

## PUBLIC RECORD

**Dates:** 13/10/2025 - 20/10/2025**Doctor:** Dr Patrick HART**GMC reference number:** 7081937**Primary medical qualification:** MB BCh 2010 Cardiff University

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

**Summary of outcome**

Suspension, 10 months.  
Review hearing directed  
Immediate order imposed

**Tribunal:**

Legally Qualified Chair	Mr Lee Davies
Lay Tribunal Member:	Mr Andrew Waite
Registrant Tribunal Member:	Dr John Alcolado

Tribunal Clerk:	Ms Ciara Fogarty
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**Attendance and Representation:**

Doctor:	Present, not represented
GMC Representative:	Ms Ceri Widdett, Counsel

### **Attendance of Press / Public**

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

### **Overarching Objective**

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

### **Determination on Facts and Impairment - 16/10/2025**

#### **Background**

1. Dr Hart qualified in 2010 and at the time of the events Dr Hart was practising as a GP at Bridge View Medical Practice, Bristol.
2. The allegation that has led to Dr Hart's hearing can be summarised as that on 24 August 2022, Dr Hart interfered with vehicular access to a petrol station for the purpose of protesting which was in breach of a High Court injunction and amounted to contempt of court and for which Dr Hart was sentenced to a custodial term of 4 months, suspended for 2 years. It is also alleged that, on 29 October 2024 at Chelmsford Crown Court, Dr Hart was convicted of causing criminal damage to property to the value of approximately £11,000 during the same protest on 24 August 2022 for which he was sentenced to, on 7 January 2025, imprisonment for one year.
3. It is further alleged that, on 1 November 2022 at Chelmsford Magistrates' Court, Dr Hart was convicted of aggravated trespass on land which was being used for storage and transportation of fuel, an activity which he intended to obstruct or disrupt, and for which he was sentenced to pay a fine of £500.

#### Further background

4. On 13 April 2022, Dr Hart participated in a protest at the Exolum Pumping Station, Grays Terminal when he and others climbed onto pipework at height in the pumping station in order to disrupt the terminal's business.
5. Dr Hart again took part in a protest on 24 August 2022, at the Esso Service Station, Thurrock. Police records indicate that during the course of the protest, individuals sat across the access road to the forecourt to block vehicle entry. Whilst there, Dr Hart damaged a number of petrol pumps using a hammer and orange spray paint. These actions were later found by Mr Justice Bourne, on 18 November 2022, to be in breach of an injunction that had been imposed by the High Court on 27 May 2022.
6. Mr Justice Bourne held Dr Hart to be in contempt of court. In assessing culpability, Mr Justice Bourne noted that, although other defendants' conduct was of moderate seriousness, Dr Hart's actions were more serious. His deliberate damage to the petrol pumps went beyond the bounds of peaceful protest, caused closure of the forecourt until 6:00 p.m. and left three quarters of the pumps out of action for 24 hours, resulting in economic loss to the owners.
7. The judge found the conduct to be premeditated, as Dr Hart had attended the site equipped with a hammer and spray paint. Dr Hart had not admitted liability prior to the hearing, and the matter therefore proceeded to trial.
8. On 18 November 2022, Mr Justice Bourne sentenced Dr Hart to a custodial term of four months, suspended for two years, together with a fine of £2,000 for the breach of the injunction, in relation to the protest on 24 August 2022. At that hearing, Dr Hart indicated that he did not intend to breach further injunctions.
9. Dr Hart self-referred to the GMC by letter dated 4 September 2022.
10. The final matter concerns Dr Hart's criminal conviction for the same incident. On 29 October 2024, at Chelmsford Crown Court, Dr Hart was convicted of criminal damage to property valued at approximately £11,000, contrary to section 1(1) of the Criminal Damage Act 1971.
11. On 1 November 2022 at Chelmsford Magistrate Court Dr Hart was convicted of aggravated trespass in relation to the protest on 13 April 2022 at Exolum, Grays Terminal and he was sentenced to fine of £500.

12. On 7 January 2025, His Honour Judge Mills sentenced Dr Hart to 12 months immediate custody. The custodial sentence remains current and is due to expire on 6 January 2026.

13. Judge Mills observed that this was a high culpability case. The defendant had travelled equipped to cause damage and disrupt sales, resulting in significant loss and posing an immediate risk to the public. He further noted that Dr Hart had shown no remorse, and stated he was in no doubt that Dr Hart would reoffend, as Dr Hart had made it clear he would not desist from his activism.

14. The judge also remarked that the offence had been committed whilst Dr Hart was on bail for the earlier April incident, that it was pre-planned and deliberate, and that Dr Hart had a history of offending.

