

PUBLIC RECORD

Dates: 14/10/2024 - 24/10/2024
11/06/2025 - 26/06/2025

Medical Practitioner's name: Dr David CARTLAND

GMC reference number: 6166423

Primary medical qualification: MB ChB 2008 University of Birmingham

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	Mrs Claire Lindley
Lay Tribunal Member:	Ms Sally Allbeury
Medical Tribunal Member:	Dr Frances Burnett

Attendance and Representation:

Medical Practitioner:	Present, represented
Medical Practitioner's Representative:	Mr Paul Diamond, Counsel
GMC Representative:	Mr Thomas Moran, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 19/06/2025

1. This outcome of the facts stage will be announced in public, but the determination will be handed down in private because redactions will need to be made to ensure anonymity of the GMC witnesses.
2. As this case concerns Dr Cartland's misconduct a redacted version will be published at the close of the hearing.

Background

3. Dr Cartland qualified in the UK in 2008 and has been on the GP register since 2014. He has previously worked in A&E, out of hours urgent primary care and in the provision of homeless outreach services.
4. At the time of the events Dr Cartland was practising as a GP.
5. The Allegation against Dr Cartland relates to his online activities on various social media sites, namely X, Gettr, Telegram, Instagram, and WhatsApp.
6. For the purpose of this determination, the Tribunal has used the name X when referring to the social media site formerly known as Twitter, unless quoting from witness statements or evidence. It noted that the social media platform had changed its name to X in 2023 during the material times of this Allegation.
7. The GMC alleges that Dr Cartland posted or reposted a number of messages on social media sites and harassed Dr A, Dr B and Dr C, and encouraged others to do so. It is said that he also created a X account in Dr C's name, and that some of his posts were motivated by hostility towards the LGBTQ+ community. The GMC also alleges that Dr Cartland subsequently threatened Dr A with retaliatory action after she complained to the GMC about his conduct.
8. The GMC also alleges that Dr Cartland messaged an individual on WhatsApp offering to provide a COVID-19 exemption certificate and that he would list a 'medical' exemption for anyone, whether they had a medical exemption or not. It is alleged that by this, Dr Cartland intended to create a medical record containing information he knew may be false, which was dishonest.

9. Further, the GMC alleges that Dr Cartland received an email from Ms J, a manager at a GP practice. It advised him that, following a pre-application enquiry made by him in relation to a vacancy for a GP position, any job application that he had made would not be processed any further and that, following this, he shared screenshots of this email on his Gettr and X accounts, including her personal contact details. The GMC alleges that these posts were designed to encourage other social media users to harass Ms J.
10. In 2022 and 2023, the GMC received complaints from Dr A, Dr B, Dr C, and Ms J about Dr Cartland's conduct.

The outcome of applications made before and during the facts stage

11. The Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), that the GMC witnesses (Dr A, Dr B, Dr C and Ms J) should be granted anonymity during these proceedings. It also granted the GMC's application, made pursuant to Rule 36 of the Rules for Dr A and Dr B's witness evidence to be given in private. The Tribunal's full decision on these applications is included at Annex A.
12. The Tribunal considered the GMC's application, made pursuant to Rule 34(1) of the Rules, that parts of the defence bundle be ruled inadmissible. Its full decision on the application is included at Annex B.
13. The Tribunal refused Mr Diamond's application, made on behalf of Dr Cartland, to stay proceedings on the grounds of an abuse of process. Its full decision on the application is included at Annex C.
14. The Tribunal granted the GMC's application, made pursuant to Rule 17(6) of the Rules, to amend paragraph 2 of the Allegation to add the words 'and Schedule 11'. Mr Diamond had no objection to this amendment being made and the Tribunal determined the amendment could be made without injustice.
15. The Tribunal refused Mr Diamond's application to exclude a member of the public from these proceedings. Its full decision on the application is included at Annex D.
16. The Tribunal decided to adjourn proceedings due to an issue which arose XXX during the hearing. Its full decision is included at Annex E.

17. The Tribunal determined not to impose an interim order after adjourning. Its full decision on the application is included at Annex F.
18. Following subsequent resumption of the hearing, the Tribunal determined to proceed with the case in Dr Cartland's absence, with his legal representative present. Its full decision on the application is included at Annex G.
19. The Tribunal refused Mr Diamond's application for the entirety of proceedings to be held in private session. Its full decision on the application is included at Annex H.
20. The Tribunal granted the GMC's application to amend the Allegation under Rule 17(6) and to admit additional evidence under Rule 34(1). Its full decision on the application is included at Annex I.
21. The Tribunal granted a further application from the GMC to amend the Allegation and Schedule 1 under Rule 17(6). Its full decision on the application is included at Annex J.

The Allegation and the Doctor's Response

22. The Allegation made against Dr Cartland is as follows:

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

2. At all material times you were the user of:
 - a. a public X (formerly known as Twitter) account which identified you as a doctor; **To be determined**
 - b. a Telegram account; **To be determined**
 - c. a Gettr account; **To be determined**
 - d. an Instagram account; **Amended under Rule 17(6)**
To be determinedas set out in Schedule 1.
3. Throughout 2022, 2023, 2024 and 2025 you posted or reposted the content on X and/or Instagram, and/or Telegram messages, as set out in Schedules 2, 11 and 12, regarding: **Amended under Rule 17(6)**

- a. Dr A; **To be determined**
 - b. Dr B; **To be determined**
 - c. Dr C. **To be determined**
4. Throughout 2022, 2023, 2024 and 2025 you posted or reposted the content on X and/or Instagram, content on Gettr and/or Telegram messages as set out in Schedule 3 and 13, in which you encouraged other ~~X, and/or Telegram~~ users to: **Amended under Rule 17(6)**
- a. obtain and provide you with information about; **To be determined**
 - b. contact; and/or **To be determined**
 - c. harass,
 - i. Dr A; **To be determined**
 - ii. Dr B; **To be determined**
 - iii. Dr C. **To be determined**
5. On or around 6-7 June 2023 you posted on X as set out in Schedule 4 regarding Dr B. **To be determined**
6. On 23 January 2023 you sent an email to Dr A in which you threatened her with retaliatory action in respect of a complaint she had made about you to the GMC, as set out in Schedule 5. **To be determined**
7. On or around 24 July 2022 you created an X account in the name of Dr C, from which you posted the content as set out in Schedule 6. **To be determined**
8. Your conduct at paragraphs 2-6 constituted harassment, as defined by sections 1(1) and 7 of the Protection from Harassment Act 1997, towards:
- a. Dr A; **To be determined**
 - b. Dr B; **To be determined**
 - c. Dr C, **To be determined**

in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress when you knew, or ought to have known, that your conduct amounted to harassment.

9. Your conduct at paragraph 4 was motivated by hostility towards the LGBTQ+ community. **To be determined**
10. In September 2023 you messaged an individual on WhatsApp, as set out in Schedule 7, and:
 - a. offered to provide a Covid-19 exemption certificate; **To be determined**
 - b. when the individual asked whether they would need a genuine exemption reason, you stated that you would list a ‘medical’ exemption for anyone, whether they had a medical exemption or not, in order to acknowledge bodily autonomy, or words to that effect. **To be determined**
11. Your actions in paragraph 9b were intended to create a medical record containing information which you knew may be false, had it been carried out. **To be determined**
12. Your actions at paragraph 9 were dishonest by reasons of paragraph 10. **To be determined**
13. In or around November 2022 you received an email from Ms J, Practice Manager at XXX, advising you that the Practice would not be processing your job application any further, or words to that effect. **To be determined**
14. On 27 November 2022 you posted on Gettr and:
 - a. shared a screenshot of Ms J’s email to you; **To be determined**
 - b. left Ms J’s full name, job role and the name of the Practice, visible in the screenshot; **To be determined**
 - c. posted Ms J’s email address, **To be determined**as set out in Schedule 7.
15. On or around 17 January 2023 you posted on Gettr and:
 - a. shared a screenshot of Ms J’s email to you; **To be determined**

- b. named the Practice, **To be determined**
- as set out in Schedule 8.
16. On 25 July 2023 you posted on X and:
- a. shared a screenshot of Ms J's email to you; **To be determined**
- b. left Ms J's first name visible in the screenshot, **To be determined**
- as set out in Schedule 9.
17. On 6 August 2023 you posted on X and:
- a. shared a screenshot of Ms J's email to you; **To be determined**
- b. left Ms J's first name visible in the screenshot; **To be determined**
- c. named the Practice, **To be determined**
- as set out in Schedule 10.
18. Your actions at paragraphs 13-16 were designed to encourage other Gettr and/or X users to:
- a. contact; and/or **To be determined**
- b. harass, **To be determined**
- Ms J.

Witness Evidence

23. The Tribunal received evidence from the following witnesses, who gave oral evidence at the hearing, and provided statements to the GMC:
- Dr A, Consultant Obstetrician;
 - Dr B, a locum Consultant in Paediatric A&E at a Children's Hospital and XXX;
 - Dr C, a viral immunologist;
 - Ms J, former Operational Practice Manager at a Health Centre.

24. Dr Cartland provided his own witness statement dated 12 July 2024. He did not give evidence at the hearing.

Documentary Evidence

25. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
- Numerous exhibits of social media posts set out in Schedules 1-13 of the Allegation.
 - Numerous social media posts produced by Dr Cartland.
 - An email exchange between Dr A and Dr Cartland.
 - WhatsApp messages between Dr Cartland and an individual regarding a Covid-19 exemption certificate.
 - Emails received by Ms J from various individuals.
 - Dr Cartland's original response to GMC allegations.
 - Dr Cartland's rebuttal of Dr A's witness statement, dated 4 June 2024.
 - Dr Cartland's rebuttal of Dr B's witness statement, dated 4 June 2024.
 - Dr Cartland's rebuttal of Dr C's witness statement, dated 4 June 2024.
 - Dr Cartland's specific response to paragraphs 9-11 of the Allegation, and an associated bundle.

Legally Qualified Chair Advice

26. The LQC gave legal advice to the Tribunal which can be summarised as follows:

The Tribunal is reminded that the GMC brings this Allegation and the burden of proving each paragraph is on the GMC; there is no burden on the doctor to prove anything. There is one standard of proof in civil and regulatory cases and that is of the balance of probabilities, i.e., whether it is more likely than not that the events occurred as alleged.

Some GMC witnesses were granted anonymity, and some deemed as vulnerable, with their evidence being given in private. The Tribunal is directed that these measures do not mean that their evidence carries any more weight, nor should it reflect on or prejudice Dr Cartland. These were simply measures put in place to assist the witnesses give their evidence.

The Tribunal made a preliminary decision in relation to admissibility. In doing so, it read material that it ruled inadmissible. That means that the Tribunal should disregard that material when making its determination.

The Tribunal should have in mind that Dr Cartland is a man of good character. This means that he had no criminal convictions or cautions, or adverse misconduct related regulatory findings. The Tribunal is reminded that the doctor is therefore more likely to be telling the truth in his evidence, and might be less likely to have behaved in a way as set out in the Allegation. Good character of itself does not amount to a defence and its significance should not be over inflated. The primary focus should be on the evidence related to the wrongdoing.

Unless otherwise directed in this advice, the Tribunal should give the words in the paragraphs their ordinary meaning.

The Tribunal must assess oral evidence in the round and not just rely on the demeanour of the witness. A confident witness may give unreliable evidence. A nervous and hesitant witness may give reliable evidence. Memories can fade. The Tribunal should therefore navigate the evidence by looking at contemporaneous material as a starting point although actual corroboration of a witness account is not legally necessary.

The Tribunal is directed to apply the test set out by Lord Hughes at paragraph 74 of *Ivey v Genting Casinos [2017] UKSC 67* which states:

‘When dishonesty is in question, the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.’

Therefore, the Tribunal must ascertain (subjectively) the actual state of Dr Cartland's knowledge or genuinely held belief as to the facts at the material time. The Tribunal must then decide whether this was dishonest by the objective standards of ordinary decent people. If this is not established, then the Allegation would not be proved.

The definition of harassment is taken from s1 and s7 of the Protection from Harassment Act 1997. A course of conduct must comprise one or more occasions. The fewer the occasions and the wider they are spread, the less likely it is reasonable to make a finding of a course of conduct. There should be a nexus, although the behaviour does not have to be the same. There does not need to be a motive.

The Tribunal is reminded firstly that it should reach a separate, independent decision on each paragraph. It is entitled, however, when deciding on one part of the Allegation to have regard to the evidence relating to another part. The Tribunal is directed that cross admissibility here may be considered to show whether Dr Cartland had the propensity to act in the ways alleged. Before making use of cross admissibility, the Tribunal must ensure that there is a sufficient connection and similarity between the facts of the allegations. The Tribunal also needs to be satisfied to the required standard that the one allegation took place before relying on evidence in respect of the that allegation to deduce propensity from the other allegation. Propensity (where found) is only one relevant factor. The Tribunal must assess its significance in the light of all the other evidence in the case, and it cannot be regarded as a satisfactory substitute for direct evidence. A Tribunal must exercise caution in this approach, and it must be fair and right to take this approach when a doctor denies actions as alleged. The probative value of such evidence is lost if there is contamination or collusion between complainants.

27. The LQC addressed some legal issues raised by Mr Diamond, set out below:
28. Mr Diamond asked that the case be 'struck out' at this stage on the basis that Dr Cartland was exercising his right to free speech, and there should not be a regulatory interest in his conduct. The Tribunal was therefore reminded by the LQC of the stage of the proceedings that it had reached, and that its task was to decide whether the Allegation was proved or not proved. There has already been an abuse of process argument. The Tribunal was reminded of Articles 8, 9 and 10 of ECHR, which are respectively, the rights that every individual has to a private life, thought, religion and conscience, and free speech. These are 'qualified rights' meaning that interference of rights will be justified where it is in accordance with the law and necessary for, amongst other matters: *'the protection of the rights and freedoms of others'* and *'for the protection of the reputation or rights of others,'*

29. Mr Diamond also stated that the Tribunal should not hear the case, because a civil claim had been heard, Dr Cartland should not be punished twice, and also because there are other avenues that the complainants could have taken – for example a defamation claim. The LQC advised that tribunals are not seeking to punish doctors, and it is crucial that the Tribunal is mindful at all times of the overarching objective set out in s1 of the Medical Act 1983.

The Tribunal's Approach

30. The Tribunal took into account the evidence provided by the GMC and Dr Cartland, and the oral evidence given during the hearing. It noted the oral submissions and the LQC's advice.
31. The Tribunal was aware that Dr Cartland is concerned that the GMC is targeting doctors who had concerns about the safety and efficacy of the COVID-19 vaccine roll out programme. He states that they are trying to curtail their freedoms of conscience and speech. However, the Tribunal decided, during an abuse of process argument, that there was no evidence to indicate that the GMC had acted contrary to its own guidance and decision-making processes in bringing this case, nor that censoring free speech was its motivation. The Tribunal concluded that it was not being asked to take any stance on Dr Cartland's views, nor to make any decisions that had the purpose of prohibiting Dr Cartland from having beliefs and expressing them freely. Its task was to decide whether the paragraphs as set out in the Allegation were proved on the balance of probabilities. The Tribunal noted Dr Cartland's defence that he was simply expressing his views and that Dr A, B and C were harassing him in a raucous online environment. His defence was taken into account when considering whether Dr Cartland had harassed Dr A, Dr B and Dr C under the definition set out in the Protection of Harassment Act 1997.
32. The Tribunal noted that Dr Cartland is an experienced GP, and a person of good character, which it took into consideration throughout its deliberations. It considered his witness statement and the associated documentation that it had been provided with. It listened carefully to the questions put to the witnesses by his representative, Mr Diamond. However, Dr Cartland had voluntarily absented himself when the Tribunal reconvened to continue hearing the GMC case, and he did not give evidence. The Tribunal drew no inference from this. However, it meant that the Tribunal did not have the benefit of hearing Dr Cartland's evidence, nor was it possible for the GMC to cross examine him. The Tribunal concluded therefore that it could not give as much weight to

his written statement and the associated documentation as it might have done had it heard from Dr Cartland directly.

33. The Tribunal noted that Dr Cartland, in his witness statement, asserted that the Dr A, Dr B, and Dr C should also have been '*charged*' and that he feels isolated and '*under siege*.' He claims that these witnesses colluded with one another, and others, online to harass him. The Tribunal considered the posts that Dr Cartland sent as examples of this. The Tribunal noted that there was a lot of abuse directed to Dr Cartland by others on social media. There were a number of different individuals tagging, posting and reposting on the same social media threads that Dr Cartland was using, which required the Tribunal to be vigilant about the origin of the various posts in question. The Tribunal noted that there was some evidence that the Dr A, Dr B and Dr C were interacting in the same social media space as each other and had followed a parody account that had been set up to impersonate Dr Cartland. It also took into account that an unnamed individual had corresponded with Dr Cartland on WhatsApp about the COVID-19 exemption certificate, of which two of the complainants had quickly become aware, and that Ms J had received correspondence about Dr Cartland anonymously through the post. The Tribunal did not, however, find that any evidence that Dr A, Dr B and/or Dr C had instigated these actions, nor that they colluded with one another. The Tribunal heard oral evidence from Dr A, Dr B, and Dr C and took the view that they all gave cogent and credible evidence. They did not resile from the witness statements that they made to the GMC.

Analysis of the Evidence and Findings

Paragraph 1

34. The Tribunal noted that this paragraph related to Dr Cartland's use of social media at all material times. It determined that the '*material times*' were those set out in paragraphs 2 and 3, namely 2022, 2023, 2024, and 2025.

Paragraph 1(a)

35. The Tribunal considered whether Dr Cartland was the user of a public X account which identified him as a doctor, as set out in Schedule 1 to the Allegation.
36. The Tribunal firstly considered Schedule 1 and noted that there are two screen shots of an X account.

37. The Tribunal noted that the first screen shot bears the name ‘*Dr David Cartland*’ with the handle of ‘XXX’ and weblinks to ‘XXX’ and ‘XXX’. Instead of a picture, there is a comment that reads ‘*I withdraw my consent to be governed by any corrupt, compromised, belligerent, criminal Parliament or government. I will not comply.*’ It has the location of the user as XXX. It shows that the user has 106,000 followers and that he joined the site in February 2022. The biography reads ‘*BMedSci (hons) Published scientist MBChB GP promoter of pt safety, evidence based medicine, good biomedical ethics. [XXX]+. Pronouns told/you/so.*’
38. The Tribunal noted that the second screen shot bears the name of ‘*Dr David Cartland*’ with the handle of ‘XXX’ and weblinks to ‘XXX’. There is a picture of what appears to be Dr Cartland in a football shirt, and it has his location as XXX. It shows that the user has 231,600 followers and that he joined the site in February 2022. The biography reads ‘*BMedSci Published scientist MBChB MRCPGP promoter of safe evidence based, good medical ethics. [XXX]+. Pronouns told/you/so.*’ There is a linked message showing a picture of Dr Cartland wearing a stethoscope and offering medical advice.
39. The Tribunal noted that Dr A made two statements to the GMC dated 9 May 2023, and 3 April 2024, in which she describes Dr Cartland’s use of X.
40. The Tribunal noted that Dr B made five statements to the GMC dated 23 June 2023, 26 March 2024, 3 June 2024, 28 May 2025, and 9 June 2025, in which he describes Dr Cartland’s use of X.
41. The Tribunal noted that Dr C made two statements to the GMC dated 18 July 2023 and 28 March 2024 in which he describes Dr Cartland’s use of X.
42. The Tribunal noted that Ms J made a witness statement to the GMC dated 10 June 2024, in which she described hearing about Dr Cartland’s use of X.
43. The Tribunal noted Dr Cartland’s response to the Allegation dated 12 July 2024, in which he accepts that he was on the X social media platform, stating that he had himself received abuse on it.
44. The Tribunal decided that the screenshots provided, the evidence from the four witnesses and Dr Cartland’s own admissions, were together sufficient for it to determine, on the balance of probabilities, that Dr Cartland was a public user of X at the material time and that the account identified him as a doctor.

45. Accordingly, the Tribunal found paragraph 1(a) proved.

Paragraph 1(b)

46. The Tribunal considered whether Dr Cartland was the user of a Telegram account as set out in Schedule 1 to the Allegation.

47. The Tribunal firstly considered Schedule 1. It noted that there is a screen shot showing a picture of Dr Cartland next to the title of '*Dr David Cartland*' and a handle of '*XXX*'. There is then a Telegram user address with a note saying, '*my telegram all welcome*', with a join button saying next to it '*join group chat on Telegram.*'

48. The Tribunal noted that the Dr A, Dr B, and Dr C all describe Dr Cartland's use of Telegram in their GMC statements.

49. The Tribunal noted Dr Cartland's response to the Allegation dated 12 July 2024, in which he accepts that he was on the Telegram social media platform, stating that Dr A, Dr B and Dr C had sought to infiltrate his private Telegram group.

50. The Tribunal decided that the screenshot provided, the evidence from the witnesses and Dr Cartland's own admissions, were together sufficient for it to determine, on the balance of probabilities, that Dr Cartland was the user of a Telegram account at the material time.

51. Accordingly, the Tribunal found paragraph 1(b) proved.

Paragraph 1(c)

52. The Tribunal considered whether Dr Cartland was the user of a Gettr account as set out in Schedule 1 to the Allegation.

53. The Tribunal firstly considered Schedule 1 and noted that there are two screenshots of a Gtok (Gettr) account.

54. The Tribunal noted that the first screen shot has the same picture of Dr Cartland in a football shirt as that seen on the X account and that it bears the name of '*XXX*.' It shows that the user joined the account in March 2022, and the biography reads '*resigned GP who Facebook and X love to censor. Reporter of clinical observations. Covidiot, spreader*'

of misinformation and dangerous propaganda. It shows that the user has 9,026 followers.

55. The Tribunal noted that the second screen shot has a picture of Dr Cartland in the body of a message, with that message asking followers to flood X with the link to the account, and to tag Dr A into it.
56. The Tribunal noted that the Ms J described Dr Cartland's use of Gettr in her statement to the GMC, the detail of which is considered in other parts of the Allegation. Dr A exhibits some messages from Dr Cartland's account.
57. Dr Cartland does not deny having a Gettr account in his statements.
58. The Tribunal decided that the screenshot provided, coupled with the evidence from Ms J was sufficient for it to determine, on the balance of probabilities, that Dr Cartland was the user of a Gettr account at the material time.
59. Accordingly, the Tribunal found paragraph 1(c) proved.

Paragraph 1(d)

60. The Tribunal considered whether Dr Cartland was the user of an Instagram account as set out in Schedule 1 to the Allegation.
61. The Tribunal firstly considered Schedule 1 and noted that there are two screenshots showing that Dr Cartland had another account on a different platform from X, Gettr and Telegram. This was evident, because it differed in style and layout to the others. There was a picture of what appeared to be Dr Cartland, apparently in a hospital or clinic setting. The account holder is '*Drdavidcartland*.' Next to the handle, the account states '*4hrs*,' and also further down the screen shot, the words '*see full profile*' and '*keep up with what's new from drdavidcartland* , with the ability for the user to '*sign up*' and '*log in*.' The Tribunal noted that the layout was in the style of Instagram.
62. The Tribunal took into account the witness statement of Dr B that dated 9 June 2025. In it, Dr B states;

'I am providing this witness statement as Dr Cartland has continued to post about me on social media, namely X, Instagram and Facebook. Dr Cartland's X, Instagram and Facebook profiles are all public.'

63. Dr B also provided the GMC with screen shots of Instagram posts and Instagram story, (which form part of Schedule 12 and 13.)
64. The Tribunal noted that Dr Cartland had not attended the Tribunal to respond to the new material in these Schedules but noted that he does not deny having an Instagram account in his statements.
65. The Tribunal decided that the screenshot provided, coupled with the evidence from Dr B was sufficient for it to determine, on the balance of probabilities, that Dr Cartland was the user of an Instagram account at the material time.
66. Accordingly, the Tribunal found paragraph 1(d) proved.

Paragraphs relating to Dr A

Paragraph 2(a)

67. The Tribunal considered whether, throughout 2022, 2023, 2024 and 2025, Dr Cartland posted or reposted the content on X and/or Instagram and/or Telegram messages as set out in Schedule 2, 11 and Schedule 12 to the Allegation, regarding Dr A.
68. The Tribunal firstly considered the two statements that Dr A made to the GMC. It noted that Dr A is a Consultant Obstetrician and was the maternity vaccine lead at the hospital she was working at. She was involved in the roll out of the COVID-19 vaccine programme to pregnant women. Also, Dr A was a member of 'XXX,' a XXX sponsored body which aims to counteract anti-vaccine views which are shared on social media.
69. The Tribunal noted that in her first statement to the GMC dated 9 May 2023, Dr A says that she did not know Dr Cartland personally, but came across him when he started to react to her tweets on X. She states that she then sent an email to the GMC in November 2022 complaining about his behaviour and anti-vaccine views, and that in response to this, Dr Cartland posted messages encouraging others to follow her.
70. Dr A describes in her statement that she blocked Dr Cartland, but that the tweets continued and were forwarded to her by a friend or colleague. She explains that one showed that Dr Cartland had been scrolling back 18 months on her X feed, and that he had responded to one of her tweets encouraging pregnant women to take the vaccine by stating '*incredible claims need incredible evidence to back.*' Dr A also says in her

statement that Dr Cartland mentioned Project XXX on his Telegram account, and later referred to *'the 77th'* which she explains is a derogatory term for those who are supportive of the COVID-19 vaccine.

71. The Tribunal noted Dr A's second statement to the GMC dated 3 April 2024, in which she describes that since her complaint to the GMC, and her first witness statement, Dr Cartland has continued to post about her. She describes a time when Dr Cartland set up a fake account, which she followed, and that she then received a message in response which said, *'Hi [Dr A] you evil witch'*. She then describes another post, relating to her which said, *'Me and this cretin have history'*, and another that stated, *'the actual audacity'*, alongside a picture of Dr A, after she had written an article about the safety of the vaccine for pregnant women.
72. The Tribunal considered the exhibits sent to the GMC by Dr A, and in particular those attached to the Allegation and listed at Schedules 2 and 11. There are numerous tweets and posts, which the Tribunal considered carefully.
73. By way of examples, in Schedule 2, the Tribunal noted tweets relating to Dr A posted by Dr Cartland that read:
- *'me and this cretin have history'*
 - *'[Dr A] doesn't know what she is talking about.....'*
 - *'This Dr Has complained to the GMC about me.'*
 - *'incredible claims need incredible evidence to back.'*
 - *'Dr [A] of [XXX] and likely 77th O&G consultant remove yourself from my group and stop being malicious. Disgrace to the profession.'*
 - *'update on the vexatious, nefarious, malicious, GMC report of an online bully/harasser and online inciter of hate by the following @dr[B] @[Dr C], @[Dr A] complaints...will just say this publicly.....hope they have a very good legal team.'*
 - *the actual audacity....'*
 - *the booster tested on 20 mice, good for you and your unborn.'*
 - *'how's that £250,000k going?'*
 - *'oh, mutttons you have been sloppy you are going down all of you @[Dr A]....'*
 - *'still makes me sick' (accompanied by a picture of Dr A.)*
74. Again, by way of examples, in Schedule 11, the Tribunal noted tweets relating to Dr A posted by Dr Cartland that read:
- *'...this is the cretin who has accused me of harassment....'*

- *‘calling out the mutton crew ..’77th/vexatious litigants boxing or UFC rules bout for a vac injury charity. Lets get it in the diary. Training going well. (Accompanied by a picture of Dr Cartland in a sweaty T shirt)*
 - *‘This lunatic has complained to the GMC for calling the utter lies out.’*
75. The Tribunal noted from the exhibits that in response to a post from Dr A about the vaccine, Dr Cartland has posted the word *‘shill,’* which the Tribunal understood to mean that he was accusing Dr A of receiving money to promote or give vaccines.
76. Dr A gave evidence at the Tribunal and adopted her statements, and the exhibits set out in the Schedules.
77. The Tribunal considered Dr Cartland’s response to the Allegation. There was a signed witness statement from him, dated 12 July 2024, which had a number of attached annexes. The Tribunal considered the parts of this material that related to Dr A.
78. Under a section entitled *‘Twitter’* in his statement, Dr Cartland describes X as a *‘a raucous form of communication’* and he states that it is *‘a unique social media arena on which there is rigorous debate and discussion’* that no one is compelled to use. He does not deny posting the messages.
79. The Tribunal decided that the screenshots provided in Schedules 2 and 11, coupled with the evidence from Dr A, were sufficient for it to determine, on the balance of probabilities, that Dr Cartland sent the posts alleged. Dr Cartland has not denied doing so.
80. Accordingly, the Tribunal found paragraph 2(a) proved.

Paragraph 3(a)(b)(c)(i)

81. The Tribunal considered whether, throughout 2022, 2023, 2024 and 2025, Dr Cartland posted or reposted the content on X, and/or Instagram content on Gettr, and/or Telegram messages as set out in Schedules 3 and 13, in which he encouraged other users to obtain and provide him with information about, contact, and/or harass Dr A.
82. The Tribunal considered Dr A’s first witness statement. In it, Dr A states that she had blocked Dr Cartland on X, but that a colleague or friend had sent her a screen shot that showed Dr Cartland asking other followers to abuse her. Dr A also described being tagged in a tweet from another X user:

‘On 11 March 2023 Dr Cartland also tagged me in a tweet from another Twitter user [XXX]’ so that I would be associated with the tweet. [XXX] is also another anti vax individual and Dr Cartland tagged me in the post and asked [XXX] to make a similar story about me’.

