

PUBLIC RECORD

Dates: 19/08/2024 - 27/08/2024

Medical Practitioner's name: Dr Samuel WHITE
GMC reference number: 6098658
Primary medical qualification: MB BCh 2004 University of Wales

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	Mr Malcolm Dodds
Lay Tribunal Member:	Mr Chris Weigh
Medical Tribunal Member:	Dr Jill Edwards

Tribunal Clerk:	Mr Andrew Ormsby
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Attendance and Representation:

Medical Practitioner:	Not present, not represented
GMC Representative:	Mr Robin Kitching, Counsel

Attendance of Press / Public

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

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 - 22/08/2024

Background

1. Dr White qualified in 2004 at the University of Wales. He went on to work as a General Practitioner (GP) working in a surgery with a number of GPs. At the time of the events set out in the Allegation he had resigned from that surgery and had set up a practice in functional medicine as well as being involved in social media and other events connected with concerns as to the response to the Covid-19 pandemic. After he had resigned from the surgery, he published a social media post online explaining his reasons for his resignation. That social media posting led to complaints being made by a number of people to the GMC who then initiated an investigation.

2. It is alleged that, between June 2021 and July 2022, Dr White took part in interviews which were uploaded to his website and were circulated on video sharing platforms, during which he used his position as a doctor to promote his opinion in relation to the Covid-19 pandemic, which had the potential to undermine public health information and undermine confidence in the medical profession.

The Outcome of Applications Made during the Facts Stage

3. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the GMC (Fitness to Practise) Rules 2004 as amended ('the Rules'). The Tribunal also determined to proceed with the hearing in Dr White's absence in accordance with Rule 31 of the Rules. The Tribunal's full decision on this matter is included at Annex A.

4. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the Rules, to amend the stem of paragraph 1 of the Allegation to read '*Between June 2021 and July 2022*' rather than '*Between June 2021 and June 2022*'.

5. The Tribunal allowed the amendment under Rule 17(6) of the Rules because it did not amount to a material change in the Allegation and corrected an error in the date of one of the videos from June 2022 to July 2022. The Tribunal was satisfied that there was no injustice to Dr White since he had arranged or participated in each of the videos so knew when they had been made and broadcast. While it was unfortunate that this error was only picked up during the Tribunal hearing there was no injustice or unfairness to Dr White in allowing the amendment.

6. The Tribunal also granted the GMC's application, made pursuant to Rule 34(1) of the Rules, to admit new evidence, namely new evidence in the form of 3 screenshots from the videos featuring Dr White and which showed the dates on which those videos were broadcast. In addition, the GMC asked the Tribunal to admit a schedule showing the dates each video was broadcast.

7. The Tribunal agreed to admit the new evidence because it was relevant to clarifying the dates on which the various videos were broadcast. The Tribunal asked for this information at the beginning of the hearing. The Tribunal did not consider there was any unfairness to Dr White in admitting the new evidence since the dates of the videos were known to him since he took part in them. The Tribunal considered that the new evidence made no material difference to the evidence already served on Dr White and simply clarified the dates when the videos were uploaded.

The Allegation and the Doctor's Response

8. The Allegation made against Dr White is as follows:

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

1. Between June 2021 and ~~June~~ July 2022 you:
Amended under Rule 17(6)
 - a. took part in interviews as set out in Schedule 1 ('the Interviews'); **To be determined**
 - b. uploaded the Interviews to your website. **To be determined**

2. In the Interviews you made statements as set out on Schedule 1. **To be determined**
3. In the Interviews you:
 - a. identified yourself as a doctor; **To be determined**
 - b. used your position as a doctor to promote your opinion. **To be determined**
4. When you appeared in the Interviews referred to at paragraph 1 above you did so:
 - a. knowing, and/or; **To be determined**
 - b. intending **To be determined**that they would be publicly circulated on video sharing platforms.
5. By virtue of the matters set out at paragraphs 1-4 above your actions:
 - a. had the potential to undermine public health information; **To be determined**
 - b. had the potential to undermine public confidence in the medical profession. **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**

Documentary Evidence

9. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
 - Transcripts of the Interviews, variously dated:
 - o Holding the Line;
 - o Radical: how to Get Better;
 - o Interview with Dr A;
 - o Direct from the Coal Face;
 - o SGT Report;
 - Screenshots of videos on the website of Dr Sam White, variously dated;
 - Video recordings, variously dated:

- o Holding the Line;
- o Interview with Dr A;
- o Direct from the Coal Face; and
- o SGT Report.

10. The Tribunal did not receive evidence from Dr White since he was absent and the Tribunal had determined to proceed in his absence.

The Tribunal's Approach

11. 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 White 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.

Advice on Freedom of Speech

Article 10 ECHR:

1. Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers. This Article shall not prevent States from requiring the licensing of broadcasting, television or cinema enterprises.
2. The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.

12. Article 10 ECHR is given effect in the United Kingdom by s12 Human Rights Act 1998 which provides:

- (1) This section applies if a court is considering whether to grant any relief which, if granted, might affect the exercise of the Convention right to freedom of expression. The section applies in Dr White’s case since the Tribunal is considering misconduct proceedings as a result of Dr White’s public expression of his views.
- (2) If the person against whom the application for relief is made (“the respondent”) is neither present nor represented, no such relief is to be granted unless the court is satisfied—
 - (a) that the applicant has taken all practicable steps to notify the respondent (which the Tribunal is satisfied of having determined to proceed in the doctor’s absence); or
 - (b) that there are compelling reasons why the respondent should not be notified (not applicable).
- (3) No such relief is to be granted so as to restrain publication before trial unless the court is satisfied that the applicant is likely to establish that publication should not be allowed (not applicable)
- (4) The court must have particular regard to the importance of the Convention right to freedom of expression and, where the proceedings relate to material which the respondent claims, or which appears to the court, to be journalistic, literary or artistic material (or to conduct connected with such material), to—
 - (a) the extent to which—
 - (i) the material has, or is about to, become available to the public; or
 - (ii) it is, or would be, in the public interest for the material to be published;
 - (b) any relevant privacy code.
- (5) In this section—
 - “court” includes a tribunal; and “relief” includes any remedy or order (other than in criminal proceedings).

13. The appropriate structure for analysing the application of Article 10 Convention rights is the series of questions identified by the *Divisional Court in DPP v Ziegler* [2020] QB 253 and approved and applied by the Supreme Court in that case [2022] AC 408 and in *re Abortion Services (Safe Access Zones) (Northern Ireland) Bill* [2022] UKSC 32, at [24], [110 ff]:

- (1) Is what the defendant did in exercise of one of the rights in Article 10? In this case Dr White was exercising his right to freedom of expression
- (2) If so, is there an interference by a public authority with that right? In this case yes since the GMC is seeking to show misconduct as result of what Dr White broadcast

- (3) If there is an interference, is it 'prescribed by law'? Yes since there is a regulatory regime prescribed by statute and rules
- (4) If so, is the interference in pursuit of a legitimate aim as set out in paragraph 2 of Article 10? Yes taking into account the overall aim of protection of the public safety and health set out in Article 10
- (5) If so, is the interference 'necessary in a democratic society' to achieve that legitimate aim? This question will in turn require consideration of the well-known set of sub-questions which arise in order to assess whether an interference is proportionate:
- (a) Is the aim sufficiently important to justify interference with a fundamental right?
 - (b) Is there a rational connection between the means chosen and the aim in view?
 - (c) Are there less restrictive alternative means available to achieve that aim?
 - (d) Is there a fair balance between the rights of the individual and the general interest of the community, including the rights of others?

14. In *Adil v GMC* [2023] EWCA Civ 126 it was stated that the legitimate aims in Article 10.2, which are potentially engaged, are the interests of public safety and protection of health. The function of the National Health Service is to promote and maintain public health and safety. Maintaining public confidence in the NHS and its staff is an essential aspect of providing such a service and serves the same aims. Sanctioning doctors for comments likely to undermine public health and cause harm to the public so as to deter such behaviour also directly engages the aim of protection of public health and safety.

15. In *Adil* the Court held that the fact that a doctor expresses a minority view, even a view shared by a small minority is not sufficient of itself to render his conduct improper. Medical progress depends upon such debate and is littered with examples of what were thought to be heretical views becoming accepted wisdom, and vice-versa. Article 10 and the common law protect the right to express views with which most people disagree. Views contrary to widely accepted medical opinion are not sufficient to establish misconduct. However, the relationship between the views expressed and widely accepted medical opinion is not irrelevant to the question of whether the appellant's conduct undermined confidence in the profession in the particular circumstances of this case.

