, patients' relatives or others…*
>
> *150 Sexual misconduct seriously undermines public trust in the profession. The misconduct is particularly serious where there is an abuse of the special position of trust a doctor occupies, or where a doctor has been required to register as a sex offender. More serious action, such as erasure, is likely to be appropriate in such cases."*

158. The Tribunal considered the serious nature of Dr Brown's sexually motivated misconduct which was predatory and amounted to grooming. His conduct had breached the fundamental tenets of the medical profession, namely paragraphs 1 and 65 of GMP. Furthermore, Dr Brown lacked insight, had provided no evidence of remediation, posed an ongoing risk of repetition, and his conduct seriously undermined all three limbs of the overarching objective.

159. The Tribunal was of the view that a period of suspension was not therefore the appropriate and proportionate sanction in this case.

Erasure

160. The Tribunal then had regard to paragraphs 107, 108 and 109a, b, d, h, I and J of the SG:

"107 The tribunal may erase a doctor from the medical register in any case …where this is the only means of protecting the public.

108 Erasure may be appropriate even where the doctor does not present a risk to patient safety, but where this action is necessary to maintain public confidence in the profession. For example, if a doctor has shown a blatant disregard for the safeguards designed to protect members of the public and maintain high standards within the profession that is incompatible with continued registration as a doctor.

109 Any of the following factors being present may indicate erasure is appropriate (this list is not exhaustive).

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.
b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety…
d Abuse of position/trust…
f Offences of a sexual nature, including involvement in child sex abuse materials…
i Putting their own interests before those of their patients…"
J Persistent lack of insight into the seriousness of their actions or the consequences."

161. The Tribunal was satisfied that the sub-paragraphs as set out above in respect of 109 of the SG were engaged in this case.

162. Dr Brown had demonstrated a sexual interest in young boys, making online searches including searching for naked boys, boys in school uniforms and boys in underwear. This was a precursor to him joining an online chat group for schoolboys where he engaged with and escalated his exchanges with someone who he believed to be a 12-year-old boy. Dr Brown had tried to conceal this engagement by moving to a different online chat platform to continue conversing with Child A where his exchanges became more sexually explicit. He shared inappropriate and sexually explicit images of himself and solicited the same from Child A. This conduct was sexually motivated both for his own sexual gratification and for the purpose of pursuing a possible future relationship with Child A. The Tribunal determined that Dr Brown's sexual misconduct was so serious that members of the public would be appalled if Dr Brown was allowed to remain on the medical register. The Tribunal determined that Dr Brown's conduct was fundamentally incompatible with continued registration.

163. The Tribunal considered that Dr Brown's misconduct represented a particularly serious departure from the principles set out in GMP. It found that he had demonstrated a reckless and persistent disregard for these principles, and that he completely lacked insight into the seriousness of his actions and their consequences.

164. In light of the SG and for all the above reasons, the Tribunal determined that the only appropriate and proportionate sanction in this case was that of erasure. The Tribunal determined that erasing Dr Brown's name from the Medical Register would send out a message to the profession and to the public that this type of misconduct was unacceptable for a member of the profession. The Tribunal concluded that an order of erasure was necessary in order to uphold the overarching objective of protecting the public, maintaining public confidence in the medical profession and upholding professional standards and conduct.

165. The Tribunal therefore determined to erase Dr Brown's name from the medical register.

Determination on Immediate Order - 23/09/2025

166. Having determined that Dr Brown's name be erased from the Medical Register, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether Dr Brown's registration should be subject to an immediate order.

Submissions

167. Ms Hill referred the Tribunal to paragraphs 172 and 173 of the SG (as set out below). She submitted that an immediate order is necessary to protect members of the public, and is otherwise in the public interest, given the seriousness of the findings in this case and that they involve sexual misconduct. She submitted that Dr Brown's sexual misconduct has seriously undermined the public's trust in the profession. Ms Hill submitted that had Dr Brown been present or represented, it may have been argued that no immediate order should be made as the doctor needs time to make arrangements for the care of their patients before the substantive order of erasure takes effect. She said however, Dr Brown has retired and that his registration is currently subject to an interim order of suspension which is in place until 27 November 2025. She invited the Tribunal to revoke that interim order.

The Tribunal's Determination

168. The Tribunal has taken account of the relevant paragraphs of the SG, in particular paragraphs 172, 173 and 178 as set out below:

> *172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.*
>
> *173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.*
>
> *178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.*

169. In reaching its determination, the Tribunal considered Ms Hill's submissions and the relevant paragraphs of the SG.

170. The Tribunal determined that, given the seriousness of Dr Brown's misconduct, its findings on impairment and the sanction it has imposed, it was in the public interest to suspend his registration with immediate effect. It noted that Dr Brown has retired but an immediate order of suspension would protect the public from any immediate risk posed by Dr Brown. It concluded that not to suspend Dr Brown's registration with immediate effect would undermine the overarching objective to protect the public, to uphold and maintain high standards of conduct in the medical profession, and to maintain public confidence in the medical profession.

171. The Tribunal concluded that it was necessary to impose an immediate order of suspension in this case given the seriousness of the misconduct.