83. The Tribunal noted that Dr A stated that, as a result of this, she received a number of *‘horrible messages from other users’* and had to block about 30 people per day. The Tribunal also noted that Dr A exhibited a tweet that Dr Cartland had posted which states *‘Need some dirt on this dr [A] guys’*.
84. The Tribunal considered Dr A’s second statement. Dr A explains in this statement that Dr Cartland continued to post about her after she had complained to the GMC. She states that he posted that she had reported him to the GMC and tagged her accounts, so that others could *‘pile on’*, which the Tribunal understood to mean that she felt that Dr Cartland was encouraging his followers to message her in a negative manner.
85. The Tribunal considered the exhibits sent to the GMC by Dr A, and in particular those attached to the Allegation and listed at Schedule 3. It noted, for example, the following posts apparently from Dr Cartland’s accounts about or to Dr A’s X account:
- *‘This Doctor still can’t quit her vaccine pushing addiction. Show her some love! For all the babies and pregnant moms she has inflicted spike protein upon!!’*
 - *‘Can I ask you all a favour? Can you flood twitter with this link? Tag Dr [A] in it too if you can.’*
 - *‘Pile on!’*
 - *‘I need some help guys anyone know the curious dr [A] O&G or their online activity’*
 - *‘anyone know of any behaviour from any obs and Gynae consultants on Twitter who have gaslit, abused, doxed or harassed you in your interactions with them. Naming no names.’*
86. The Tribunal also noted posts from Dr Cartland’s accounts that name Dr A as someone who complained to the GMC about him and ask for support from followers by saying *‘Please add & be sure to name and shame these individuals who sold their soul bullies, reported and spread misinformation, to the masses below #treason.’*
87. In her oral evidence, Dr A adopted the exhibits, and her statements made to the GMC.

88. The Tribunal considered Dr Cartland's response to the Allegation and again noted his comments under the section entitled '*Twitter.*' Under another section entitled '*Dr [A]*' Dr Cartland states that Dr A was not subject to adverse conduct within the terms of the use of X, and that he himself receives abuse on X. He does not deny posting the messages.
89. The Tribunal decided that the screenshots provided in Schedule 3, coupled with the evidence from Dr A, were sufficient for it to determine, on the balance of probabilities, that Dr Cartland sent the posts alleged. Dr Cartland has not denied doing so.
90. The Tribunal then went on to consider whether the content of the tweets amounted to Dr Cartland encouraging others to obtain, provide information about contact and/or harass Dr A.
91. The Tribunal noted that Dr Cartland is a prolific user of the social media sites, and that he has over 200,000 followers on X. Some of those responded to his tweets, with the effect of Dr A receiving '*horrible messages*' from them and having to block 30 people per day. The Tribunal gave the words in the messages their ordinary meaning and concluded that, on the balance of probabilities, Dr Cartland was encouraging others to act as alleged. The Tribunal decided it was an aggravating feature in this case that Dr Cartland had continued to encourage others while these proceedings were pending and in the lead up to Dr A giving her evidence.
92. Accordingly, the Tribunal found paragraph 3(a)(b)(c)(i) proved.

Paragraph 5

93. The Tribunal considered whether Dr Cartland sent an email to Dr A in which he threatened her with retaliation in respect of a complaint she had made about him to the GMC, as set out in Schedule 5.
94. The Tribunal noted from Dr A's first GMC statement, that in July 2022 she informed Dr Cartland's employer that Dr Cartland was sharing his anti-vaccine views on social media but received a response directly from him. In November 2022, she reported Dr Cartland's online behaviour to the GMC. She said that:

'On 12 November 2022 I sent an email to the GMC advising that Dr Cartland was promoting anti vax and conspiracy theories on Twitter and had retweeted some of my tweets whilst also encouraging his followers on social medica to abuse me'.

95. The Tribunal considered the email that she sent to the GMC and noted that she provided a number of tweets as an example of Dr Cartland's online behaviour. She stated:

'It's unacceptable to have someone using their medical qualifications to promote anti-vax messages but also to harass another doctor'.

'He [sic] behaviour in terms of the number of tweets he posts in a day – up to 400 some days and the nature of the tweets has led to many people commenting about [XXX].'

96. The Tribunal noted that Dr A then explained that she received some emails from Dr Cartland after he was notified by the GMC of her complaint against him, offering to discuss matters with her, but also saying that she would *'look a fool'* and was *'dangerous.'* Dr Cartland then sent Dr A an email dated 23 January 2023. It has a subject heading of *'malicious'* and reads:

'I hope you have a sense of achievement from your GMC complaint, which I fear will backfire on you. The GMC will be receiving evidence of your malicious behaviour very soon as I too have been keeping evidence. I see from your complaint you have sent five screenshots. None of which demonstrate what you feel they do. I genuinely feel sorry for you and your blinkered views!'

97. In her evidence to the Tribunal, Dr A said that she thought that Dr Cartland's offer to chat was *'disingenuous'* and that she was not going to speak with an *'abuser.'*

98. The Tribunal considered Dr Cartland's written witness statement. Under the section *'Aggression by Dr [A]'* he expressed the view that contacting his business partner was *'unsolicited and denigrating,'* and *'a cruel and vicious act.'* He states:

'I deny making 'threats to retaliate' that has been noted by the GMC, making comment that I will make counter complaints is a valid response to her earlier action given the online conduct towards me evidenced in my witness rebuttal and incitement for the public and even patients to report me to make things gain momentum in the complaint against me'.

99. The Tribunal also considered some rebuttal comments that Dr Cartland made regarding Dr A's statement. In these, Dr Cartland accepts that he sent the email, and stands by

the comments, alleging that Dr A had posted malicious and vexatious posts about him. He states:

'I will present at the end of this rebuttal Dr [A's] own malicious and vexatious posts about me and that my position throughout all of this is that I was retaliating to negative posts that Dr [A] made about me in addition to ironically inciting people to report me to the GMC and also other doctors. Ironic given that is what she has accused me of. Incitement. The email exchange was instigated by HER given her unsolicited email contact to my business partner that had an initial negative effect on our new venture'.

100. The Tribunal noted that it was not in dispute that Dr A had reported Dr Cartland to the GMC, nor that he then responded directly to her in an email. The Tribunal considered the context of this email carefully, and the words that he used. It noted that Dr Cartland said that his email was a valid response to Dr A's actions against him.
101. The Tribunal determined that Dr Cartland should not have contacted Dr A directly in this manner, because by that stage he was aware that she had made a complaint to the GMC. The Tribunal considered this email in the context of the ongoing tweets that he was still posting. It decided that the words used were intemperate and constituted a threat to her, by suggesting that her actions will *'backfire'* on her, and that he now *'feels sorry'* for her.
102. In the circumstances and context, the Tribunal decided, on the balance of probabilities, that Dr Cartland's email was a threat of retaliation toward Dr A.
103. Accordingly, the Tribunal found paragraph 5 proved.

Paragraph 7(a)

104. The Tribunal considered whether Dr Cartland's conduct at paragraphs 2(b), 3(a)(b)(c)(ii), and paragraph 4 constituted harassment as defined by sections 1(1) and 7 of the Protection from Harassment Act 1997, towards Dr A. The allegation is that he engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm or distress when he knew or ought to have known that conduct amounted to harassment.
105. The Tribunal considered the background to this case. It noted that Dr A is a Consultant Obstetrician and was involved in the vaccine roll out programme to pregnant women.

In contrast, Dr Cartland is a GP, who has differing views as to the safety of the roll out of the COVID-19 vaccine.

106. The Tribunal reminded itself that it has found proved that Dr Cartland has sent numerous messages to or about Dr A on social media sites, and that some of those messages were such that other followers were encouraged to obtain information, contact and/or harass Dr A. It also found proved that the email Dr Cartland sent on 23 January 2024 threatened retaliatory action in respect of the complaint that she had made to the GMC.

107. The Tribunal considered Dr A's first statement. She explains in it that she blocked Dr Cartland because of the abuse. She describes the impact on her as follows:

'Although I am quite a robust individual, I don't like to see misinformation go unchallenged, I also believe as a medical practitioner and guide for [XXX], I should be helping to combat the anti vax messages that are too often found on social media. Although it does get tiresome, I have learnt that it is futile to engage with individuals who share the same beliefs as Dr Cartland. Nonetheless I do find that I experience regular abuse online and have had to protect my tweets (which prevents other users from commenting on my tweets), to safeguard my own wellbeing at times. I do feel scared of Dr Cartland and of some of the individuals who follow his account.'

108. The Tribunal also considered Dr A's second statement. She states that Dr Cartland continued to post after she made her complaint, and in describing a post she says:

'...In this post Dr Cartland has replied to a post of mine and states 'See you in October' and then states information he wants me to bring. This is witness intimidation and unacceptable harassment. Whilst I do not feel particularly threatened by what Dr Cartland says, it is his incitement of other people which is the worrying thing. His behaviour does not seem that of a rational person.'

109. In her oral evidence to the Tribunal, Dr A said that she was on X voluntarily, but did not accept that she should face abuse, frequently calling Dr Cartland '*an abuser*.' She said that she used X to promote positive messages. She said she wanted the abuse to stop. [XXX]'

110. The Tribunal considered Dr Cartland's response to the allegation of harassment carefully. It noted that he raised a number of different issues. In his rebuttal statement to Dr A's statement, he states in summary:

‘...the accusations of my bullying, harassing, intimidating, or inciting people against Dr [A] are unevicenced and exhibits presented highly flawed, based on opinion, conjecture or just plain lies.’

111. The Tribunal again took into account Dr Cartland’s comments about the nature of X, his assertion that Dr A was not subject to adverse conduct within the terms of the use of X, and that he himself receives abuse on X.
112. Dr Cartland asserts in his written statement that Dr A does not feel that others should have free speech, and that there is a *‘malicious component’* to her complaint. He says that Dr A unilaterally contacted his business partner, which was aimed at ruining his career. The Tribunal also noted that in his undated letter to the GMC, Dr Cartland says that Dr A has been posting content online against him, which can be deemed as incitement and bullying in nature. By way of examples, he enclosed a thread of tweets where Dr A states that the GMC has not acted on a professional’s concerns *‘but I think they would act on a patient’s concern.’* He also discloses a tweet where Dr A says *‘[XXX] has very dangerous views....’*, terming his views as *‘dangerous nonsense’* and stating *‘...[XXX].’* She suggested that Dr Cartland’s Responsible Officer take action. The Tribunal noted that, in her oral evidence, Dr A accepted that she had sent the tweets and stood by them.
113. During Dr A’s oral evidence, the Tribunal had to adjourn temporarily, as it received information that Dr Cartland had been sent some papers from a solicitor representing Dr A, asking that he stop in his behaviour toward her. Dr A acknowledged that this documentation had been sent – saying that Dr Cartland had posted GMC statements online and she wanted to ensure that the behaviour did not continue after the hearing. Dr Cartland, through his counsel in cross examination of Dr A, said that the service of these papers during the proceedings was another example of her behaviour towards him. The Tribunal, however, noted that Dr Cartland had continued to post about Dr A despite the fact that she was about to give evidence, which is why she said she had taken legal advice. She explained in her oral evidence that the letter was an attempt to stop him continuing in his behaviour after she finished giving evidence.
114. Dr Cartland further described in both his written statement and the undated letter to the GMC, his feeling that Dr A was part of a concerted group to abuse him. Similarly, Dr Cartland asserted that Drs A, B and C were colluding together against him. Dr A told the Tribunal that she was not in any group that infiltrates anyone’s accounts.

115. Dr Cartland also expresses concern about the way he is being treated by the GMC. He explains in his statement that he did not agree with the COVID-19 vaccine roll out programme to pregnant women and that as a result, he is ‘*under siege*’ and feels ‘*under pressure*’. He says that anti -consensus doctors need protection and criticises the GMC stance, claiming that it is using this process to silence him and his views. Dr Cartland, in his written statement comments on Dr A’s feelings toward him. He said:

‘I find it offensive that anyone would be scared of me. I am a [XXX] family man, who is the one who is fearful of the fanaticism of those in favour of the Covid 19 vaccination programme’.

116. The Tribunal considered Dr Cartland’s defences and explanations. It noted that Dr A followed a number of others on X who were interested in the COVID-19 debates, but found that there was no evidence before it to show that Dr A had positively colluded against Dr Cartland with others on social media, nor with Dr B and Dr C. The Tribunal noted the robust responses and comments that Dr A had made on X and noted that she had raised concerns with Dr Cartland’s then employer. However, it determined that these did not detract from Dr Cartland’s own behaviour.
117. The Tribunal determined that the volume of tweets that Dr Cartland was posting on various sites taken together represented a course of conduct over a sustained period of time. The conduct continued while the proceedings were pending and, in the lead up to Dr A giving her evidence.
118. The Tribunal recognised the impact on Dr A and accepted that Dr Cartland’s behaviour was causing her alarm and distress.
119. The Tribunal decided, on the balance of probabilities, that the numerous social media posts that Dr Cartland posted, the encouraging of other followers, and the abusive words used, constituted a course of improper, oppressive and unreasonable conduct, and that these were further aggravated by the threatening email of 23 January 2023. It also determined that Dr Cartland knew or at least ought to have known that his conduct amounted to harassment.
120. Accordingly, the Tribunal found paragraph 7(a) proved.

Paragraphs relating to Dr B

Paragraph 2(b)

121. The Tribunal considered whether, throughout 2022, 2023, 2024 and 2025, Dr Cartland posted or reposted the content on X and/or Instagram and/or Telegram messages as set out in Schedule 2, 11 and Schedule 12 to the Allegation, regarding Dr B.
122. The Tribunal firstly considered the statements that Dr B made to the GMC. It noted that, at the time of making the statements, Dr B was a doctor on the GMC specialist register for paediatrics, working as a locum in a children's hospital. He also had another role as XXX, involved in health promotion. XXX.
123. The Tribunal noted that in his first statement dated 23 June 2023, Dr B says that he has never worked with Dr Cartland and has never met him. He says that he became aware of Dr Cartland in January 2023, because of his online behaviour directed at him and others.
124. Dr B describes in this statement that he has had contact with Dr Cartland on X, and that he is also aware that Dr Cartland posts about him on Telegram. Dr B explains that he blocked Dr Cartland, but that he still saw tweets about himself if others responded to them, or if he was tagged in them. Dr B explains that others on X respond to Dr Cartland's tweets and the responses are often very negative or aggressive toward him.
125. In his statement, the Tribunal noted that Dr B recounts the first contact that he was aware of from Dr Cartland. He says that Dr Cartland posted a photograph of him alongside the comment *'what people don't realise is that one dose of any COVID vaccine gives you 100% protection from being hospitalized or dying.'* Dr B states that this was a quote from himself but that it was taken out of context and resulted in a number of negative tweets about him. He then saw another tweet that said *'have posted four quotes from Dr G, Ms H, Dr [B], and Dr I today. People have not understood that these are quotes from them not me.... And the abuse I have walked into after work from people on our side of the narrative! Think about what you say!'*
126. Dr B describes that he received a lot of negative comments on X. He stated *'because of the enormity and negativity of the responses I received, the only way I felt I could cope and limit or stop the abuse I was receiving was to deactivate my account'*. He also complained to the GMC. Dr B explains that Dr Cartland then posted on X that Dr B had reported him to the GMC and accused him of *'snitching to the headteacher'*, stating that the complaint was part of a *'mass complaint'* that it was *'vexatious nonsense'* and that they were *'ridiculous unsubstantiated claims.'*

127. Dr B then describes in his statement a tweet that he saw linking to a XXX article stating '[XXX] Dr [B] called for more help for paedophiles'. Dr B then states that Dr Cartland replied to his own tweet saying, 'worked on [XXX]???' Dr B explains that the article had to be rectified at the time by the XXX because it was out of context. Dr B responded to correct Dr Cartland, but he says that Dr Cartland continued to deliberately misinterpret the article and repost it, and that he still receives negative comments about it, a lot of which are homophobic.
128. Dr B says in his statement that Dr Cartland later said that Dr B was '*paedophile sympathising*,' and that Dr Cartland posted a picture of Dr B with a XXX colleague with a comment that Dr B had made calling the colleague '*a stud*.'
129. The Tribunal noted Dr B's second and third statements dated 26 March and 3 June 2024. Dr B describes that since his complaint to the GMC, and his first witness statement, Dr Cartland has continued to post about him. He explains that Dr Cartland tweeted '*lying bastards*' when posting a video of Dr B and another XXX discussing the intensive care units during COVID. Dr B explains that he made a civil claim against Dr Cartland for defamation, and the Tribunal considered the material relating to that claim. It noted that Dr Cartland had accepted his behaviour, settled out of court, and made a number of undertakings, involving curtailing his online behaviour toward Dr B. At the time of writing his statement on 3 June 2024, Dr B was waiting for the court order to be sealed and for a Statement to be read in open court.
130. During the course of these proceedings, and before Dr B gave his evidence, the Tribunal was furnished with two further statements from Dr B, dated 28 May and 9 June 2025. In those statements, Dr B describes that, Dr Cartland has continued to post about him on social media, and this time on Instagram, by way of the use of both Instagram story and posts. In the statement of 28 May 2025, Dr B states he has provided further screen shots to the GMC and exhibits them. Dr B describes that Dr Cartland, in one post, threatened to '*end a certain person's career*' and in another states that he is going to make a video of Dr B regarding the civil claim he made against him. Dr B states that Dr Cartland makes it clear that he is posting about a 'XXX.' In the statement of 9 June 2025, Dr B explains that the posts have continued, and that his employers have been tagged in them. He states that he is now proceeding again with a civil claim against Dr Cartland.
131. The Tribunal considered all the exhibits sent to the GMC by Dr B, and in particular those attached to the Allegation at Schedules 2, 11, and 12.

132. In Schedule 2, the Tribunal noted numerous tweets relating to Dr B posted by Dr Cartland. A number of those relate to Dr B reporting Dr Cartland to the GMC, and also a number relating to Dr B's sexuality, set out in more detail at paragraph 4 below. It noted those set out in Dr B's statement relating to XXX work and the XXX article, and the commentary regarding the XXX colleague. Examples of tweets read:

- *'what people don't realise is that one dose of any COVID vaccine gives you 100% protection from being hospitalized or dying.'* (accompanied with a picture of Dr B)
- *'have posted four quotes from Dr G, Ms H, Dr [B], and Dr I today. People have not understood that these are quotes from them not me.... And the abuse I have walked into after work from people on our side of the narrative! Think about what you say!'*
- *'extraordinary claims need extraordinary evidence @Dr [B].'*
- *@Dr[B] what a scummy thing to do. You should be ashamed.'*
- *'Not up for chatting about it and debating like most adults? Just snitch to the head teacher?'*
- *'...shall I report him to the GMC for paedophile sympathising/pictures with a minor calling him a stud? Fitness to practice for [XXX] dr (ironically)'*

133. In Schedule 11, the Tribunal noted tweets relating to Dr B posted by Dr Cartland. It saw tweets where Dr Cartland said that he was blackmailed into accepting the undertakings in the civil court, and that followers should feel free to report Dr B for blackmailing another doctor. Other examples read:

- *'calling out the mutton crew ..'77th/vexatious litigants boxing or UFC rules bout for a vac injury charity. Lets get it in the diary. Training going well. (Accompanied by a picture of Dr Cartland in a sweaty T shirt)*
- *'If somebody called me something I'm not I wouldn't be triggered, like some. Depending on the lengths people go to rebut and throw toys out of the pram over what they claim are false allegations it screams guilt.'*
- *'these bastards lied.'*

- *‘a certain doctor likes to dress up as the Baphomet at weekends mmmm’* (with an emoji of a satanic-type statue with a sheep’s head.)

134. In Schedule 12, the Tribunal noted posts relating to Dr B posted by Dr Cartland, which had been sent during the course of the proceedings. They were on X and Instagram. There are posts that appear to threaten to expose an individual, but it is not clear who. For example, Dr Cartland states that he is going to expose a *‘certain someone,’* who is *‘playing victim.’* There are other posts which are more overtly directed toward Dr B and often carry images of him. He posts about the civil claim, stating that he was *‘terrorised’* and *‘put under duress’* in order to apologise. Other examples from Schedule 12 read:

- *‘I will be recording a video tomorrow to give a short account of a situation I have become involved in. It relates to a [XXX] doctor, who has terrorised me, blackmailed me, extorted me....’*
- *‘[XXX] making me pay for their guilty conscience.’*
- *‘do you think the public will enjoy a [XXX] v ‘people’s champion’.... battle being played out publicly in the tabloids and the press. Asking for a friend?’*
- *‘Is it ok for a paediatrician to boast about their [XXX] publicly...?....To wear a T-shirt stating never apologise for who you love (no exceptions)..... [XXX].....???...’*
- *‘Anyone think a kids dr calling for help and support for paedophiles is ok? Anyone think calling a groom victim a stud [XXX] is ok whatever their age is ok? Anyone think that calling someone a dirty filthy slut or a Nancy boy is ok? Anyone think this person is the victim of harassment? For calling this behaviour out?’*

135. In his oral evidence, Dr B adopted his GMC statements and the exhibits in them and therefore in the Schedules. He also confirmed that more posts (now in Schedule 12) had been received very recently and that Dr Cartland was still actively posting about him on different platforms.

136. The Tribunal considered Dr Cartland’s witness statement dated 12 July 2024. The Tribunal considered the parts of this material that related to Dr B.

137. As set out above in relation to Dr A, the Tribunal noted that Dr Cartland describes X as a *‘a raucous form of communication’* and *‘a unique social media arena on which there is*

rigorous debate and discussion’ that no one is compelled to use. He does not deny posting any of the messages.

138. The Tribunal decided that the screenshots provided in Schedules 2, 11 and 12, coupled with the evidence from Dr B, were sufficient for it to determine, on the balance of probabilities, that Dr Cartland sent the posts alleged. Although Dr Cartland denied the Allegation, he did not specifically deny sending the posts.

139. Accordingly, the Tribunal found paragraph 2(b) proved.

Paragraph 3(a)(b)(c)(ii)

140. The Tribunal considered whether, throughout 2022, 2023, 2024 and 2025, Dr Cartland posted or reposted the content on X, and/or Instagram content on Gettr, and/or Telegram messages as set out in Schedules 3 and 13, in which he encouraged other users to obtain and provide him with information about, contact, and/or harass Dr B.

141. The Tribunal considered Dr B’s first witness statement. In it, Dr B states that he describes receiving a number of negative or aggressive tweets due to being tagged in Dr Cartland’s posts or by followers retweeting his posts. He describes Dr Cartland asking others to follow Dr B, and comments being taken out of context, saying that he was *‘bombarded with tweets that were aggressive, generally negative and which substantiated the misquoting.’* He describes deactivating his X account because of the posts.

142. The Tribunal considered Dr B’s second statement. In it, he describes that Dr Cartland had named Dr B (and others) online as GMC complainants, suggesting they have colluded against him and were making a vexatious complaint. Dr Cartland tagged Dr B in the posts. Dr B describes *‘an onslaught’* online at that time and confirms that the civil settlement made no difference to Dr B’s conduct.

143. The Tribunal took into account the statements that Dr B made dated 28 May 2025, and 9 June 2025. He describes the ongoing behaviour of Dr Cartland and gives examples of some of the recent posts about him. In the 9 June 2025 statement he states:

‘I feel Dr Cartland is doing this in order to further harass and defame me, to build a negative sentiment about me amongst his followers and the general public in the run up to the MPT hearing and further legal proceedings, and to encourage others to continue to harass, and also to try to intimidate me.’

144. The Tribunal considered the exhibits sent to the GMC by Dr B, and in particular those listed at Schedule 3 and 13.
145. In Schedule 3, the Tribunal noted that Dr Cartland set up a poll as to whether he should report Dr B to GMC, and asks for evidence of a hate campaign or encouragement of mass reporting of himself to the GMC by Dr B. It also noted a tweet that said:

‘Please follow and show dr [B] and his 150,000 followers before he cowardly deleted his account that WE WILL NEVER GIVE UP on ethics, safety, evidence, morals. Justice WILL be served. Share the (‘poo’ emoji) out of this and let people come to the truth in their own time...’

146. In Schedule 13, the Tribunal noted a number of posts where Dr Cartland shared images of Dr B and discussed those images with other X users. There are also similar posts on Instagram, both on Dr Cartland’s story and posts. He comments about the ongoing GMC case. Examples in the Schedule read:

- *‘This man has terrorised me and harassed ME for three years as he did this poor victim too! And others cited. If you have been abused by the doctor in question please get in touch and we can all seek justice together!’*
- *‘Many people stepping forward about concerns about a certain someone this last two days.....if you wish to speak about about [sic] anything you may have experienced at the hands of anyone I may have discussed my dm is open’*

147. In his oral evidence, Dr B accepted that X was *‘not a very pleasant place’* but he asserted that health care professionals had an obligation to behave responsibly and abide by the codes of conduct of the social media platform and legislation. He said that Dr Cartland *‘knowingly enticed others’* to attack him, and that he was *‘trying to bait his followers into reacting’* to posts about Dr B.
148. The Tribunal considered Dr Cartland’s response to the Allegation, and his views on the X forum. Under a section entitled *‘Dr [B]’* Dr Cartland states that Dr B is using the GMC process to curtail *‘free speech rights on the ethics of all doctors.’* He does not deny posting the messages.
149. The Tribunal decided that the screenshots provided in Schedules 3 and 13, coupled with the evidence from Dr B, were sufficient for it to determine, on the balance of

probabilities, that Dr Cartland sent the posts alleged. Although Dr Cartland denied the Allegation, he did not specifically deny sending the posts.

150. The Tribunal then went on to consider whether the content of the tweets amounted to Dr Cartland encouraging others to obtain, provide information about, contact and/or harass Dr B. It again noted that Dr Cartland is a prolific user of the social media sites, and that he has over 200,000 followers on X. It also noted from one of his own tweets that when he posted a quote from Dr B, some followers '*on his side of the narrative*' posted aggressively to him. The Tribunal determined that Dr Cartland would therefore understand the effect that his tweets were having on other followers. Some of those responded to his tweets, with the effect that Dr B had to deactivate his X account because of '*an onslaught*' from followers.
151. The Tribunal gave the words in the messages their ordinary meaning and concluded that, on the balance of probabilities, Dr Cartland was encouraging others to act as alleged.
152. Accordingly, the Tribunal found paragraph 3(a)(b)(c)(ii) proved.

Paragraph 4

153. The Tribunal considered whether Dr Cartland, on or around the 6 -7 June 2023 posted on X as set out in Schedule 4 regarding Dr B.
154. The Tribunal noted that, in Dr B's first statement that Dr Cartland in the first week of June posted the words '*no comment*' under a photograph that has two halves, one showing a line of Nazi flags, and one showing a line of Pride flags. Dr B states that Dr Cartland also posted a picture of two adult figures, one labelled '*female mom*' and one labelled '*male dad*' and two child figures, one labelled '*girl*' and the other labelled '*boy*.' The adults are holding an umbrella which is stopping drops from a rainbow falling from above. Underneath the caption, Dr Cartland has written '*I will teach my child so there is no confusion.*' Dr B states that this picture is obvious homophobic imagery.
155. The Tribunal considered Schedule 4. It contains the tweets about Dr B and XXX, as outlined above at paragraph 2, and the picture of Dr B and his XXX colleague. There is also a compilation post of a Pride event with the comment above it '*is this Ok for a paediatric audience?*' There is the picture of the Nazi and Pride flags alongside the pictures of Dr B in XXX, and with his XXX colleague, with the comment '*Pride in this [Dr B]?*' There is then a picture of a female child looking at a man in leather and chains

wearing a mask, with the comment underneath of ‘Dr [B]? Any of his fans? Please explain to an old bigot like me how this sort of shenanigans does anything towards the progression of the acceptance of the LGBT agenda?’

156. The Tribunal considered Dr Cartland’s response. The Tribunal noted that Dr Cartland does not deny sending the posts and that he had accepted that he had done so during the settlement of the civil claim. He had accepted his behaviour and accepted undertakings. He states in his response to the solicitor’s letter sent on behalf of Dr B:

‘For context I am straight, married man with [XXX] and an advocate for a [XXX] world view and also an advocate for child safeguarding in a professional capacity as a GP.’

157. The Tribunal decided that the screenshots provided in Schedule 4, coupled with the evidence from Dr B, were sufficient for it to determine, on the balance of probabilities, that Dr Cartland sent the posts alleged. Although Dr Cartland denied the Allegation, he did not specifically deny sending the posts.

158. Accordingly, the Tribunal found paragraph 4 proved.

Paragraph 7(b)

159. The Tribunal considered whether Dr Cartland’s conduct at paragraphs 2(b), 3(a)(b)(c)(ii), and 4 constituted harassment, as defined by sections 1(1) and 7 of the Protection from Harassment Act 1997, towards Dr B. The allegation is that he engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm or distress when he knew or ought to have known that conduct amounted to harassment.
160. The Tribunal considered the background to this case. It noted that Dr B is a paediatrician, XXX, who supported the vaccine roll out programme during the pandemic. Dr Cartland has differing views as to the safety of the roll out of the COVID-19 vaccine. They are both social media users.
161. The Tribunal reminded itself that it has found proved that Dr Cartland has sent numerous messages to or about Dr B on social media sites, and that some of those messages were such that other followers were encouraged to obtain information, contact and/or harass Dr B. It also found proved that Dr Cartland in the first week of June 2023 posted the messages as set out in Schedule 4 and described above in relation to paragraph 4.

162. The Tribunal considered Dr B's first statement. He says he did everything he could to limit the negative and distressing traffic that he was receiving, and that Dr Cartland's behaviour was having an impact on him both personally and professionally. After he complained to the GMC, he describes the continuing messaging by Dr Cartland as '*targeted bullying behaviour.*' He says that he continued to get an onslaught of abuse, often of a homophobic nature, and at one stage had to deactivate his X account. He describes the impact on him as '*extremely upsetting and damaging.*'
163. The Tribunal also considered Dr B's second statement. He said then that, although he was still on X, he did not use it much because the issues with Dr Cartland have affected his mental health. In his oral evidence, he said that he no longer used X.
164. In his third statement, Dr B explains that he took out a civil claim against Dr Cartland for harassment and defamation. During the civil proceedings the claim was settled, and Dr Cartland agreed to undertakings, centred around non-contact, and also signed a Statement in Open Court, part of which read:

'On behalf of Mr Cartland, I wish to associate myself with everything that has been said by Counsel for the Claimant. Mr Cartland never had any basis at all to make the false allegations against the Claimant for which he was responsible. He wishes to apologise unreservedly for the damage caused to the Claimant and his reputation by his publications and associated distress, and to express his profound and unreserved regret for all of the harm for which he is responsible.'