16. The Court went on to state that views so far removed from any concept of legitimate medical debate mean that an appeal to the importance and breadth of the freedom of

expression protected by Article 10 is misplaced. All depends upon the facts of each individual case. An appeal to some general principle in relation to medical or political debate obscures the need to focus on the particular views expressed by the doctor in this case. Where statements are made by a doctor invoking his status to engender trust and support in them, the extent to which the views are capable of medical and scientific support is a matter of importance. This is recognised by paragraph 68 of *Good Medical Practice* (GMP) which provides that in communication with patients and colleagues a doctor must make clear the limits of their knowledge and make reasonable checks to make sure any information given is accurate. There is an important qualitative difference between a doctor's views which have some supporting scientific basis, even if not widely accepted, and views whose validity or accuracy is unconnected to any supporting evidential basis, in other words baseless.

17. For a doctor to do so invoking his medical experience and expertise brings into play different considerations, in a disciplinary context, when considering the effect it may have on trust and confidence in the profession and on public health. If such views are not merely controversial but baseless in the sense that they are insupportable from a scientific or medical point of view, that is an important consideration. People will take medical views from doctors on trust and may reasonably take them as representing the views of the profession more widely. The expression "views of the profession more widely" does not mean the views of the majority of the profession, but it does mean at least a minority based on information which has been checked for accuracy and with some scientific and medical basis for support. Baseless views are likely to undermine public health and safety. They may be dangerous, both in relation to social behaviour and in relation to vaccination, for reasons which did not trespass into the area of any medical or political debate on the lockdown or other requirements of the Government or the medical or scientific merits or disadvantages of vaccination.

The Tribunal's Analysis of the Evidence and Findings

18. 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.

Paragraph 1(a) of the Allegation

19. The Tribunal considered whether, between June 2021 and July 2022, Dr White took part in the Interviews as set out in Schedule 1.

20. The Tribunal considered the transcripts of the Interviews and watched the videos of four of the five Interviews. The Tribunal matched the transcripts of the four interviews with the relevant videos. It was observed that an individual had appeared in every interview and had identified himself as Dr White in every video of each individual interview and was also cognisant of the Interviews appearing on Dr White's website.

21. The Tribunal further noted Mr Kitching's submission, on behalf of the GMC, that Dr White had never denied being the person in the Interviews, but noted that the doctor had not been in contact with the GMC since 2023.

22. In the circumstances, the Tribunal considered that it was more likely than not that Dr White, as identified in the Interviews, had taken part in the Interviews.

23. Accordingly, the Tribunal determined that paragraph 1(a) of the Allegation was found proved.

Paragraph 1(b) of the Allegation

24. The Tribunal considered whether, between June 2021 and July 2022, Dr White uploaded the Interviews to his website.

25. The Tribunal considered the evidence it had received, namely the screenshots of the Interviews which displayed the website address of XXX.

26. The Tribunal also noted that, during the Interviews, Dr White had referred to his website and referred to uploading interviews to his website.

27. In the circumstances, considering that the Interviews had appeared on Dr White's website, the Tribunal concluded that it was more likely than not that Dr White had uploaded the Interviews to his website.

28. Accordingly, the Tribunal determined that paragraph 1(b) of the Allegation was found proved.

Paragraph 2 of the Allegation

29. The Tribunal considered whether, in the Interviews, Dr White made statements as set out in Schedule 1.

30. The Tribunal noted that it had received transcripts of the Interviews and watched the videos of four of the said Interviews and had been able to match the transcripts to those videos.

31. The Tribunal watched Dr White make the statements as set out in Schedule 1.

32. Therefore, the Tribunal considered that the GMC had discharged its burden of proof to prove that Dr White had, on the balance of probabilities, made the statements as set out in Schedule 1.

33. Accordingly, the Tribunal determined that paragraph 2 of the Allegation was found proved.

Paragraph 3(a) of the Allegation

34. The Tribunal considered whether, in the Interviews, Dr White identified himself as a doctor.

35. The Tribunal considered the transcripts of the Interviews and the videos of the four of those interviews.

36. The Tribunal noted that Dr White had identified himself as a doctor in all of the Interviews. He had given details of his career as a doctor.

37. Therefore, the Tribunal considered that the GMC had discharged its burden of proof to prove that Dr White had, in the Interviews, identified himself as a doctor.

38. Accordingly, the Tribunal determined that paragraph 3(a) of the Allegation was found proved.

Paragraph 3(b) of the Allegation

39. The Tribunal considered whether, in the Interviews, Dr White used his position as a doctor to promote his opinion.

40. The Tribunal examined the transcripts of the Interviews and the videos of the four of those Interviews.

41. The Tribunal considered that Dr White had expressed his opinions on a variety of subjects, particularly in relation to the Covid-19 pandemic and a variety of issues in relation to the pandemic. Further, it noted that he presented himself as a doctor and considered that he had highlighted his expertise whilst expressing his opinion in the Interviews.

42. Dr White made repeated reference to his position as a doctor whilst expressing his opinion. He had uploaded the videos of the Interviews to his website which highlighted his medical expertise and his position as a doctor. The Tribunal considered that he had used his position as a doctor to promote his opinion.

43. Therefore, the Tribunal considered that in the Interviews, Dr White did use his position as a doctor to promote his opinion.

44. Accordingly, the Tribunal determined that paragraph 3(b) of the Allegation was found proved.

Paragraph 4(a) of the Allegation

45. The Tribunal considered whether, when Dr White appeared in the Interviews referred to at paragraph 1 of the Allegation, he did so knowing that they would be publicly circulated on video sharing platforms.

46. The Tribunal considered that, given the format of the Interviews, and the recording of the question-and-answer styled Interviews, it must have been obvious to Dr White that the Interviews would be circulated on video sharing platforms.

47. In relation to Dr White's appearance during his conversation with the journalist in 'Holding the Line', the Tribunal inferred that Dr White must have known that the interview would be shared on a video sharing platform due to the interview style, for example:

“Hello, this is Holding the Line and I’m My [sic] guest today is Dr Sam White. Dr White is a rare breed: a doctor who is prepared to publicly speak out when he sees obvious danger signals that his profession is not acting in the best interests of the public.”

48. In the circumstances, the Tribunal considered that it was more likely than not that when Dr White appeared in the Interviews referred to at paragraph 1 of the Allegation, he did so knowing, that they would be publicly circulated on video sharing platforms.

49. Accordingly, paragraph 4(a) of the Allegation was found proved.

Paragraph 4(b) of the Allegation

50. The Tribunal considered whether, when Dr White appeared in the Interviews referred to at paragraph 1 of the Allegation, he did so intending that they would be publicly circulated on video sharing platforms.

51. The Tribunal considered that, given Dr White’s interview-style, his recording of the Interviews and his reference to his website and his followers, it was more likely than not that he had appeared in the Interviews intending that they would be publicly circulated on video sharing platforms for a wider audience.

52. In relation to Dr White’s interview with ‘Holding the Line’, the Tribunal considered that, given the content and format of the interview he attended as a guest, and the recording of the question-and-answer style interviews, it must have been obvious to Dr White that his interview with ‘Holding the Line’ was intended to be circulated on a video sharing platform for a wider audience, for example:

‘I will be discussing today with Dr White some of the lies that the medical profession might be promoting and the truths that they are trying to conceal, and many other issues related to Covid and how the government has handled it.’

53. In the circumstances, the Tribunal concluded that it was more likely than not that, when Dr White appeared in the Interviews referred to at paragraph 1 of the Allegation, he did so intending that they would be publicly circulated on video sharing platforms.

54. Accordingly, the Tribunal determined that paragraph 4(b) of the Allegation was found proved.

Paragraph 5(a) of the Allegation

55. The Tribunal considered whether, by virtue of the matters set out at paragraphs 1-4 of the Allegation, Dr White's actions had the potential to undermine public health information.

56. Before determining whether Dr White's actions had the potential to undermine public health information the Tribunal had to determine whether what he said was protected by Article 10. Applying the guidance in *Adil* the Tribunal asked itself whether the views expressed by Dr White in the five interviews set out in the GMC's Allegation were so far removed from any concept of legitimate medical debate whereby any appeal to the importance and breadth of the freedom of expression protected by Article 10 was misplaced. Where statements are made by a doctor invoking his status to engender trust and support in them, the extent to which the views are capable of medical and scientific support is a matter of importance.