### The Allegation and the Doctor's Response

15. The Allegation made against Dr Hart is as follows:

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

### Contempt of court

1. On 24 August 2022, between the times of approximately 05:18 and 06:56, you:
  - a. blocked, slowed down, obstructed or otherwise interfered with vehicular access to the petrol station known as Esso Service Station, Thurrock Motorway Services, Grays, Essex, RM16 3BG ('the Petrol Station') for the purpose of protesting; ***Admitted and found proved***
  - b. blocked, endangered, slowed down, obstructed or otherwise interfered with vehicular access to the Petrol Station forecourt and/or access road at the Petrol Station for the purpose of protesting. ***Admitted and found proved***
2. Your actions as described at paragraph 1 above:
  - a. were in breach of an injunction order granted by HHJ Simon (sitting as a judge of the High Court) on 27 May 2022; ***Admitted and found proved***
  - b. amounted to contempt of court. ***Admitted and found proved***

3. On 18 November 2022 Mr Justice Bourne ordered that you stand committed to a custodial term of four months, suspended for two years, following your admission that your actions as described at paragraph 1 above amounted to contempt of court.  
***Admitted and found proved***

#### Criminal damage

4. On 29 October 2024, at Chelmsford Crown Court, you were convicted of causing criminal damage to property with a value over £5000, in that on 24 August 2022, without lawful excuse, you damaged fuel pumps belonging to Motor Fuel Group Services, to the value of approximately £11,000, intending to destroy or damage such property or being reckless as to whether such property would be destroyed or damaged. ***Admitted and found proved***
5. On 7 January 2025, you were sentenced to imprisonment for one year in respect of the conviction detailed at paragraph 4. ***Admitted and found proved***

#### Aggravated trespass

6. On 1 November 2022 at Chelmsford Magistrates' Court you were:
  - a. convicted of an offence contrary to section 68(1) and (3) of the Criminal Justice and Public Order Act 1994, in that on 13 April 2022, having trespassed on land, namely Exolum, Grays Terminal, and in relation to a lawful activity, namely storage and transportation of fuel, which persons were engaged in on that land, you did an act, namely climbed onto pipework at height in the pumping station, which you intended to have the effect of obstructing or disrupting that activity; ***Admitted and found proved***
  - b. sentenced to pay a fine of £500.00. ***Admitted and found proved***

And that by reason of the matters set out above your fitness to practise is impaired because of your:

- a. misconduct in respect of paragraph(s) 1, 2 and 3; ***To be determined***
- b. conviction in respect of paragraph 4, 5 and 6. ***To be determined***

#### The Admitted Facts

16. At the outset of these proceedings, Dr Hart made full admissions to the Allegation, as set out above, in accordance with Rule 17(2)(d) of the General Medical Council (GMC) (Fitness to Practise) Rules 2004, as amended ('the Rules'). In accordance with Rule 17(2)(e) of the Rules, the Tribunal announced these paragraphs and sub-paragraphs of the Allegation as admitted and found proved.

## Determination on Impairment

### The Outcome of Applications Made during the Impairment Stage

17. The Tribunal granted Dr Hart's application to admit new evidence made on application, pursuant to Rule 34(1) of the Rules to admit 'An Opinion for Lawyers are Responsible' document. The Tribunal's full decision on the application is included at Annex A.
18. The Tribunal refused the GMC's further submissions to reconsider the decision to admit 'An Opinion for Lawyers are Responsible' document under rule 30. The Tribunal's full decision on the application is included at Annex B.

## The Evidence

19. The Tribunal had regard to the documentary evidence provided by the parties. This evidence included but was not limited to:
- Criminal Charge – Aggravated Trespass dated 13 April 2022
  - Trial notes from hearing on 1 November 2022
  - Certificate of Conviction for aggravated trespass dated 1 November 2022
  - Breach of civil injunction dated 24 August 2022
  - High Court Approved Judgement dated 18 November 2022
  - High Court Order for Contempt of Court dated 22 November 2022
  - Claimant Solicitor notes of contempt hearing on 18 November 2022
  - Application Notice for final injunction relief (made by the Claimant) with supporting evidence including Order of Injunction dated 27 May 2022
  - Criminal Charge – Criminal Damage dated 24 August 2022
  - MG11 Statement of PC C dated 24 August 2022
  - Witness Statement of PC D dated 26 August 2022
  - Hearing Record Sheet including sentencing remarks dated 7 January 2025
  - Certificate of Conviction for criminal damage dated 27 January 2025

- Break Through Discussion Paper “Warming has reached 1.5 C. What does that mean for climate advocacy?” dated August 2025
- Break Through Discussion Paper “3-degrees of warming & humanity’s future” dated 30 October 2024
- Rule 7 response to allegations of conviction for aggravated trespass and being found in contempt of court dated 4 September 2023
- Psychology Report of Dr E dated August 2023
- Testimonial of Dr A dated 25 September 2025

20. Dr Hart provided his own witness statement and also gave oral evidence at the hearing.

21. In his written statement, Dr Hart confirmed that he had no further evidence to submit concerning the events that led to these proceedings. However, he wished to provide evidence in the form of climate science to assist the Tribunal’s understanding of the context in which his actions took place.

22. Dr Hart stated that, for the Tribunal process to be meaningful, all participants should have a shared understanding of the reality of climate change, as in his view, actions can only be interpreted fairly when their context is properly understood. He expressed uncertainty about the level of climate literacy among Tribunal members and emphasised that a good grasp of the scientific facts was, in his opinion, essential to making a reasonable judgement about his conduct.