165. Dr B explained in this third statement that, despite the settlement:

'...within 24 hours Dr Cartland continued to post about me on X seemingly breaking the terms of the agreement and demonstrating a complete lack of remorse or insight into what he had done. As a result, my legal team contacted his representatives to give him one last chance to remove the offending posts before further formal proceedings would be issued in court.'

166. The Tribunal noted the two statements that it had received during the proceedings, where it was clear that Dr Cartland's conduct was continuing. Dr B stated that he was now taking out another civil claim relating to ongoing harassment.
167. In his oral evidence, Dr B made it clear that Dr Cartland's conduct on social media '*had a really dramatic and awful impact*' on him. He said that he now suffered from anxiety and was seeing a therapist. He said that Dr Cartland had said '*abhorrent things*' about

him and that his *'reputation was everything'*. He stated that the behaviour is continuing, and he is entitled to take legal recourse. He summarised by saying that *'this has been a horrific experience.'*

168. The Tribunal considered Dr Cartland's response to the Allegation of harassment very carefully and again noted his concerns about the GMC trying to silence him, and that X is a *'raucous forum.'*

169. Under a section entitled *'Dr [B]'* in his witness statement, Dr Cartland states that Dr B *'... is motivated by a desire to simply prevent any health professional express an alternative view on the Covid 19 Vaccine as independently minded people might be influenced by 'non-conventional or potentially harmful fringe opinions'.*

And

'Further, he now seeks to use the GMC disciplinary process to curtail free speech rights on sexual ethics of all doctors. This case has significant implications for the freedom of doctors and the GMC need to determine whether there is locus to bring such a charge and determine it.'

170. The Tribunal noted that Dr Cartland called his contact with Dr B *'the spat'* and furnished it with some examples to show that Dr B was posting online about him. For example, in response to the picture involving Nazi and Pride flags, Dr B posted:

'I've had my concerns about Dr Cartland for a while. Its not just the consistent tweeting of anti vax conspiracy theories, but also the transphobic content on his timeline. And now this. During Pride month. Absolutely disgusting and grossly unprofessional.'

171. Similarly, Dr Cartland asserted that Dr B was encouraging others to report him and gives an example of a post where Dr B said:

'This is bullying behaviour which is exactly why he has been reported to the GMC. It's totally unacceptable. I would advise you to do the same.'

172. The Tribunal noted that Dr B also responded to Dr Cartland's posts to explain the context of the XXX article, and to explain that the XXX colleague was an adult, not a minor.

173. Dr Cartland describes in both written statement and the undated letter to the GMC his feeling that Dr B was part of a concerted group and colluding with other complainants. The Tribunal noted that Dr B was a regular user of X, and followed others interested in the COVID-19 debates. It noted some posts where Dr A and Dr C were both in contact with him, but it was not furnished with any evidence that demonstrated collusion. Dr B, in his oral evidence stated that he had been in contact with Dr A about the fact that he was complaining but had never met her. He said that he could not recall if he had ever been in contact with Dr C. He said that he had not coordinated anything with others. The complaints were submitted in about the same time frame, and they had been subjected to similar conduct from Dr Cartland. He said that when others had said that had been treated in a similar way to him by Dr B, he advised them to contact the GMC.
174. The Tribunal considered Dr Cartland's defence that Dr B (through the GMC) was using this process to curtail his free speech, but decided on the balance of probabilities, that Dr B had decided to complain because of Dr Cartland's behaviour toward him online. It also noted the robust responses and comments that Dr B had made on X but determined that they did not detract from Dr Cartland's own behaviour. It did not accept the proposition that was put to Dr B in cross examination that X is a platform which is a robust place such that harassment had to be tolerated, nor that Dr Cartland and Dr B were simply in a disagreement or debate. Dr B said, *'there was no debate'*, but that Dr Cartland was trying to bait others to abuse him.
175. The Tribunal determined that the volume of tweets that Dr Cartland was posting on various sites taken together represented a course of conduct over a long period of time. It noted that he had also tagged Dr B's employers when posting about him. The Tribunal recognised the impact the posts had on Dr B and accepted that Dr Cartland's behaviour was causing him alarm and distress. The Tribunal noted that the behaviour had not stopped despite the civil proceedings and this Tribunal hearing, which it saw an aggravating feature of this case.
176. The Tribunal decided, on the balance of probabilities, that the numerous tweets sent, the encouraging of other followers, and the abusive words used by Dr Cartland constituted a course of improper, oppressive and/or unreasonable conduct. It determined that Dr Cartland knew or ought to have known that his conduct amounted to harassment of Dr B, especially so because a civil claim had been made against him.
177. Accordingly, the Tribunal found paragraph 7(b) proved.

Paragraph 8

178. The Tribunal considered whether Dr Cartland's conduct at paragraph 4 was motivated by hostility towards the LGBTQ+ community.
179. The Tribunal considered the posts in Schedule 4 and noted the impact they had on Dr B. He felt that they were homophobic imagery, and as a result of them being posted he said that he received homophobic abuse.
180. In Dr B's oral evidence, he said that Dr Cartland had posted *'inappropriate and unacceptable content,'* and explained that a registered GP posting, for example a Nazi flag alongside a Pride flag could have a negative impact on the LGBTQ+ community, especially younger people, where there are already disproportionate negative mental health outcomes.
181. The Tribunal noted that Dr Cartland did not deny that he had sent the posts but denies that they are homophobic. He states in his undated letter to the GMC:

'The accusations of homophobia, transphobic, based on a tweet which I say "no comment". Picked up by Dr [B] from behind a block i.e. he shouldn't have even seen it, and interpreted to suit. He then goes on to spread what he believes my "no comment" meant without evidence. His actions were totally without merit and caused me both personal stress and harm to my reputation.'

'I have the support of many LGBTQ+ contacts and friends who support my concerns of some inappropriate things being perpetrated under the banner of 'Pride', much of the evidence presented as my 'hostility' to LGBT presented later is simply a concern regarding child safeguarding.'

182. Later in his witness statement, Dr Cartland said that this issue was a matter of free speech. For example, he states:
- *Matters of faith and sexual ethics are forms of lifestyle that fall into the private sphere. There should be a robust debate on these existential questions but 'live and let live' should be the motto. Certainly, the Disciplinary Tribunal of the GMC should not adjudicate on a dispute on existential questions...*
 - *After Dr [B] reported me as a transphobe, I need to stand for values that I believed in. I am [XXX] and I have strict standards as to what I deem appropriate conduct in lifestyle...*

- *I have concerns as to appropriate conduct for those doctors and in relation to persons working with children. My views come from a very ancient book known as the Bible that cannot be subjected to a woke interpretation...*
- *My tweets simply reflect my [XXX] faith that traditional marriage should be respected, and children fare best with a mother and a father. I was protesting the frightening and aggressive transgender agenda...*
- *Dr [B] is prominent in the LGBTQ+ movement: and needs to use his influence to prevent mocking images of Christians and of the Lord Jesus Christ and ensure that Pride demonstrations are fit to view...*

183. The Tribunal used the everyday meaning of ‘hostility’. It noted that Dr Cartland stated that his posts were to assist in safeguarding and were a matter of free speech. The Tribunal accepted that Dr Cartland is entitled to the beliefs that he has and is able to articulate them. However, it decided, on the balance of probabilities, that the messages that Dr Cartland had posted were prejudicial and antagonistic toward the LGBTQ+ community. It determined that they were not simply an assertion of a viewpoint but were derogatory in nature. The photographs Dr Cartland posted were without context, and the posts clearly insinuated that individuals from the LGBTQ+ community were paedophiles.

184. The Tribunal determined therefore that Dr Cartland’s posts as set out in Schedule 4 demonstrated hostility toward the LGBTQ+ community.

185. Accordingly, the Tribunal found paragraph 8 proved.

Paragraphs relating to Dr C

Paragraph 2(c)

186. The Tribunal considered whether, throughout 2022, 2023, 2024 and 2025, Dr Cartland posted or reposted the content on X and/or Instagram and/or Telegram messages as set out in Schedule 2, 11 and Schedule 12 to the Allegation, regarding Dr C.

187. The Tribunal firstly considered the two statements that Dr C made to the GMC. It noted that Dr C is a viral immunologist, with a PhD in immunology. He is not a medical doctor. He owns a company, which specialises in XXX, Dr C states that he has worked on a

number of COVID-19 related projects, and during the pandemic was posting on X to debunk misinformation. Dr C also confirms that XXX.

188. The Tribunal noted that in his first statement dated 18 July 2023, Dr C says that he has never met Dr Cartland, nor spoken to him verbally. He confirms that their interactions have been on X, but that Dr Cartland also posts about him on Telegram and those messages are sent to Dr C by a friend who monitors Dr Cartland's account for him. Dr C says that Dr Cartland uses his own account but also accounts by the name of '[XXX]' and '[XXX]' which he says is evidenced by Dr Cartland posting screenshots that are only available to the account owner. Dr C says that he has not discussed the case with either Dr A or Dr B.
189. The Tribunal noted that Dr C says in this statement that he cannot remember when he first had contact with Dr Cartland but recalls that it might have been when Dr Cartland tweeted that vaccines for children were lethal. Dr C describes in his statement that at first, he replied to Dr Cartland's tweets to try to counter misinformation, but once the personal abuse started, he blocked Dr Cartland's account. After that, Dr C was told of Dr Cartland's tweets by friends on X or Telegram.
190. Dr C says that even though he had blocked him, Dr Cartland continued to harass him on social media and so he reported Dr Cartland to the GMC in April 2023. Dr Cartland then posted about him waiting for an apology from Dr C, Dr Cartland's XXX, and the GMC, and calling Dr C '*chief snitch*.'
191. Dr C describes that on one occasion, Dr Cartland posted a picture of him (Dr C), and when a user asks who it is, Dr Cartland says '*the leader of the 77th*.' Dr C describes in his statement what the term '*77th brigade*' refers to. He says that it is a term used by conspiracy theorists who think that it is a secret section of the British army set up to undertake electronic warfare and target people that the government do not like. Dr C says that he is not a member of such a group.
192. In other tweets, Dr C states that Dr Cartland implies that Dr C had a '*childhood head injury*,' and has '*severe autism*,' in the context of a debate about childhood vaccines. As part of this debate, Dr C says that Dr Cartland posted:

'please take pity on these dimwit cranks and explain why this was allowed on our children. I thought you liked children [Dr C] or is that just children of the sheep variety.'

193. Dr C also states that Dr Cartland calls him, for example, *‘a sheep molesting [XXX] year old who plays computer games alone in darkened slightly weird horror movie set bedrooms,’* and *‘an abhorrent human being.’*
194. The Tribunal noted Dr C’s supplemental second statement dated 28 March 2024. He confirms that since his first statement, and during the GMC investigation, the tweets have continued, and he gives further examples. Notably, Dr C confirms that Dr Cartland posted an extract of his first GMC statement on X, followed by what he perceived to be threats – stating that Dr C will need to get *‘lawyered up’*, that he is a *‘sick fuck,’* and that his complaint is a *‘fantasy novel’*, *‘vexatious’* and *‘coordinated’*.
195. Dr C says in this second statement that Dr Cartland has been accusing him of making death threats against him and that he is part of a group that has released Dr Cartland’s home address and XXX. Dr Cartland posts that Dr C is harassing him. Dr C states that he is not a member of any group and has only posted recently querying Dr Cartland’s XXX.
196. Dr C confirms in this statement again that he is not a member of the *‘77th brigade’* and has not colluded with Dr A and Dr B to make a complaint. He explains also that the many mentions of the *‘Mutton crew’* or *‘Mutton trolls’* in Dr Cartland’s posts relate to Dr Cartland’s apparent belief that Dr C is the leader of both the *‘77th’* and a *‘mutton crew’* group to discredit Dr C. Dr C says that he is not a member of any such group.
197. The Tribunal considered the exhibits sent to the GMC by Dr C, and in particular those attached to the Allegation and listed at Schedules 2 and 11. There are a large volume of tweets and posts, which the Tribunal considered carefully. They mirror what Dr C exhibited and described in his two statements.
198. In Schedule 2, the Tribunal noted posts both directed to and relating to Dr C posted by Dr Cartland on both his X and Telegram accounts. The Tribunal noted that there are a number of different themes in the posts, and that their context is sometimes difficult to understand. The backdrop relates to a difference in opinion as to the safety of the COVID-19 vaccination programme. There are numerous posts that relate to sheep and references to the *‘mutton crew’*, with one post including a photograph depicting an act of bestiality, and another showing a sheep having its throat slit. There is the ongoing suggestion that Dr C is the ringleader of the *‘77th’*. There are posts disclosing parts of Dr C’s GMC statements - naming him and Dr A and Dr B as those who have complained about him.
199. Further examples in the Schedule that relate to Dr C are:

'[Dr C] rot in hell'

'...compulsive, lying fraud'

'...advocates badger killing'

'...coward and abhorrent human being.'

200. The Tribunal noted in these posts, that Dr Cartland accuses Dr C of harassing him, and posts comments that Dr C made in relation to him. Dr C, for example, posted that Dr Cartland must have a XXX to be acting on social media in the way that he does. Dr Cartland posts that these comments are defamatory.

201. In Schedule 11, the Tribunal noted tweets relating to Dr C posted by Dr Cartland that read:

'calling out the mutton crew ..'77th/vexatious litigants boxing or UFC rules bout for a vac injury charity. Lets get it in the diary. Training going well. (Accompanied by a sheep emoji and a picture of Dr Cartland in a sweaty T shirt)'

202. In his oral evidence to the Tribunal, Dr C adopted his two statements, and the numerous exhibits set out in the schedules.

203. The Tribunal considered Dr Cartland's response to the Allegation and considered the parts of this material that related to Dr C. It again noted his comments under the section entitled *'Twitter'* in his statement. He does not deny posting the messages, but states that no one is compelled to use Twitter.

204. The Tribunal decided that the screenshots provided in Schedules 2 and 11, coupled with the evidence from Dr C, were sufficient for it to determine, on the balance of probabilities, that Dr Cartland sent the posts alleged. Dr Cartland has not denied doing so.

205. Accordingly, the Tribunal found paragraph 2(c) proved.

Paragraph 3(a)(b)(c)(iii)

206. The Tribunal considered whether, throughout 2022, 2023, 2024 and 2025, Dr Cartland posted or reposted the content on X, and/or Instagram content on Gettr, and/or Telegram messages as set out in Schedules 3 and 13, in which he encouraged other users to obtain and provide him with information about, contact, and/or harass Dr C.
207. In his first statement, the Tribunal noted that Dr C says that Dr Cartland targeted his personal social media account, but also his three business accounts too. He states that Dr Cartland also tags his YouTube, Patreon accounts and an online library, when commenting about him. Dr C feels that by posting such links it is an attempt by Dr Cartland's to encourage his large number of followers to harass him.
208. Dr C gives examples in his statement of when he says that Dr Cartland was encouraging others to tag him:
- On his Telegram account, Dr Cartland sent a link to his Gettr account that then posted:

'Tag [Dr C] on particular we will give him a hero's welcome...'
 - On his Telegram account, Dr Cartland posted:

'Please share wherever you feel appropriate. I'm particular [Dr C's] sheep folk on twatter.'
 - Referring to a Twitter Spaces debate that Dr C took part in, Dr Cartland posted a long tweet which ended:

'Feel free to share the whole of the entirety so people can see him [Dr C] for what he is and avoid. He's a notorious cyber bully and twitter string puller.'
209. Dr C explains that Dr Cartland tags sub stack blog posts when he is commenting on Dr C, which are from others and are defamatory in nature. He describes in his statement that Dr Cartland shares a post of another user by the name of '[XXX]' who claims that Dr C's photographs of his XXX business are fake. Dr C states that sharing this material is encouraging others to harass him, and comments were made on his account about it. Dr C gives another example of Dr Cartland tagging another user in a post about him. Dr Cartland quotes an anti-vaccine former research scientist user, who Dr C had blocked. Along with the quote, there is a photograph of a sheep having its throat cut, with blood coming out of its neck. Dr Cartland apparently added a series of fire emojis to the post.

210. Dr C says that Dr Cartland asks his followers to directly message him with any '*observations and interactions*', from '*mutton heads*.' This is a reference to the group that Dr Cartland appears to believe is being headed up by Dr C.
211. Dr C says that Dr Cartland posted on X that he, and Dr A and Dr B had reported him to the GMC, with Dr C being '*chief snitch*.' Dr C had not informed many people that he had complained to the GMC, but that by tagging him in this post, he received an abusive response from other users.
212. Dr C confirms in his statement that after Dr Cartland posts about him, he receives a lot of tweets from other users with comments such as '*I know about you and your sheep*', '*you will suffer*' '*tick tock*' '*the day is coming*', and '*you are 77th*.' Dr C states that he has to block users and says that this abuse may or may not be a result of Dr Cartland's encouragement.
213. The Tribunal considered the exhibits sent to the GMC by Dr C, and in particular those attached to the Allegation and listed at Schedule 3. The Tribunal noted that the Schedule includes the posts which are described and exhibited by Dr C in his two GMC statements. Dr Cartland attaches links to Dr C's other ventures, on YouTube, Patreon, and on his games website. The link to Dr C's Patreon account states:

'Become a patroen of [Dr C] today'

The link to Dr C's video game account is similar in that he suggested to other users that they head on over to the game's website.

214. The Tribunal noted that there were a number of requests from Dr Cartland to his followers stating for example '*please send evidence to me*', or '*send me screen shots*' when referring to Dr C and the groups that Dr Cartland thinks that he leads, and one posts states '*sheepattack incoming*'.
215. The Tribunal noted that, in his oral evidence to the Tribunal, Dr C said that he does not use Telegram, but that a friend monitored Dr Cartland's Telegram group on his behalf. He also stated that when another user retweets a post by Dr Cartland he becomes aware of it because of the algorithm used on X.

216. The Tribunal decided that the screenshots provided in Schedule 3, coupled with the evidence from Dr C, were sufficient for it to determine, on the balance of probabilities, that Dr Cartland sent the posts alleged. Dr Cartland has not denied doing so.
217. The Tribunal then went on to consider whether the content of the tweets amounted to Dr Cartland encouraging others to obtain, provide information about contact and /or harass Dr A. Dr C confirms in his statement that after Dr Cartland posts about him, he receives a lot of tweets from other users with comments such as those detailed above. He has to block other users. He also said that he received abuse after Dr Cartland posted that Dr C had complained about this to the GMC.
218. The Tribunal gave the words in the messages their ordinary meaning. It concluded that, on the balance of probabilities, Dr Cartland was encouraging others to share information about Dr C, harass Dr C, and contact him on various sites.
219. Accordingly, the Tribunal found paragraph 3(a)(b)(c)(iii) proved.

Paragraph 6

220. The Tribunal considered whether, on or around 24 July 2022, Dr Cartland created an X account in the name of Dr C, from which he posted the content as set out in Schedule 6.
221. The Tribunal considered the first statement from Dr C. In it, he says that Dr Cartland set up a fake twitter account impersonating him (Dr C) on 24 July 2022.
222. One of Dr C's friends showed him a post that Dr Cartland had made on Telegram containing a link to the fake account and saying:

'Look what I have set up. If you don't know this utterly evil man, don't worry but if you know you know.'

223. Dr C says in his statement that the biography on the fake account states:

'I'm leader of bunch of perverse weirdos who take pleasure in abusing, bullying, goading medics, scientist & people who don't like my [sheep emoji] [heart emoji] computer games.'

224. Dr C exhibits six of the tweets that Dr Cartland made in this fake account:

'me and my comrades who were unable to make the grade in the army were seconded to cyber bullying for the 77th. We call ourselves 77th because that's where we finish in any competition.'

'I love pretending I am a scientist, when really I am a specialist in sheep's arseholes.'

'I really love to treat my 77th comrades the same way I do sheep slow and steady.'

'Job advert; 77th Twitter brigade. Must be willing to lower self to pseudo science be a competent cyber bully be a single man and love sheep preferably two at a time.'

'come on 77th come out come out wherever you are if you finished with my sheep. Hope you had a fun day with my special friends.'

'My Name is [Dr C] and I am a lover of sheep.'

225. The Tribunal specifically considered the posts that are set out in Schedule 6 of the Allegation. The fake account that Dr C described is exhibited there, the link from Dr Cartland's Telegram account, the biography and the six tweets as set out above.
226. The Tribunal considered Dr Cartland's written statement and his undated letter to the GMC. He does not, in them, address the allegation that he set up a parody account. However, the Tribunal also considered some rebuttal comments that Dr Cartland made regarding Dr C's statement, and in relation to the parody account Dr Cartland states:

'The account discussed I [sic] me I have never denied this and admit in the TG group. This is totally lacking context given the campaign of hateful abuse which I have received from [Dr C] (Annexe C) and his 'mutton crew' accounts. He has cherry picked what was simply a retaliatory effort to see how [Dr C] likes to have parody and impersonator accounts set up. I know that he has directly been involved in the [XXX] see excerpt below of an exhibit from [XXX] rebuttal where not only do he and [XXX] follow this parody account set up well before my retaliation he interacts with the perpetrator too. I couldn't see the content myself other than forwarded screenshots as the account blocked me.'

227. The Tribunal took Dr Cartland's comment above to mean that he accepted that he had set up the parody account but explained that this was a retaliatory effort because he believed that Dr C had set up a parody account to impersonate Dr Cartland. He

explained that a number of accounts had been set up in his name, and that both Dr A and Dr C had followed them.

228. The Tribunal noted that in his oral evidence Dr C adopted the exhibits in this schedule, through his GMC statements. He was asked in cross examination whether he was aware of or had set up parody accounts in Dr Cartland's name. He said, '*such a claim is defamatory*,' explaining that any account can interact and respond to him.

229. The Tribunal considered Dr Cartland's explanation that he was retaliating for Dr C's involvement with accounts impersonating him. It noted that it was possible that Dr C had interacted with such accounts. However, it took into account the fact that Dr Cartland accepted that he set up the parody account both on social media ('*Look what I have set up...*'), and in his rebuttal comments to Dr C's statement. It relied on Dr Cartland's admissions, the content of Schedule 6, and the evidence of Dr C, and decided that Dr Cartland had set up the account as alleged.

230. Accordingly, the Tribunal found paragraph 6 proved.

Paragraph 7(c)

231. The Tribunal considered whether Dr Cartland's conduct at paragraphs 2(b), 3(a)(b)(c)(ii), and paragraph 4 constituted harassment as defined by sections 1(1) and 7 of the Protection from Harassment Act 1997, towards Dr C. The allegation is that he engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm or distress when he knew or ought to have known that conduct amounted to harassment.

232. The Tribunal considered the background to this case. It noted that Dr C had worked on a number of COVID-19 related projects relating to immunology. As such, he has notably different views from Dr Cartland about the safety of the roll out of the COVID-19 vaccine. They are both prolific social media users.

233. The Tribunal reminded itself that it has found proved that Dr Cartland has accounts on X, Telegram and Gettr and has sent numerous messages to or about Dr C on those sites, examples of which are set out above. It has also found proved that the messages in Schedule 3 were such that other followers were encouraged to obtain information, contact and/or harass Dr C. It also reminded itself that it had found that Dr Cartland had set up an X account in Dr C's name in July 2022.

234. The Tribunal accepted Dr C's evidence that he blocked Dr Cartland on X, and that he received abuse from a number of other users. In his first statement, Dr C says that all three of his businesses were targeted by Dr Cartland. He says that when Dr Cartland opened the parody account, he found that the tweets impersonating him were abusive and had the potential to damage his business. He says that some of the posts were *'insinuations of paedophilia and also bestiality, which I felt to be abusive and unpleasant.'*

235. Dr C explains in his statement that he lives in a small village, and it would not be difficult to find out where he lives. He felt that the post showing a sheep having its throat cut was *'a worrying post and incitement of violence.'* He says that when people post abusive messages, it does affect him, and he fears coming out of his house and having people there waiting to abuse him. Dr C states that on one occasion Dr Cartland posted that he had heard a rumour that Dr C had XXX, which could help users work out where he lived.

236. The Tribunal noted that, in his second GMC statement, Dr C suggests that Dr Cartland's reaction to the GMC complaint is an attempt to harass him and to make him drop the complaint.

237. Dr C gives examples of posts that concerned him, for example when referring to the British Army in a post and tagging Dr C in, Dr Cartland states:

'before I leave I will bring you fuckers down.'

238. Dr C also says that Dr Cartland posted:

'rot in hell.'

'take that bastard to the cleaners'

'watch this space'.

239. The Tribunal considered Dr Cartland's response to the allegation of harassment very carefully, again noting the concerns he says he has that the GMC are trying to silence him and that he feels under siege and pressure. Again, the Tribunal noted his views about X being a raucous forum. In his witness statement, Dr Cartland encapsulates his view of Dr C by saying:

‘[Dr C] made it clear that he intended to use the GMC disciplinary processes to harass me and threaten me with livelihood [sic]. For reasons unknown [Dr C] is a fanatical support [sic] of the Covid 19 vaccination programme.’

240. Dr Cartland also states that Dr C persistently personally abuses him on X ‘aggressively’, questioning XXX and calling him a liar and a fraud. He states that Dr C has accessed his private Telegram group and asks others to assist in compiling a case against him. He also describes that ‘brigade 77’ is a government Counter Disinformation Unit, and he describes why he mentioned this in relation to Dr C by saying:

‘Dr [C] was so fanatical to silence any alternative narrative on Covid 19, I did genuinely wonder if he was an agent of a government counter information unit.’

241. Dr Cartland provided the Tribunal with examples of comments that Dr C had been posting about him online. The Tribunal noted that Dr C had engaged in debate with Dr Cartland’s X account, and also the accounts of ‘XXX’ and ‘XXX’ which were parody accounts that Dr Cartland had set up. He had also commented about Dr Cartland to others. Examples of the comments that Dr C made are as follows:

‘he will not be a practising doctor for long. I can promise that.’

‘...And Cartland is not a doctor. No-one allows him anywhere near patients. He is a significant risk.’

‘...and the [XXX] like Cartland.’

‘No, it just proves you are a dangerous spreader of misinformation.’

‘...Cartland is [XXX].’

‘I can see why you like Cartland. Same abusive personality, same lack of intelligence.’

‘No, I just get satisfaction from showing up the anti vax idiots (like yourself and that conman Cartland) for what they are.’

242. The Tribunal also noted that Dr Cartland provided screen shots of a WhatsApp group which Dr C seemed to be a member of entitled ‘XXX.’ There are some messages on there between Dr C and another individual showing that they are trying to collate examples of posts from Dr Cartland.

243. In his oral evidence to the Tribunal, Dr C was cross examined about whether he had been harassing Dr Cartland on X, rather than vice versa. As set out above, Dr C was asked for example, whether he had created the parody accounts that mock Dr Cartland. Dr C denied this. Similarly, he was asked if he was in a group that had a campaign against, and was specifically targeting, Dr Cartland, and he said, *'nothing to do with me, I consider it defamatory.'*
244. Dr C was also cross examined about comments that he had posted about Dr Cartland relating to XXX. He accepted he had posted them but said they were taken out of context. He said that he was describing that Dr Cartland may have had concussion, because he appeared *'incredibly confused'* – the example he gave being that Dr Cartland had thought he had become magnetic after the COVID-19 vaccine. He said that Dr Cartland was making false and dangerous claims on X. He said that he had not mentioned autism, and that Dr Cartland, as a medical doctor should not have been posting about childhood autism, as it could affect patient confidence. He reiterated that he thought that Dr Cartland was [XXX.] He denied harassing Dr Cartland, saying that he was making observations of fact. He also denied colluding with Dr A and Dr B, or of having any knowledge of a package that was sent to Ms J, (which is described in further detail below.)
245. The Tribunal determined that the volume of tweets that Dr Cartland was posting on various sites represented a course of conduct. It recognised the impact on Dr C and accepted that Dr Cartland's behaviour was causing him distress, and harm to him and his businesses.
246. The Tribunal considered Dr Cartland's defence but could find no evidence that Dr C had colluded with Dr A, Dr B or Ms J. It could find no evidence that Dr C was part of a government counter information unit. The Tribunal did not accept that anyone had 'infiltrated' a private Telegram group in the ordinary sense of the word, because it noted that Dr Cartland's Telegram user address had a note saying, *'my telegram all welcome'*, with a join button saying next to it *'join group chat on Telegram.'*
247. The Tribunal noted the robust responses and comments that Dr C had made on X. Dr C was more challenging than Dr A and Dr B in the way that he responded to Dr Cartland online. Some of the responses were intemperate. However, the Tribunal determined that Dr C's responses did not detract from Dr Cartland's behaviour. It decided, on the balance of probabilities, that the numerous tweets sent, the encouraging of other followers, and the setting up of a parody account in Dr C's name, taken together,

constituted a course of improper, oppressive and unreasonable conduct. It took place over a long period of time. The Tribunal determined that this was aggravated by the threatening and abusive words used, the photographs posted, the hints at where Dr C might live, and the potential effects caused to Dr C's businesses.

248. The Tribunal also determined that Dr Cartland knew or at least ought to have known that conduct of this nature amounted to harassment.

249. Accordingly, the Tribunal found paragraph 7(c) proved.

Paragraphs relating to COVID-19 exemption certificate

Paragraph 9(a) and 9(b)

250. The Tribunal considered whether Dr Cartland, in September 2023, messaged an individual on WhatsApp, as set out in Schedule 7 and offered to provide a COVID-19 exemption certificate.