57. Paragraph 68 of GMP provides that in communication with patients and colleagues a doctor must make clear the limits of their knowledge and make reasonable checks to make sure any information given is accurate. The Tribunal noted the important qualitative difference between a doctor's views which have some supporting scientific basis, even if not widely accepted, and views whose validity or accuracy is unconnected to any supporting evidential basis, in other words baseless. Applying *Adil* for a doctor to do so invoking his medical experience and expertise brings into play different considerations, in a disciplinary context, when considering the effect it may have on trust and confidence in the profession and on public health. If the Tribunal is satisfied it more likely than not that the views expressed by Dr White as set out in the Allegation are not merely controversial but baseless in the sense that they are insupportable from a scientific or medical point of view, that is an important consideration. The Tribunal noted that the public will take medical views from doctors on trust and may reasonably take them as representing the views of the profession more widely. Applying *Adil* the expression "views of the profession more widely" does not mean the views of the majority of the profession, but it does mean at least a minority based on information which has been checked for accuracy and with some scientific and medical basis for support.

58. The Tribunal highlighted the following statements made by Dr White included in Schedule 1 as set out in the GMC's Allegation:

- **Interview 1:**

1. *'It's not just unethical, it's evil. This is a fight between good and evil. There is no question in my mind about that.'*
2. *'This perhaps is one of the most egregious, heinous crimes that we've seen in modern history, perhaps in all history to be honest, because it's happened on such a global scale.'*
3. *'My personal hunch is that these globalists who planned this, you know, a long, long time ago, they are actually making a lot of mistakes and that's been their undoing here'*
4. *'this is tyranny, we never thought we would see this totalitarian, you know, sort of regime ushered in ever again and yet here it is and they've done it you know via using doctors again and manipulating science. And we do not want to live in this post-truth, post-science era...'*
5. *'The fact is you have to listen to the people who are behind this sort of thing, you have to listen to people like Elon Musk, Bill Gates, they've been talking about this kind of nefarious evil for a long, long time'*
6. *'what we are going through now is biblical, that is a fight between good and evil, there is no question in my mind about that.'*

- **Interview 2:**

8. *'It's all planned, it was planned at least a decade ago, and that's why we've seen governments around the world move in lockstep, and I think one of the reasons Bolsonaro from just looking on here has come in for so much criticism is because he has stood up to the globalists.'*
9. *'I want to escape the tyranny here'*
10. *'They are lying, they are lying, that's the end of the story.'*

- **Interview 3:**

12. *'This is not a conspiracy theory, it is a conspiracy of fact'*
13. *'They rolled this out a lot sooner than they had planned, 'cos this was all planned, much like H1M1, but they are making a lot of mistakes, and a lot of very obvious mistakes'*
14. *'It's coming at a very high cost, but in a way I actually see it as an exposure of big pharma, which is pretty much the most powerful industry on Earth, more so than defence, and for a long time these pharmaceutical companies are serial felons, and I believe a lot of this is about exposure ok, and I think there's things'*

going on I probably shouldn't talk about, that are going on behind the scenes, to take down and expose these people once and for all, but we are dealing with the baddest of bad guys.'

15. *'This is a big, big part of exposing the lies that we have been told for many, many years'*

16. *'It's scary, but it's unravelling. It's not unravelling as quickly as we'd like, but it is happening'*

17. *'It's high time that people realised that they cannot trust the government and the media, and trust is evaporating day by day'*

18. *'I think this is about exposing big pharma once and for all, and a global take down. I could be wrong, but that's where I'm at.'*

19. *'In response to being asked 'who is going to take them down?' stated: I don't know, but it will be the military because you can't get justice through the justice system.'*

- **Interview 4:**

20. *'We're dealing with radical communists, ok, there's no diversity of thought or opinion or even of science where these people are concerned. And of course, if you say you would whole-heartedly support the use of HCQ in patients since it has this incredibly safe profile since the 60s, you were labelled a 'Trumpista', ok, and to this liberal educated elite you can't possibly have any allegiance to President Trump.'*

21. *'It's straight out of the Rules for Radicals Playbook and we have these dark opposing forces which don't feel any obligation to prove anything they say. They can simply disregard what you say as misinformation. That's all they feel they need to do. They're so above anything else.'*

- **Interview 5:**

27. *'My stance is that I think....I think there is a virus. Because I think these people have been creating these viruses for many years and that is going to come out shortly'*

28. *'Very clearly not for the benefit of the people in any way, people orchestrating this don't hide it, they tell you....'*

29. *'and so I ... I tend to look at the positives and, given what I have endured over the last year, that is quite an achievement still – all right? – but what it is doing is exposing the evils of the technocrats and technocracy that we live in, the harms and the history of harms of the pharmaceutical industry.'*

59. The Tribunal asked itself if these comments made by Dr White were baseless applying *Adil*. The Tribunal noted that a common theme running throughout many of the interviews was the assertion made by Dr White and assented to by him when others put it forward was that the Covid pandemic had been planned and orchestrated by pharmaceutical companies (Big Pharma) and/or globalists and/or Bill Gates and/or Elon Musk for some years and that the World Health Organisation (WHO) and governments had gone along with those plans as part of some kind of evil tyranny. Dr White referred to or assented to others asserting that there was a big state controlled by globalists. Dr White asserted and assented to the assertion of others that there was a fight between good and evil – Dr White and his supporters being on the side of the good and Big Pharma, WHO, Bill Gates, Elon Musk and the Government being on the evil side. Dr White referred to and assented to assertions by others that this was a kind of biblical fight and that there was a need to escape from tyranny and establish a new world order. Dr White said in one of the interviews “*it is a conspiracy fact*” and referred to a “*deep state department*”. There was reference to the middle levels of the military overthrowing the tyranny. There was reference to the need to be afraid of the Government. There was reference to the four companies who provided vaccines being the four horseman of the apocalypse which Dr White did not dissent from. Dr White referred to the film ‘The Matrix’ as a documentary which the Tribunal found as more likely than not to be an assertion by Dr White that humanity is living in a dystopian world in which intelligent machines control and exploit humanity. The Tribunal was satisfied that it was more likely than not that this was an assertion that Big Pharma and/or globalist controlled and exploited humans. The Tribunal also noted Dr White’s assertion and him assenting to the assertions of others that the entirety of Government, the regulators and the media were corrupt and had been lying to the public. The Tribunal found that it was more likely than not that the assertions made by Dr White as set out above were baseless, were dangerous in that they undermined the medical profession.

60. The Tribunal noted that in *Adil* the Court of Appeal upheld the tribunal’s decision that doctor’s comments on social media amounted to misconduct because they were baseless. In the *Adil* case the comments included that: the Covid 19 pandemic was a conspiracy brought by UK, Israel and USA; Covid 19 pandemic was a multibillion scam which was being manipulated for the benefit of: i. Bill Gates; ii. pharmaceutical companies; iii. the John Hopkins Medical Institute of Massachusetts; iv. the World Health Organisation; and that the Covid-19 pandemic was being used to impose a new world order or words to that effect. The Tribunal found sufficient similarities between the views expressed by Dr Adil (found to have been baseless) to those expressed by Dr White to support its finding that Dr White’s comments were baseless and potentially dangerous. The Tribunal was satisfied that the

statements set above formed no part of widely accepted medical opinion and were, on the balance of probabilities, contrary to such opinion. Many of the statements related to conspiracy theories and the deliberate manipulation of the population by those with another agenda for the infection and vaccine development.

61. One of the key Government messages at the time was that compliance with restrictions was required to 'Protect the NHS'. The Tribunal considered that a doctor asserting as fact such statements of the kind as set out above undermined important public health messages.

62. The Tribunal was in no doubt that, in the context of the status of the pandemic at the time and what Dr White said about his status as a doctor, it was more likely than not that public health was undermined by his comments about the pandemic having been planned by Big Pharma etc and that the messages from the Government and media were all lies.

63. Many of the statements related to conspiracy theories and the deliberate manipulation of the population by those with another agenda for the infection and vaccine development.

64. In the context of the pandemic at the time, and particularly the concerns of a public during lockdown when the public depended on the provision of responsible and trustworthy information, the Tribunal was satisfied that such statements, containing misinformation and conspiracy theories, could be both confusing and destabilising. They had been made by a doctor with some years' experience in the NHS who had promoted his professional experience and credentials in the videos so as to engender trust and confidence in their content in the minds of his audience. The Tribunal determined that, it was more likely than not, such comments undermined public confidence in the medical profession.