23. To that end, Dr Hart submitted two documents published by an Australian climate think tank, which he described as concise, comprehensive, and up to date summaries of the current state of the global climate crisis and its human implications. He stated that he expected all Tribunal participants to read these documents and to undertake any additional reading necessary to understand their content.

24. Dr Hart compared this expectation to that which would apply if the case concerned clinical practice, where a Tribunal would be expected to have a working knowledge of the relevant medical issues.

25. He stated that he had deliberately not submitted evidence regarding the theory or history of non-violent civil disobedience, explaining that while such material informs his actions, it is a matter of social and political debate, rather than established scientific fact.

26. Finally, Dr Hart encouraged the Tribunal to ensure confidence with key questions concerning climate science, including global temperature trends, CO<sub>2</sub> concentrations and emissions, climate tipping points, carbon sinks, and the potential implications of phenomena such as the Atlantic Meridional Overturning Circulation (AMOC). He also suggested that participants consider issues of equity in global emissions, the history of climate modelling and fossil fuel industry responses, and emerging topics such as geoengineering and solar radiation management.

27. Dr Hart's overarching position was that a proper understanding of the climate emergency is necessary to interpret the context and motivations underlying his conduct.

28. In his oral evidence, Dr Hart began by explaining that his evidence had two parts: first, brief contextual comments about the facts, and second, a wider explanation of the scientific and moral reasoning behind his actions. He emphasised that his position was not based on belief or ideology but on accepted scientific fact regarding climate breakdown.

29. He argued that traditional legal and regulatory frameworks misunderstand acts of conscience such as his, since they are designed for offences motivated by self-interest. He contrasted this with his own deliberate, risk-assessed, non-violent property damage, which he viewed as responsible civil resistance undertaken to prevent greater harm. He further stated that in his view civil injunctions were nefarious and used to suppress otherwise lawful protest. He stated that this resulted in a two-tier system by which companies with sufficient funds could create their own law.

30. He noted differing jury outcomes in similar criminal trials and suggested that such inconsistencies reflect how much defendants are permitted to explain their motives. He saw this hearing as an opportunity to do so fully.

31. Dr Hart gave an extensive account of climate science, describing the current situation as a time-critical planetary emergency, with accelerating warming, mass extinctions and catastrophic consequences for health and civilisation. He said governments and wealthy societies had failed to meet legal and moral obligations under international climate agreements.

32. Dr Hart linked this to professional and moral duty, arguing that as a doctor he felt compelled to act to protect life. He compared his actions to historic examples of doctors who broke laws for social justice, such as suffragists and 19<sup>th</sup> century reformers contending that



similar civil disobedience was now necessary given the urgency of the crisis. Dr Hart also reminded the Tribunal of actions taken by figures such as Martin Luther King Junior and Nelson Mandela.

33. Dr Hart accepted that his conduct was deliberate and expected to result in regulatory proceedings, but maintained it was morally justified. He questioned whether those judging him, as affluent professionals, might unconsciously resist his message because they benefit from the high-emission lifestyles driving the problem.

34. Dr Hart said he had experienced “climate anxiety,” a rational response to the destruction of life systems, and had supported patients with similar distress. He insisted that taking action was a more constructive response than despair.

35. In response to questions from the Tribunal Dr Hart said that he would like to return to clinical practice as a GP whilst maintaining his interest in climate change matters. He stated that at the present time he did not plan or instigate direct action as he felt that the opportunity to limit climate change to 1.5 degrees had already been missed and we are past the tipping point. He has not practised since November 2024, and he had undertaken only limited Continuous Professional Development (CPD) during this period since then as the opportunity open to him in prison had been limited and he was of the view that there was a real risk he would never be allowed to return to practice. If he did return to practice, he would seek a mentor and whatever support and supervision was necessary.

36. In conclusion, Dr Hart said his purpose was not to deny the facts of his convictions but to show that his actions were consistent with his professional values of honesty, responsibility, and protection of life, in what he described as ‘seriously not normal times’.

## Submissions

### On behalf of the GMC

37. Ms Widdett submitted that with regard to misconduct Dr Hart’s motivation was not relevant in coming to a decision as to whether his conduct can be called serious misconduct. She further submitted that the GMC’s position is that this is serious misconduct that undermined public confidence in the medical profession and proper professional standards and conduct for members of that profession.

38. Ms Widdett submitted that Dr Hart failed to act within the law and failed to justify his patients' trust in him and the public's trust in the profession and that his actions were in breach of Good medical practice ('GMP 2013'), paragraphs 1 and 65 which state:

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

*...*

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

39. Ms Widdett submitted that Dr Hart's attack on the petrol pumps was deliberate and caused disruption, bringing about the closure of the forecourt and had rendered three quarters of the petrol pumps out of action for 24 hours. Ms Widdett added that Dr Hart's actions were deliberate as he came prepared with a hammer and paint and that his culpability was higher than that of fellow protesters because damaging property goes beyond the bounds of peaceful protest and that the damage caused was in excess of £10,000. Ms Widdett said that Dr Hart's prison sentence indicates the seriousness of Dr Hart's conduct.