251. The Tribunal then considered Schedule 7 and read the series of messages between Dr Cartland and an unnamed individual on WhatsApp sent between 14 September 2023 and 27 September 2023. They read as below:

Individual: *'Hi David I've been passed your number as I believe you can provide COVID exemption certificates? I'm traveling to US for work soon but refused the jab. Is this the case?'*

Dr Cartland: *'Yes can help you if can book a slot on [XXX] can get it sorted for you asap.'*

Dr Cartland: *'glad you refused the poison.'*

Individual: *'thank you. Can you give me an idea of what it will cost me?'*

Individual: *'And are they guaranteed to work through customs and are they legal?'*

Dr Cartland: *'I charge £60 for consultation up to an hour and £30 for the letter.'*

Dr Cartland: *'I do pro bono work if needed.'*

Individual: *'I am more than happy to pay but thank you. Do I need a genuine exemption reason, or will you sort that side out?'*

Dr Cartland: *'The reason I give is 'medical' but its an ethical position I have taken to acknowledge bodily autonomy and so happy to put medical exemption for anyone on that principle whether am [sic] have one or not.'*

Individual: *'I've got a caravan for sale if you are interested. Is it just for you or the whole family?'*

Dr Cartland: *'blocked.'*

252. The Tribunal went on to consider Dr Cartland's explanation of the messages and their context. He submitted a specific reponse to this allegation, in which he explains that he was initially contacted by an indiviudal claiming to be '[XXX]' from 'Atlantis medical' who Dr Cartland said was trying to get information about him, although he did not realise this at the time. Some months later he received the message enquiring about the exemption certificate from the same number. Dr Cartland states that the individual was either Dr B or Dr C and that this is evidence of the continued harrassment by them of him. He states that the comment at the end relating to the offer to sell him a caravan was *'goading,'* and showed their intent for him to lose his family home. Dr Cartland points out that both Dr B and Dr C reported the matter to the GMC.

253. In response to the specific allegation that he offered to provide a COVID-19 exemption certificate, Dr Cartland states:

'... [XXX]enquired as to whether I do exemptions for purposes of travel to US as they allegedly still had restrictions despite it being September 2023 which seemed unusual as most mandates such as this had been withdrawn. I said I could help via my online platform. He asked an idea of cost, and I quoted the stated consult fee and admin fee for a letter. I also said that I do them for pro bono if required. I have advised him to seek a consult with me to determine more detail on his situation and medical exemption reasons. I have at no point agreed to complete nor did I ever complete this individual's exemption as they never booked in and blocked them after their prior rudeness.'

254. The Tribunal also considered Dr Cartland's written statement, in which there is a section entitled *'Vaccine Exemptions.'* He again states that the individual was working with Dr B and Dr C and is an *'agent provocateur and inciter.'* He explained:

'I did not complete a vax exemption for this individual, I offered a consultation to discuss further. Further examples of vexatious/malicious/coordinated weaponised reporting.

I am not aware at the time of making the offer to consult with this individual that this was against any rules or guidelines. I have always sought to act in conformity with medical ethics: Patient autonomy and the recognition that patients can make their own decisions on healthcare, Beneficence as I act to promote my patients health and wellbeing, Non Maleficence as an extension of the do no harm principle and justice that I do not exploit and treat patients equally.'

255. The Tribunal noted that Dr Cartland was asserting that he did not offer a COVID-19 exemption certificate but had offered a consultation to discuss it further.

256. From Dr Cartland' witness statement, the Tribunal noted that he had exempted about 10-12 other patients in similar circumstances. He gives an example of:

'...a first time grandmother who wanted to travel to NYC to see her first born grand daughter and daughter. Both were sick from complications of labour and NY were refusing entry without double vax status. Her GP refused and the prognosis bleak and she simply wanted to be with her daughter and granddaughter while they were ill. I completed the certificate for the aforementioned reasons and principles.'

257. The Tribunal noted that the unnamed individual made contact with the GMC in January 2024. They explained that they were aware that Dr Cartland was issuing false exemption certificates for a fee so they wanted to see if he would indeed offer this.

258. The Tribunal concluded that Dr Cartland had been duped into responding to the WhatsApp messages and accepted that the comment about the caravan was 'goading' as described by him. However, the Tribunal reminded itself that, as a preliminary issue, it had already considered the case law in relation to entrapment and had decided that it was not an abuse of the tribunal process for the evidence to be heard.

259. The Tribunal therefore looked at the words in the WhatsApp messages holistically and gave them their ordinary meaning. It decided that Dr Cartland's response of 'Yes can help you if can book a slot on [XXX] can get it sorted for you asap,' coupled with the reason he gave constituted an offer to comply with the request made by the individual for him to provide a COVID-19 exemption certificate.

260. Accordingly, the Tribunal found paragraph 9(a) proved.

Paragraph 9(b)

261. The Tribunal considered whether Dr Cartland, when asked by the individual whether they would need a genuine exemption certificate reason, stated that he would list a 'medical' exemption for anyone, whether they had a medical exemption or not, in order to acknowledge bodily autonomy, or words to that effect.

262. The Tribunal reminded itself that it had decided that Dr Cartland offered to provide a COVID- 19 exemption certificate and noted the WhatsApp messages which are set out above. It noted that the individual had said at the beginning of the messages that he had '*refused the jab,*' and then went on to ask if he needed a genuine exemption reason. Dr Cartland replied:

'The reason I give is 'medical' but its an ethical position I have taken to acknowledge bodily autonomy and so happy to put medical exemption for anyone on that principle whether am [sic] have one or not.'

263. The Tribunal took into account the specific response that Dr Cartland made to these allegations, and his written statement. It again noted the background to the messages and Dr Cartland's concern about his perceived involvement of Dr B and Dr C.

264. The Tribunal noted that Dr Cartland does not deny sending the message quoted above. It decided that the wording of the message was unambiguous. It concluded therefore that Dr Cartland messaged words to the effect that he would list a medical exemption for anyone whether they have a qualifying medical exemption or not, in order to acknowledge bodily autonomy.

265. Accordingly, the Tribunal found paragraph 9(b) proved.

Paragraph 10

266. The Tribunal then went on to consider whether the actions that it had found proved at paragraphs 9(b) were intended to create a medical record containing information which Dr Cartland knew to be false, had it been carried out.

267. The Tribunal had found that Dr Cartland had offered to provide a COVID-19 exemption certificate and intimated to the individual that he could book a slot at XXX for that to be sorted out as soon as possible. From the messages, the Tribunal concluded that Dr Cartland was aware that the individual had *'refused the jab,'* remarking in response that he was *'glad you refused the poison.'*

268. The Tribunal considered Dr Cartland's explanation for these messages as set out in his specific response. He states that:

'It is my independent medical impression and there isn't an attempt to do anything that could be deemed unethical or false for the reasons stated in 1(b) [now paragraph 10 of the Allegation].

269. Dr Cartland's views are encapsulated in the quotes below:

'As an independent, autonomous medical practitioner following a history with a patient, I am then free to assess/weigh this history and whether they in my opinion would qualify for an exemption based on the very vague and non-specific guidelines.'

'Honouring that bodily autonomy is an inalienable human right and has been respected for 100's of years by the medical profession. I give the example of Jehovah's witness and blood transfusion. Whatever my thoughts on their stance to give them a transfusion in extremis would be medical battery so could not proceed under the same principle. Likewise, it is my honest belief that the transaction of informed consent has been completely bypassed throughout the entire pandemic. Patients were not told even the basics of the novel gene-based platform and experimental nature of this novel injection. In many cases they were misinformed just as I was when I had two jabs and told by the nurse on both occasions directly that it would stay in my muscle for two hours and breakdown after a local immune response...'

270. The Tribunal also considered Dr Cartland's witness statement, particularly the section entitled *'Vaccine Exemptions'*. The example he gave about a grandmother wanting to go to the US (quoted above) describes again Dr Cartland's belief. He also states:

'I find it wholly concerning that the GMC have seen this issue as a breach of professional standards given the ethical and safety principles that this was set against as well as benevolent purposes of this documentation in the few circumstances.'

271. The Tribunal noted from the WhatsApp messages that Dr Cartland offered to provide a COVID-19 exemption certificate on the grounds of bodily autonomy, which he reiterated in depth in his response and written statement. He also expresses his ongoing concerns about the safety of the COVID-19 vaccine.
272. The Tribunal concluded that had Dr Cartland provided a COVID-19 exemption certificate in the circumstances he proposed, it would be false, because there was no medical reason for providing it.
273. The Tribunal also decided that Dr Cartland would be fully aware that such a certificate, if furnished in the absence of a genuine medical reason for vaccine exemption would have created a false medical record. It decided that Dr Cartland knew that his personal view on bodily autonomy was not a medical reason for providing a COVID-19 exemption certificate. The Tribunal reminded itself again of the message in the WhatsApp where it is clear that Dr Cartland was willing to list a medical reason for anyone:

‘The reason I give is ‘medical’ but its an ethical position I have taken to acknowledge bodily autonomy and so happy to put medical exemption for anyone on that principle whether am [sic] have one or not.’

274. Accordingly, the Tribunal found paragraph 10 proved.

Paragraph 11

275. The Tribunal considered whether Dr Cartland’s actions as described in paragraph 9 were dishonest by reason of paragraph 10. When doing so, it took account of the advice given by the LQC, and the case of *Ivey*.
276. The Tribunal reminded itself that it found that Dr Cartland was offering to provide a COVID-19 exemption certificate that he knew, if furnished, may have been a false medical record. It had concluded that Dr Cartland would be aware that his belief of bodily autonomy would not constitute a medical reason for exemption.
277. The Tribunal again considered Dr Cartland’s specific response to this part of the Allegation. He said, *‘there was no dishonesty.’* based again on his views. He explains that he has acted with benevolence, and that his decisions have been *‘based upon medical principles of doing no harm, ethical principles enshrined in professional code of conduct.’*

278. The Tribunal concluded that Dr Cartland's view on bodily autonomy and the safety of the COVID-19 vaccine were views that he was entitled to hold. However, it did not accept that they were a reason to provide COVID-19 exemption certificates. It decided that Dr Cartland would be aware of this, and his WhatsApp messages showed that he was willing to list a medical reason on an exemption certificate for anyone. It concluded that his actions were a deliberate flouting of the COVID-19 exemption certificate purpose.
279. The Tribunal concluded that it was not Dr Cartland's genuinely held belief that these views were a medical reason for granting a COVID-19 exemption certificate. It decided that Dr Cartland thought that his dishonesty was justified.
280. The Tribunal then applied the (objective) standards of ordinary decent people. It noted that a COVID-19 exemption certificate was a formal medical document which had legal effect and affected public health. Granting a certificate in this manner could have affected the spread of COVID-19 and would have contravened US legal visa requirements. It decided that a doctor deliberately flouting this process by offering to provide an exemption certificate that he knew, if furnished, may be false would be acting dishonestly.
281. The Tribunal therefore decided that Dr Cartland was acting dishonestly.
282. Accordingly, the Tribunal found paragraph 11 proved.

Paragraphs relating to Ms J

283. The Tribunal noted that it had not been furnished with a defence from Dr Cartland when considering all the paragraphs in the Allegation that relate to Ms J. He did not give evidence at the hearing and did not provide a statement or any documents that relate to this aspect of the case.
284. The Tribunal was aware that Mr Diamond cross examined Ms J on Dr Cartland's behalf. During his questions he asked Ms J to confirm that the practice had ruled Dr Cartland out of the recruitment process because of his views on the COVID-19 vaccine roll out programme. He also suggested that Ms J should have just accepted the comments that she was receiving in the emails and likened them to correspondence that might be received by an abortion clinic. He pointed out that Ms J had been sent anonymous packages and that she was therefore being used by others to further their agenda

against Dr Cartland. He suggested that Dr Cartland could have made a mistake when posting Ms J's details.

285. The Tribunal decided that, in the absence of any evidence from Dr Cartland, it could give little weight to the potential defences gleaned from the questions posed by Mr Diamond.

Paragraph 12

286. The Tribunal considered whether, in or around November 2022, Dr Cartland received an email from Ms J, practice manager at the Practice advising him that they would not be processing his job application any further, or words to that effect.
287. The Tribunal took into account the GMC statement from Ms J dated 10 June 2024. She explained that she was the manager at the practice, and in around October 2022 they had advertised for a salaried GP role. She said that she received an email from Dr Cartland, expressing an initial interest in the role. She had never heard of him before, so she googled him (as was her normal practice with all potential job applicants) and found out that he was a prolific 'anti-vaxxer'. She therefore discussed the matter with the GP partners in the practice, and they decided, that because they were a practice that proactively administered vaccines, it was probably not a good idea for Dr Cartland to work with them. Ms J consulted the human resources partners for the Practice and it was agreed that she could be honest with Dr Cartland about the reason that they did not wish progress his interest in the role. She therefore emailed him. She said:

'Dear David

Thank you for your interest in the salaried GP role. Unfortunately we are a proactive vaccination centre and we feel you do not fulfil the ethos of the practice and will not be processing your interest any further.

We wish you well in your employment search.

Kind regards

[Ms J]'

288. Ms J confirmed in her statement that Dr Cartland acknowledged the email, and that she did not then hear from him further.
289. Ms J gave oral evidence to the Tribunal in a straightforward and cogent manner. She adopted her statement and confirmed that she had sent the email.

290. Looking at Schedule 7 of the Allegation, (which relates to paragraph 13 of the Allegation below) the Tribunal noted that Dr Cartland had posted the contents of the email on his Gettr account.
291. The Tribunal relied on the evidence of Ms J, and the fact that Dr Cartland posted the content of the email on Gettr.
292. Accordingly, the Tribunal found paragraph 14 proved.

Paragraphs 13 (a), (b), and (c)

293. The Tribunal considered whether, on 27 November 2022, Dr Cartland posted on Gettr, and shared a screen shot of Ms J's email to him, left Ms J's full name, job role, and the name of the practice visible in the screen shot, and posted Ms J's email address, as set out in Schedule 7.
294. In her witness statement, Ms J described that after she had sent the email, Dr Cartland acknowledged it and thanked her, and then she heard nothing further from him.
295. Ms J then stated that on 28 November 2022, she started to receive emails from others, about 10 in total. They related to the COVID-19 vaccine, and some mentioned Dr Cartland's name. She reported the matter to the police and later to the GMC. She said that the GMC responded to say that they were not pursuing the matter, but would inform Dr Cartland's responsible officer, stating that they had no proof that Dr Cartland had shared her email details.
296. Ms J, in her statement then describes that after she had reported the matter to the GMC a brown envelope was sent to her at the practice from an anonymous individual. Inside the package was a letter, and printout of a post by Dr Cartland on the website 'Gettr', and some associated comments left on that post. The letter read:

'Hi [Ms J]

I am sorry to contact you anonymously -I don't want to get caught up in the same sphere as David Cartland but I thought you should be aware of the posts his [sic] has made as your name appears in them. On 27th November he shared a rejection email from you on his Gettr feed [feed link enclosed]

The comments that follow are unpleasant and someone has shared your email address'.

297. Ms J said in her oral evidence that she checked the link and saw her email posted on Dr Cartland's Gettr account. In her statement, Ms J said that she gave the printout of the post to the GMC, and they reconsidered the case.
298. The Tribunal considered Schedule 7. There is a Gettr post from Dr Cartland dated 27 November 2022, and it was posted at 9.11pm. Ms J's email has been screen shot, and is posted in full, and Ms J's full name, her job role, the name of the practice, are all visible. Her personal work email address is at the top of the post. Other Gettr users made comments on the post.
299. The Tribunal relied on the evidence provided by Ms J, and the exhibits that she provided as set out in Schedule 7 and decided that Dr Cartland had posted on Gettr as alleged.
300. Accordingly, the Tribunal found paragraphs 13(a), (b) and (c) proved.

Paragraphs 14(a) and (b)

301. The Tribunal considered whether, on or around 17 January 2023, Dr Cartland posted on Gettr and shared a screen shot of Ms J's email to him and named the practice, as set out in Schedule 8.
302. The Tribunal noted that in Ms J's witness statement she explained that she received a second anonymous package in the post, seemingly sent by the same person who sent the first package. There was another letter enclosed, and a hard copy of a further Gettr post, with some responses attached from other users. The letter read:

'I have previously written to you to inform you that a local GP frequently shares a rejection email from [the Practice]. I mentioned it previously (anonymously) as within the screen grab there were names of the Practice but also the manager visible. The comments that this post promoted were unpleasant and I had concerns for [the Practice] and the practice manager. I don't know if you spoke to Dr Cartland but he has taken to blanking out the name of the practice and the manager but if anyone asks him which practice this relates to he shares it freely. I haven't been able to scroll back through all his Gettr posts to see if he has taken down the other images with all the names visible but I imagine is still on the internet somewhere. I hope you don't mind me contacting you to inform you.'

303. The Tribunal considered Schedule 8. There is a Gettr post from Dr Cartland dated 17 January 2023 and it was posted at 8.14 pm. Ms J's email has been screen shot, this time with Ms J's personal details blocked out. Her personal work email address is at the top of the post. Other Gettr users made comments on the post. On the same evening, in response to the post, another user has asked '*Which surgery was this one?*' and Dr Cartland responded with the name of the Practice and where it was located.
304. The Tribunal relied on the evidence provided by Ms J, and the exhibits that she provided as set out in Schedule 7 and decided that Dr Cartland had posted on Gettr as alleged.
305. Accordingly, the Tribunal found paragraphs 13(a), (b) and (c) proved.

Paragraphs 15(a) and (b)

306. The Tribunal considered whether, on 25 July 2023, Dr Cartland posted on X and shared a screen shot of Ms J's email to him and left Ms J's name visible in the screen shot, as set out in Schedule 9.
307. The Tribunal noted that in Ms J's witness statement she explained that in about August 2023, she received a text message from a number she did not recognise, advising her that Dr Cartland was posting about her again on X. The person sending the text also sent her two links which she viewed on a colleague's account and later sent to the GMC.
308. The Tribunal considered Schedule 9. There is an X post from Dr Cartland dated 25 July 2023. Ms J's email has been screen shot with her first name visible both at the top and at the bottom of the message. There is also an identity circle at the top which has the Ms J's initials in it. Above the message, Dr Cartland has written '*don't be like [Ms J] in the middle of an NHS staffing crisis...*'
309. The Tribunal relied on the evidence provided by Ms J, and the exhibits that she provided as set out in Schedule 9 and decided that Dr Cartland had posted on X as alleged.
310. Accordingly, the Tribunal found paragraphs 13(a), (b) and (c) proved.

Paragraphs 16(a), (b) and (c)

311. The Tribunal considered whether, on 6 August 2023, Dr Cartland posted on X and shared a screen shot of Ms J's email to him, left Ms J's first name visible in the screen shot, and named the practice, as set out in Schedule 10.
312. The Tribunal noted that from Ms J's witness statement that when she received the anonymous text (mentioned above) the person sending the text had sent her two links which she viewed on a colleague's account and later sent to the GMC.
313. The Tribunal considered Schedule 10. There is a second X post from Dr Cartland dated 6 August 2023. Ms J's email has been screen shot with her first name visible at the bottom of the message. Above the screen shot he had posted that the Practice '*decided not to take me[sic] application further due to my views on the vaccine...*'. Underneath the screenshot, and apparently in response to another user's enquiry, he posted '*Apologies*' and gave the name of the Practice.
314. The Tribunal relied on the evidence provided by Ms J, and the exhibits that she provided as set out in Schedule 10 and decided that Dr Cartland had posted on X as alleged.
315. Accordingly, the Tribunal found paragraphs 13(a), (b) and (c) proved.

Paragraph 17(a) and (b)

316. The Tribunal considered whether Dr Cartland's actions at paragraphs 13-16 were designed to encourage other Gettr and/or X users to contact, and/or harass Ms J.
317. The Tribunal had regard to Ms J's witness statement. She said that after 28 November 2022 she started to receive emails from others. She said that she received about ten in total, and they related to the COVID-19 vaccine. Some of the emails mentioned Dr Cartland by name. She began to get worried as one of the emails was from a well-known anti vaccine protestor who had poured blood on a vaccine centre in Cornwall. Examples of comments that she received in the emails read:

'You are complicit in murder!!! You need to be ashamed of yourself for what you are doing and what you are allowing.'

'...So, [Ms J], far from denigrating Dr Cartland, you should be doing your own research into the crimes against humanity you and your colleagues seem to be oblivious to, as you are a small cog in a great big machine of these crimes. You should be educating

yourself, conducting your own research, just as Dr Cartland and many other medics have done, and find out for yourself the true horrors you are responsible for.'

'Crimes against humanity, Ms [A]'

'The below [my email to Dr Cartland] has come to my attention what an utter disgrace, do you not see this is 82 discrimination?'

'It's come to the worlds attention that you're part of the covid 19 vaccination push. Everything is being recorded and monitored by the people now. When the true scale of the damage becomes clear, everyone that has been part of this 'vaccine' puch will be held accountable and will realise what they have been part of.'

318. The Tribunal also took into account the comments that other users had made on Gettr and X, examples of which read:

'Dave I think its only fair that people email [Ms J] to ask of her opinion of the 'vaccine' followed up by evidence that she will share (enclosing Ms J's email address.)

'you are worth a thousand of her. She must know the jabs are causing death and injury but she keeps her head down. Watch this [Ms J]!

'think very carefully [Ms J] what side of history you choose to find yourself on...Think very very carefully.'

'[Ms J] is going to hell.'

'Dear [Ms J] look forward to seeing you in Nuremburg...'

319. The Tribunal noted that the emails were received shortly after Dr Cartland had posted Ms J's details online, and that some of them mentioned Dr Cartland by name. It saw that they were similar in tone to the responses he received online. It was, therefore, satisfied on the balance of probabilities that the emails that Ms J received were sent as a result of Dr Cartland's posts as described in paragraphs 13 to 16 of the Allegation.

320. The Tribunal took into account the impact that the emails had on Ms J. She said that the emails were *"not nice."* She contacted the police and the GMC about them. She advised all staff in the practice to be wary of similar contact and ring the police if

anyone attended the surgery and there was cause for concern. She said she ‘was shocked by what was happening.’ She said of Dr Cartland:

‘To put my name and email address out there, knowing the type of reaction it could get was cruel, and I do not understand why anyone would do that. It is fine to have an opinion about the Covid-19 vaccination, but I do not find it acceptable to post my name and email address and expect me to be okay with receiving the sort of hate mail that I did.’

321. In her oral evidence to the Tribunal, Ms J said she was ‘concerned for her safety’, that the emails were ‘very upsetting’ and ‘unacceptable.’ She called the emails ‘hate mail.’
322. Having regard to Ms J’s evidence that Tribunal was satisfied that she was harassed when she received the emails and it noted the impact on her. It did not accept the suggestion that such emails should be accepted by NHS staff as part of their working day.
323. The Tribunal then considered carefully whether Dr Cartland’s actions as set out in paragraphs 13-16 were designed to encourage other users to contact and/or harass Ms J.
324. The Tribunal took into account the fact that Dr Cartland had given no other proper reason for posting the email and Ms J’s details online, which he did a number of times. The only comments he made when doing so were ‘don’t be like [Ms J] in the middle of an NHS staffing crisis...,’ and that the Practice ‘decided not to take me application further due to my views on the vaccine...’.
325. The Tribunal determined that Dr Cartland’s intention must have been to encourage other users to contact and/or harass Ms J. He was aware that he had a large number of followers, many of whom had similar views to him about the vaccine roll out programme. He was well aware of the way in which Gettr and X worked, and that by posting details online, a reaction would follow. He purposefully added Ms J’s email address to the top of one of the posts.
326. The Tribunal also decided that Dr Cartland’s behaviour online formed part of a pattern of conduct that demonstrated a propensity to act in the way alleged. The Tribunal had already found (at paragraph 3 of the Allegation) that Dr Cartland had encouraged users to contact and harass Dr A, Dr B and Dr C by posting content on X, Instagram, Gettr and

Telegram. The Tribunal concluded that there was a sufficient similarity between the allegation at paragraph 3 and Dr Cartland's conduct in relation to Ms J.

327. The Tribunal therefore decided that Dr Cartland's actions at paragraphs 13-16 of the Allegation resulted in others making contact with and harassing Ms J, and that the actions were designed to encourage this.

328. Accordingly, the Tribunal found paragraph 17 proved.

The Tribunal's Overall Determination on the Facts

329. The Tribunal has determined the facts as follows:

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

1. At all material times you were the user of:
 - a. a public X (formerly known as Twitter) account which identified you as a doctor; **Determined and found proved**
 - b. a Telegram account; **Determined and found proved**
 - c. a Gettr account; **Determined and found proved**
 - d. an Instagram account; **Amended under Rule 17(6)**
Determined and found proved

as set out in Schedule 1.
2. Throughout 2022, 2023, 2024 and 2025 you posted or reposted the content on X and/or Instagram, and/or Telegram messages, as set out in Schedules 2, 11 and 12, regarding: **Amended under Rule 17(6)**
 - a. Dr A; **Determined and found proved**
 - b. Dr B; **Determined and found proved**
 - c. Dr C. **Determined and found proved**
3. Throughout 2022, 2023, 2024 and 2025 you posted or reposted the content on X and/or Instagram, content on Gettr and/or Telegram messages as set out in

Schedule 3 and 13, in which you encouraged other ~~X, and/or Telegram~~ users to:
Amended under Rule 17(6)

- a. obtain and provide you with information about; **Determined and found proved**
 - b. contact; and/or **Determined and found proved**
 - c. harass,
 - i. Dr A; **Determined and found proved**
 - ii. Dr B; **Determined and found proved**
 - iii. Dr C. **Determined and found proved**
4. On or around 6-7 June 2023 you posted on X as set out in Schedule 4 regarding Dr B. **Determined and found proved**
5. On 23 January 2023 you sent an email to Dr A in which you threatened her with retaliatory action in respect of a complaint she had made about you to the GMC, as set out in Schedule 5. **Determined and found proved**
6. On or around 24 July 2022 you created an X account in the name of Dr C, from which you posted the content as set out in Schedule 6.
7. Your conduct at paragraphs 2-6 constituted harassment, as defined by sections 1(1) and 7 of the Protection from Harassment Act 1997, towards:
- a. Dr A; **Determined and found proved**
 - b. Dr B; **Determined and found proved**
 - c. Dr C, **Determined and found proved**
- in that you engaged in a course of improper, oppressive and/or unreasonable conduct causing alarm and/or distress when you knew, or ought to have known, that your conduct amounted to harassment.
8. Your conduct at paragraph 4 was motivated by hostility towards the LGBTQ+ community. **Determined and found proved**
9. In September 2023 you messaged an individual on WhatsApp, as set out in Schedule 7, and:

- a. offered to provide a Covid-19 exemption certificate; **Determined and found proved**
 - b. when the individual asked whether they would need a genuine exemption reason, you stated that you would list a ‘medical’ exemption for anyone, whether they had a medical exemption or not, in order to acknowledge bodily autonomy, or words to that effect. **Determined and found proved**
10. Your actions in paragraph 9b were intended to create a medical record containing information which you knew may be false, had it been carried out. **Determined and found proved**
11. Your actions at paragraph 9 were dishonest by reasons of paragraph 10. **Determined and found proved**
12. In or around November 2022 you received an email from Ms J, Practice Manager at XXX, advising you that the Practice would not be processing your job application any further, or words to that effect. **Determined and found proved**
13. On 27 November 2022 you posted on Gettr and:
- a. shared a screenshot of Ms J’s email to you; **Determined and found proved**
 - b. left Ms J’s full name, job role and the name of the Practice, visible in the screenshot; **Determined and found proved**
 - c. posted Ms J’s email address, **Determined and found proved**
- as set out in Schedule 7.
14. On or around 17 January 2023 you posted on Gettr and:
- a. shared a screenshot of Ms J’s email to you; **Determined and found proved**
 - b. named the Practice, **Determined and found proved**
- as set out in Schedule 8.
15. On 25 July 2023 you posted on X and:
- a. shared a screenshot of Ms J’s email to you; **Determined and found proved**
 - b. left Ms J’s first name visible in the screenshot, **Determined and found proved**

as set out in Schedule 9.

16. On 6 August 2023 you posted on X and:
- a. shared a screenshot of Ms J's email to you; **Determined and found proved**
 - b. left Ms J's first name visible in the screenshot; **Determined and found proved**
 - c. named the Practice, **Determined and found proved**

as set out in Schedule 10.

17. Your actions at paragraphs 13-16 were designed to encourage other Gettr and/or X users to:
- a. contact; and/or **Determined and found proved**
 - b. harass, **Determined and found proved**

Determination on Impairment - 24/06/2025

330. 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 Cartland's fitness to practise is impaired by reason of misconduct.

The Evidence

331. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, the Tribunal received further evidence as follows:

- Emails between Dr Cartland and the GMC dated from 16 September 2024 to 19 September 2024;
- Social media posts by Dr Cartland from 17 September 2024 to 11 June 2025;
- Correspondence between Dr Cartland and the GMC/MPTS, dated from 13 February 2025 to 3 June 2025;
- Testimonials and letters in support of Dr Cartland.

Submissions

332. On behalf of the GMC, Mr Moran asked the Tribunal to consider both the further evidence that had been provided by the GMC and the testimonials and letters in support of Dr Cartland. In relation to the testimonials and letters, he said that there were some references that showed that Dr Cartland had some positive qualities that it should of course take into account. However, he asked the Tribunal to be mindful of the admissibility ruling that it made at the beginning of the facts stage. He said that the majority of the bundle was irrelevant material because it included the opinions of others which were not testimonials in the conventional sense but were mainly expressing strong opinions about the GMC and views on the merits or otherwise of the proceedings.

333. Mr Moran submitted that the emails and social media posts now provided by the GMC showed that Dr Cartland's conduct had been taking place over a long period of time, and that he had not reflected on his behaviour. He said that Dr Cartland was in denial, and had no insight, and was continuing to target Dr A, Dr B and Dr C. He said Dr Cartland was fixated on targeting complainants and that he lacked remorse.