65. The Tribunal applied the structure set out in by the Divisional Court in *DPP v Ziegler* [2020] QB 253. The Tribunal has already addressed (1), (2) and (3) above. In relation to (4) If so, is the interference in pursuit of a legitimate aim as set out in paragraph 2 of Article 10? The Tribunal's answer was yes taking into account the overall aim of protection of the public safety and health set out in Article 10. The function of the NHS is to promote and maintain public health and safety. Maintaining public confidence in the NHS and its staff is a legitimate aim to support the provision of health services. Sanctioning doctors for comments likely to undermine public health and confidence in the medical profession so as to deter such behaviour engages the aim of the protection of public health and safety.

66. In relation to (5) if so, is the interference 'necessary in a democratic society' to achieve that legitimate aim? This question requires consideration of a set of sub-questions to assess whether an interference is proportionate:

(a) Is the aim sufficiently important to justify interference with a fundamental right? The Tribunal was of the view that the legitimate aim set out above is sufficiently important to justify interference with Dr White's right to freedom of speech.

(b) Is there a rational connection between the means chosen and the aim in view? The Tribunal was of the view that the regulatory regime and supporting statutes and caselaw formed a rational connection between these disciplinary proceedings and the aim to protect the public and to promote public health and safety.

(c) Are there less restrictive alternative means available to achieve that aim? The Tribunal found no less restrictive means available to achieve the legitimate aim.

(d) Is there a fair balance between the rights of the individual and the general interest of the community, including the rights of others? The Tribunal considered that the case of *Adil* illustrated the fair balance between the rights of Dr White and the general interests of the community and when it was appropriate to interfere with the right to freedom of expression.

67. Where statements are made by a doctor invoking his status to engender trust and support in them, the extent to which the views are capable of medical and scientific support is a matter of importance. This is recognised by paragraph 68 of GMP which provides that in communication with patients and colleagues a doctor must make clear the limits of their knowledge and make reasonable checks to make sure any information given is accurate. There is an important qualitative difference between a doctor's views which have some supporting scientific basis, even if not widely accepted, and views whose validity or accuracy is unconnected to any supporting evidential basis, in other words baseless. If such views are not merely controversial but baseless in the sense that they are insupportable from a scientific or medical point of view, that is an important consideration for the Tribunal. The public will take medical views from doctors on trust and may reasonably take them as representing the views of the profession more widely. Opinions expressed by a doctor which

are baseless and dangerous, invoking his status and experience to engender trust in them, are not 'legitimate' in the sense of enjoying absolute immunity under Article 10 rights of freedom of expression or being incapable of amounting to misconduct.

68. Therefore, the Tribunal concluded that by virtue of the matters set out at paragraphs 1-4 of the Allegation, Dr White's actions had the potential to undermine public health information.

69. Accordingly, the Tribunal determined that paragraph 5(a) of the Allegation as found proved.

Paragraph 5(b) of the Allegation

70. The Tribunal considered whether, by virtue of the matters set out in paragraphs 1-4 of the Allegation, Dr White's actions had the potential to undermine public confidence in the medical profession.

71. The reasons set out above in relation to para 5(a) apply to paragraph 5(b).

72. The Tribunal considered such statements as the following:

'14. It's coming at a very high cost, but in a way I actually see it as an exposure of big pharma, which is pretty much the most powerful industry on Earth, more so than defence, and for a long time these pharmaceutical companies are serial felons, and I believe a lot of this is about exposure ok, and I think there's things going on I probably shouldn't talk about, that are going on behind the scenes, to take down and expose these people once and for all, but we are dealing with the baddest of bad guys.'

'15. This is a big, big part of exposing the lies that we have been told for many, many years'

'16. It's scary, but it's unravelling. It's not unravelling as quickly as we'd like, but it is happening'

'19. I don't know, but it will be the military because you can't get justice through the justice system.'

73. The Tribunal considered that such statements made by Dr White were baseless, rather than a contribution to a legitimate debate, and that his actions in expressing baseless opinions, in an inappropriate way, using his position as a doctor did indeed have the potential to undermine public confidence in the profession.

74. Therefore, the Tribunal concluded that it was more likely than not that Dr White's actions had the potential to undermine public confidence in the medical profession.

75. Accordingly, the Tribunal determined that paragraph 5(b) of the Allegation was found proved.

The Tribunal's Overall Determination on the Facts

76. The Tribunal has determined the facts as follows:

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

1. Between June 2021 and ~~June~~ July 2022 you:
Amended under Rule 17(6)
 - a. took part in interviews as set out in Schedule 1 ('the Interviews');
Determined and found proved
 - b. uploaded the Interviews to your website.
Determined and found proved
2. In the Interviews you made statements as set out on Schedule 1.
Determined and found proved
3. In the Interviews you:
 - a. identified yourself as a doctor; **Determined and found proved**
 - b. used your position as a doctor to promote your opinion.
Determined and found proved
4. When you appeared in the Interviews referred to at paragraph 1 above you did so:
 - a. knowing, and/or; **Determined and found proved**
 - b. intending **Determined and found proved**that they would be publicly circulated on video sharing platforms.

5. By virtue of the matters set out at paragraphs 1-4 above your actions:
 - a. had the potential to undermine public health information;
Determined and found proved
 - b. had the potential to undermine public confidence in the medical profession. **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 - 23/08/2024

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

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing. The Tribunal received no further evidence for this stage of the proceedings.

Submissions

Submissions on behalf of the GMC

3. Mr Kitching submitted that Dr White’s fitness to practise was clearly impaired by reason of misconduct, and that all three limbs of the overarching objective, as well as the public interest, were engaged on the facts of this case.

4. Mr Kitching submitted that the proven facts amounted to a pattern of conduct which involved Dr White engaging in five interviews over an extended period.

5. Mr Kitching stated that Dr White’s actions, by having the potential to undermine public health information and public confidence in the profession, struck at the heart of fundamental standards that are expected of doctors, and reached the level of seriousness which constitutes misconduct.

6. Mr Kitching submitted that it was the manner in which Dr White expressed his opinions and his scepticism of the legitimate efforts of the Government and the wider medical profession that constituted misconduct. He stated that the doctor characterised the actions of public servants as being, in essence, part of a wicked global conspiracy.

7. Mr Kitching stated that Dr White's comments were not made in pursuance of legitimate, or even controversial, medical debate but instead amounted to '*scaremongering*' which was designed to reach as wide an audience as possible and was intended to discourage that said audience from following medical advice.

8. Mr Kitching submitted that the fact that a pandemic was taking place at the time of Dr White's interviews was an aggravating matter and that there could be no doubt that such a context added to the seriousness of the misconduct.

9. Mr Kitching acknowledged that Dr White had an otherwise unblemished record and noted that the last date included in the Allegation was over two years ago. He stated that both of those factors could be considered to be in the doctor's favour. However, he stated that the duration of his conduct, and repeated nature, of Dr White's actions in relation to the interviews should also be considered.

10. Mr Kitching submitted that the Tribunal had received no evidence which might indicate that Dr White had developed any understanding of the seriousness of his actions and of why his conduct was wrong.

11. Mr Kitching stated that it follows that there was a complete absence of evidence of remediation on the part of the doctor. As such there was nothing before the Tribunal, by way of insight or remediation, which could mitigate the wrongdoing and misconduct in this case. Further, he stated that there was nothing before the Tribunal that would reassure it that there would be no repetition of misconduct.

The Relevant Legal Principles

12. 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.