40. Ms Widdett submitted that Dr Hart's fitness to practise is impaired by reason of serious misconduct and/or his criminal convictions individually or collectively. She added that Dr Hart's misconduct and conviction were remediable but have not been remedied as Dr Hart had not developed insight and a risk of repetition existed. She further added that the Tribunal could proceed on the basis of assumed impairment because Dr Hart's actions involved the 'use of violence' in the sense of intentionally using physical force to damage property belonging to another.

41. Ms Widdett submitted that Dr Hart's criminal convictions and further criminal conduct whilst on bail undermines public confidence in the medical profession, and proper professional standards and conduct for members of that profession. Ms Widdett added Dr Hart's conduct led to a 12-month imprisonment and that sentence does not expire until January 2026.

42. Ms Widdett submitted that Dr Hart's misconduct and/or convictions are evidence of persistent and repeated conduct over a long period of time and added that Dr Hart presents

a risk in the future of bringing the medical profession into disrepute and/or undermining standards by breaching one of the fundamental tenets of the profession.

43. Ms Widdett submitted that public confidence in the profession and its system of regulation would be undermined if Dr Hart was not found impaired and added that a finding of impairment should be made to protect the wider public interest by promoting and maintaining public confidence in the profession and to promote and maintain proper professional standards of conduct for members of the profession.

44. Ms Widdett submitted it was the GMC's case that no weight should be attached to the 'An Opinion for Lawyers are Responsible' document and added that it was not evidence, and that the GMC had no opportunity to cross-examine those who had authored the document.

#### Dr Hart

45. Dr Hart submitted that whilst imprisonment, on the face of it, is a marker of seriousness, it can and has been used as a deterrent to legitimate protest, and this is what has happened in his case. Dr Hart added that people in prison could not believe that his conduct merited a custodial sentence and that nobody in prison could believe that Dr Hart was in prison for criminal damage.

46. Dr Hart submitted that the UN Special Rapporteur for environmental defenders has launched a formal complaint to the UK Government regarding harsh sentencing of activists, which has seen the longest sentences for protests given out in the UK.

47. Dr Hart submitted that he had not crossed the line into violence because his actions had been targeted at property not at people. He further submitted that the severity of his sentence was to do with the government trying to exact power over resisting citizens who are increasingly becoming aware of the political grid and who are doing everything they can to protest. He added that the government was using legislative power to crush legitimate protests and passing new legislation to aid it in crushing future protests.

48. Dr Hart submitted that he has never said that the rule of law does not apply to him and added that he has never asked to be made an exception with regard to his protest action and that he had taken action knowing that he would be held accountable and had been

completely truthful about the action he has taken to his own detriment. He said accountability and honesty are most important.

49. Dr Hart submitted that we have seen the UK Government repeatedly breaking laws it had itself passed, particularly the climate change Act 2008 and laws over air pollution. He added that the law does not apply equally to everyone. He said it depended on how powerful you are and added that the law is not equal with regard to fossil fuel companies who frequently flout the law and remain largely unchecked and unchallenged because they wield immense power.

50. Dr Hart submitted that no one has any good evidence with regard to how the public would view his actions and that submissions on this are conjectural. Dr Hart also submitted that damage amounting to £10,000 to the common person would be a disaster and said that the damage needed to be looked and understood in the context of what is going on in the fossil fuel industry which makes eye watering profits in the tens of billions annually while causing death and destruction. Dr Hart submitted that in the UK alone, the Royal College of Physicians have estimated that air pollution leads to £27 billion of health costs and approximately 30,000 deaths but the companies are not held accountable.

51. Dr Hart submitted that some of his actions are said to have been shocking and were required to be so as society was sleep walking into disaster and catastrophe so there has to be some level of surprise and subversion, something outside of what is normally expected to happen in order for you to become impossible to ignore and in order for your point to get across.

52. Dr Hart submitted that damaging some small squares of plastic paled in comparison to the permanent irreversible collapse of your economy and civilisation as a whole; he added that his acts were mild mannered when put in the relevant context. Dr Hart submitted that he had tried to convey insight into the nature of the climate crisis at any and every opportunity afforded to him and has come to understand that most people have a very strong psychological barrier to acknowledging this reality and developing insight about how to avert the oncoming disaster.

53. Dr Hart submitted that he is a law-abiding person and said the same for the majority of people he had met in his climate activism and work. Dr Hart also submitted that fundamentally there are two conflicting duties of a doctor; one of those duties is to obey the law whilst the other is to act to prevent patients from harm. Dr Hart said that this conflict

cannot be resolved by mental trickery but through taking the difficult decisions he had taken to protest. Dr Hart said this decision was in line with his duties as a medical practitioner to protect the public even though he would have to suffer the consequences of the justice system.

### The Relevant Legal Principles

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

55. In approaching the decision, the Tribunal was mindful of the two stage process to be adopted: first whether the facts as found proved amounted to misconduct, and that the misconduct was serious and then whether the finding of that misconduct which was serious could lead to a finding of impairment.

56. In relation to the convictions that have been accepted by Dr Hart the Tribunal will have to consider whether they lead to a finding of impairment.