334. Mr Moran went on to highlight some of the material now provided. He referred firstly to an email exchange with a GMC solicitor where he called the investigation '*...the protracted incessant 20 month investigation against me which to anyone outside the GMC is clearly vexatious, malicious and weaponized.*' He accepted that Dr Cartland could contest matters but said that Dr Cartland's conduct has gone beyond a denial and is an aggravating feature in this case. He said that Dr Cartland was still posting on X about the case and had suggested that his many followers contact the GMC solicitor and had publicised her telephone number. He also suggested that followers '*inundate them*', referring to the GMC.

335. Secondly, Mr Moran pointed out that Dr Cartland had been posting online about the MPTS hearing calling it '*vexatious*' and a '*kangeroo [sic] court.*' Mr Moran said that Dr Cartland was misrepresenting what was happening in the hearing. Dr Cartland had said that the GMC had forced him to appear in a public hearing. Mr Moran said that Dr Cartland also misrepresented the allegation about providing a COVID-19 vaccine exemption certificate.

336. Thirdly, Mr Moran stated that Dr Cartland had continued to post about Dr A, Dr B, and Dr C. He gave the Tribunal some examples including the fact that Dr Cartland had posted a link to a video about the COVID-19 vaccine, apparently including Dr A and said '*...how many lies in one short video,*' he called Dr B an '*attention seeking nark*' and claimed that

Dr C was part of a *‘dark organisation.’* Dr Cartland had also breached the anonymity of Dr A, Dr B, and Dr C by naming them online as complainants, and made a veiled threat of *‘karma is a bitch.’*

337. Mr Moran explained that Dr Cartland had not stopped his behaviour despite a civil claim brought by Dr B, and in which Dr Cartland had provided undertakings and an apology to Dr B in open court. Reminders of Dr Cartland’s obligations under GMP and requests to refrain from breaching the anonymity order imposed by the Tribunal were ignored. Mr Moran accepted that Dr Cartland had received *‘nasty’* messages himself online from third parties. He said that he should therefore have known and understood how serious it was when he did it to others and the effect his behaviour would have on a recipient.

338. Mr Moran drew the Tribunal’s attention to the apology in Dr Cartland’s witness statement, but said that it was perfunctory, and not real. He said that Dr Cartland had not demonstrated any concern for the victims of his conduct and showed no contrition, remorse or insight. He said that there was, therefore, a high risk of repetition.

339. In terms of serious misconduct, Mr Moran pointed to the fact that Dr Cartland had harassed four different complainants, and that this conduct was aggravated because he had encouraged his followers to do so too. He said that there had been a clear impact on each of them, as described in the Tribunal’s determination at the facts stage. He said that the conduct took place over a long period of time, was very persistent, and continued despite the civil claim and warnings/advice from the GMC. Dr Cartland had also threatened retaliatory action toward Dr A by email after she had made a complaint. Mr Moran said that the conduct was also aggravated because some of the posts were hostile to the LGBTQ+ community.

340. Mr Moran also addressed the Tribunal about the dishonesty aspect of the Allegation. He said that if the COVID-19 exemption certificate had been provided, it would have endangered public health and contravened both UK and USA government policy at the time.

341. Mr Moran said that Dr Cartland’s conduct contravened Good Medical Practice (GMP) and also the social media guidance produced by the GMC. He explained that, because the conduct spanned a number of years – from 2022- 2025, then there were two different GMP versions to consider, and two different social media guidance documents too.

342.Mr Moran firstly addressed the Tribunal on GMP 2013. He said that a number of paragraphs applied to Dr Cartland’s conduct, namely paragraphs 1, 19, 36, 59, 65, 77 and 78. He said that a number of paragraphs in the 2024 GMP applied too, namely paragraphs 48, 55, 56, 81, 90 and 91. (The paragraphs which the Tribunal relied on are set out below).

343.Mr Moran also addressed the Tribunal on the social media guidance and drew the Tribunal’s attention to paragraphs 5 and 15 in the *‘Doctors’ use of social media’* (2013) guidance and paragraphs 7 and 14 in the *‘Using social media as a medical professional’* (2024) guidance. (Again, the paragraphs which the Tribunal relied on are set out below.)

344.In summary, Mr Moran submitted that the Tribunal could find that the conduct was serious misconduct and that Dr Cartland’s fitness to practise is currently impaired.

345.On behalf of Dr Cartland, Mr Diamond submitted that this was an unusual and difficult case. He conceded on Dr Cartland’s behalf that there were elements of misconduct, but he refuted that it was serious, stating that it was at the lower end of the scale, because the conduct had taken place in the *‘Twitter zone.’* He asked the Tribunal to find that Dr Cartland was not impaired, and stated that he was willing to be trained on the use of social media, receive guidance, and abide by restrictions on his practice.

346.Mr Diamond acknowledged that doctors hold a particular role in society and pointed out that Dr Cartland has been an exemplary medical practitioner. Mr Diamond said that the case was unusual because it took place online and that it was a case of *‘stick and stones can break my bones, but words will never hurt me.’* He submitted that Twitter was a *‘nasty place,’* where lots of fierce debates were had, and it was, in essence *‘pub talk online.’* He suggested that the GMC had to develop its approach to understand this.

347.In terms of the effect of the online debates on Dr Cartland personally, Mr Diamond said that he had lost his job, individuals had contacted his workplace, XXX and had even involved the Football Association, because he was a referee. He said that there was a mob that had turned on him.

348.Mr Diamond reminded the Tribunal of the overarching objective set out in the Medical Act and stated that Dr Cartland was not a risk to patients, and there were positive comments from patients in his appraisals and in testimonials from them. He said he was a fine doctor.

349. In addressing the harassment, Mr Diamond said that Dr Cartland may well be proved right about his concerns about the vaccine roll out programme, because medical decisions had been taken in a rush during the pandemic. He said there is now space to look at the COVID debate afresh. He said that Dr Cartland was acting in the interests of patients. He said that although the complainants called the conduct harassment, it is possible that they are embarrassed about what has been said about vaccine safety.

350. Mr Diamond said that some of the time the complainants would not have even known about the harassment. He said that Ms J for example, was not aware until it was drawn to her attention when she received an anonymous package through the post.

351. Mr Diamond said that a lot of emotive things are said on Twitter and that Dr Cartland had got riled into the debate, and individuals online wanted to silence his views. Most of the public would be unaware that such debates were even going on. He referred to the case of *Stocker v Stocker [2019] UKSC 17*, which was a defamation case, when the court held that the context of social media should be considered when determining the meaning and context of words used.

352. Mr Diamond said that Twitter was a ‘bear pit.’ He said he felt that Dr Cartland was getting his identity from it, especially since he has not been able to work all the time. He said that Dr Cartland wanted to work and wants to be a doctor. He said that the public needs independent minded doctors like Dr Cartland who is hard working and good with patients.

353. Mr Diamond submitted that the Allegation had not mentioned any codes of conduct or the social media guidance, which was a mistake. Also, the GMC should not have alleged harassment under the Protection of Harassment Act, because it is not a police force or the Crown Prosecution Service. He submitted that this is a civil arena, and that the GMC was therefore interfering with someone else’s jurisdiction.

354. Addressing the dishonesty allegation specifically, Mr Diamond explained that Dr Cartland sincerely believed in bodily autonomy. He said that the case had involved ‘*agent provocateur*’ and that Dr Cartland was not dishonest.

355. Mr Diamond addressed the Tribunal about the suggested way forward. He said that Dr Cartland wants to be a GP, and that he had lost jobs because of his online presence. He said there had been a strain on Dr Cartland’s family. He said that Dr Cartland had a first-class degree and had been trained in immunology, and that there were potentially some

opportunities overseas for him.

356. In summary, Mr Diamond asked the Tribunal to find that the conduct was not serious misconduct, and that Dr Cartland's fitness to practise is not currently impaired.

The Relevant Legal Principles

357. The LQC gave the Tribunal legal advice, which is summarised below:

The Tribunal is reminded that there is no burden or standard of proof to adopt at this stage and that the decision as to impairment is a matter for the Tribunal's judgement alone.

The Tribunal is reminded that there are two parts to the impairment stage of the process. Firstly, the Tribunal must decide whether the facts as found proved amount to misconduct, and then whether the finding of that misconduct leads to a finding of current impairment.

'Misconduct' has no statutory definition. It is a matter for the judgement and experience of the Tribunal. However, in the case of *Roylance v GMC [No 2] [2000] 1 AC 311* it was said that 'misconduct' should be 'serious misconduct' before the Tribunal should move to consider fitness to practise. The word 'serious' should be given its ordinary meaning. This case stated that misconduct is:

'some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.'

The Tribunal should therefore take into account whether Dr Cartland has departed from the standards sets out any guidance for doctors, and especially Good Medical Practice. As this case involves the use of social media, then the 'Using social media as a medical professional' guidance should be considered. The Tribunal received evidence at the facts stage that Dr Cartland has maintained that he had been exercising his rights of freedom of conscience and free speech. The Tribunal can also take this into account when considering whether the conduct alleged is serious misconduct.

In the case of *Nandi v GMC [2004] EWHC*, Collins J said that misconduct is conduct which would be regarded as ‘deplorable’ by fellow practitioners. And in the case of *R (Remedy UK Limited v GMC [2010] EWHC 1245 (admin)* it states that misconduct:

‘can involve misconduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor, and thereby prejudices the reputation of the profession.’

The Tribunal is reminded that part of the Allegation relates to dishonesty. In the case of *GMC v Nwachuka 2017 EWHC 2085 Admin* it was confirmed that it is unusual for dishonesty not to result in impairment. Also, the case of *Nkomo v GMC 2019 EWHC 2625 admin* states that dishonesty is generally held to be difficult to remediate. This is because, unlike with clinical errors, where further practice and/or teaching would likely show a practitioner the correct method of practice, the nature of dishonest behaviour goes more to the practitioner’s character than learning. Mitigation therefore holds less weight in such cases.

Generally, each instance of misconduct should be considered separately, as to whether it on its own is serious misconduct. However, as there are a number of instances of a similar nature forming this Allegation the Tribunal is asked to consider the case of *Schodlok v GMC [2015] EWCA Civ 769*, which considered whether a Tribunal could find whether paragraphs which on their own may be misconduct but not serious misconduct, could cumulatively amount to serious misconduct. The case states that generally it cannot. But Lord Justice Vos does state that if there are a large number of findings of non-serious misconduct, particularly where they are of a similar nature and show a pattern of behaviour, then it is open in principle for the Tribunal to find that cumulatively, they are to be regarded as serious misconduct capable of impairing a doctor’s fitness to practise.

The Tribunal received evidence at the facts stage and heard submissions that Dr Cartland has maintained that he had been exercising his right under ECHR to freedom of conscience and free speech and that his actions took place outside the clinical context. The Tribunal is reminded that the Human Rights Act protects freedom of speech and of thought conscience and religion. The Tribunal should not interfere with Dr Cartland’s right to express his views freely. However, these rights are qualified rights, meaning they are subject to limitations and these limitations include the need to protect the rights and reputation of others. When the conduct alleged is harassment as defined under the Protection of Harassment, then the freedoms are no

longer protected.

If, having decided that there is misconduct as defined, then the Tribunal should go on to consider impairment. It is not necessarily the case that if misconduct is found, impairment must follow.

Whilst there is no statutory definition of impairment, the Tribunal is assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted by the High Court in *CHRE v NMC & Grant (2011) EWHC 927 (Admin) ('Grant')*. Dame Janet Smith sets out some features that are likely to be present when impairment is found. These are where a doctor has in the past or is liable in the future to:

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

The Tribunal must determine whether Dr Cartland's fitness to practise is impaired as of today, taking into account his conduct at the time of the events and relevant factors such as whether the matters are remediable, have been remedied, and any likelihood of repetition.

To assist it in this decision, a Tribunal must determine whether a doctor has demonstrated insight, and if so to what extent. The Tribunal should note that Dr Cartland denied the Allegation. The Tribunal rejected his defence. It is advised, however, that it should not necessarily equate the maintenance of innocence with a lack of insight. The recent case of *Sawati v GMC [2022] EWHC (admin)* deals specifically with rejected defence cases and how they should be treated at the impairment and sanction stage. A tribunal should not punish a doctor for defending himself, as he is entitled to do so, but it can weigh up what happened at the facts stage when assessing insight. The Tribunal should look to see what other evidence there is about the doctor's insight and understanding of the conduct. It is possible that a doctor who maintains his innocence can still demonstrate that he fully appreciates the gravity of the matters alleged and it is proper to take into account a doctor's understanding of, and attitude toward the underlying allegation.

The Tribunal must also determine whether the need to uphold professional standards and maintain public confidence would be undermined if a finding of impairment were not found. The case of *Grant* makes it clear that protecting the public and upholding proper standards and public confidence in the profession is a fundamental consideration.

In the case of *Cheatle v GMC [2009] EWHC 645 (admin)* it was stated that a doctor's behaviour at a particular time maybe 'so egregious' that, looking forward, a Tribunal may be persuaded that a doctor is not fit to practise. It is crucial that the Tribunal is mindful at all times of the overarching objective set out in s1 of the Medical Act 1983.

The Tribunal's Determination on Impairment

Misconduct

358. The Tribunal first considered whether the facts found proved amounted to serious professional misconduct. When doing so, it took into account the evidence that it had already considered, the further evidence that it received at this impairment stage, the submissions made by both Mr Moran and Mr Diamond, and the advice from the LQC.

Dr A

359. The Tribunal firstly reminded itself of the evidence it had considered at the facts stage relating to Dr A. The Tribunal had found paragraphs 1, 2(a), 3(a)(b)(c)(i), 5, and 7(a) proved.

360. Dr A is a fellow professional who was online to promote her work, yet the Tribunal noted that Dr Cartland had posted threatening and abusive comments about her and had encouraged his many followers to do the same. The Tribunal took into account the many posts as set out in the Schedules attached to the Allegation.

361. The Tribunal had decided that the nature and volume of the messages that Dr Cartland was posting on various sites represented a course of conduct over a sustained period of time. The conduct continued while the proceedings were pending and in the lead up to Dr A giving her evidence. Dr Cartland had also sent Dr A an email threatening retaliatory action because of the complaint that she had made to the GMC and had posted her details online informing his followers of her complaint.

362.The Tribunal recognised the impact on Dr A and noted that Dr Cartland’s behaviour was causing her alarm and distress. In her statements, she described the impact as follows:

...I do find that I experience regular abuse online and have had to protect my tweets (which prevents other users from commenting on my tweets), to safeguard my own wellbeing at times. I do feel scared of Dr Cartland and of some of the individuals who follow his account.’

And

‘...In this post Dr Cartland has replied to a post of mine and states ‘See you in October’ and then states information he wants me to bring. This is witness intimidation and unacceptable harassment. Whilst I do not feel particularly threatened by what Dr Cartland says, it is his incitement of other people which is the worrying thing. His behaviour does not seem that of a rational person.’

363.In her oral evidence, Dr A called Dr Cartland ‘an abuser’ and that she wanted the abuse to stop.

364.The Tribunal decided that Dr Cartland’s actions are aggravated by the fact that the harassment took place over a long period of time, and that he had encouraged others to harass Dr A too. The Tribunal found that another concerning feature was that Dr Cartland sent Dr A an email threatening retaliatory action after she had complained to the GMC, and that the harassment continued during the course of the proceedings in the lead up to Dr A giving her evidence. Dr Cartland must have recognised the impact that conduct of this nature was likely to have.

365.The Tribunal took into account GMP. It noted that the conduct spanned two versions of GMP, one dated 2013 (‘GMP 2013’) and 2024 (‘GMP 2024’). In similar vein, the Tribunal took into account the social media guidance, again which had two versions, dated 2013 and 2024 respectively.

366.The Tribunal decided that Dr A is a fellow professional who came into contact with Dr Cartland because of their differing views on a medical issue and therefore could be termed as a colleague for the purposes of GMP.

367.The Tribunal decided that Dr Cartland’s actions have breached the following paragraphs of GMP 2013:

'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.

36 You must treat colleagues fairly and with respect.

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

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

368. The Tribunal also considered the following paragraphs of GMP 2024 to be engaged:

'48 You must treat colleagues with kindness, courtesy and respect.

49 To develop and maintain effective teamworking and interpersonal relationships you must:

...

b communicate clearly, politely and considerately

c recognise and show respect for colleagues' skills and contributions

55 You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.

56 You must not abuse, discriminate against, bully, or harass anyone based on their personal characteristics, or for any other reason. By 'personal characteristics' we mean someone's appearance, lifestyle, culture, their social or economic status, or any of the characteristics protected by legislation – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

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

91 You must follow our more detailed guidance on Using social media as a medical professional.'

369. The Tribunal had regard to the GMC guidance entitled ‘Doctors’ use of social media’ (2013) and decided that Dr Cartland had breached the following paragraphs:

‘5 The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media. However, using social media creates new circumstances in which the established principles apply.

15 Good medical practice says that doctors must treat colleagues fairly and with respect. This covers all situations and all forms of interaction and communication. You must not bully, harass or make gratuitous, unsubstantiated or unsustainable comments about individuals online.’

370. The Tribunal had regard to the GMC guidance entitled ‘Using social media as a medical professional’ (2024). It considered the following paragraphs of this guidance to be engaged:

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

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

15 When interacting with or commenting about individuals or organisations on or using social media, be aware that communications are subject to the same laws of copyright, defamation, discrimination, and harassment as written or verbal communications – whether they are made in a personal or professional capacity.’

371. In summary, the Tribunal decided that Dr Cartland had departed from the standards required of a doctor, by repeatedly and purposefully breaching a number of the paragraphs in GMP and the related social media guidance. Bearing in mind the aggravating features of this case, the Tribunal also concluded that a fellow professional would find Dr Cartland’s actions deplorable. The Tribunal decided it was disgraceful behaviour that fell far below the standards expected of a medical professional. It could undermine public confidence in the profession.

372.The Tribunal determined therefore that Dr Cartland’s conduct directed at Dr A was serious misconduct.

Dr B

373. The Tribunal firstly reminded itself of the evidence it had considered at the facts stage relating to Dr B. The Tribunal had found paragraphs 1, 2(b), 3(a)(b)(c)(ii), 4, 7(b) and 8 proved. The Tribunal reminded itself of the nature of the comments and the posts as set out in the schedules attached to the Allegation.

374.Dr B is a fellow professional who had an online presence XXX. The Tribunal took into account the many posts that Dr Cartland had sent to him. Those posts were abusive and threatening. Some of the posts demonstrated hostility to the LGBTQ+ community. Dr Cartland encouraged his many followers to contact and harass Dr B and Dr B described that there had been ‘*an onslaught*’ of negative comments about him online. The Tribunal noted that the conduct continued throughout the proceedings in the lead up to Dr B giving his evidence. After the hearing had been adjourned and before Dr B gave his evidence, Dr Cartland posted online that Dr B was a complainant in this case in breach of the anonymity order.

375.The Tribunal recognised the impact on Dr B and noted that Dr Cartland’s behaviour was causing Dr B anxiety. The Tribunal is aware that Dr B had tried to stop the behaviour by making a civil claim against Dr Cartland, but Dr Cartland did not desist. In his oral evidence, Dr B made it clear that Dr Cartland’s conduct on social media ‘*had a really dramatic and awful impact*’ on him. He said that Dr B had said ‘*abhorrent things*’ about him and that his ‘*reputation was everything*’. He summarised by saying that ‘*this has been a horrific experience.*’ Dr Cartland must have recognised the impact that conduct of this nature was likely to have.

376.The Tribunal decided that Dr Cartland’s actions toward Dr B are again aggravated by the fact that the harassment took place over a long period of time, and that he had encouraged others to follow suit. The harassment had continued during the course of the proceedings up until Dr B gave oral evidence, and despite an undertaking in the civil court.

377.The Tribunal is especially concerned that some of the messages that Dr Cartland had posted were prejudicial and antagonistic toward the LGBTQ+ community. The photographs Dr Cartland posted were without context, and the posts clearly insinuated that individuals from the LGBTQ+ community were paedophiles.

378. The Tribunal again took into account GMP and the social media guidance. It decided that the paragraphs quoted above in relation to the conduct directed at Dr A equally applied to the conduct directed at Dr B, exacerbated by Dr Cartland targeting Dr B because of his sexual orientation and demonstrating hostility toward the LGBTQ+ community.

379. The Tribunal concluded that Dr Cartland's conduct toward Dr B had a number of aggravating elements to it. It decided that Dr Cartland had breached GMP, and the social media guidance, and that his actions could be seen as disgraceful, and falling far below the standards expected of a medical professional. They could undermine public confidence in the profession.

380. The Tribunal determined therefore that Dr Cartland's conduct directed at Dr B was serious misconduct.

Dr C

381. The Tribunal firstly reminded itself of the evidence it had considered at the facts stage relating to Dr C. The Tribunal had found paragraphs 1, 2(c), 3(a)(b)(c)(iii), 6, and 7(c) proved.

382. The Tribunal noted that Dr Cartland had harassed Dr C over a long period of time. The Tribunal reminded itself of the nature of the comments and the posts as set out in the schedules attached to the Allegation.

383. Dr C is not a medical doctor. He is an immunologist and was engaged in the COVID-19 vaccine debates taking place online. The Tribunal took into account the many posts that Dr Cartland had sent to him and about him. There were graphic photographs and images, and a number of very personal insults aimed at Dr C which were abusive and threatening. Dr Cartland also encouraged his many followers to contact and harass Dr C and set up a parody account in Dr C's name to further the harassment against him. The Tribunal noted that the conduct continued throughout the proceedings in the lead up to Dr C giving his evidence, and that Dr Cartland posted online about the fact that Dr C was a complainant in this case.

384. The Tribunal was aware that Dr C had a more challenging presence online, but it was still clear that Dr Cartland's conduct had an impact on him. He explained in his statement that he found that the tweets impersonating him were abusive and had the potential to damage his business. He said that some of the posts were '*insinuations of paedophilia*

and also bestiality, which I felt to be abusive and unpleasant.’ Dr C said that he felt that the post showing a sheep having its throat cut, for example, was ‘*a worrying post and incitement of violence.*’ He was worried by a post that hinted at where he might live. Dr Cartland would have recognised the impact that conduct of this nature was likely to have.

385. The Tribunal decided that Dr Cartland’s actions toward Dr C are again aggravated by the fact that the harassment took place over a long period of time, and that others had been encouraged to follow him. The harassment had continued during the course of the proceedings up until Dr C gave oral evidence, and that he had been named online as a person involved in the GMC proceedings.

386. The Tribunal again took into account GMP and the social media guidance. It decided that, although not a colleague, paragraphs 1 and 65 in GMP 2013, and paragraphs 55, 56, 81 and 91 GMP 2024 still apply, as do the paragraphs 5 of the 2013 social media guidance and paragraphs 7 and 14 from the 2024 social media guidance.

387. The Tribunal concluded that Dr Cartland’s conduct toward Dr C had a number of aggravating elements to it. Again, it decided that Dr Cartland had breached GMP and the social media guidance, and that his actions could be seen as disgraceful. They fell far below the standards expected of a medical professional. Conduct such as this directed at a member of the public could prejudice the reputation of the profession.

388. The Tribunal determined therefore that Dr Cartland’s conduct directed at Dr C was serious misconduct.

COVID-19 exemption certificate

389. The Tribunal firstly reminded itself of the evidence it had considered at the facts stage. The Tribunal had found paragraphs 9, 10 and 11 proved.

390. The Tribunal had found that Dr Cartland had offered to provide a COVID-19 exemption certificate and was willing to list a medical reason for anyone, whether they had a medical exemption or not.

391. The Tribunal recognised that it is unusual for cases of dishonesty not to result in impairment, especially when, as here, they take place within a medical context. In this case, Dr Cartland was willing to provide a COVID-19 exemption certificate that he knew

may be false, and the Tribunal determined that Dr Cartland was being deliberately dishonest in order to circumvent COVID rules because of his anti-vaccine stance.

392. The Tribunal decided that an act of dishonesty is serious, and Dr Cartland's dishonesty could have affected public health during a global pandemic. It demonstrated an intent to deliberately flout US and UK government policy at the time.

393. The Tribunal considered GMP 2013 and noted that Dr Cartland had breached the following paragraphs:

'1 Patients need good doctors. Good doctors make the care of their patients their first concern: they are competent, keep their knowledge and skills up to date, establish and maintain good relationships with patients and colleagues, are honest and trustworthy, and act with integrity and within the law.'

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.'

394. The Tribunal determined therefore that Dr Cartland's offer to provide a COVID-19 exemption certificate in the circumstances described was serious misconduct.

Ms J

395. The Tribunal firstly reminded itself of the evidence it had considered at the facts stage. The Tribunal had found paragraphs 9 -17 of the Allegation proved.

396. The Tribunal noted that Dr Cartland had on a number of occasions posted an email online that Ms J had sent to him regarding his enquiry into a job at the practice at which she worked, with her contact details present. The posts started in November 2022 and continued until August 2023. Dr Cartland commented on the email by explaining to his followers that the practice had turned him down for a job due to his anti-vaccine views. Although Dr Cartland did not harass Ms J directly, he encouraged others to do so and many people in response to these posts made contact with her. She received emails for example suggesting that she was *'complicit in murder'* committing *'crimes against humanity'*, and that she should be ashamed of herself. Many of the emails directly referenced Dr Cartland.

397.The Tribunal noted the impact that Dr Cartland’s actions had on Ms J. She had contacted the police and the GMC about the emails and advised all staff in the practice to be wary of similar contact and ring the police if anyone attended the surgery and there was cause for concern. She said she ‘*was shocked by what was happening.*’ In her oral evidence she said she was ‘*concerned for her safety*’, that the emails were ‘*very upsetting*’ and ‘*unacceptable.*’ She called the emails ‘*hate mail.*’

398.The Tribunal decided that Dr Cartland’s actions toward Ms J are aggravated by the fact that he posted the email a number of times, thus encouraging others to contact and harass her. Ms J was doing her job at the practice and had not entered into any debates online yet was targeted by many others because of Dr Cartland’s conduct. The Tribunal had found at the facts stage that the posts from Dr Cartland were designed to encourage others to behave in the way they did.

399.The Tribunal again took into account GMP and the social media guidance. It decided that the paragraphs quoted above in relation to Dr A and Dr B equally to Ms J.

400.The Tribunal concluded that Dr Cartland’s conduct toward Ms J has a number of aggravating elements to it. The Tribunal decided that Dr Cartland had breached GMP, and the social media guidance, and that his actions could be seen as disgraceful. They fell far below the standards expected of a medical professional.

401.The Tribunal decided therefore that Dr Cartland’s conduct directed at Ms J was serious misconduct.

402.In summary, the Tribunal determined that the harassment of Dr A, Dr B, Dr C and Ms J is serious professional misconduct, as is the instance of dishonesty. The Tribunal also decided that Dr Cartland’s conduct is made more serious because his behaviour was not isolated or directed at one individual. His conduct demonstrates a pattern of behaviour, which impacted on four different complainants.

Impairment

403.The Tribunal having found that the facts found proved amounted to misconduct, went on to consider whether, as a result of that misconduct, Dr Cartland’s fitness to practise is currently impaired.

404.Throughout its deliberations, the Tribunal had regard to all three limbs of the statutory overarching objective, and the guidance adopted in the case of *Grant*.

405. The Tribunal considered firstly whether Dr Cartland's misconduct is remediable. It recognised the seriousness of the harassment which involved a number of complainants. It recognised that dishonesty is difficult to remediate because it goes to character rather than aspects of clinical performance which could be addressed by training or support. However, the Tribunal decided that the conduct is remediable. It went on, therefore, to consider Dr Cartland's level of insight so that it could decide both if the conduct had been remediated, and the risk of repetition.
406. The Tribunal firstly considered the emails and social media posts that had been produced by the GMC at this impairment stage.
407. The Tribunal decided that the emails between Dr Cartland and the GMC and some of his social media posts demonstrate his current attitude toward the Allegation and his regulator. Dr Cartland for example, in September 2024 in the lead up to the start of the hearing described the GMC's behaviour as '*...the protracted incessant 20 month investigation against me which to anyone outside the GMC is clearly vexatious, malicious and weaponized*' and stated that he would litigate against the GMC for '*the shambolic flouting of due process and lack of safeguarding*.' The Tribunal noted that Dr Cartland had posted the GMC solicitor's telephone number online and suggested that followers '*inundate*' the GMC. The Tribunal noted that Dr Cartland called the MPTS hearing '*vexatious*' and a '*kangaroo [sic] court*' saying that it was '*biased*' and had decided against him '*without hearing a syllable*'. Dr Cartland said that the hearing outcome would make a good sequel to Baby Reindeer and '*Makes the post office scandal look amateur*'.
408. The Tribunal also saw that the posts show that Dr Cartland named Dr A, Dr B and Dr C online, despite the decision of the Tribunal that they be given anonymity. Dr Cartland also set up online polls, so that his followers could vote on who will win the case, and whether to release the complainant's statements.
409. The Tribunal noted that Dr Cartland continued to post about Dr A, Dr B and Dr C in similar vein to the conduct that it had found proved, including, as regards Dr B, a continued demonstration of hostility to the LGBTQ+ community.
410. The Tribunal noted that a manager from the GMC wrote to Mr Diamond on 20 September 2024 asking that Dr Cartland is reminded of his obligations under GMP and asking him to refrain from similar conduct in future. Despite this warning, the Tribunal noted that the posts continued.

411.The Tribunal concluded that Dr Cartland’s behaviour during the GMC investigation and the MPTS process demonstrates a marked lack of insight into his misconduct, and a disregard for the regulatory process.

412.The Tribunal went on to consider whether there was any evidence of insight provided by Dr Cartland. It noted that there is a section in Dr Cartland’s witness statement entitled ‘Apology,’ which is quoted below in full:

‘I did become effected by this. One side could do as it willed, and others who sought to warn and seek further research were treated with contempt, targeted and censored not only on social media but a professional blacklisting/cancel culture subsequently ensued.