13. In approaching the decision, the Tribunal applied the overriding objective of the protection of the public which involved the pursuit of the following objectives:
- a) to protect, promote and maintain the health, safety and well-being of the public,
 - b) to promote and maintain public confidence in the medical profession, and
 - c) to promote and maintain proper professional standards and conduct for members of that profession.
14. The Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious, and then whether the finding of that misconduct which was serious, could lead to a finding of impairment.
15. The Tribunal must determine whether Dr White’s fitness to practise is impaired today, taking into account Dr White’s conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. The Tribunal was also obliged to consider whether a finding of impairment was required on public interest grounds alone.
16. The Tribunal noted that there is no statutory definition of misconduct. It was held in *Roylance v GMC (No.2)* [2000] 1 AC 311, that ‘misconduct’ in the context of the previous term ‘*serious professional misconduct*’ was qualified by the word ‘*serious*’ so that not any professional misconduct will qualify. The professional misconduct must be serious. The Tribunal applied *Remedy UK Ltd v General Medical Council* [2010] EWHC 1245 (Admin), which described misconduct as ‘*sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise*’. The Tribunal considered another formulation in *Nandi v GMC* [2004] EWHC where it was said that conduct needed to be given proper weight namely conduct which would be regarded as deplorable by fellow practitioners.
17. Whilst there is no statutory definition of impairment, the Tribunal had regard to the case of *CHRE v NMC and Grant* [2011] EWHC 927 where Dame Janet Smith’s observations in the Fifth Report of the Shipman Inquiry were endorsed. Dame Janet Smith suggested that questions of impairment could be considered in the light of the following considerations:

‘Do our findings of fact in respect of the doctor’s misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- a. has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- b. has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or*
- c. has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or*
- d.’*

18. The Tribunal had regard to the case of *Cohen v GMC* [2008] EWHC 581 (Admin), which ruled that at the impairment stage, a tribunal ought to take account of evidence and/or submissions from both the doctor and the GMC that the doctor’s failings and ask:

- 1) Are the proven concerns about the doctor’s behaviour, skills, performance or health remediable?
- 2) Have the concerns about the doctor’s behaviour, skills, performance or health been remedied?
- 3) Are the concerns about the doctor’s behaviour, skills, or performance likely to be repeated?

19. In terms of insight the Tribunal considered *Sawati v GMC* [2022] EWHC 283 (Admin) which defined insight as *‘an acknowledgment or appreciation of failings’*. Insight (or lack of it) applies whatever the risk of repetition. Its purpose is to allow the risk of repetition (however low) to be recognised and avoided. Has the doctor put in place the necessary strategies to recognise the risk of repetition and prevent it (*Shah Shahin Ali v General Medical Council* [2023] EWHC 2400).

20. A doctor could demonstrate they have insight if they:

- 1 Demonstrate that they have reflected on their own performance or conduct and understand what went wrong

- 2 Accept they should have behaved differently in the circumstances
- 3 Demonstrate that they understand the impact or potential impact of their performance or conduct
- 4 Demonstrate empathy for any individual involved
- 5 Take timely steps to remediate and identify how they will act differently in the future to avoid similar issues arising.

The Tribunal's Determination on Impairment

Misconduct

21. The Tribunal identified the following mitigating features. Dr White was of previous good character with no previous findings of misconduct. The events behind the proven Allegation date up to July 2022, some two years ago. The Tribunal notes the lapse of time since the last broadcast. The Tribunal had no evidence that there had been any subsequent video(s).

22. The Tribunal identified the following aggravating features. Dr White produced videos over a prolonged period from June 2021 to July 2022. His videos were made available to, and were intended to be seen by, a large audience. These videos were made during the Covid pandemic which was a time of fear and uncertainty for many. The public relied on information provided to them by the medical profession.

23. The Tribunal noted that Dr White's views about the vaccine and the Government's response to it may have fallen within the scope of legitimate debate and the right to freedom of expression of a minority view. However, the Tribunal has found that he went far beyond that. As set out in the Tribunal's determination of the Allegation the assertion made by Dr White and assented to by him when others put it forward was that the Covid pandemic had been planned and orchestrated by pharmaceutical companies (Big Pharma) and/or globalists for some years and that the World Health Organisation and governments had gone along with those plans as part of some kind of evil tyranny. Dr White referred to or assented to others asserting that there was a big state controlled by globalists. Dr White said: *'It's high time that people realised that they cannot trust the government and the media, and trust is evaporating day by day'* and Dr White asserted and assented to the assertions of others that the entirety of Government, the regulators and the media were corrupt and had been lying to the public. Dr White went on to say *'They are lying, they are lying, that's the end of the story'* and *'This is a big, big part of exposing the lies that we have been told for many, many*

years'. The Tribunal found that it was more likely than not that the assertions made by Dr White as set out above were baseless and were dangerous in that they undermined important public health messages.

24. The Tribunal noted that the public usually take medical views from doctors on trust and may reasonably take them as representing the views of the profession more widely. Dr White's videos contained baseless misinformation and conspiracy theories that were likely to be both confusing and destabilising. They had been made by a doctor with some years' experience in the NHS who had promoted his professional experience and credentials in the videos so as to engender trust and confidence in their content in the minds of his audience. Such comments undermined public confidence in the medical profession.

25. The Tribunal was of the view that Dr White's baseless assertions amounted to unreasonable scaremongering.

26. In reaching its determination as to whether Dr White's proven actions amounted to misconduct, the Tribunal had regard to *Good Medical Practice* (2013) (GMP), in particular the following:

'14 You must recognise and work within the limits of your competence.'

The Tribunal is satisfied that Dr White failed to do this when he made his baseless claims.

'35 You must work collaboratively with colleagues, respecting their skills and contributions.'

The Tribunal is satisfied that Dr White breached this requirement with his baseless claims which included direct or implied criticism of colleagues with a different view to his.

'37 You must be aware of how your behaviour may influence others within and outside the team.'

Dr White's baseless claims and scaremongering would have had an adverse influence on scared and worried members of the public.

'54 You must not express your personal beliefs (including political, religious and moral beliefs) to patients in ways that exploit their vulnerability or are likely to cause them distress.'

The Tribunal is satisfied that Dr White's baseless claims and scaremongering is likely to have caused patients and the wider public (worried and confused about the pandemic) distress and greater confusion.

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

As already set out the Tribunal is satisfied that Dr White's misconduct undermined public trust in the profession.

'68 You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.'

The Tribunal has already set put its determination as Dr White's breach of paragraph 68 GMP in its determination of the GMC's Allegation.

27. The Tribunal noted that Dr White had repeatedly appeared in publicly circulated interviews, during which he used his position as a doctor to promote opinions which had the potential to both undermine public health information and public confidence in the profession.

28. Taking into account the mitigating and aggravating features and the highlighted breaches of GMP the Tribunal is satisfied that the findings it has made at the fact-finding stage amount to serious misconduct. Dr White made repeated baseless claims over a prolonged period with the intention of those claims being brought to the attention of many people as possible that the pandemic was planned as part of some kind of global conspiracy. The Tribunal determines that this involved sufficiently serious misconduct such as it can properly be described as misconduct going to fitness to practise. In addition the Tribunal was satisfied that Dr White's baseless claims and scaremongering amounted to conduct which brought disgrace upon the doctor and prejudiced the reputation of the profession. The Tribunal was satisfied that Dr White's conduct would be regarded as deplorable by fellow practitioners.

Impairment

29. The Tribunal, having found that the facts found proved in relation to Dr White's actions, amounted to serious misconduct, went on to consider whether, as a result of that serious misconduct, Dr White's fitness to practise was currently impaired.

30. The Tribunal acknowledged that Dr White was of good character and there had been no other regulatory findings against his registration.

31. In terms of impairment the Tribunal considered three of the four questions (the fourth question not being relevant) outlined in the guidance provided by Dame Janet Smith in the Fifth Shipman Report adopted by the *High Court in CHRE v NMC and Paula Grant* [2011] EWHC 297 Admin.

32. The first question was whether Dr White 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? As set out above the Tribunal is satisfied that Dr White's baseless claims and scaremongering did put the patients at unwarranted risk of harm. Dr White has not engaged with the regulatory proceedings. On the available evidence the Tribunal finds it more likely than not that there is a risk that Dr White might repeat his claims.

33. The second question was whether Dr White had in the past brought and/or is liable in the future to bring the medical profession into disrepute, The Tribunal is satisfied that his baseless claims and scaremongering had brought the medical profession into disrepute. The Tribunal finds it more likely than not that he might repeat his claims so might bring the medical profession into disrepute in the future.

34. The third question was whether Dr White had in the past committed a breach (other than one which is trivial) of one of the fundamental tenets of the medical profession and/or is liable to do so in the future. The Tribunal noted that paragraph 1 of GMP requires doctors to act with integrity. The Tribunal notes that 'integrity' is a useful shorthand to express the higher standards which society expects from professional persons and which the professions expect from their own members. Medical professionals have a privileged and trusted role in society. In return they are required to live up to their own professional standards. The Tribunal is satisfied that in making baseless claims and scaremongering Dr White failed to act with integrity. The Tribunal has already identified other serious breaches of GMP.