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

### The Tribunal's Determination on Impairment

#### Misconduct

58. The Tribunal reminded itself of the test for professional misconduct as set out in *Roylance v General Medical Council* [2000] 1 AC 311. Misconduct occurs where a doctor's behaviour falls seriously short of the standards reasonably expected of a doctor, and is such that it would be regarded as unacceptable by fellow practitioners and as capable of undermining public confidence in the profession. In applying this test, the Tribunal focused on the nature and seriousness of Dr Hart's acts themselves, rather than his beliefs and motivation for his admitted conduct.

59. The Tribunal found that Dr Hart’s conduct in blocking and damaging the petrol station and deliberately breaching a High Court injunction constituted misconduct. He knowingly carried out a premeditated plan to obstruct access, cause damage, and draw public attention to his protest, coordinating the actions of approximately ten to twelve individuals and describing himself as the leader. His conduct was deliberate and planned, and he was aware that it would breach the injunction and attract criminal sanction. The Tribunal noted that he used his status as a doctor to maximise the impact of his actions.

60. The Tribunal considered the seriousness of the misconduct. It concluded that the actions were not in the course of professional practice, but the fact that Dr Hart’s position as a doctor was implicitly used added to the gravity of the conduct. There was a clear, unwarranted risk of harm to the public, the protestors themselves, and the emergency services who had to respond. Although rudimentary safety mitigation measures were taken, these were insufficient to remove the inherent risk in entering a petrol station, causing criminal damage, and obstructing access. The Tribunal noted that Dr Hart’s own evidence confirmed that he intended his actions to be shocking, in order to cause the public to take notice. This further reinforced the seriousness of the misconduct.

61. The Tribunal accepted that Dr Hart’s motivation was to draw attention to climate change; however, it reminded itself that motivation is not a relevant factor in determining whether conduct constitutes serious professional misconduct. The misconduct was deliberate, caused harm and risk, and brought the profession into disrepute. The Tribunal noted that Dr Hart himself acknowledged that a portion of the public may have lost confidence in the profession as a result and he had been the recipient of negative as well as positive comments from the general public.

62. The Tribunal therefore determined that Dr Hart’s conduct constitutes serious misconduct and that the misconduct limb of impairment is engaged.

## **Impairment**

### Misconduct

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

64. The Tribunal considered whether Dr Hart’s serious misconduct amounted to impairment. In doing so, it reminded itself of the overarching objective of protecting the public, maintaining confidence in the medical profession, and upholding proper professional standards. It also noted that doctors are expected to act with integrity and within the law, as set out in GMP.

65. The Tribunal determined that Dr Hart’s deliberate breach of a High Court injunction, coupled with his actions in obstructing and damaging a petrol station, constituted misconduct. The conduct was premeditated and carefully planned, and he acted as the leader of a group of protestors, coordinating the activity in a way that maximised its public impact. His position as a doctor was explicitly linked to the conduct, as he sought to use his status to amplify the shock value of his actions. The Tribunal concluded that these actions were objectively serious: they involved a significant risk of harm to the public, emergency services, and the protestors themselves, and they caused disruption and financial loss. Any steps Dr Hart took to mitigate risk were minimal and insufficient to remove the inherent danger of the conduct.

### Conviction

66. The Tribunal considered whether Dr Hart’s criminal convictions amounted to impairment. In doing so, it reminded itself that doctors are bound by the fundamental tenets of Good Medical Practice (GMP) (2013 version), namely paragraph 1: “honest and trustworthy and acting with integrity and within the law”. The Tribunal noted that adherence to the law is essential to maintain public trust in the profession. The Tribunal noted in *CHRE v NMC and Grant* [2011], Mrs Justice Cox referred to the fifth report of the Shipman Inquiry, which posed four key questions for a Tribunal to consider when determining current impairment:

- (a) Has the doctor in the past acted, and/or is he liable in the future to act, so as to put a patient or patients at unwarranted risk of harm?
- (b) Has he in the past brought, and/or is he liable in the future to bring, the profession into disrepute?
- (c) Has he in the past breached, and/or is he liable in the future to breach, one of the fundamental tenets of the profession?
- (d) Has he in the past acted dishonestly, and/or is he liable in the future to act dishonestly?

67. The Tribunal determined that Dr Hart's conviction amounts to impairment. Dr Hart's conduct in causing criminal damage and engaging in aggravated trespass clearly breaches the fundamental tenets of the profession. He acted deliberately and premeditatedly, using his position as a doctor to draw public attention to his protest, thereby linking his criminal actions to the profession. His actions created a situation in which members of the public and emergency services were exposed to risk of harm. The Tribunal was satisfied that a significant portion of the public would view his conduct as seriously undermining confidence in doctors, and that his actions had brought the profession into disrepute. Dr Hart's own evidence confirmed that he did not consider his actions to be wrong and that he might act similarly in future if circumstances change, indicating some future risk.