So, I fully apologise for replying to my detractors in anger or too quickly or foolishly. Often, I was bated and harassed, and I responded in anger where my meaning in the tweet was not clear, or I allowed myself to enter foolish discussions where neither side was going to convince the other. I accept that I did not express myself as well as I could and was misunderstood on reflection. I was attacked and my natural response was to defend myself or enter some form of counter attack.

However, I too was subjected to a torrent of abuse, bad language and disrespect and set upon by a seeming network of supporters of others in a coordinated manner as I evidence in Annexe C4-6.’

413.The Tribunal took into account that Dr Cartland also expressed an apology to Dr B as a result of the civil claim made against him, again which is quoted below in full:

‘On behalf of Mr Cartland, I wish to associate myself with everything that has been said by Counsel for the Claimant. Mr Cartland never had any basis at all to make the false allegations against the Claimant for which he was responsible. He wishes to apologise unreservedly for the damage caused to the Claimant and his reputation by his publications and associated distress, and to express his profound and unreserved regret for all of the harm for which he is responsible.’

414.The Tribunal considered these two statements carefully but decided that it could not rely on them. Despite these comments, Dr Cartland continued his behaviour and claimed online that he had been blackmailed into making the apology and the undertaking at the civil court. The Tribunal decided that the apologies were hollow and did not demonstrate insight. There was no thought through apology to the complainants nor a recognition of the impact that his misconduct has had on them.

415.The Tribunal listened very carefully to Mr Diamond’s submissions. He stated that Dr Cartland now accepted that *‘there were elements of misconduct’* so far as the harassment is concerned. He said that Dr Cartland is willing to undergo training or guidance as to how to behave on social media. However, the Tribunal noted that Dr Cartland had not made any plans to attend any training and is openly continuing to flout GMP and the social media guidance. No evidence has been submitted to suggest that Dr Cartland has developed any insight nor that he is capable of or willing to modifying his behaviour on social media. Despite a civil claim, and a warning from the GMC, the behaviour has continued.

416.The Tribunal also heard from Mr Diamond that Dr Cartland does not accept that he has been dishonest and maintains the position that he was willing to offer a COVID-19 exemption certificate to honour the *‘inalienable human right’* of *‘bodily autonomy.’* The Tribunal concluded that if Dr Cartland persists in his assertion that medical records can be falsified, then there is a high risk of repetition.

417.The Tribunal accepted that Dr Cartland is entitled to contest the Allegation, and that it is his right to defend himself. However, the Tribunal noted that his attitude toward the misconduct meant that the Tribunal did not have any evidence of insight put before it. He has not produced any written reflections nor attended any courses to address his behaviour.

418.The Tribunal concluded that there was no evidence of insight in this case. Dr Cartland has not accepted that his online behaviour falls short of professional standards and affects public confidence in the profession. He does not appear to understand how his behaviour affects the reputation of the medical profession. He has not addressed the impact that he has had on others, nor shown any sign of remorse. He does not accept the dishonesty. The Tribunal accepts that Dr Cartland is himself subjected to abuse online from others and is not unsympathetic to that, but it did not feel that this excused his own behaviour.

419.The Tribunal concluded that due to the lack of insight and the continuing actions of Dr Cartland during the GMC investigation and MPTS hearing, the misconduct has not been remediated at all and there is a very high risk of repetition.

420.The Tribunal noted that Dr Cartland is a man of hitherto good character, which the Tribunal bore in mind. It also read the Appraisals from patients and work colleagues which are dated 2017, 2019, and 2023. All those who filled out the surveys in the

appraisal process marked Dr Cartland as ‘good’ or ‘very good’ for both his clinical ability and honesty and trustworthiness.

421.Examples of comments from patients on the Appraisals are:

‘Extremely impressed at how I was treated by the doctor. Very friendly and professional and was brilliant at explaining and reassuring. Excellent.’

‘Sympathetic Caring’

‘Very professional and friendly with a relaxed manner. I didn't feel rushed at all.’

‘First time speaking to Dr Cartland. He really listened and put me at ease. he knew things other doctors haven't really understood or seemed to disregard. He made it feel like he understood and was getting help checks for the worse case scenario, didn't make me feel like a loon as other doctors have. Instantly reassured & had a full explanation. didn't waste time either and didn't allow me to ramble on back to subject in hand instantly but without cutting me off. Very thorough with his time.’

‘I felt listened to by this doctor some thing i have not felt for a couple of years’

422.Examples of comments from work colleagues on the Appraisals are:

‘Dr Cartland is a wonderful colleague and a pleasure to have in my team.' "A reliable colleague." "Dr Cartland is a well liked and respected member of the team. He is confident and communicates very well to both Patients and other healthcare professionals.’

‘Working with Dr Cartland in the past, I found him to be professional and excellent in his field. His demeanour with patients was relaxing and sincere. When I came to him for advice, his clinical knowledge was sharp and accurate. I hope I can work with him again.’

‘He is an amazing doctor who puts patient care and safety above all else including himself. His integrity is second to none and he goes above and beyond for his patients.’

‘Dr Cartland has greater insight and greater integrity than almost any doctor that I have ever met. His commitment to scientific integrity, to proper genuine patient consent, to patient safety and to transparency have literally marked him as one of the

admirable doctors in the whole of the UK. Quite simply, his selfless devotion to scientific truth and to protecting patients puts most doctors to shame.'

423. The Tribunal also considered the testimonials and letters sent by Dr Cartland for this impairment stage. It noted that there is a large volume of letters of support for Dr Cartland, some of which complained about the GMC investigation against him. The Tribunal decided that these letters are not relevant, because they are not testimonial evidence and could not vouch for Dr Cartland's work as a doctor. Many are ill informed as to what the hearing is about.

424. The Tribunal took into account the evidence sent from some individuals who had worked with Dr Cartland. Examples of comments from these work colleagues are:

'This is my honest opinion of Dr Cartland. First of all a fantastic, first class doctor. A highly knowledgeable, honest, caring, down to earth professional whose primary concern is the safety & health of his patients. I can say without hesitation that this is the general opinion of him within the Peoples Health Alliance. He is very well respected & highly thought of by all of us here. I've worked with Dr Cartland now for 18 months, as he is a medical ambassador for our organisation. The important qualities we look for when choosing a medical ambassador are someone who is ethical, moral, knowledgeable and most importantly willing to stand up for what is right. Dr Cartland ticks all those boxes and then some. We're very fortunate to have him & are thankful for his continued support.'

'I am honored to have worked with Dr. Cartland and witnessed his exceptional character firsthand. I believe that his determination and unwavering commitment to his profession will continue to positively influence the lives of those he interacts with, despite the challenges he may encounter.'

'Dr Cartland has worked with us at Morrab Surgery twice over the past three years. He is a very capable, hardworking doctor with a wide range of knowledge and experience in general practice, emergency medicine and medical education and it was a pleasure working with him.'

'Dr Cartland is an incredible GP; he takes his Hippocratic oath very seriously and has repeatedly shown his concern for people affected by the covid vaccine. He is an excellent Doctor, full of kindness, courage, compassion, and ethical values. He has

been willing to express his concerns about the vaccines at great personal cost to himself both professionally and personally.'

425. The Tribunal accepts therefore that there is evidence that Dr Cartland is a good doctor. There are positive comments from both patients and work colleagues alike. However, the lack of insight in this case demonstrates that the misconduct has not been remediated, and the risk of repetition is very high.

426. The Tribunal considered the test adopted in the case of *Grant* and determined that Dr Cartland's actions had breached the fundamental tenets of the medical profession and brought the medical profession into disrepute. He had also acted dishonestly. The Tribunal was far from satisfied that he would not do the same in future. It concluded therefore that Dr Cartland's fitness to practice is currently impaired.

427. The Tribunal also decided that a member of the public, aware of the full facts of the case, would be concerned that a doctor was acting in this way. The Tribunal noted that this case is not about free speech but rather about harassing people on social media, which it considered to be behaviour unbefitting of a registered medical practitioner. Dr Cartland's actions online impact others, undermine public confidence and could damage the reputation of the profession. He had been dishonest. The Tribunal is of the view therefore that, given the misconduct found, public confidence in the profession would be undermined if a finding of impairment were not made.

428. The Tribunal considered the overarching objective set out in the Medical Act. It decided that a finding of impairment is necessary to maintain public confidence in the profession and to uphold proper professional standards.

Determination on Sanction - 26/06/2025

429. Having determined that Dr Cartland'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

430. The Tribunal took into account the evidence it received during both the facts and impairment stages of the hearing.

431. The Tribunal received a further document from Dr Cartland headed 'statement.'

Submissions

432. On behalf of the GMC, Mr Moran firstly addressed the statement from Dr Cartland that had recently been received. He pointed out that it was not signed by Dr Cartland. He said that it went further than previously in terms of an apology. However, he said that the statement should not be given much weight. He said that Dr Cartland had not made himself available to give oral evidence and that if he had, then he (Mr Moran) would have explored the motivation for the statement now, in the context of everything that had gone before.

433. Mr Moran stated that erasure was necessary in Dr Cartland's case to maintain public confidence in the profession. He asked the Tribunal to refer to the Sanctions Guidance (SG) 2024. He asked it to consider the least restrictive action first and to bear in mind proportionality but reminded it of paragraph 21 of the SG which states that *'once a tribunal has decided that a certain sanction is necessary to protect the public...then that sanction must be imposed even where this may lead to difficulties for a doctor.'*

434. Mr Moran directed the Tribunal to paragraphs 24 to 49 of the SG and outlined the mitigating factors in this case. He said that there have been no previous findings against Dr Cartland, and that the Tribunal had found that there was some evidence from the testimonials that he was a good doctor.

435. Mr Moran referred to paragraphs 42 to 44 of the SG which relate to *'Expressions of regret and apology.'* He reminded the Tribunal that it had found at the impairment stage that Dr Cartland's apology was *'hollow'* and not sincere. He also referred to paragraphs 45 to 49 which relate to *'The doctor's insight into the concerns'* and submitted that Dr Cartland had not shown any real acceptance that he should have behaved differently, nor had he taken any steps to remediate or apologise at an early stage. He said the late proposal that Dr Cartland would undergo social media training was difficult to attach weight to, and Dr Cartland had had years to remediate, yet he had not recognised the need for it.

436. Mr Moran directed the Tribunal's attention to paragraphs 50 to 56 of the SG and pointed to the lack of insight as an aggravating feature. He submitted that the aggravating features listed at paragraphs 55(a) to (g) were not exhaustive. He said that paragraphs 55(b) and 55(c) both apply, (which are a *'failure to work collaboratively with colleagues'*, and *'discrimination against patients, colleagues, and other people'*), and asked the Tribunal to consider paragraphs 136 to 141 which defines these headings in more detail.

437.Mr Moran also asked the Tribunal to consider paragraph 56(b) which relates to discrimination in a doctor's personal life, and 56(a) which relates to probity. He pointed out that Dr Cartland's misconduct straddles both his personal and his professional life.

438.Mr Moran submitted that it would not be appropriate to take no action in this case as there are no exceptional circumstances. He also submitted that conditions would be inappropriate as none of the suggestions in paragraph 81 of the SG apply in this case:

'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.'

439.Mr Moran went on to submit that a sanction of suspension would also be inappropriate as Dr Cartland's misconduct was so serious that it is fundamentally incompatible with continued registration. He drew the Tribunal's attention to paragraphs 91 to 98 which relate to suspension and submitted that none of the factors indicating that suspension is likely to be appropriate apply to Dr Cartland. He stated that there had been multiple departures from GMP and that it would be difficult for Dr Cartland to remediate due to how entrenched his attitude is. He said that Dr Cartland has shown no remorse or insight and that there is a high risk of repetition.

440.Mr Moran referred to paragraphs 107 to 111 and submitted that erasure is the appropriate sanction in this case in order to maintain public confidence in the medical profession and to uphold proper professional standards. He said that a number of the indicative factors listed at paragraph 109(a) to (j) apply to Dr Cartland's conduct. He reminded the Tribunal that erasure may be appropriate even where the doctor does not present a risk to patient safety. Mr Moran submitted that there has been a particularly deliberate disregard for, and serious departure from, the principles set out in GMP. He said that there was an abuse of Dr Cartland's position as a doctor, and a persistent lack of insight.

441.Mr Moran pointed out that there was an act of dishonesty, although it was not persistent or covered up. He reminded the Tribunal that evidence of clinical competence cannot mitigate serious dishonesty.

442. In summary, Mr Moran submitted that there are several factors that indicate that Dr Cartland's name should be erased from the medical register.

443. On behalf of Dr Cartland, Mr Diamond firstly thanked both the Tribunal and Mr Moran for identifying the complexity of this case.

444. Mr Diamond submitted that erasure was a disproportionate outcome and that Dr Cartland has had an exemplary practice, as evidenced by his appraisals. He said that Dr Cartland has a lot to offer the profession.

445. Mr Diamond read out the statement from Dr Cartland that had recently been received by the Tribunal, stating that Dr Cartland had requested that he do so.

446. Mr Diamond conceded that Dr Cartland had not reacted '*in the wisest way*,' but that he had been '*goaded*' and attacked. He said that Dr Cartland had got a job as a GP during the course of the proceedings, but the surgery was contacted, and threats were made, and his employment was therefore terminated. He said that Dr Cartland receives very aggressive statements and threats of litigation. He reminded the Tribunal of one of these which was received during the Tribunal hearing.

447. Mr Diamond reminded the Tribunal of the context of the harassment and said that Dr Cartland is an '*emotional man*' who reacts on social media because of '*the trolls*.' He said Dr Cartland is a '*passionate man*' reacting unwisely in the '*ghastly bear pit*' of Twitter. Mr Diamond submitted that '*it was not a one-way street*,' so far as Dr A, Dr B and Dr C were concerned. He explained that Dr A had tried to get him to lose his job, Dr C '*gave as good as he gets*,' and there were issues of COVID-related payments to Dr B.

448. Mr Diamond stated that it seems as though Dr Cartland has fewer rights than every other citizen on Twitter due to him being a doctor.

449. Mr Diamond submitted that although Dr Cartland's fitness to practise has been found impaired, he is too good a doctor to lose to the profession. He also said that Dr Cartland accepts the findings of this Tribunal but that it is an unusual case, and Dr Cartland now needs space to '*get his mind together*.' He said that he has been under pressure, has been sued, and cannot get a job.

450. Mr Diamond submitted that Dr Cartland's registration should be suspended for either 6 or 12 months with a review to check if he has made progress with his remediation and

insight, along with a condition that he desist from using social media. He summarised by saying that this was *‘an unfortunate episode from a very brilliant man.’*

The Tribunal’s Determination on Sanction

451.The LQC gave the Tribunal legal advice, which is summarised below:

The Tribunal is reminded that the decision as to the appropriate sanction, if any, is a matter for the tribunal’s own judgement, which must be made independently.

The Tribunal must have regard to the Sanctions Guidance dated 5 February 2024, which, although not statutory, gives it an authoritative steer. It should also consider GMP. It is reminded that it must have regard to the aggravating and mitigating factors, and consider the least restrictive sanction first, and then move on, if needs be, to consider the other available options in ascending severity.

The Tribunal must bear in mind that the purpose of a sanction is not to be punitive, but to protect patients and the wider public interest. The Tribunal should be mindful that this is a balancing exercise- weighing up what is in the public interest, as against the interest of Dr Cartland. Any sanction must be appropriate and proportionate. In the case of *Bolton v Law Society [1994] 1 WLR 512*. It was made clear that the reputation of the profession as a whole is more important than the fortunes of any individual member, even if the consequences may be deeply unfortunate for them.

The Tribunal is aware that Dr Cartland is facing a matter of dishonesty. Dishonesty is very serious, especially if it occurs in the context of a doctor’s professional duties. In the case of *Nkomo v GMC [2019] EWHC 2625 (Admin)* at paragraph 35 it states:

‘The starting point is that dishonesty by a doctor is almost always extremely serious. There are numerous cases which emphasise the importance of honesty and integrity in the medical profession, and they establish a number of general principles. Findings of dishonesty lie at the top end of the spectrum of gravity of misconduct...’

However, there is no default rule. The nature and extent of dishonesty may be variable and must be evaluated on a case-by-case basis. The circumstances of each case must be carefully considered by the Tribunal, and it should look to see if there is, for example, compelling insight, or evidence that the behaviour is out of character. It should decide if the reputation of the medical profession is affected.

452.The Tribunal will be aware, again, of the overarching objective of the GMC set out in section 1 of the Medical Act 1983.

The Tribunal’s Determination on Sanction

453. The Tribunal considered the LQC's advice, and the submissions from both parties. It reminded itself of the facts that it had found proved, and noted the statement that it had received from Dr Cartland.

454. The Tribunal first identified what it considered to be the mitigating and aggravating factors in this case. It was mindful that it needed to consider and balance any such factors against the central aim of sanctions, which is to uphold the overarching objective.

Aggravating Factors

455. The Tribunal considered paragraphs 50 to 59 of the SG, which sets out some of the aggravating factors that are likely to lead a Tribunal to consider more serious action.

456. The Tribunal firstly considered the level of insight that Dr Cartland had demonstrated, which is covered by the SG at paragraphs 51 to 53.

457. The Tribunal concluded at the impairment stage that Dr Cartland's behaviour toward the regulator and the MPTS showed a marked lack of insight. He emailed the GMC in intemperate terms and criticised the investigation. He did not engage well with the MPTS hearing process, posting in negative terms about it online. He set up online polls, so that his followers could vote on who will 'win' the case, and whether to publicly release the complainant's statements. Dr Cartland continued in this vein despite a warning sent to his representatives by the GMC.

458. The Tribunal also concluded that Dr Cartland's continued behaviour during the proceedings towards Dr A, Dr B and Dr C showed a lack of insight and understanding of the impact of his behaviour on them. He had continued to harass each of them online, directly or indirectly, while they were waiting to give their evidence. He named them as complainants online, despite the decision of the Tribunal that they be given anonymity. He continued with the demonstration of hostility toward the LGBTQ+ community when posting about Dr B. Again, Dr Cartland persisted with this conduct, despite a civil claim being made against him by Dr B and the warning by the GMC.

459. The Tribunal again considered the apology in Dr Cartland's witness statement, and the undertaking and apology that he had made in the civil proceedings in relation to Dr B. It had decided at the impairment stage that those apologies were hollow and did not demonstrate insight, because he has since repeated his behaviour, and claimed online that he had been blackmailed into apologising to Dr B.

460. The Tribunal had listened carefully to Mr Diamond's submissions at the impairment stage and noted that Dr Cartland now accepted '*some elements of misconduct*' and offered to undergo social media training. The Tribunal now considered the further submissions made by Mr Diamond at this sanction stage. The offer to undertake training was repeated, and a suggestion made that Dr Cartland would abide by a condition to stop posting on social media sites. It was conceded that Dr Cartland was '*an emotional man*' who had not acted '*in the wisest way.*'

461. However, the Tribunal was concerned about some aspects of Mr Diamond's submissions. He explained that Dr Cartland had been '*goaded*' into his behaviour by other social media users who had been harassing him. Of Dr A, Dr B and Dr C, he said that '*it was not a one-way street.*' He explained that Dr A had tried to get him to lose his job, Dr C '*gave as good as he gets,*' and there were issues of COVID-related payments to Dr B.

462. The Tribunal took into account the statement recently received from Dr Cartland. The Tribunal noted that, on the face of it, Dr Cartland showed some understanding of his misconduct and apologised to the complainants. For example, he stated:

'I wholly admit that I have reacted unwisely online, been quick to react to abuse and retaliate, and found it difficult to not engage with trolls and adversaries when they are personal particularly about family.'

...

'I wish to place on record my sincere apologies to all people that have been distressed, harmed or offended by my words and actions in particular each of the complainants and hope the panel understand that I have equally been distressed, harmed and offended by actions against me.'

...

'I understand the 'bringing the profession into disrepute' and 'affecting confidence in the profession' aspects of the case that you are considering.'

...

'For my part in this alleged harassment, I wholly regret engaging. I have many hundreds of trolls being personal, aggressive and trying anything to goad a reaction. This unrelenting attack has led to retaliation and self-defence which I absolutely admit has not been wholly becoming of a practicing[sic] GP.'

463. However, the Tribunal thought that the statement demonstrated that Dr Cartland still had a long way to go in developing insight. He termed the allegations of harassment as '*ironic,*' and suggested that the medical profession had '*seemingly lost its duty of candour.*' He said, '*I argue that I have increased the trust and positively affected public confidence in the profession rather than the opposite.*' He did not accept the dishonesty,

stating that it had resulted from an act of entrapment. He said that he should have taken senior advice, but that he had been professionally isolated. The Tribunal concluded that Dr Cartland was making excuses to explain his behaviour, rather than taking personal responsibility for it.

464. The Tribunal gave this statement very little weight. It showed a ‘mixed picture’ in terms of insight, and the Tribunal was concerned that it had been provided very late in the day, only after the Tribunal had found Dr Cartland’s fitness to practise to be impaired. It was not signed by him, and Dr Cartland had not attended the Tribunal to give oral evidence to explain his level of insight. Mr Moran was not able to cross examine him about it. Also, the Tribunal was very mindful that Dr Cartland had apologised twice before, once in his witness statement, and once to Dr B during the civil claim proceedings but had nonetheless continued with his behaviour. The Tribunal noted that Dr Cartland has since resiled from his apology in court to Dr B, stating that he was forced to make it.

465. The Tribunal was not satisfied that Dr Cartland had demonstrated the timely development of insight, nor had he accepted his misconduct. The Tribunal noted that there was no evidence of recognition of the impact that his misconduct had on Dr A, Dr B, Dr C and Ms J, or the serious impact that his proposed dishonesty could have had. There were no expressions of regret or apology on which the Tribunal could rely. The Tribunal noted that Dr Cartland had made no effort to remediate his actions, and there were no plans put before the Tribunal to show that he intended to do so in the future.

466. The Tribunal decided therefore that the lack of insight in Dr Cartland’s case is an aggravating factor.

467. The Tribunal next considered the circumstances surrounding the events, examples of which are set out in the SG at paragraph 55.

468. The Tribunal firstly considered the circumstances of the harassment and decided that there were a number of aggravating features that it should take into account. The Tribunal noted that Dr Cartland’s actions were not a ‘one off’ or isolated incident but were a campaign of continued and persistent harassment against four complainants over a period of years. The posts were threatening and abusive, and Dr Cartland had encouraged others to do the same. Dr Cartland’s actions had a noticeable impact on each complainant.

469. The Tribunal considered the list of factors likely to lead it to consider taking more serious action, set out at paragraphs 55(a) to 55(g) of the SG.

470. The Tribunal also decided that Dr Cartland had discriminated against colleagues and other people as set out in paragraph 55(c). This included Dr Cartland's behaviour in relation to Dr A, Dr B, Dr C and Ms J. It noted particularly that Dr Cartland demonstrated hostility toward the LGBTQ+ community when harassing Dr B. It therefore took into account paragraph 141 of the SG, which outlines the seriousness with which discriminations should be taken. It reads:

'More serious outcomes are likely to be appropriate where a case involves discrimination (as defined by equality legislation) against patients, colleagues or other people who share protected characteristics, either within or outside their professional life. This does not affect a doctor's right to opt out of providing a particular procedure because of their personal beliefs or values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients.'

471. The Tribunal decided that Dr Cartland had failed to work collaboratively with colleagues as set out in paragraph 55(b). The Tribunal decided that Dr A and Dr B, as fellow professionals involved in a debate about medical issues online, and Ms J, who emailed Dr Cartland about his enquiry into a job fitted within the definition of 'colleagues' in paragraph 137 which states that *'Colleagues include anyone a doctor works with, whether or not they are also doctors.'* Paragraph 138 states that bullying and discrimination are features which if present lead to a more serious outcome being considered. The Tribunal decided that the harassment it had found proved was evidence of bullying and discrimination against Dr A, Dr B, and Ms J, and especially noted again the particular discrimination levelled at Dr B.

472. The Tribunal also noted that, throughout the harassment period, Dr Cartland had made it clear that he was a doctor. He introduced himself as such on his social media sites, and his picture showed him with a green top on which appeared to be surgical scrubs and a stethoscope round his neck. The Tribunal decided that this could have the effect of damaging the reputation of the medical profession. To that extent, the Tribunal considered paragraph 55(d) and decided that Dr Cartland was abusing his professional position as a doctor.

473. In summary, the Tribunal found a number of aggravating factors relating to the circumstances of the harassment.

474. The Tribunal then considered the dishonesty, and considered paragraph 120, which is a reminder that registered doctors must be honest and trustworthy. It noted paragraph 125(e) which states that an example of dishonesty in clinical practice is the failure to take reasonable steps to make sure that statements made in formal documents are accurate. In Dr Cartland's case, the COVID-19 exemption certificate, if it had been provided, may have been false. The Tribunal had concluded that Dr Cartland indicated on the WhatsApp message that he would list a medical exemption for the individual whether they had one or not. The Tribunal took this to mean that Dr Cartland was prepared to deliberately flout the exemption process because of his views on the vaccine.

475. The Tribunal recognised that dishonesty is very serious and can undermine public confidence in the profession. It was aware of the caselaw and accepted that dishonesty is difficult to remediate. It noted that the dishonesty in this case was within a professional setting, and that Dr Cartland had been willing to provide an exemption certificate regardless of whether there was a medical reason for doing so.

476. The Tribunal therefore decided that Dr Cartland's act of dishonesty was an aggravating factor in this case.

Mitigating Factors

477. The Tribunal then went on to consider the mitigating factors in this case. It considered paragraphs 24 to 49 of the SG, which sets out some of the mitigating factors that the Tribunal may consider, while balancing these against the central aim of sanctions.

478. The Tribunal took into account the examples of mitigating features set out in paragraph 25(a) to (e) of the SG.

479. The Tribunal decided that paragraph 55(b) applied in Dr Cartland's case. The Tribunal took into account that Dr Cartland was of previous good character and has been in the medical profession since 2008 with no previous findings of impairment. The Tribunal accepted the testimonials from work colleagues, and the positive comments made by patients and work colleagues in his appraisals. There were no concerns raised in the appraisal documents provided to the Tribunal about his competence as a doctor or that he is not adhering to the principles of good practice at work.

480. The Tribunal considered paragraph 55(c) which states that it '*circumstances leading up to any incidents that raise concern – e.g. inexperience...or a lack of training and supervision*'

at work could be a mitigating factor. The Tribunal accepted that Dr Cartland himself received abuse online. In his recent statement he said:

‘I wish to state that throughout the last three years speaking out against the mainstream narrative for my heartfelt clinical, safety and ethical concerns regarding the Covid-19 jab roll out, this whistle blow has presented a very unique situation in my life. As a consequence, I have faced an onslaught of online and offline abuse by a large number of people, have lost the ability to work locally and reputation damage inflicted.’

481. The Tribunal decided that, to some extent, the abuse that he received from others could have exacerbated and affected Dr Cartland’s behaviour and decided therefore that paragraph 25(c) applied, albeit in a limited way because this abuse should have given Dr Cartland some insight into how his behaviour impacted on others.

482. The Tribunal concluded that the mitigating factors were few in number and bore less weight than the aggravating factors. The Tribunal then balanced the aggravating and mitigating factors throughout its deliberations and went on to consider each sanction in order of ascending severity, starting with the least restrictive.

No action

483. 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.

484. The Tribunal was satisfied that there were no exceptional circumstances in Dr Cartland’s case which could justify it taking no action. Further, the Tribunal considered that concluding the case by taking no action would be insufficient to protect the public interest and would not mark the seriousness of Dr Cartland’s misconduct.

Conditions

485. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Cartland’s registration and took into account paragraphs 80 to 84 of the SG. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. The Tribunal noted that conditions may be workable where a doctor has insight into their misconduct, is likely to comply with conditions, and where a doctor is likely to respond positively to remediation or retraining.

486. The Tribunal decided that conditions would not work in Dr Cartland's case. There was no evidence of insight, or a suggestion that he would comply with any conditions that could prevent his continued behaviour. There was no evidence that Dr Cartland would respond positively to remediation or training.

487. Mr Diamond had submitted that Dr Cartland was willing to attend a social media course as a potential condition linked to an order of suspension. Dr Cartland had not identified an appropriate course, and there were no plans in place for him to start a remediation journey. The Tribunal also did not consider that a lack of understanding of social media had caused Dr Cartland to act how he did. Mr Diamond also suggested that Dr Cartland would abide by a condition not to use social media. Dr Cartland had not desisted in response to the civil claim and continued his behaviour during the course of the proceedings. Dr Cartland had also created at least one alternative account in a different name. Therefore, the Tribunal decided that Dr Cartland was capable of creating social media accounts to conceal his identity and it would not be possible to prevent him from doing so.

488. The Tribunal concluded that this was not a case in which conditions would sufficiently address the issues of the case and did not consider that any would be workable or measurable. The Tribunal decided that any conditions would be unenforceable and unrealistic.

489. The Tribunal also decided that conditions would not reflect the seriousness of Dr Cartland's misconduct and would be insufficient to maintain public confidence in the profession and to promote and maintain proper standards of conduct.

Suspension

490. The Tribunal then went on to consider whether imposing a period of suspension on Dr Cartland's registration would be sufficient to satisfy the statutory overarching objective.

491. The Tribunal took into account paragraphs 91 to 98 of the SG, which assists the Tribunal in deciding if a period of suspension is the appropriate sanction. It 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.