35. In terms of remediation the Tribunal asked whether the proven concerns about the doctor's behaviour, skills, performance or health are remediable? The Tribunal was satisfied that the concerns were remediable e.g., by Dr White publicly renouncing his baseless claims. The Tribunal asked whether the concerns about the doctor's behaviour, skills, performance or health had been remedied? Dr White had not engaged with the GMC for some time and had not engaged with these proceedings. The Tribunal on the available evidence could not be satisfied that the concerns had been remedied. The Tribunal asked whether the concerns about the doctor's behaviour, skills, or performance were likely to be repeated? On the available evidence before it the Tribunal could not rule out the risk that Dr White might repeat his baseless claims.

36. The Tribunal in its approach as to whether Dr White's fitness to practise is impaired gave substantial weight to the public interest, including the protection of patients, the maintenance of public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.

37. In terms of insight there was no evidence of any acknowledgment or appreciation of failings by Dr White. There was no evidence that Dr White had put in place any necessary strategies to recognise the risk of repetition and prevent it.

38. The Tribunal considered that Dr White could demonstrate insight if he:

1. Demonstrated that he had reflected on his own performance or conduct and understand what went wrong
2. Accepted he should have behaved differently in the circumstances
3. Demonstrated that he understood the impact or potential impact of his performance or conduct
4. Demonstrated empathy for any individual involved
5. Taken timely steps to remediate and identify how he would act differently in the future to avoid similar issues arising.

39. There was no evidence that Dr White had demonstrated any of the above. Dr White had not engaged with the regulatory process and had absented himself from this hearing. The Tribunal had received no evidence of any insight or remediation on the part of Dr White. There had been no reflection or recognition of fault in this case, nor any evidence that Dr White understands the gravity of his misconduct. On that basis, the Tribunal considered that

a risk of repetition of his misconduct could not be excluded, notwithstanding Dr White's previous good character.

40. The Tribunal considered that a finding of impairment was necessary 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 the profession.

41. Accordingly, the Tribunal determined that Dr White's fitness to practise was impaired by reason of his misconduct.

Determination on Sanction - 27/08/2024

1. Having determined that Dr White's fitness to practise is impaired by reason of misconduct, 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 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 Kitching submitted that the appropriate sanction in this case was one of suspension, and that the suspension should be at the '*upper end*' of the 12 months period that was available to the Tribunal. Further he stated that a review would be necessary.

4. Mr Kitching reminded the Tribunal of its finding that Dr White had not provided any evidence in relation to insight, or to steps that he has taken to remedy misconduct and stated that suspension was necessary to fulfil the statutory objective and the public interest.

5. Mr Kitching reminded the Tribunal that Dr White's interviews were recorded and uploaded at a time when the pandemic was raging. He stated that the doctor's comments, in the said interviews, were *'utterly irresponsible and indeed indefensible'*.
6. Mr Kitching submitted that the baseless claims identified by the Tribunal, and referenced in Schedule 1, were entirely unsupported by scientific evidence and that it was abundantly clear that the doctor had relished his role as a persecuted minority.
7. Mr Kitching stated that there was an argument for saying that erasure would be justified in this case, not as a punishment, but as being necessary to satisfy the public interest. However, he stated that the GMC took the view that there were features in this case which would allow the Tribunal to draw back from the ultimate sanction.
8. Mr Kitching submitted that there had been a lapse of time since the last video was uploaded and noted a lack of repetition. He also stated that there was no evidence that Dr White had expressed opinions related to a conspiracy during individual patient consultations and that, if there had been such evidence, erasure would surely be appropriate.
9. Mr Kitching stated that GMP demonstrated how far below the standard to be expected of a medical professional Dr White fell. Further, he referred the Tribunal to the *Sanctions Guidance (2024) (SG)* in relation to the public interest and behaviour unbecoming of a practitioner. He emphasised that the GMC stood by its submission that Dr White's conduct was not fundamentally incompatible with continued registration and that suspension would adequately reflect the facts of the case.
10. Mr Kitching concluded by stating that the facts of this case were extremely serious, and that no mitigation was available to the doctor other than the lapse of time since the uploading of the last video. He stated that a suspension for a significant time was necessary for the doctor to reflect, gain insight and to remediate.

The Tribunal's Determination on Sanction

11. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement. There is no burden or standard of proof at this stage. It recognises that every case will necessarily turn on its own facts. The Tribunal has a wide discretion and the Tribunal's decision on sanction involves a multi-factorial evaluative

judgment, based on the evidence before them, including the Tribunal’s assessment of the doctor.

12. In reaching its decision, the Tribunal has given careful consideration to the SG generally and to all the paragraphs outlined in submissions. It has borne in mind that the purpose of a sanction is not to be punitive, although it may have a punitive effect.

13. The Tribunal has borne in mind that in deciding what sanction, if any, to impose, it should consider the sanctions available, starting with the least restrictive.

14. Throughout its deliberations, the Tribunal has taken into account the overarching objective, and applied the principle of proportionality, balancing Dr White’s interests with the public interest.

15. When considering the principle of proportionality, the Tribunal had regard to the judgment in the case of *Bolton v. Law Society* [1994] 1 WLR 512, in which Sir Thomas Bingham stated that ‘*the reputation of the profession is more important than the fortunes of any one individual member. Membership of a profession brings many benefits, but that is part of the price*’.

16. The Tribunal has taken into account its earlier determinations on the Allegation and on impairment, the SG and GMP, and the submissions of Mr Kitching on behalf of the GMC.

Aggravating and Mitigating Factors

17. The Tribunal first identified what it considered to be the aggravating and mitigating factors in this case.

Aggravating Factors

18. The Tribunal considered that Dr White’s assertions in the interviews that the Covid-19 pandemic had been planned and orchestrated by pharmaceutical companies (Big Pharma) and/or globalists for some years and that the World Health Organisation and that governments had gone along with those plans as part of a global conspiracy were clearly seriously inappropriate.

19. The Tribunal considered that Dr White’s claims regarding the pandemic amounted to baseless assertions at a time when the public might look to medical professionals for guidance. In such circumstances his misconduct had the potential to cause serious harm to the public.

20. Dr White made repeated baseless claims over a prolonged period with the intention of those claims being brought to the attention of as many people as possible.

21. Dr White had repeatedly appeared in publicly circulated interviews, during which he used his position as a doctor to promote opinions which had the potential to both undermine public health information and public confidence in the profession. In this respect the Tribunal considered that Dr White had abused his position as a doctor.

22. The Tribunal identified serious breaches of paragraphs 14, 35, 37, 54, 65 and 68 of GMP set out in its determinations on the facts and on impairment.

Mitigating Factors

23. The Tribunal identified the following mitigating factors in this case.

24. The Tribunal noted that Dr White was of previous good character.

25. The Tribunal noted that Dr White’s misconduct had not involved the sharing of his views with patients individually. However, the Tribunal considered this to be of limited mitigation and did not impact on the seriousness of his misconduct.

26. The Tribunal noted that it had received no evidence of repetition of misconduct since July 2022.

27. As a result of Dr White not engaging in these proceedings there was no evidence of any insight or remediation for the Tribunal to consider. There was no evidence that Dr White understood the nature or gravity of his misconduct. There was no evidence of any attempts by him to address or remediate his misconduct. There were no expressions of regret or apology. There was no evidence that Dr White accepts that he should have behaved differently showing understanding as to the nature of his misconduct. There was no evidence of any timely development of insight in the context of Dr White’s prolonged lack of engagement with the GMC or leading up to or during the hearing.

No action

28. 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 would only be appropriate in exceptional circumstances.

29. The Tribunal determined that there were no exceptional circumstances in this case which would justify taking no action.

Warning

30. The Tribunal noted that a warning was inapplicable in this case since a warning could only be considered if the Tribunal had not found Dr White to be impaired. The Tribunal had found Dr White impaired.

Undertakings

31. The Tribunal noted that no undertakings had been offered or agreed in this case. The Tribunal noted the context of Dr White not having engaged with the GMC for some time and not engaging in these proceedings or in this hearing. The Tribunal was satisfied that undertakings were inapplicable in this case.

Conditions

32. The Tribunal next considered whether it would be appropriate to impose conditions on Dr White's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. It noted the GMC's submission that the imposition of conditions did not reflect the seriousness of Dr White's misconduct and would be unworkable.

33. The Tribunal determined that no workable or measurable conditions could be formulated which would address the seriousness of Dr White's misconduct.