68. The Tribunal noted that Dr Hart has served a custodial sentence and that his attitude has shifted since then. He stated that he will not break the law under current circumstances, the Tribunal concluded that this does not eliminate the risk to patients or the public entirely, and there has been insufficient evidence of genuine remediation or insight into the seriousness of his actions. In the Tribunal's view, the conduct engaged limbs a,b and c set out in *Grant*, and the overarching objective of protecting the public, maintaining confidence in the profession, and upholding proper professional standards requires a finding of impairment.

69. Accordingly, the Tribunal determined that Dr Hart's fitness to practise is impaired in relation to the conviction limb.

70. The Tribunal attached no weight to the document submitted in evidence by Dr Hart 'An Opinion for Lawyers are Responsible'.

71. In considering impairment, the Tribunal also assessed Dr Hart's insight and remediation. While he acknowledged the consequences of his actions, he did not accept that they were morally wrong, but they were justified in his view when balancing his desired outcomes with the risk of his actions. He stated that he had never been so sure what he did was right. The Tribunal noted that Dr Hart said that he might act similarly if circumstances changed. This demonstrated a lack of insight and incomplete remediation. The Tribunal considered that public trust in the medical profession requires that doctors adhere to the law and avoid actions that risk undermining confidence. Dr Hart's conduct, which was highly public and criminal in nature, clearly had brought the profession into disrepute.



72. Having regard to the seriousness of the misconduct, the risk of repetition, the potential impact on public confidence, and the lack of insight and incomplete remediation, the Tribunal concluded that Dr Hart's fitness to practise is currently impaired on the grounds of misconduct. A finding of impairment is necessary to protect the public, to uphold proper professional standards, and to maintain confidence in the profession.

73. The Tribunal has therefore determined that Dr Hart's fitness to practise is impaired by reason of misconduct and convictions.

#### **Determination on Sanction - 20/10/2025**

74. Having determined that Dr Hart's fitness to practise is impaired by reason of misconduct and conviction 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**

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

76. The Tribunal received further evidence from Dr Hart, including a testimonial video submitted in his support. The video featured a statement from Mr B the United Nations Special Rapporteur, who urged the Tribunal to consider the wider context of the climate crisis when reaching its decision. Mr B emphasised that Dr Hart has already served a custodial sentence and has paid his dues in respect of the offence of criminal damage. He further expressed the view that peaceful protest in the context of climate activism should not be regarded as criminal conduct, and that no action should be taken by the Tribunal.

#### **Submissions**

77. On behalf of the GMC, Ms Widdett reminded the Tribunal that the main purpose of sanctions is not to punish the doctor but to protect the public, in accordance with the overarching objective. Ms Widdett submitted that suspension is the appropriate and proportionate sanction. Ms Widdett referred throughout to The Sanctions Guidance (2024) ('the SG') throughout.

78. She referred the Tribunal to paragraphs 17 and 19 of the SG, which emphasise that patients must be able to trust doctors, and that doctors must ensure their conduct justifies both their patients' trust in them and the public's trust in the profession. Good Medical Practice remains the benchmark against which conduct is assessed.

79. Ms Widdett submitted that the Tribunal has already determined that Dr Hart's conduct in breaching the injunction and committing criminal damage was deliberate, caused risk of harm, and brought the profession into disrepute. His actions were inherently dangerous and involved a significant risk of harm to members of the public, emergency services personnel and fellow protesters. They also resulted in disruption and financial loss. Accordingly, all three limbs of the overarching objective are engaged.

80. Turning to insight and remediation, Ms Widdett referred the Tribunal to paragraphs 45–46 of the SG, which state that demonstrating insight involves reflection and remediation, including accepting that one should have behaved differently, showing empathy, and taking timely steps to apologise or make amends.

81. Ms Widdett further drew attention to paragraph 52 of the SG. Ms Widdett submitted that in this case, Dr Hart has not demonstrated sufficient insight into the seriousness of his actions, nor has he accepted that his conduct was wrong. Accordingly, the GMC's position is that Dr Hart currently lacks insight.

*52 A doctor is likely to lack insight if they:*

*a refuse to apologise or accept their mistakes*

*b promise to remediate, but fail to take appropriate steps, or only do so when prompted immediately before or during the hearing*

*c do not demonstrate the timely development of insight*

*d fail to be open and honest*

82. As to remediation, Ms Widdett referred the Tribunal to paragraph 31 of the SG, which describes remediation as addressing concerns about conduct or behaviour through means such as coaching, mentoring, training or rehabilitation. She submitted that the Tribunal has determined there is insufficient evidence of genuine remediation, and that any remediation attempted remains incomplete.

83. Given the absence of insight and the limited evidence of remediation, Ms Widdett submitted that there remains a risk of repetition.

84. Ms Widdett referred the Tribunal to paragraph 119 of the SG:

*119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.*

She acknowledged that this principle was first articulated in *Fleischman v GMC* [2005] EWHC 87 (Admin), but noted that subsequent authorities, including *PSA v GDC and Naveen Patel* [2024] EWHC (Admin), have clarified that the *Fleischman* principle is not an inflexible rule and must yield to the overarching objective of imposing a sanction that is just, proportionate and necessary to maintain public confidence in the profession.