492. The Tribunal considered the factors listed at paragraphs 97(a) to (g) of the SG, where suspension may be deemed appropriate. It decided that none of the factors applied to Dr Cartland.
493. The Tribunal decided that there had been a series of significant departures from GMP. There was an act of dishonesty, and the harassment was so persistent that the Tribunal decided that the conduct was difficult to remediate.
494. The Tribunal noted that Dr Cartland has not made any attempts to remediate his behaviour. Notwithstanding his offer to now attend a social media course, the Tribunal concluded that there is evidence that future remediation is unlikely to be successful.
495. The Tribunal noted that there had already been evidence of a repetition of the behaviour since the incident. Dr Cartland had breached the anonymity ruling by posting the names of Dr A, Dr B and Dr C online, and had continued to post about them in similar terms to the conduct described in the Allegation. The Tribunal determined that there was a very real risk of repetition.
496. The Tribunal decided that Dr Cartland's engagement with the GMC investigation and the hearing process had been strained. He had posted negative comments online about the GMC and the MPTS. He had identified employees of the GMC and encouraged others to contact them. The Tribunal decided that the lack of insight in Dr Cartland's case was an aggravating feature. There had been no proper acknowledgement of fault.
497. The Tribunal found at the impairment stage that that three of the four features of the *Grant* case were engaged. The Tribunal concluded that these features remain engaged. Dr Cartland's misconduct, involving harassment and dishonesty, brings the profession into disrepute and breaches the fundamental tenets of the profession. Due to the high risk of repetition, he could do the same in the future.
498. The Tribunal was of the view that a fellow professional would consider Dr Cartland's behaviour to be wholly unacceptable. It also concluded that given the seriousness of the misconduct, a member of the public, aware of the full facts of the case, would be concerned if Dr Cartland were allowed to remain on the medical register.
499. The Tribunal determined therefore that a period of suspension would not be sufficient to promote and maintain public confidence in the profession, nor promote and maintain proper professional standards and conduct for members of the profession. It decided therefore, that suspension was not sufficient to send a message to the profession and the wider public about the gravity of Dr Cartland's misconduct.

500. The Tribunal concluded that in such circumstances, to impose a period of suspension would not uphold the three limbs of the overarching objective.

Erasure

501. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate in this case and took into account the guidance in the SG. The Tribunal reminded itself again of its findings of fact and the aggravating and mitigating factors it had identified.

502. The Tribunal considered paragraph 109, which sets out a non-exhaustive list of factors that, if present, may indicate that erasure is appropriate. The Tribunal decided that the following factors were present in Dr Cartland's case:

'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.

c Doing serious harm to others (patients or otherwise), either deliberately or through incompetence and particularly where there is a continuing risk to patients

d Abuse of position/trust

...

h Dishonesty, especially where persistent and/or covered up

...

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

503. The Tribunal decided that although there was no allegation that Dr Cartland's dishonesty was persistent or covered up it nevertheless felt that his actions were a deliberate attempt to flout the exemption certificate process, and his continued denial meant that there was a real risk of continued behaviour of this sort.

504.The Tribunal then considered paragraph 108 of the SG which states:

‘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.’

505.The Tribunal was concerned about the persistent, threatening and abusive harassment of four separate complaints, over a sustained period of time. Dr Cartland has not shown any recognition of the extent of the impact upon Dr A, Dr B, Dr C or Ms J. His conduct demonstrates a blatant disregard for GMP.

506.The Tribunal was also concerned about the subsequent dishonesty when Dr Cartland offered to provide a COVID-19 exemption certificate in his capacity as a doctor. Again, there is no insight, and his conduct falls below the standards set by the medical profession.

507.The Tribunal determined that, because of both the harassment and the dishonesty, Dr Cartland had brought the profession into disrepute and undermined public confidence in the profession. He had recklessly breached a number of the paragraphs in GMP and repeated his behaviour during the course of the proceedings. Given the marked lack of insight and remediation, the Tribunal was concerned that Dr Cartland would behave in a similar way in future.

508.The Tribunal decided that erasure is necessary in Dr Cartland’s case to maintain public confidence in the profession and to uphold proper professional standards and conduct for members of the profession. It concluded that a member of the public would be concerned if a sanction of erasure were not imposed for the types of misconduct that Dr Cartland is facing. The Tribunal was satisfied that Dr Cartland’s misconduct was fundamentally incompatible with continued medical registration.

509.The Tribunal took into account the impact that this sanction will have upon Dr Cartland. However, in all the circumstances the Tribunal concluded that his interests are outweighed by the need to protect the public, maintain public confidence in the profession and to declare and uphold proper standards of conduct and behaviour.

510.The Tribunal therefore directed to erase Dr Cartland’s name from the Medical Register.

Determination on Immediate Order - 26/06/2025

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

Submissions

512. On behalf of the GMC, Mr Moran directed the Tribunal to paragraphs 172 to 178 of the SG and reminded it of its findings so far. He submitted that an immediate order is necessary in this case in order to maintain public confidence in the medical profession as it is inevitable that Dr Cartland's behaviour on social media will continue and escalate. He referred the Tribunal to a post made on X by Dr Cartland which appeared to have been made following the determination made on sanction two hours earlier. Mr Moran stated that this shows he is continuing to behave in the same way.

513. On behalf of Dr Cartland, Mr Diamond said that he was asking the Tribunal not to make an immediate order but that this application was not made with '*great insistence*'. He pointed out that an appeal might be successful and that Dr Cartland won't endanger patient safety if he is allowed to practise. He submitted that an immediate order should be stayed during the appeal period.

The Tribunal's Determination

514. In its deliberations, 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 come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession

178 Having considered the matter, the decision whether to impose an immediate order will be at the discretion of the tribunal based on the facts of each case. The tribunal should consider the seriousness of the matter that led to the substantive direction being made and whether it is appropriate for the doctor to continue in unrestricted practice before the substantive order takes effect.'

515.The Tribunal had regard to the post made on X by Dr Cartland, as referred to by the GMC, in which he stated:

'I have just been erased from the GMC register. I am no longer a doctor under their jurisdiction. I am now ready to speak freely, openly and transparently about the behaviour of the tribunal, council and complainants. I have all the receipts. Watch this space. '

516.The Tribunal considered this post to indicate that Dr Cartland will continue to repeat his conduct which, if an immediate order was not imposed during the appeal period, could amount to a repetition of misconduct. As such, it took the view that an immediate order would be necessary to maintain public confidence in the medical profession.

517.The Tribunal also considered that an immediate order would be in Dr Cartland's own interests to prevent the possibility of further misconduct which could effect any future appeal or restoration proceedings.

518.The Tribunal considered the seriousness of the case that led to the substantive direction and decided that it was not appropriate for Dr Cartland to continue in unrestricted practice. The Tribunal therefore determined to impose an immediate order of suspension.

519.This means that Dr Cartland's registration will be suspended from today. The substantive direction, as already announced, will take effect 28 days from the date on which written notification of this decision is deemed to have been served, 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.

520.There is no interim order to revoke.

521.That concludes the case.

ANNEX A – 14/10/2024

Application on admissibility of witness statements

522. This determination will be read in private. However, as this case concerns Dr Cartland’s misconduct, a redacted version will be published at the close of the hearing XXX.

523. At the outset of proceedings, Mr Thomas Moran, on behalf of the GMC, made an application pursuant to Rule 35(4) of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’) for all four GMC witnesses to be anonymised. He also made a further application pursuant to Rule 36 of the Rules for two of the GMC witnesses to be treated as vulnerable witnesses.

Submissions

On behalf of the GMC

524. Mr Moran submitted that the four GMC witnesses, referred to as Dr A, Dr B, Dr C and Ms J in the Allegation, should be anonymised throughout these proceedings. He submitted that this in itself does not require a finding of vulnerability under Rule 36, and that the decision is within the Tribunal’s discretion.

525. Mr Moran submitted that Dr Cartland has harassed all four of the GMC witnesses, and that publicly identifying them to Dr Cartland’s followers on social media would create a high risk of extension of this treatment.

526. Further to this, Mr Moran submitted that Dr A and Dr B should be classed as vulnerable witnesses as per Rule 36.

527. To support his application, Mr Moran submitted a number of documents to the Tribunal namely:

- GMC application for Special Measures;
- Bundle of pages referred to in the application;
- Dr B Special Measures witness statement and associated exhibits;
- Dr A Special Measures witness statement and associated exhibits.

528. Mr Moran submitted that Dr B should be classed as a vulnerable witness due to the nature of the allegation involving them, which included harassment, encouraging others to harass him, and hostility toward him as part of the LGBTQ+ community. He said that the recent posts as disclosed in the witness statement of Dr B showed that Dr Cartland had breached anonymity and that there were threats to expose him.
529. Mr Moran pointed to the previous litigation issued by Dr B against Dr Cartland for defamation. It was settled, with Dr Cartland providing undertakings to the Court that he would not contact Dr B, directly or indirectly, via social media. However, Mr Moran submitted that Dr Cartland breached these undertakings and stated that he only agreed to settle the case as he was blackmailed by Dr B. He informed the Tribunal that Dr B considered the matters to amount to intimidation and harassment which included how Dr Cartland has already named the complainants, generated a narrative and put them at risk of jigsaw identification. Dr B said that there was an impact on him and that he was already seeing a psychotherapist, in part because of Dr Cartland's behaviour.
530. Mr Moran also submitted that Dr A should be classed as a vulnerable witness due to the nature of the posts made by Dr Cartland on social media about her, some of which she found threatening. In her new statement, Dr A stated that Dr Cartland had called her '*a liar*', '*a cretin*', and mentioned the forthcoming proceedings. Mr Moran informed the Tribunal that Dr A considered Dr Cartland was trying to intimidate her and damage her reputation.
531. Mr Moran commented that Dr Cartland's behaviour was '*extraordinary*' and that Dr B's response on social media was measured in comparison. He asked the Tribunal to consider the evidence of intimidation and then use its discretion to decide if the quality of the witnesses' evidence could be adversely affected. He said that the new exhibits speak powerfully as to why it is necessary and proportionate to say that Dr A and Dr B are vulnerable and allow their evidence to be given in private.

On behalf of Dr Cartland

532. Mr Diamond submitted a document for the Tribunal, which included some posts on social media from Dr B.
533. Mr Diamond said that he and Dr Cartland wanted to resist this application '*robustly*.' He submitted that this case relates to a debate about the COVID-19 vaccination programme and that doctors have engaged on both sides of the debate. He said that it was a divisive debate and that all parties feel vulnerable and intimidated. He stated that

there are campaigns to silent dissenting views of the vaccination programme and that Dr Cartland says he is one of those with a dissenting view. He said that Dr Cartland understood that he needed to moderate his posts during the Tribunal proceedings, and that it was accepted that Dr Cartland sometimes was known to *'shoot from the lip'*[sic].

534. Mr Diamond submitted that there are no obvious reasons as to any vulnerability of the GMC witnesses and there have been no instances of police involvement or threats to any of the witnesses. He informed the Tribunal that Dr Cartland and the witnesses have blocked each other on social media and as such no longer speak to each other. He also informed the Tribunal that Dr Cartland engaged in, what his thought were, in private conversations on Telegram but that people had infiltrated those conversations in order to report on them.

535. Mr Diamond submitted that witnesses should be open and identifiable if their actions could affect a doctor's career and stated that there is a clear right of public debate. He said that this is not a case of witness protection but of a GP who has been pushed to act irrationally. He said that the Tribunal should consider what is necessary and use the least restrictive measure, stressing that open justice is the right of any defendant. He said that this was a controversial field and that the public should be allowed to *'look in.'*

536. Mr Diamond submitted that Dr B has hounded people who have opposed the COVID-19 vaccination programme, that he has XXX, has approximately 150,000 followers on social media, and wants to protect his commercial interests. He also submitted that misrepresentation by Dr B is more likely to happen in private session.

537. Mr Diamond went on to submit that Dr A's XXX, that she ran XXX COVID-19 vaccination programmes and is now living happily as if nothing happened. Mr Diamond said that there was nothing threatening in Dr Cartland's social media posts to Dr A.

538. In summary, Mr Diamond stated that English Courts should be held in public, so that the press can report, and that open justice was a fundamental tenet of justice, to allow for public scrutiny and accountability. As such, Mr Diamond opposed the GMC's application for the GMC witnesses to remain anonymous and for any to be treated as vulnerable witnesses.

The Tribunal's approach

539. The Legally Qualified Chair (LQC) summarised that there were two applications from the GMC. There was an application for witness anonymity and also that Dr A and Dr B be

treated as vulnerable witnesses and give their evidence in private.

540. The LQC confirmed that anonymity is dealt with under Rule 35(4), which states that *‘The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public’*. The LQC advised that this decision was within the Tribunal’s discretion and that it should consider the merits of the application and the nature of the case.
541. The LQC confirmed that the concept of vulnerability and its associated measures are dealt with under R36 of the Rules. Rule 36(1)f states that if there is a witness who complains of intimidation, the Tribunal, if the quality of their evidence is likely to be adversely affected as a result, can treat them as a vulnerable witness. She directed the Tribunal to the case of *Levett v Health and Care Professions Council [2014] EWHC 994 Admin* where the High Court gave guidance on where a witness complains of intimidation and, by virtue of this, claims to be vulnerable. The case states that the regulator does not have to prove vulnerability, but that there must be a proper basis upon which it could be suggested that the circumstances could give rise to intimidation. It was not though about objective reasonableness, but rather *‘genuineness’* on the part of the witness. The LQC confirmed that the test therefore is whether the circumstances justify the feeling of intimidation. The LQC reminded the Tribunal that it should therefore consider the nature of the case and the allegation, and the evidence that parties have put before them.
542. The Tribunal was reminded that, if it decides that the witnesses are vulnerable as defined above, then it should go on to consider, having heard from the parties, the type of measures it considers appropriate to assist them to give their best evidence. Again, this is within the discretion of the Tribunal. The LQC directed the Tribunal to Rule 36(3)(e) which allows for witness evidence to be given in private, and she stated that Rule 41(2) should also be considered. That states that the Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where they consider that the particular circumstances of the case outweigh the public interest in holding the hearing in public.
543. The LQC advised that the Tribunal must start from the general premise that a MPTS hearing should be held in public. This is so that the regulator can demonstrate that it is open, transparent and free from bias. The Tribunal must consider Article 6 of the European Convention on Human Rights which sets out that everyone is entitled to a fair and public hearing. However, that rule can be departed from in the interests of morals, public order or national security in a democratic society, where the interests of juveniles or the protection of the private life of the parties so require, or to the extent strictly

necessary in the opinion of the court in special circumstances where publicity would prejudice the interests of justice.

544. The LQC advised that the general stance that the hearing shall be in public should only therefore be departed from if strictly necessary. This was stated in a case called *R(Miller) v GMC [2013] 1934 (Admin)*, where the GMC had asked for a patient's evidence to be given in private but was criticised for not making an application for anonymity, video link or screens, which would have been more proportionate than having the whole section of the hearing held in private. In the case of *Walker V GMC [2010] EWHC 3849 (Admin)*, for example a Tribunal turned down an application from a doctor to have a hearing held in private because he feared being blackmailed and because it had been furnished with a medical report about anxieties that he was suffering. This decision was found not to be unreasonable, particularly because it had considered other measures to alleviate the doctor's stress in this regard. The LQC said that the Tribunal should, therefore, look at the nature of the case and the merits of the applications and also at other, more proportionate means first.

The Tribunal's decision

545. The Tribunal first considered the application from the GMC regards the vulnerability of Dr A and Dr B.

546. The Tribunal considered the nature of the case relating to Dr B. There was an allegation of harassment, and that Dr Cartland's behaviour was motivated by hostility towards the LGBTQ+ community. It noted the recent witness statement and its associated exhibits. It noted that Dr B stated that he felt intimidated. The Tribunal accepted this. There were ongoing posts from Dr Cartland, relating to the hearing, with comments about releasing witness statements, and breaching anonymity. There were further criticisms of Dr B, stating that he is '*a paedo*.'

547. The Tribunal accepted that Dr B felt intimidated and that he should therefore be classed as a vulnerable witness under Rule 36(1)(f). The Tribunal decided that his evidence in the Tribunal could be adversely affected if measures were not put in place to assist him. It noted Dr B's claim that the harassment would be worse if he gave evidence in a public forum.

548. The Tribunal then considered the nature of the case relating to Dr A. There was an allegation of harassment toward her online and that Dr Cartland had sent her an email, threatening her with retaliatory action because of her complaint to the GMC. It noted her

recent witness statement and its associated exhibits, where she states that she feels that giving evidence will mean that there is more abuse towards her. The Tribunal accepted this, because of the ongoing posts from Dr Cartland to Dr A, directly relating to the hearing, stating that there should be a poll about the release of witness statements for example.

549. The Tribunal accepted Dr A's concerns, and decided that she should therefore be classed as a vulnerable witness under Rule 36(1)(f). The Tribunal decided that, in similar vein to Dr B, Dr A's evidence could be adversely affected if measures were not put in place to assist her.

550. The Tribunal went on to consider what measures were needed to assist the vulnerable witnesses to give their best evidence. It was aware of the concept of open justice and noted that the default position would be for witness evidence to be given in public session. However, it decided that part of these proceedings needed to be in private as there was no other measure that could assist Dr A and Dr B. It considered that this was a proportionate and necessary action for it to take.

551. The Tribunal then considered Mr Moran's application for all four GMC witnesses to remain anonymised. The Tribunal bore in mind that it had already determined that Dr A and Dr B are vulnerable witnesses so took the view that they should remain anonymised. It noted that there has been no finding of vulnerability for Dr C and Ms J but noted the similar nature of the case involving them. It decided therefore that naming these witnesses could also lead to a risk of escalation of the issues on social media.

552. The Tribunal therefore determined to grant the GMC's applications under Rules 35(4) and 36.

ANNEX B – 15/10/2024

Application on admissibility of evidence

553. This determination will be read in private. However, as this case concerns Dr Cartland's misconduct, a redacted version will be published at the close of the hearing XXX.

554. At the outset of proceedings, Mr Moran, on behalf of the GMC, made an application pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules') that part of the defence bundle should be ruled inadmissible.

Submissions

On behalf of the GMC

555. Mr Moran furnished the Tribunal with a position statement in relation to the admissibility of parts of the defence bundle. He stated that a large proportion of the defence bundle that the Tribunal had received was irrelevant and inadmissible. He explained that he had not sought to edit the bundle, and advised that, as this was a professional Tribunal it could decide what documents to rely on and what weight to give them.

556. Mr Moran directed the Tribunal to Rule 34(1) of the FTP Rules which states; *‘The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.’*

557. Mr Moran explained that Rule 34 provided the Tribunal with a broad discretion, and that it should be exercised in a way that achieves fairness to Dr Cartland, but also ensures that the hearing is proportionate, manageable and focussed on the relevant issues.

558. He submitted that there were a number of categories of evidence in the defence bundle that are inadmissible namely;

- The opinions of others as to the merits of the Allegation, on the basis that their opinion is irrelevant,
- The opinion of Dr Cartland and others as to the merits of the COVID-19 vaccines and associated issues,
- Evidence as to the alleged misconduct of Drs A, B and C, (with the exception being that Dr Cartland can rely on evidence that Drs A, B, and/or C have harassed him.)
- The alleged misconduct of third parties (not GMC witnesses) towards Dr Cartland or others,
- Complaints about fitness to practice or other proceedings not being brought against Drs A, B or C.

559. Mr Moran set out the reason for each of these categories not being admissible, largely based on his submission that they were irrelevant to the issues in the case. He stated that the opinions of others as to the merits of the case against Dr Cartland was obviously inadmissible. He stated that the merits of the COVID-19 roll out programme was beyond the scope of this case. He accepted that evidence of alleged misconduct by

Drs A, B and C was relevant, but only if it related to Dr Cartland's defence that they had harassed him, and that there would have to be some evidence to show that the complainants had incited or encouraged others before the misconduct of those others could be taken into account. He said that it would be for the Tribunal to decide where the line was drawn in this regard.

560. The Tribunal heard part of this hearing in private as it related to personal and sensitive information relating to Dr B. Mr Moran said that Dr Cartland was keen to refer to XXX, but that the GMC view was this was not relevant and was an extension of the harassment of Dr B, intended to embarrass and be scandalous in public.

On behalf of Dr Cartland

561. Mr Diamond pointed out that this was not a straightforward narrow case, and that part of Dr Cartland's defence was that the complainants had harassed him. He said that this was 'six of one, half a dozen of the other' and that Dr Cartland denies the Allegation. He said that the GMC was trying to stop Dr Cartland from putting his case in full. Mr Diamond said that this case was not to do with medical practice.

562. Mr Diamond firstly then responded to the issue that was held in private, relating to Dr B. He said that Dr Cartland was accused of hostility towards the LGBTQ+ community, and that the issue in play was how his XXX faith formed his view of that community. He said that the remit of the GMC was to uphold the profession and that they had rejected a complaint by Dr Cartland about Dr B, relating to the public videos, and about his role in the promotion of XXX. He said that Dr Cartland had freedom of thought, and that the GMC had an agenda.

563. In his general response, Mr Diamond asserted that Dr Cartland was being 'picked on' by the GMC, that he was not sure that it was their remit, and that there were cases where they had silenced whistleblowers. He also said that Dr Cartland was a target for large groups, and a notorious figure, and that he should not be facing all of this solo.

564. Mr Diamond said that they cannot prove that Drs A, B and C had a relationship with the groups and noted that social media was a very aggressive forum. He accepted that Dr Cartland was 'too emotional' and he responds too quickly when pushed into a corner.

565. Mr Diamond said that Dr Cartland is also being targeted by the GMC, and that it was acting beyond its jurisdiction. He gave the example of a doctor who Dr Cartland had complained about but had not been subject to a fitness to practice hearing. He also said

that the paragraph on the Allegation relating to the COVID exemption certificate amounted to entrapment.

566. In response to the 5 areas that the GMC had outlined, Mr Diamond said that Rule 34(1) showed that the Tribunal had a wide discretion and that it would be justice to allow Dr Cartland to put his case. He acknowledged that the opinions of others were just to provide context, because the GMC was taking a narrow route. He said that the complaints against Dr A, B and C were relevant. He gave an example of a third party who had made a threat to ‘*rip your throat out*’ to Dr Cartland, and yet the GMC were selective in choosing complainants in this case.

567. Mr Diamond accepted that this case was not about the merits of the COVID-19 response, and that was a ‘*fiery subject*’ with lots of doctors intimidated for speaking up. Up to COVID-19, Mr Diamond said that Dr Cartland had been a very successful doctor, but then made a stand. It had involved pressure, had affected his livelihood, and had involved disciplinary investigations, and abuse on social media.

568. In summary, Mr Diamond asserted that a ruling in favour of the narrow stance taken by the GMC would be denying Dr Cartland the right to publicly put his case. He said that he would like a wider case and wants to argue his case in an open trial.

The Tribunal’s Approach

569. The LQC summarised that there had been an application from the GMC that parts of the defence bundle be ruled inadmissible. The GMC had submitted that there are 5 broad areas of evidence that should not be admitted.

570. The LQC reminded that Tribunal of Rule 34(1), (which is set out above.)

571. The LQC addressed the Tribunal on relevancy firstly. She stated that ‘relevance’ means ‘relevant to an issue in the case’. If the evidence is not relevant, then it should not be considered by the Tribunal.

572. The LQC then stated that the concept of fairness to the doctor means that he is entitled to a fair trial. That is enshrined in Article 6(1) of the European Convention on Human Rights (ECHR). That is an absolute right, and it applies to disciplinary proceedings. The Tribunal was reminded that fairness ‘goes both ways’ in that the Tribunal must balance fairness to the doctor and the GMC case.

573. The LQC advised the Tribunal that it must make its own proceedings manageable and focussed on the issue pertinent to the Allegation. It should avoid non relevant satellite litigation involving other people who are not complainants nor the subject of the Allegation.

574. It is reminded of its overarching objective set out in section 1 of the Medical Act 1983 (as amended) which requires the Tribunal to:

- a. Protect, promote and maintain the health, safety and well-being of the public,
- b. Promote and maintain public confidence in the medical profession, and
- c. Promote and maintain proper professional standards and conduct for members of that profession.

The Tribunal's decision

575. The Tribunal considered the admissibility of the defence bundle in the five broad areas as set out in the GMC position statement. It took into account the oral submissions made by both Mr Moran and Mr Diamond, and it also considered the LQC's advice.

576. The Tribunal noted the Allegation against Dr Cartland. In essence it alleges harassment, encouraging others to harass, hostility towards the LGBTQ+ community, and dishonesty relating to a COVID-19 exemption certificate. The complainants are Dr A, Dr B, Dr C and Ms J.

577. The Tribunal noted Dr Cartland's defence to the Allegation. He says that he had been harassed by Drs A, B, and C, and that they had encouraged others to do the same. He says that the request to issue a COVID-19 exemption certificate was entrapment.

578. The Tribunal noted that Dr Cartland wished to have a wider debate around the GMC's remit, the decision to take proceedings out against him, and to handle his case in a narrow and 'solo' manner.

579. The Tribunal decided that the views of third parties as to whether proceedings should have been brought against Dr Cartland by the GMC are inadmissible. It noted that Mr Diamond explained that they were for background context only. The Tribunal decided that those views are irrelevant to both the Allegation made against Dr Cartland and his defence. The Tribunal took the view that the opinions of others as to the merits of a case

are not something that it should consider when making its own independent decisions.

580. The Tribunal decided that the opinions of third parties in relation to the COVID-19 vaccine roll out programme (and associated issues) are inadmissible. The Tribunal decided that it was not its remit to consider the merits or otherwise of the national and medical COVID-19 response, and that the views of others were not relevant to the issues in the case. It noted that Mr Diamond accepted that the case was not about the merits of the COVID-19 response, and was also mindful of the need to manage the case and focus solely on the issues it needed to decide upon.

581. The Tribunal took the view, however, that Dr Cartland's own personal views and beliefs as to the appropriateness of the COVID-19 response were relevant and that it would be fair to admit them. This is because Dr Cartland's own beliefs form part of his defence as to why he was in contact with Drs A, B and C on social media. The Tribunal decided that alleged misconduct of Drs A, B and C that was not directly related to this case was not within the scope of the Tribunal, and that included the allegation that Dr Cartland made in relation to Dr B about him (XXX. It determined that it was irrelevant to the Allegation that Dr Cartland faces, and his defence.

582. The Tribunal determined, however, that any misconduct or behaviour on the part of Drs A, B and C that related to the alleged harassment of Dr Cartland is relevant and that it would be fair to admit it. This is because Dr Cartland's defence is that Drs A, B and C were harassing him.

583. The Tribunal decided that the alleged misconduct of third parties against Dr Cartland is inadmissible. It noted that Mr Diamond had said that Dr Cartland had been harassed on social media by others but took the view that this was not relevant to the Allegation. As part of his defence, Dr Cartland claims that some of those third parties were actually pseudonyms or acting on the instructions or encouragement of Drs A, B and/or C. In the absence of any evidence to that effect, the Tribunal determined that the material demonstrating the behaviour of others on social media was not relevant and was therefore inadmissible. It also took into account the need to manage the case and focus on the issues that it needed to decide upon.

584. The Tribunal determined that complaints about other FTP proceedings not brought against other doctors was not relevant in this case. The Tribunal decided that each case should be considered on its merits, and that complaints about others was not admissible.

585. This is the Tribunal's determination on admissibility.

ANNEX C – 16/10/2024

Abuse of process application

586. Mr Diamond made an application to stay proceedings on the basis that there was an abuse of process.

587. The Tribunal received a written argument from Mr Diamond and heard oral submissions from both Mr Diamond and Mr Moran. Those submissions are summarised below.

Submissions

On behalf of Dr Cartland

588. Mr Diamond furnished the Tribunal with some documents to assist this application namely:

- An abuse of process skeleton argument;
- Two letters from the GMC to Dr Cartland dated 22 May and 9 October 2024 and an Assistant Registrar Decision, along with some social media posts, relating to another doctor that Dr Cartland had complained about;
- An email dated 16 January 2024 from a person to the GMC regarding paragraphs 9 to 11 of the Allegation.

589. Mr Diamond informed the Tribunal that Dr Cartland has been registered as a doctor since 2008, registered as a GP in 2014, and is highly qualified. Before these matters he had an unblemished career, and that his views on COVID-19 are not baseless or without foundation.

590. Mr Diamond outlined the background to the case so far and the preliminary issues that have been decided, and reserved his client's rights on Article 6 of the European Convention of Human Rights (ECHR).

591. Mr Diamond referred the Tribunal to Section 1(1B) of the Medical Act 1983 which states:

‘(1B) The pursuit by the General Council of their over-arching objective involves 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.’

592. Mr Diamond also referred the Tribunal to paragraph 14 of the GMC guidance entitled *‘Using social media as a medical professional content’* which states:

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

593. Mr Diamond submitted that a Tribunal has a discretionary power to stay proceedings which offend its sense of justice and sense of propriety. He stated that the GMC has the laudatory purpose of maintaining professional standards and that the Tribunal is an independent body that must review and restrain conduct by the GMC that offends against its sense of justice. He also stated that the Tribunal must be vigilant to prevent abuse of the GMC prosecutory functions and needs to apply safeguards in favour of doctors.

594. Mr Diamond accepted that the case was not a free speech case but pointed out that professional codes cannot be used to suppress certain viewpoints, in order to silence one side of the COVID-19 debate. He said that public confidence would not be undermined, because a member of the public would just think *‘can they not grow up?’*, and that there was much worse *‘going around’* with not many having excelled themselves.

595. Mr Diamond informed the Tribunal of some of the primary concerns raised by Dr Cartland. He explained that the GMC has received information that Dr Cartland is a target and, because of his prominence, they are seeking to entrap him. He stated that the debate has taken place on Twitter and that Dr Cartland has been a victim of Twitter trolling and that social media was an aggressive forum. Mr Diamond submitted that the GMC appears to be supportive of the conduct of doctors who have made statements in favour of the COVID-19 vaccination programme. He pointed out that Dr Cartland had made complaint against another doctor that had not been progressed, and had also

complained about Dr B. He said that the GMC needed to act with consistency, be non-arbitrary, and have equal treatment of doctors.