34. It noted that conditions would not be workable since Dr White had not engaged with the regulatory process. The Tribunal had regard to paragraph 82 of SG giving examples when conditions might be workable. In Dr White's case there was no evidence of insight. The

Tribunal did not consider a period of retraining or supervision was an appropriate way of addressing Dr White’s misconduct. The Tribunal was not satisfied that Dr White would comply with any retraining or supervision. The Tribunal could not be satisfied that Doctor White had insight or would comply with conditions or that he has the potential to respond positively to remediation. The Tribunal had regard to paragraphs 80-81 of the SG which gave examples of the purpose of conditions and when conditions might be most appropriate:

‘80 In many cases, the purpose of conditions is to help the doctor to deal with their health issues and/or remedy any deficiencies in their practice or knowledge of English, while protecting the public. In such circumstances, conditions might include requirements to work under supervision.’

‘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.’

35. The Tribunal found none of the examples in paragraphs 80-81 of the SG applied in Dr White’s case.

36. Further, the Tribunal considered that the imposition of conditions would not mark the seriousness of Dr White’s misconduct and would be insufficient to maintain public confidence in the profession or to promote and maintain standards for members of the profession.

Suspension

37. The Tribunal then went on to consider whether imposing a period of suspension on Dr White’s registration would be appropriate and proportionate.

38. The Tribunal acknowledged that suspension has a deterrent effect and can be used as a signal to the doctor, the profession, and to the public about what is regarded as behaviour unbecoming a registered doctor.

39. The Tribunal took account of the following paragraphs of the SG which indicate circumstances in which it may be appropriate to impose a sanction of suspension:

'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. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.'

'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, e.g. because of previous unsuccessful attempts or doctor's unwillingness to engage.

[...]

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

40. The Tribunal had regard to its impairment determination and its finding that Dr White's misconduct was a serious breach of paragraph 65 of GMP and undermined public trust in the profession.

41. The Tribunal noted the particular provisions in paragraph 93 of the SG that 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. In Dr White's case there had been no acknowledgement of fault. The Tribunal has found that there remains a risk that Dr White may repeat his baseless claims. Given Dr White's lack of engagement the Tribunal could not be satisfied that he would engage with or co-operate with any review.

42. Applying paragraph 97 of the SG the Tribunal has identified a series of serious breaches of GMP.

43. Further, the Tribunal considered that Dr White's misconduct had evidenced a blatant disregard for public health information and for the impact of making baseless claims in the context of the pandemic.

44. The Tribunal also noted that Dr White's misconduct had shown a deliberate and reckless disregard for GMP.

45. In the absence of evidence of remediation, the lack of expressions of regret or remorse and the absence of any evidence of insight to this Tribunal, it could not be satisfied that Dr White did not pose a significant risk of repeating his behaviour.

46. The Tribunal determined that the seriousness of Dr White's misconduct, lack of any evidence of insight, and the continued risk that he posed were incompatible with continued registration due to the need to protect the public, to maintain public confidence and uphold proper professional standards.

47. The Tribunal acknowledged Mr Kitching's submissions but determined that suspension of Dr White's registration would not be appropriate and would not be sufficient to send a message to the profession and the wider public about the gravity of the misconduct.

48. In the circumstances, having had regard to the findings at the facts and impairment stages of this hearing, and the continued risk that Dr White posed, the Tribunal was satisfied that a period of suspension imposed upon the doctor's registration would not be appropriate and would not meet the overarching objective.

Erasure

49. Having determined that a sanction of suspension would be insufficient to protect the public interest or satisfy the statutory overarching objective, the Tribunal went on to consider paragraph 108 of the SG and determined that it was engaged by Dr White's misconduct:

'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.'

50. The Tribunal also took account of paragraph 109 of the SG, in particular:

'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 (see Good medical practice, paragraph 81: 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession').

[...]

j Persistent lack of insight into the seriousness of their actions or the consequences.'

51. The Tribunal has found that Dr White demonstrated a blatant and repeated disregard for the truth which had the potential to both undermine public health information and public confidence in the profession. The Tribunal had found that Dr White's baseless claims were particularly serious departures from paragraphs 14, 35, 37, 54, 65 and 68 of GMP. The Tribunal was satisfied that Dr White's behaviour was difficult to remediate because of his lack

of engagement and the lack of any evidence of acknowledgement of fault or insight. The Tribunal found that his baseless claims amounted to a deliberate or reckless disregard for the principles set out in GMP and put the public at risk. The Tribunal found that Dr White had abused his position and the trust held by doctors in disseminating his baseless claims and agreeing with the baseless claims made by others in some of the videos. The Tribunal considered Dr White's misconduct, and the continued risk that he posed, given the lack of evidence of any regret, insight and remediation, and the doctor's continued lack of engagement with the regulatory process. The Tribunal considered those factors to be incompatible with Dr White's continued registration as a doctor.

52. The Tribunal reminded itself that the public needs good doctors, and that it had received no evidence to suggest that Dr White was anything other than a good clinician. However, the Tribunal found that this could in no way mitigate Dr White's serious misconduct.

53. Having regard to all the evidence before it, the relevant paragraphs in the SG, and the statutory overarching objective, the Tribunal determined that the only appropriate and proportionate sanction was one of erasure.

54. Further, the Tribunal concluded that erasure was necessary to protect, promote and maintain the health, safety and well-being of the public; maintain public confidence in the medical profession, and to uphold proper professional standards and conduct for members of the profession.

55. The Tribunal therefore directed that Dr White's name be erased from the Medical Register.

Determination on Immediate Order - 27/08/2024

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

Submissions

Submissions on behalf of the GMC

2. Mr Kitching submitted that the imposition of an immediate order upon Dr White's registration was necessary.
3. Mr Kitching invited the Tribunal to take into account the seriousness of Dr White's misconduct, the doctor's lack of engagement with the regulatory process, and the Tribunal's findings regarding the likelihood of a repetition of the misconduct.
4. Mr Kitching stated that, in the circumstances, an immediate order was necessary given the circumstances of this case.

The Tribunal's Determination

5. In reaching its decision, the Tribunal has exercised its own judgement, and has taken account of the principle of proportionality. The Tribunal has borne in mind that it may impose an immediate order where it is satisfied that it is necessary for the protection of members of the public, is in the public interest, or is in the best interests of the practitioner.
6. The Tribunal noted that the decision as to whether to impose an immediate order was at its discretion based on the facts of the case, taking into account whether it was appropriate for the doctor to continue to practise during an appeal period.
7. The Tribunal had regard to the following paragraphs of the SG:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor [...] The interests of the doctor include avoiding putting them in a position where they [...] 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.'

8. The Tribunal determined that due to the serious nature of Dr White's misconduct, which involved an abuse of trust, an immediate order was both necessary and proportionate.
9. It considered that, given the risk of repetition of such misconduct, an immediate order was necessary to uphold proper professional standards and conduct for members of the profession and to maintain public confidence in the profession.
10. Further, the Tribunal concluded that public confidence in the profession would be undermined were an immediate order not imposed given the nature of Dr White's misconduct, and the sanction that the Tribunal had determined was necessary and appropriate in this case.
11. This means that Dr White'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.
12. That concludes this case.

ANNEX A – 19/08/2024

Service of Notice of the Hearing and proceeding in absence

1. Dr White was neither present nor represented at this hearing.

Service of Notice

2. Mr Kitching, on behalf of the GMC, invited the Tribunal to find, in accordance with Rule 40 and of the GMC (Fitness to Practise) Rules 2004 (the Rules), that all reasonable efforts had been made to serve Dr White with notice of this hearing (NoH).
3. The Tribunal was provided with a service bundle which included a screenshot of the GMC database showing Dr White's registered address and contact information.
4. The Tribunal was provided with a copy of a letter dated 25 January 2024, which was sent by the GMC to Dr White in accordance with Rule 15 of the Rules and notified him of the decision to refer the case to the MPTS. The Tribunal was provided with a Royal Mail proof of delivery document, dated 31 January 2024, which included a photograph, and which was signed for in the name of 'White'.
5. The Tribunal was also provided with a copy of a letter dated 25 March 2024, which was sent by the GMC to Dr White in accordance with Rule 15 of the Rules and notified him of the case allegations. The Tribunal was provided with a Royal Mail proof of delivery document, dated 28 March 2024, which included a photograph and a signed for in the name of 'White'.
6. The Tribunal also received a further GMC letter, dated 29 April 2024, which informed Dr White of his '*upcoming Medical Practitioners Tribunal Service Hearing which is listed to take place from 19 August – 9 September 2024*'. The Tribunal was provided with a Royal Mail proof of delivery document for this letter, dated 1 May 2024, which included a photograph and was signed for by 'S.W'.
7. The Tribunal received a further GMC letter, dated 13 May 2024, which informed Dr White of his 'Pre-Hearing Meeting' due to take place on 21 May 2024 via Microsoft Teams in

advance of this present hearing, this letter also referred to the start-date of the present MPT hearing. This letter included previous correspondence between the GMC and Dr White dating back to 2022.