85. Ms Widdett further referred to *Khan v GPhC* [2016] UKSC 64, paragraph 83, which affirms that while the principles in *Fleischman* are persuasive, any departure from them must be justified by sound and reasoned findings consistent with the overarching objective.

86. Ms Widdett submitted that action is required and that there are no exceptional circumstances in this case that would plainly justify departing from the *Fleischman* principle. Given Dr Hart's lack of insight and incomplete remediation, she argued that conditions of practice would not be workable or sufficient to protect the public or uphold public confidence, consistent with paragraphs 82 and 84 of the SG.

87. Turning to the possibility of suspension, Ms Widdett accepted that while Dr Hart's misconduct represents a serious departure from GMP, it is not so fundamentally incompatible with continued registration as to require erasure. However, she submitted that a sanction lower than suspension would be insufficient to protect the public or maintain confidence in the profession, consistent with paragraph 97 of the SG.

88. She noted that Dr Hart has continued to engage in similar protest-related behaviour since the incident, although he stated that such behaviour has now ceased. While the Tribunal has found some continuing risk, it is not significant.

89. Accordingly, Ms Widdett submitted that a period of suspension at the upper end of the scale would be appropriate and proportionate. Such a sanction would have a deterrent effect and would send a clear message to Dr Hart, the profession, and the public as to the standards expected of registered medical practitioners. She referred the Tribunal to

paragraph 19 of the SG, which confirms that sanctions also serve to uphold public confidence and to maintain professional standards by acting as a deterrent to others.

90. Dr Hart submitted that he appeared before the Tribunal guided by the same principles that had informed his participation in climate activism, namely, the importance of speaking truth to power. He explained that this concept, rooted in the Quaker tradition and popularised during the civil rights movement, holds that in times of crisis or injustice, it is right to speak truth to those in positions of authority, even where such action carries personal consequences.

91. Dr Hart submitted that he viewed the Tribunal as representing those in positions of relative privilege and influence, and he expressed concern that individuals in such positions often struggle to acknowledge the scale and urgency of the climate crisis. He said that, in his experience, this group, which includes people in his own family, is often defensive of the social and economic systems that have brought them success, even where those systems are contributing to environmental harm.

92. Dr Hart submitted that the Tribunal's findings on impairment reflected what he described as 'upside down logic' and selective reasoning. He disagreed with the Tribunal's approach in focusing on the nature and seriousness of his acts, rather than the beliefs and motivations underpinning them. He referred to the video of the United Nations Special Rapporteur, Mr B who urged that the context of the climate crisis be considered when assessing his actions. Dr Hart stated that, by disregarding this context, the Tribunal had chosen to take these actions out of context to reach a predetermined conclusion.

93. Addressing the Tribunal's finding that his actions were premeditated, Dr Hart submitted that premeditation in this instance reflected planning and care, rather than recklessness or heightened culpability. He argued that spontaneity would have posed a greater risk.

94. Dr Hart also responded to the finding that he had used his status as a doctor to maximise the impact of his actions. He accepted that he had done so but denied that it was for personal gain or in bad faith. He stated that the climate crisis is, fundamentally, a health crisis, and that as a medical professional he was well placed to communicate the health implications of climate breakdown, just as doctors had been expected to speak out during the COVID-19 pandemic.

95. Dr Hart rejected the Tribunal's finding that his actions created an unwarranted risk of harm to the public, emergency services, or other protesters. He stated that safety was taken seriously during the protest, and that by avoiding the use of vehicles at a petrol station, the actual risk of harm was lower than during normal operations. He described the Tribunal's emphasis on danger as an exaggeration and an attempt to justify its position.

96. In relation to public confidence, Dr Hart stated that he had accepted it was conceivable that some members of the public might lose confidence in him, but that it was equally conceivable that others might have increased confidence in his integrity. He submitted that no evidence had been produced to substantiate any loss of public confidence and described the Tribunal's conclusions as based on opinion rather than evidence.

97. Turning to the question of insight, Dr Hart stated that throughout his medical career he had been regarded as a reflective practitioner who demonstrated insight and honesty in acknowledging mistakes. He said that it was unfair for the Tribunal to assert that he lacked insight, given that he had always reflected carefully on his actions and their ethical implications. He submitted that the Tribunal's view of his insight simply reflected a difference of perspective, rather than a true absence of reflection.

98. Dr Hart also criticised the Tribunal's decision to place no weight on the evidence of the 'An Opinion For Lawyers Are Responsible' document, which had been admitted during the proceedings, and stated that he was entitled to an explanation for that decision.

99. Addressing the Tribunal's reference to morality, Dr Hart stated that he had never denied his breach of the law, and that such breach was intentional and integral to his act of civil disobedience. However, he disagreed that his actions were morally wrong, arguing instead that they were morally justified in the face of an unprecedented global emergency. He submitted that the Tribunal had disallowed consideration of his motivations and beliefs, yet had nonetheless made a moral judgment against him, which he described as inconsistent and unjustified.

100. Dr Hart concluded his submissions by reiterating his commitment to speaking truth to power. He described the climate crisis as an existential threat exacerbated by political and economic systems that prioritise profit over sustainability. He cited recent scientific and policy reports which, in his view, demonstrated the failure of governments and institutions to address the accelerating climate emergency.