172. This means that Dr Brown'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.

173. The Interim order of suspension currently imposed on Dr Brown's registration is revoked.

174. That concludes this case.

ANNEX A – 15/09/2025

Service and Proceeding in the doctor's absence

175. Dr Brown is neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal must therefore consider firstly whether service had been properly effected, as required by the General Medical Council (Fitness to Practise) Rules 2004 as amended ('The Rules') and the Medical Act 1983 ('The Act'). If it determines that service has been effected in accordance with the Rules, it will then need to consider whether to proceed in Dr Brown's absence. In reaching its decision it has taken into account all the information before it, including a 'Proof of Service Bundle' and the submissions of Ms Rina Hill, Counsel, on behalf of the General Medical Council ('GMC'). It accepted the advice of the LQC who referred to the relevant Rules and caselaw.

176. The Tribunal had before it documentary evidence which included, but was not limited to, a screenshot from the GMC's internal computer system 'Siebel' showing Dr Brown's email address and registered home address to which the evidence and notice was served. It also had before it the email and hard copy letter from the GMC to Dr Brown serving the draft Rule 15 allegations, dated 20 May 2025. It had the email delivery notification, dated 20 May 2025 and a proof of delivery of the hard copy letter, dated 22 May 2025.

177. The Tribunal also had sight of the email sent to Dr Brown from the GMC enclosing the Rule 34(9) letter and Notice of Allegation, dated 31 July 2025, and the proof of delivery of GMC letter sent to the registered postal address, dated 31 July 2025. Further, it had seen the email to Dr Brown dated 6 August 2025, advising that the Rule 34(9) letter and Notice of Allegation had been sent to his registered address. Dr Brown responded to this email on 7 August 2025, advising that he has been retired since 2021 and that he had withdrawn from the MPT proceedings earlier this year. He also said that his decision not to participate had been validated by a confidentiality breach as material pertaining to XXX had been sent to him. Further, the Tribunal received email correspondence between the GMC and Dr Brown dated 1 September 2025, in which Dr Brown informed the GMC that he would not be participating in these proceedings, clarifying the concerns he had regarding a confidentiality breach. The GMC responded to Dr Brown on 2 September 2025 to address Dr Brown's concern regarding the breach of confidential data, assuring him that the issue had been resolved and there had been no breach in relation to material pertaining to his case.

178. The Tribunal also had before it the Notice of Hearing ('NOH') emailed from the Medical Practitioners Tribunal Service (MPTS), dated 7 August 2025. The NOH was also sent

to Dr Brown's registered home address on 7 August 2025, with a signed proof of delivery on 8 August 2025.

179. At the outset of the hearing, Ms Rina Hill told the Tribunal that Confidential Schedule 2, appended to the Allegation, was to comprise the full content of the conversations that Dr Brown had with Child A. However, Ms Hill told the Tribunal that what appeared within Confidential Schedule 2 was not the *full* content of the conversation. She pointed out that this was not information that was new but was already contained in the police material that Dr Brown had received. Ms Hill also told the Tribunal that similarly, further amendments had been made to the contents as set out in Confidential Schedule 3 so as to align with the evidence. She requested that the Tribunal allow her some time for amended Confidential Schedules 2 and 3 to be served on Dr Brown. Having allowed some time for this to be done, the Tribunal received an email which was sent from the GMC to Dr Brown on 15 September 2025 at 9:56am with the additional evidence set out within Confidential Schedules 2 and 3. This was followed up by a telephone call from the GMC Solicitor at 11:17am, who produced a telephone note confirming that the solicitor has called Dr Brown on his registered telephone number, but the call went to voicemail.

180. The Tribunal adduced the evidence bundle which had been served on Dr Brown on 15 September 2025, in respect of the amended Confidential Schedules 2 and 3.

Service

181. Given the evidence as set out above, the Tribunal was satisfied that the notice of these proceedings has been properly served upon Dr Brown in accordance with Rule 40 of the Rules.

The Tribunal's Determination

182. Having determined that service had been effective, the Tribunal went on to consider whether to proceed in Dr Brown's absence, pursuant to Rule 31 of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'). Rule 31 states:

> ***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.*

183. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the utmost care and caution, balancing the interests of the doctor with the wider public interest.

184. The Tribunal noted that in an email to the GMC, dated 7 August 2025, Dr Brown stated:

> *"I have been retired since 2021 and the GMC investigation has been ongoing for 3 and a half years. I eventually withdrew from the MPT proceedings earlier this year. This decision has been further validated by the GMC's recent failure of confidentiality…"*

185. The Tribunal considered that in the submission of Ms Hill, she set out that the breach of confidentiality was not in respect of Dr Brown or information in respect of his case and that this matter had been addressed with Dr Brown and resolved.

186. The Tribunal was satisfied that the evidence before it demonstrated that Dr Brown is aware of today's proceedings and that he has voluntarily absented himself.

187. The Tribunal concluded that it was in the public interest to proceed and deal with these matters and that there was no evidence to suggest that Dr Brown was unable to attend, wished to attend, or would attend at any later date should the hearing be adjourned. As such, the Tribunal considered an adjournment of the proceedings would serve no useful purpose.

188. Accordingly, the Tribunal determined that it was fair and proper to proceed with the scheduled hearing in Dr Brown's absence.