596. Mr Diamond went on to submit that Dr Cartland was anxious about a hearing ‘*swirling in conspiracy theories*’ and where he has been singled out by the GMC for his anti-COVID-19 vaccination stance. He submitted that the hearing should be transparent in accordance with the Open Justice principle and that it would not be possible to have a fair trial in accordance with the rights of Dr Cartland and of the wider public.

597. Mr Diamond also submitted that it was Dr B and Dr C who acted upon Dr Cartland’s entrapment and that Dr Cartland has been the subject of targeted surveillance.

598. Mr Diamond referred to the case of *R v Horseferry Road Magistrates court, exp. Bennett UKHL 10 24 June 1993*, where a defendant had been extradited from a country and a stay was granted because of the behaviour of the state. He said that he felt that the Tribunal was ‘*in this zone*’, and that it must remain vigilant, to prevent abuse, and apply safeguards.

On behalf of the GMC

599. Mr Moran submitted that the application for abuse of process has very little relevance to the abuse of process jurisdiction, and that the arguments put forward on behalf of Dr Cartland are misconceived. He said that Dr Cartland’s character and qualifications were irrelevant for this application. He said that Mr Diamond had not put forward any regulatory decision to support his assertions, and that this application should have been made months ago.

600. Mr Moran reminded the Tribunal of the two limbs needed for an abuse argument, namely whether it is fair to try, and whether the person can have a fair trial. He said that the only area that was ‘*not totally unarguable*’ was the evidence before the Tribunal relating to entrapment. He stated that there was a line of authorities on entrapment, which state that subterfuge can be justified, the leading one of which was the criminal case of *R v Loosley Attorney -General’s Reference No3 of 200 UKHL 53*. This drew a distinction between encouraging and enticing someone to commit an offence as opposed to one that they were already committing. He also directed the Tribunal’s attention to the regulatory case of *Council for the Regulation of Health Care Professionals v GMC and Saluja [2006] EWHC 2784 (admin)* – which follows *Loosley*.

601. Mr Moran summarised that the argument for an abuse of process in this case was not even close to a case in which a stay of proceedings should be granted.

The Tribunal's Approach

602. The LQC advised the Tribunal on Abuse of Process, and the advice is summarised below.

603. The burden of proof is on the applicant in cases of abuse of process. It is therefore incumbent on the doctor to demonstrate, on the balance of probabilities, that he cannot have a fair trial and, in doing so, he must set out in detail why there would be serious prejudice to him.

604. An abuse of process argument should be focussed on the fairness of the proceedings. The Tribunal must be satisfied that Dr Cartland cannot have a fair hearing, because of some form of serious prejudice. If a fair hearing is possible, a stay should not be granted.

605. If the Tribunal finds that there is such an abuse, then it should stay i.e. stop the proceedings. It should be pointed out that in regulatory cases, a stay of proceedings should be an exceptional course of action. It is an exceptional remedy and not the rule and rises from the Tribunal's inherent jurisdiction to protect its own process from abuse.

606. The court has the power to stay proceeding in two categories. The leading case is *R v Maxwell [2011] 1 WLR 1837*. That states that an abuse of process can be raised where:

- 1) It is impossible to give the accused a fair trial,
- 2) Where it offends the courts sense of propriety to be asked to try the accused in the particular circumstances of the case.

607. If there is misconduct of an authority (here being the regulator) such that either of the categories above are engaged, then there could be a stay. For example, if the doctor has demonstrated that the regulator has breached its own policies and procedure, acted irrationally or with malafides.

608. The Tribunal should consider the conduct of the authority and must consider in the balance the interests of the GMC to uphold confidence in the system and not undermine public confidence in it. This was established in a criminal case of *Warren v AG of Jersey [2012] 1 AC 22*. Here there was no stay, even though the court found that the prosecutor's conduct during the investigation was '*most reprehensible*.'

609. Any regulator must consider the Human Rights legislation when considering its investigations and proceedings. Of relevance here are Articles 8, 9, and 10 of ECHR, which are the rights to a private life, freedom of conscience, and freedom of speech.
610. These are ‘qualified rights’ meaning that their interference will be justified where it is in accordance with the law and necessary for, amongst other matters: *‘the protection of the rights and freedoms of others’* and *‘for the protection of the reputation or rights of others’* respectively.
611. That means that rights can be interfered with by an authority such as the GMC, or the Tribunal, because although an individual has these rights, there is also a duty to behave responsibly and to respect other people’s rights.
612. Methods used to investigate misconduct can amount to an abuse of process. There is firstly a criminal case of *Loosley*, where it was stated that if an authority has encouraged or incited a crime, then there may be a stay, but if it has simply given the defendant the ability to commit a crime, that he was already going to commit, then it would be unlikely to be unfair. There is also a regulatory case that assists the Tribunal in this regard, namely *Saluja*. An undercover journalist had posed as a patient and had requested a sick certificate, telling the doctor that really, she wanted to go on holiday. The Tribunal granted a stay, but this was overturned, with the court saying that the Tribunal had erred in its decision making. The court took the opportunity to pull together some principles. It confirmed that a stay is there as a tool for a court to show its repugnance in the state agents misusing their power, which would in turn compromise the integrity of the judicial system. There was no evidence that the GMC had tasked the journalist, and the GMC is not a state agent but is a regulator tasked with protecting the public, upholding professional standards, and maintaining confidence in the profession.

The Tribunal’s decision

613. In reaching its determination the Tribunal took into account the submissions of both parties, the relevant case law and the documentation provided.
614. The Tribunal considered whether it would offend its sense of justice and propriety to be asked to determine the Allegation in this case.
615. The Tribunal firstly considered its earlier determinations made in respect of anonymity, vulnerability, privacy, and admissibility. It noted Mr Diamond’s concerns about the determinations and found that the issues raised had been raised at the time. The Tribunal

considered that it had applied the relevant Rules and used its discretion in making these decisions, and that there should not be a stay of the proceedings because of the decisions made by the Tribunal. It noted that Dr Cartland has a statutory right of appeal, once these proceedings have concluded, and that Mr Diamond had reserved his rights in relation to his Article 6 rights in his skeleton argument.

616. The Tribunal considered whether there was any evidence of misconduct by the GMC in this case. The Tribunal bore in mind, firstly, the argument made by Mr Diamond, that the GMC had dealt with another doctor differently when he had complained about his behaviour. The Tribunal noted the letters that it had been furnished with but decided that it did not know the context of the complaint regarding the other doctor, and that each case is dealt with separately and on its merits.

617. The Tribunal noted Dr Cartland's perceived unfairness and his belief that the GMC is biased against him. The Tribunal had not been provided with any evidence to indicate that the GMC had acted contrary to its own guidance and decision making processes.

618. The Tribunal noted that Dr Cartland has perceived that the GMC is treating him differently to others and targeting him due to his opinions not fitting with mainstream views in relation to COVID-19 and the LGBTQ+ community. However, The Tribunal did not have evidence to demonstrate that curtailing Dr Cartland's view and his right to express them was the GMC's motivation. The Allegation relates mainly to harassment, and the Tribunal noted that Mr Diamond accepted that this was not a '*free speech case*'. Accordingly, the Tribunal decided that it did not have any evidence to demonstrate that the GMC had acted in a way such that it would be unfair to try Dr Cartland's case.

619. With regard to entrapment, the Tribunal had regard to the cases of *Loosley* and *Saluja*. It noted that the GMC was not a party to the entrapment before it took place as it appears to be accepted that the messages were sent to Dr Cartland by an anonymous individual. The Tribunal also decided that the GMC is not a '*state agent*' and in contrast has a duty to uphold confidence in the medical profession.

620. The Tribunal decided that it could give Dr Cartland a fair hearing and that it was fair to do so. The Tribunal therefore refused the application to stay proceedings on the grounds of an abuse of process.

ANNEX D – 18/10/2024

Application to exclude a member of the public

621. This determination will be read in private. However, as this case concerns Dr Cartland's misconduct, a redacted version will be published at the close of the hearing XXX.

622. Mr Diamond made an application, pursuant to Rule 42 of the Rules, to exclude a member of the public from these proceedings. Rule 42 states:

'The Committee or Tribunal may exclude from any hearing any person whose conduct, in their opinion, is likely to disrupt the orderly conduct of the proceedings'

Submissions

On behalf of Dr Cartland

623. Mr Diamond submitted that Ms D, a member of the public, should be excluded from these proceedings. She had attended the first three days as an observer and had uploaded three videos to X with a commentary of what was taking place. Mr Diamond provided the three videos for the Tribunal to view, along with some posts from Ms D's X account relating to these proceedings. He also provided a written submission to assist the Tribunal.

624. Mr Diamond informed the Tribunal that Dr Cartland has been stressed by these proceedings and has found them difficult. He stated that Ms D's video posts on X are not impartial nor are they unbiased and that Dr Cartland is fearful to comment on her posts due to the advice he has received about posting on social media. He said that this was a well known case, and that Dr Cartland had contacted Ms D about the matter, but that she had been derogatory in response.

625. Mr Diamond stated that Dr Cartland wants a fair and unbiased hearing. He submitted that Dr Cartland feels as though what is left of his status is being 'trashed'.

On behalf of the GMC

626. Mr Moran submitted that Dr Cartland had originally asserted that Ms D was working for or in some way connected to the GMC. He stated that this assertion was completely false, and that Ms D has no association with the GMC. Mr Moran noted that Ms D appears to defend doctors in regulatory proceedings and was critical of the GMC in

certain parts of her videos.

627. Mr Moran accepted that Ms D has taken ‘a side’ but that her summary of the hearing seems to be accurate.

628. Mr Moran submitted that it is not for the GMC to defend an observer who is not associated with the GMC. He suggested that if the Tribunal decided that the application had no merit, then it could dismiss it, but if it were considering exclusion, then it would be fair to speak to the observer directly.

The Tribunal’s Approach

629. The LQC reminded the Tribunal of Rule 42 which is set out above.

630. The Tribunal was also reminded of the decision made at the Preliminary Hearing on 10 October 2024, and was advised that it should avoid re rehearsing the issues that were decided upon in that hearing. That Tribunal had considered an application made by Mr Diamond for the case to be heard in private. That Tribunal decided that the hearing should be held in public and made the following points.

- That the substantive Tribunal would not be considering Dr Cartland’s health, and therefore it should not be held in private on that ground.
- As Dr Cartland was not a witness, he was not afforded the measures set out in Rule 36, and even if he were, he had not provided enough evidence to satisfy the Tribunal as per the case of *Levett*, which was cited in this Tribunal’s earlier decision relating to vulnerability of the witnesses. The Tribunal did not consider that any credence could be given to the ‘*genuineness*’ of the assertion of intimidation, due to Dr Cartland’s continued engagement on social media.
- The Tribunal adopted the caselaw that states that the principle of open justice was a fundamental tenet of the justice system and was a means whereby confidence in the courts could be maintained. It also states that the derogation from open justice could only be made if it were strictly necessary and derogation should not be made simply because the parties consented. The Tribunal took the view therefore that it was in the public interest for proceedings to be held in public.
- The Tribunal noted that measures can be put into place to exclude those who disrupt a hearing.

631. The Tribunal now needs to decide whether to use such a measure, by excluding a specific party under Rule 42.

The Tribunal's decision

632. The Tribunal considered the oral submissions made by both parties, and the written submission provided by Mr Diamond. In the absence of any evidence to the contrary, the Tribunal accepted that Ms D was not working for the GMC.

633. The Tribunal watched the videos that were provided. It decided that they appeared to contain an accurate summary of the proceedings, albeit with a 'side' being taken. It also acknowledged the content of the tweets. Most of them were irrelevant to this Tribunal, (for example comments about Islam), but it accepted that some of them appeared to be derogatory to Dr Cartland and the defence.

634. The Tribunal noted that it could not regulate what was being said about the proceedings in the public sphere. It decided that the videos and the tweets would not affect its independent decision making and could not therefore disrupt or affect the proceedings in that respect.

635. The Tribunal recognised that proceedings of this nature are stressful for any registrant but decided that it could not exclude an observer from a public hearing for that reason alone. It decided that if matters relating to XXX were to be raised in the hearing, then that aspect of the hearing should be held in private.

636. The Tribunal considered whether it needed to speak with Ms D directly but decided that this was not necessary, because her conduct was not such that would affect the orderly conduct of the proceedings. It therefore determined not to exclude her.

ANNEX E – 24/10/2024

Application to adjourn proceedings

637. This determination will be read in private. However, as this case concerns Dr Cartland's misconduct, a redacted version will be published at the close of the hearing XXX.

638. Mr Diamond made an application, pursuant to Rule 29(2) of the Rules, for the hearing to be adjourned for 3 months XXX. Mr Diamond made the application on day six of the hearing, i.e. 21 October 2024, when Dr Cartland was present.

639. The Tribunal asked that further enquires be made XXX, and on 22 and 23 October 2024 the application was discussed further. Dr Cartland was absent on those 2 days. Mr Diamond remained present.

Application to adjourn

640. The Tribunal received material to assist it in making this decision namely.

- XXX
- Email from Mr Diamond to Dr E dated 21 October 2024
- XXX
- Email from Dr Cartland to Mr Diamond dated 22 October 2024

Submissions

On behalf of Dr Cartland

641. XXX

642. XXX

643. XXX

644. XXX

645. XXX

On behalf of the GMC

646. Mr Moran said that the adjournment request is not opposed, and that the GMC remains neutral on this point. XXX

The Tribunal's Approach

647. The Tribunal had firstly considered the letter XXX. It then read the further documentation that had been received and considered Mr Diamond's application carefully. It noted that the GMC did not oppose the application.

648. The Tribunal noted that it had the power to adjourn proceedings, and that it needed to balance the interests of Dr Cartland against the need to proceed with the hearing, and

the interests of the witnesses. It reminded itself of the rights contained in Article 6 of the ECHR, and that Dr Cartland had the right to a fair trial.

The Tribunal's decision

649. XXX

650. XXX

651. The Tribunal therefore granted Mr Diamond's application and determined that the hearing should be adjourned. It determined that it should be re-listed 6 months from today at the earliest, XXX. The hearing will therefore reconvene for 12 days from 11 June 2025 to 26 June 2025.

Tribunal Directions

652. XXX.

653. XXX

654. XXX

655. XXX

656. XXX

657. XXX

658. XXX

659. XXX

ANNEX F – 24/10/2024

XXX

ANNEX G – 11/06/2025

Determination on proceeding in Dr Cartland's absence

660. This determination will be read in private. However, as this case concerns Dr Cartland's misconduct, a redacted version will be published at the close of the hearing XXX.

661. Mr Diamond informed the Tribunal that Dr Cartland had absented himself from this reconvened hearing. Mr Moran made an application on behalf of the GMC to proceed with the case in Dr Cartland's absence, and furnished the Tribunal with a 'proceeding in absence' bundle.

Submissions

662. Mr Moran explained that it was a matter for the Tribunal's discretion as to whether to proceed in Dr Cartland's absence.

663. Mr Moran submitted that Dr Cartland is aware of this hearing. He referred the Tribunal to an email in the bundle from Dr Cartland to the GMC, dated 2 April 2025, in which he confirmed that he would not be attending these proceedings.

664. XXX

665. On behalf of Dr Cartland, Mr Diamond submitted that he resists the GMC's application to proceed in Dr Cartland's absence. Mr Diamond stated that he was struggling to obtain instructions from Dr Cartland XXX. He said that Dr Cartland will not take any legal instructions, nor will he follow his advice.

666. Mr Diamond submitted that Dr Cartland has not abandoned this hearing but that he sees people in the hearing as 'abusers' and cannot face them. Dr Cartland had told him that can not attend XXX. He pointed out that Dr A and Dr B had been given the benefit of a private hearing, but that so far Dr Cartland had not. He accepted that Dr Cartland was presently working as a GP.

The Tribunal's decision

667. The Tribunal considered the bundle provided by the GMC, XXX. It took into account the submissions from both parties and noted that it was a decision for it to take within its discretion.

668. The Tribunal noted that it was not in dispute that Dr Cartland was aware of the hearing, and that he was represented at it.
669. The Tribunal took into account an email from Dr Cartland to the GMC, dated 24 February 2025, in which he stated, *‘Please take this email as confirmation that I have no intention of being part of this tribunal in person’*. Also, in an email to the GMC, dated 2 April 2025, Dr Cartland stated *‘I am not returning to the tribunal in person as previously stated’*. An additional, email was sent by Dr Cartland to the GMC, on 27 May 2025, in which he stated *‘I will be represented by Mr Diamond in my absence’*.
670. Based on the information received, the Tribunal took the view that adjourning proceedings would serve no purpose as Dr Cartland has stated that he will not be attending. The Tribunal noted that Dr Cartland has made no application to adjourn these proceedings and it was satisfied that even if it were to adjourn there was no guarantee that Dr Cartland would attend on any future dates.
671. The Tribunal was also mindful of the fact that Dr B is a vulnerable witness and that he has been waiting a long time to give his evidence. Miss C was also waiting to give her evidence. The Tribunal decided that fairness to the witnesses was a factor that it should take into account.
672. In summary, the Tribunal was satisfied that Dr Cartland had voluntarily absented himself from the proceedings and it considered there is a strong public interest in proceeding in Dr Cartland’s absence to ensure the expeditious consideration of this case.
673. The Tribunal therefore granted the GMC’s application to proceed in Dr Cartland’s absence.

ANNEX H – 11/06/2025

Application for proceedings to be held in private session

674. This determination will be read in private. However, as this case concerns Dr Cartland’s misconduct, a redacted version will be published at the close of the hearing XXX.
675. On behalf of Dr Cartland, Mr Diamond made an application for these proceedings to be held in private in accordance with Rule 41(2).

Submissions

On behalf of Dr Cartland

676. Mr Diamond made an application for the rest of the hearing to be held in private. He explained, that in terms of his instructions from Dr Cartland, the position was changing. He said that Dr Cartland may now attend the hearing while Dr B is giving his evidence, but that it is a fluid situation.

677. Mr Diamond drew the Tribunal's attention to XXX. He said that Dr Cartland XXX, and that he was encouraging him to attend to give his evidence, which Mr Diamond thought was vital.

On behalf of the GMC

678. Mr Moran provided a bundle of evidence to assist the Tribunal in deciding this application, which were social media posts from Dr Cartland. He submitted that the GMC are neutral on whether the hearing should be held in private. However, he stated that there is a strong public interest in proceedings generally being held in public and that the usual default position is for hearings to be held in public. He submitted that the Tribunal should not feel pressured into going into private session and reminded it that the witness evidence would be heard in private in any event.

679. Mr Moran stated the Tribunal may find that the public interest is particularly strong when it is clear that the doctor fully intends to keep talking about this case publicly. He referred the Tribunal to Dr Cartland's social media post, dated 31 May 2025, in which he stated he would allow the court of public opinion to decide on events and that over 360,000 people would be informed about these proceedings. Mr Moran stated that this suggested Dr Cartland intended to share hearing information publicly.

680. Mr Moran stated that Dr Cartland is now working as a GP, and the Tribunal should not 'guess' or 'speculate' whether he is going to now attend the hearing. XXX.

On behalf of Dr Cartland

681. After the GMC's submissions, Mr Diamond addressed the Tribunal further to say he appreciates the GMC's stance of neutrality. XXX. He also stated that there have been attempts to contact Dr Cartland's employers and that he has been watched by people,

which has been reported to the police. Mr Diamond stated that Dr Cartland feels a sense of injustice about this case and he said that if the hearing takes place in public his feelings will likely manifest, and he has ‘welfare rights’ and a right of privacy under Article 8 ECHR.

682. XXX.

The Tribunal’s Approach

683. The LQC reminded the Tribunal that an application was made by Dr Cartland for this hearing to be heard in private on 10 October 2024, and this application was heard and refused by another Tribunal. However, this application has now been renewed XXX.

684. The Tribunal was reminded that it must start from the general premise that the hearing should be held in public. This is so that the regulator can demonstrate that it is open, transparent and free from bias. The Tribunal is reminded of the case of *Greystoke v Financial Services Authority [2020]* where it is confirmed that the principle of open justice is a fundamental tenet of the justice system and a means whereby confidence in the courts could be maintained. The case states that the derogation from open justice should only be made if it was strictly necessary.

685. The LQC reminded the Tribunal that for MPT hearings, the issue as to whether a hearing should be held in public or private is governed by Rule 41 of the Fitness to Practise Rules 2004. Rule 41(1) states that a MPTS shall hear cases in public. There are then some exceptions to that stance.

686. Firstly, the LQC pointed out that Rule 41(2) states that a Tribunal may determine that the public shall be excluded from the proceedings or any part of the proceedings, where it considers that the particular circumstances of the case outweigh the public interest in holding the hearing in public. The LQC stated that the Tribunal should look at other, more proportionate means first, before deciding that the whole of the hearing should be held in private.

687. XXX

688. Thirdly, the LQC stated that other exceptions to the stance that a hearing should be held in public are the ability to direct that part of the hearing can be in private because a witness is vulnerable. This is governed by Rule 36(1)(f) and has already been used in this case for the hearing of evidence from Dr A and Dr B. However, the Tribunal is advised that Dr Cartland is not a ‘witness’ in these proceedings and so this rule does not apply.

The Tribunal’s decision

689. The Tribunal took into account the submissions from both parties, the evidence provided by the GMC, and the LQC's advice.
690. The Tribunal bore in mind that this is a misconduct case and that the usual default position under Rule 41 is that it should be heard in public.
691. The Tribunal then considered the particular circumstances of Dr Cartland's case. XXX.
692. XXX
693. XXX
694. XXX
695. XXX Dr Cartland had voluntarily absented himself from the hearing and was presently working as a GP. XXX. Also, Dr Cartland had continued to post on social media about the hearing, something that the experts were not completely aware of.
696. The Tribunal was also aware that it was tasked with a different decision to XXX. It was considering whether the circumstances of this case outweighed the public interest in hearing a case in public.
697. The Tribunal then considered the public interest in hearing this case in public. It reviewed the bundle of social media posts made by Dr Cartland and decided that it was important that the hearing was seen to be open, transparent, and was reported on accurately. It noted that Dr Cartland has been providing commentary to a large social media audience throughout the regulatory process and wants to report findings to *'the court of public opinion'*.
698. The Tribunal considered other proportionate adjustments that could be put in place. Reasonable adjustments could be granted if Dr Cartland chose to attend XXX.
699. The Tribunal decided that there was a significant public interest that this case should be held in public, to ensure that the confidence of the public was maintained and reporting remained accurate. The Tribunal therefore determined to refuse Mr Diamond's application for these proceedings to be held entirely in private session.

700. Publication of the outcome of the case is then a matter for the MPTS and not a matter for this Tribunal.

ANNEX I – 12/06/2025

Application to amend the Allegation and to admit additional evidence

701. On behalf of the GMC, Mr Moran made an application to amend the Allegation under Rule 17(6) and to admit additional evidence under Rule 34(1).

Submissions

On behalf of the GMC

702. Mr Moran submitted that paragraphs 2 and 3 of the Allegation should be amended as follows:

19. Throughout 2022, 2023, ~~and 2024~~ and 2025 you posted or reposted the content on X, and/or Telegram messages, as set out in Schedules 2, ~~and 11~~ and 12, regarding:
 - a. Dr A;
 - b. Dr B;
 - c. Dr C.
20. Throughout 2022, 2023, ~~and 2024~~ and 2025 you posted or reposted the content on X, content on Gettr and/or Telegram messages as set out in Schedule 3 and 13, in which you encouraged other X and/or Telegram users to:
 - a. obtain and provide you with information about;
 - b. contact; and/or
 - c. harass,
 - i. Dr A;
 - ii. Dr B;
 - iii. Dr C.

703. Mr Moran submitted that, despite the hearing, Dr Cartland has continued with the same behaviour amounting to harassment and misconduct. He stated that Dr Cartland's behaviour has been focused on Dr B because he is yet to give evidence. He stated that it was clear that Dr Cartland is either unable or unwilling to control his behaviour and would continue sending more offending messages, which has continued up to and including last night.

704. Mr Moran drew the Tribunal's attention to the wording of Rule 17(6) and submitted that the amendment can be made '*without injustice*' because Dr Cartland has brought this situation on himself. He stated that it would be unjust for the charges not to reflect the totality of his conduct and this additional conduct is particularly serious because it comes even after the hearing has started. Mr Moran submitted that Dr Cartland has stepped up his campaign of harassment of Dr B, including a public threat to make videos about Dr B that he says will end his career. He directed the Tribunal to review the additional material presented and reminded it that Dr B has previously been driven to taking civil action as the only way to stop this.

705. Mr Moran also submitted that Schedule 12 and Schedule 13 should be admitted into evidence along with supplemental witness statements from Dr B dated 28 May 2025 and 9 June 2025. He said that this material was relevant and that it would be fair to admit it.

On behalf of Dr Cartland

706. Mr Diamond conceded that the further material and suggested amendments arise out of matters that are clearly '*part and parcel*' of the issues in the case. However, he stated that the behaviour resulting in the application to amend had been brought on by the pressures of the hearing on Dr Cartland.

The Tribunal's Approach

707. The LQC directed the Tribunal to Rule 17(6) of the Rules which states that at any time during the proceedings, amendments can be made as long as this would be '*without injustice,*' and that the Tribunal should now decide if injustice would be caused, having regard to the stage of the proceedings that the application is being made, and the representations made by both parties.

708. The Tribunal was also directed to Rule 34(1) of the Rules which states that '*...a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.*'

709. The LQC confirmed that Dr Cartland is entitled to a fair hearing, and that is enshrined in Article 6 of ECHR. She reminded the Tribunal that the concept of fairness also encompasses fairness to the GMC and the witnesses in the case, and that it should be mindful as always of its overarching objective.

710. The Tribunal was advised that ‘relevance’ means relevant to an issue in the case.

The Tribunal’s decision

711. The Tribunal considered the submissions of both parties and the LQC’s advice. It had regard to Rule 17(6) of the Rules which states:

‘Where, at any time, it appears to the Medical Practitioners Tribunal that—

(a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and

(b) the amendment can be made without injustice’

712. The Tribunal also had regard to Rule 34(1) which states:

‘The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law.’

713. The Tribunal first considered whether to admit the further documents as additional evidence.

714. The Tribunal was of the view that the further documents were relevant to the proceedings as they disclosed matters that, if proved, could demonstrate ongoing conduct of the manner alleged. It noted that the relevance was not disputed by either party.

715. The Tribunal then considered whether it would be fair to admit the documents. It noted that the GMC had not closed its case, and Dr B had not yet given his evidence. Dr Cartland’s representative was able, therefore, to cross examine him. Further the Tribunal decided that, although Dr Cartland had presently voluntarily absented himself from the

hearing, he was still able to attend and give evidence before the Tribunal about the case and the further documents.

716. The Tribunal therefore decided to admit the further documents under Rule 34(1).

717. The Tribunal then considered the proposed amendments. The GMC was making an application to include the most recent conduct of Dr Cartland toward Dr B into paragraphs 2 and 3 of the Allegation. The Tribunal again noted the stage of the case in which this application was being made. The GMC had not closed its case and Dr B had not given evidence. It also took into account that Dr Cartland was represented and that he could give evidence should he wish to do so. The Tribunal therefore decided that there would be no injustice to Dr Cartland.

718. The Tribunal therefore decided that the Allegation should be amended under Rule 17(6).

ANNEX J – 13/06/2025

Further application to amend the Allegation

719. On behalf of the GMC, Mr Moran made a further application to amend the Allegation and Schedule 1 under Rule 17(6).

Submissions

On behalf of the GMC

720. Mr Moran made an application to amend the Allegation and Schedule 1. He said that the application was of a technical nature. In his recent statements, Dr B had included posts from Dr Cartland on the social media platform, Instagram, and the amendments were to reflect this.

721. Mr Moran submitted, therefore, that paragraphs 1, 2 and 3 of the Allegation should be amended as follows:

1. At all material times you were the user of:
 - a. a public X (formerly known as Twitter) account which identified you as a doctor;

- b. a Telegram account;
- c. a Gettr account;
- d. an Instagram account;

as set out in Schedule 1.

- 2. Throughout 2022, 2023, 2024 and 2025 you posted or reposted the content on X and/or Instagram, and/or Telegram messages, as set out in Schedules 2, 11 and 12, regarding:
 - a. Dr A;
 - b. Dr B;
 - c. Dr C.
- 3. Throughout 2022, 2023, 2024 and 2025 you posted or reposted the content on X and/or Instagram, content on Gettr and/or Telegram messages as set out in Schedule 3 and 13, in which you encouraged other ~~X, and/or Telegram~~ users to:
 - a. obtain and provide you with information about;
 - b. contact; and/or
 - c. harass,
 - i. Dr A;
 - ii. Dr B;
 - iii. Dr C.

722. Mr Moran also submitted that Schedule 1 should be updated to show screenshots of the various social media accounts Dr Cartland has.

723. Mr Moran informed the Tribunal that Schedule 12 and Schedule 13 also show Instagram posts by Dr Cartland.

724. The Tribunal suggested the change to paragraph 3 of the Allegation and the GMC agreed.

On behalf of Dr Cartland

725. Mr Diamond stated that he had no objections to this application.

The Tribunal's Approach

726. The Tribunal considered the submissions of both parties and had regard to Rule 17(6).

The Tribunal's decision

727. In considering this application, the Tribunal noted that it was not opposed by Mr Diamond. It considered whether to amend the Allegation and took the view that the changes could be made without any injustice to Dr Cartland. The Tribunal had already admitted the evidence relating to the Instagram account when it determined that Dr B's further statements should be admitted under Rule 34. The GMC case had not yet closed, and Dr Cartland's representative had already cross-examined Dr B about his evidence, and Dr Cartland's use of social media. Although absent from the hearing, Dr Cartland could choose to attend and give evidence.

728. The Tribunal noted that Schedule 1 to the Allegation needed to be amended also, to reflect the new paragraphs 1(d). The Tribunal decided that this also could be done without injustice.

729. The Tribunal therefore determined to grant the GMC's application to amend the Allegation.