10. The Tribunal received an MPTS NoH letter, dated 4 July 2024, sent to Dr White's registered address, which included a blank attendance form which the doctor did not complete and return. The Tribunal was provided with a Royal Mail 'return to sender' document for this letter, dated 6 July 2024, which included a photograph and a signed for by 'White'.

11. The Tribunal received a further MPTS NoH letter, dated 16 July 2024, sent to Dr White's registered address which included the date, start time, and venue of the MPT hearing. The Tribunal was provided with a Royal Mail 'return to sender' document for this letter, dated 17 July 2024, which stated *'Sorry, we were unable to deliver this item at 17-07-2024 as the recipient is no longer at that address. We're returning the item to the sender'*.

13. Having considered the contents of the proof of service bundle, the Tribunal was satisfied that notice of the hearing commencing 19 August 2024 had been served upon Dr White in accordance with Rule 40 of the Rules.

Proceeding in Absence

14. Having determined that the notice of the hearing had been properly served, the Tribunal went on to consider, under Rule 31 of the Rules, whether it should proceed with the hearing in Dr White's absence, as submitted by Mr Kitching.

15. The Tribunal had regard to the principles established in *R v Jones* (2001) EWCA Crim 168 and *Adeogba* (2016) EWCA Civ 162, and was mindful 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.

16. The GMC applied for the hearing to proceed in the Dr White's absence as, despite being served with the Notice of Hearing and the Allegation, he had not attended.

17. Mr Kitching submitted that all reasonable efforts had been made to serve Dr White with the NoH and argued that the provisions within Rule 31 had been complied with by the GMC and the MPTS.

18. Mr Kitching submitted that there was no evidence that an adjournment would secure the attendance of Dr White. Further, he submitted that, given the nature of the Allegation against the doctor, it was in the public interest for the hearing to proceed.

19. The Tribunal was of the view that it was clear that efforts had been made to notify Dr White of the MPT hearing. It further noted that the doctor had not engaged with the GMC since April 2023, had not co-operated with a GMC request to XXX, and was no longer instructing representatives.

20. The Tribunal was satisfied that an adjournment would not necessarily result in Dr White's participation.

21. The Tribunal further noted that Dr White had received, and signed for, GMC correspondence which informed him of the dates of the present hearing.

22. The Tribunal considered all the information before it, including the seriousness of the Allegation and the passage of time since the alleged misconduct.

23. It was also satisfied that Dr White had voluntarily absented himself.

24. The Tribunal concluded that the wider public interest in the case proceeding outweighed Dr White's own interests in adjourning, particularly when no useful purpose would be served by adjourning to a later date. Furthermore, it considered that there was a burden on the doctor to engage in the regulatory process when he became a member of the profession.

25. In accordance with Rule 31, the Tribunal determined to proceed in Dr White's absence.

SCHEDULE 1

Interview 1- SGT Report

1.	<i>It's not just unethical, it's evil. This is a fight between good and evil. There is no question in my mind about that.</i>
2.	<i>This perhaps is one of the most egregious, heinous crimes that we've seen in modern history, perhaps in all history to be honest, because it's happened on such a global scale.</i>
3.	<i>My personal hunch is that these globalists who planned this, you know, a long, long time ago, they are actually making a lot of mistakes and that's been their undoing here</i>
4.	<i>this is tyranny, we never thought we would see this totalitarian, you know, sort of regime ushered in ever again and yet here it is and they've done it you know via using doctors again and manipulating science. And we do not want to live in this post-truth, post-science era...</i>
5.	<i>The fact is you have to listen to the people who are behind this sort of thing, you have to listen to people like Elon Musk, Bill Gates, they've been talking about this kind of nefarious evil for a long, long time</i>
6.	<i>what we are going through now is biblical, that is a fight between good and evil, there is no question in my mind about that</i>
7.	<i>This movement needs to start with you guys re-establishing the Great American Republic again and overturning the Act of Incorporation of 1871, and getting rid of the City of London and the Vatican once and for all, and then come give us a hand whilst you're at it will you</i>

Interview 2- Interview with Dr A

8.	<i>It's all planned, it was planned at least a decade ago, and that's why we've seen governments around the world move in lockstep, and I think one of the reasons Bolsonaro from just looking on here has come in for so much criticism is because he has stood up to the globalists.</i>
9.	<i>I want to escape the tyranny here</i>
10.	<i>They are lying, they are lying, that's the end of the story</i>
11.	<i>All of these measures are unlawful-there is a difference between legal and lawful, they are unlawful because they break common law. We all need to change these statutes that have been written by a tyrannical government</i>

Interview 3- Direct from the Coal Face- Interview with Mr B

12.	<i>This is not a conspiracy theory, it is a conspiracy of fact</i>
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13.	<i>They rolled this out a lot sooner than they had planned, 'cos this was all planned, much like H1M1, but they are making a lot of mistakes, and a lot of very obvious mistakes</i>
14.	<i>It's coming at a very high cost, but in a way I actually see it as an exposure of big pharma, which is pretty much the most powerful industry on Earth, more so than defence, and for a long time these pharmaceutical companies are serial felons, and I believe a lot of this is about exposure ok, and I think there's things going on I probably shouldn't talk about, that are going on behind the scenes, to take down and expose these people once and for all, but we are dealing with the baddest of bad guys.</i>
15.	<i>This is a big, big part of exposing the lies that we have been told for many, many years</i>
16.	<i>It's scary, but it's unravelling. It's not unravelling as quickly as we'd like, but it is happening</i>
17.	<i>It's high time that people realised that they cannot trust the government and the media, and trust is evaporating day by day</i>
18.	<i>I think this is about exposing big pharma once and for all, and a global take down. I could be wrong, but that's where I'm at.</i>
19.	<i>In response to being asked 'who is going to take them down?' stated: I don't know, but it will be the military because you can't get justice through the justice system.</i>

Interview 4- Radical: How to Get Better with Mr C

20.	<i>We're dealing with radical communists, ok, there's no diversity of thought or opinion or even of science where these people are concerned. And of course, if you say you would whole-heartedly support the use of HCQ in patients since it has this incredibly safe profile since the 60s, you were labelled a 'Trumpista', ok, and to this liberal educated elite you can't possibly have any allegiance to President Trump.</i>
21.	<i>It's straight out of the Rules for Radicals Playbook and we have these dark opposing forces which don't feel any obligation to prove anything they say. They can simply disregard what you say as misinformation. That's all they feel they need to do. They're so above anything else.</i>
22.	<i>The whole Covid scandemic (sic) came at a time when the National Health Service was on its knees anyway. It nearly collapses every winter with the flu season, or rather acute vitamin D deficiency as it otherwise should be known.</i>
23.	<i>The solicitors' regulator has said that that's not accurate, it's untrue, it's fictitious because the scientist who's written the report has not put their name to it. Now, the scientist who hasn't put their name to it quite likes living, and you may recall that one of the first scientists who exposed the presence of graphene oxide died shortly afterwards, Andreas Noack.</i>

Interview 5- Holding the Line

24.	<i>every move government making to detriment of public</i>
25.	<i>when discussing NHS England raising concerns about XXX, straight out of the communists playbook</i>
26.	<i>Government has six ways from Sunday to get at you through the corruption of their regulators. They care not for the truth, not for justice, they care only for this agenda</i>
27.	<i>My stance is that I think...I think there is a virus. Because I think these people have been creating these viruses for many years and that is going to come out shortly</i>
28.	<i>Very clearly not for the benefit of the people in any way, people orchestrating this don't hide it, they tell you....</i>
29.	<i>and so I ... I tend to look at the positives and, given what I have endured over the last year, that is quite an achievement still – all right? – but what it is doing is exposing the evils of the technocrats and technocracy that we live in, the harms and the history of harms of the pharmaceutical industry</i>
30.	<i>I see all of us that are awake that care about each other, that are not all about service to self but actually service to others, building a new, better, fairer world – okay?</i>