101. He submitted that these circumstances represent truly exceptional circumstances within the meaning of the SG, and that they justify a departure from the usual approach. Dr Hart concluded that he had little to add on sanction beyond his belief that the climate crisis and the moral imperative to act upon it were exceptional and that his actions should be understood in that light.

### **The Tribunal's Approach**

102. The Tribunal was reminded that the decision as to the appropriate direction (sanction), if any, to impose was a matter for its judgement.

103. The Tribunal was advised to have regard to the Sanctions Guidance, and to give cogent reasons if it departed from that guidance.

104. The Tribunal also bore in mind that the purpose of a sanction is not to be punitive, albeit that a sanction may have a punitive effect.

105. It reminded itself that, in determining whether to give a direction (a sanction) and, if so-which, the Tribunal should have regard to the principle of proportionality and should consider the available sanctions in ascending order, i.e. start by considering the least restrictive option.

106. The Tribunal had to have regard to the statutory overarching objective in section 1 of the Medical Act 1983 throughout its deliberations

### **The Tribunal's Determination on Sanction**

#### Aggravating Factors

107. At the impairment stage, the Tribunal determined that Dr Hart lacked insight into the seriousness and consequences of his actions. In accordance with paragraph 51 of the SG, a lack of insight is an aggravating factor, particularly where a doctor fails to recognise the impact of their conduct on public confidence in the profession. The Tribunal noted that while Dr Hart had been open and honest throughout the proceedings, he had not expressed any apology or regret for his actions. He has consistently stated that he does not believe he has anything to apologise for, as he considers his conduct to have been justified in pursuit of his climate activism. The Tribunal determined that paragraphs 52(a) and 52(c) of the SG are

engaged, as Dr Hart has neither accepted that his behaviour was inappropriate nor demonstrated an understanding of how it might undermine public confidence in the profession.

*52 A doctor is likely to lack insight if they:  
a refuse to apologise or accept their mistakes*

...

*c do not demonstrate the timely development of insight*

108. The Tribunal further found that Dr Hart's actions involved a deliberate breach of a civil injunction and constituted criminal offending. The protest was not peaceful in nature, as it involved premeditated and deliberate damage to property with the use of a hammer. Although no violence was directed towards any person, the Tribunal determined that violence was used against property, thereby engaging paragraph 56(d) of the SG, which identifies the use of violence (including to property) as an aggravating feature.

*56 Tribunals are also likely to take more serious action where certain conduct arises in a doctor's personal life, such as (this list is not exhaustive):*

....

*d misconduct involving violence...*

109. The Tribunal considered that although the incident did not occur within Dr Hart's clinical practice, he nevertheless used his professional status as a registered medical practitioner. He had sought to rely on his position as a doctor to lend greater legitimacy and public weight to the protest, which would not have been available to an ordinary member of the public. The Tribunal regarded this as an aggravating factor, given the high level of trust associated with the medical profession.

110. The Tribunal also determined that there was no recognition by Dr Hart of the potential risk of harm to staff, members of the public, or fellow protesters at the petrol station. The chosen location of the protest, at a petrol station, created an inherent risk due to the presence of flammable materials, emergency vehicle access, and members of the public in proximity. The Tribunal considered that this demonstrated a disregard for potential harm and for public safety.

111. Accordingly, the Tribunal determined that the aggravating features in this case included Dr Hart's lack of insight, his absence of apology or acceptance of wrongdoing, his deliberate breach of a civil injunction and premeditated criminal offending, his use of violence against property, his exploitation of his professional status to amplify the impact of

his protest, and his failure to recognise the potential risk of harm to others arising from the location and nature of the protest.

#### Mitigating Factors

112. The Tribunal also considered the presence of mitigating factors.

113. The Tribunal recognised that Dr Hart admitted the facts and made a self-referral to the GMC. In accordance with paragraph 24 of the SG early admissions and self-referral may be treated as mitigating features, as they demonstrate a degree of cooperation with the regulatory process. The Tribunal further noted that Dr Hart has not previously appeared before the MPTS and that there are no previous adverse findings against him. Aside from the matters now before the Tribunal, there are no other concerns relating to his fitness to practise.

114. The Tribunal accepted that there are no concerns about Dr Hart's clinical competence or the quality of care he provided to his patients. The Tribunal noted the patient and colleague testimonials indicate that he was regarded as a good general practitioner and that his interactions with patients were valued. The Tribunal noted that Dr Hart continued to work up until November 2024 and that, prior to his imprisonment, there was no indication that his professional conduct in clinical settings had caused concern.

115. The Tribunal had regard to paragraph 25(e) of the SG, which recognises lapse of time as a potential mitigating factor. It acknowledged that, as with many cases involving criminal convictions, there had been a delay in proceedings outside of Dr Hart's control.

116. The Tribunal also noted that Dr Hart has now served a custodial sentence and remains subject to licence conditions until 6 January 2026. It accepted that he has to date complied fully with his sentence and probation requirements, and there has been no suggestion that he has breached any terms of his licence. The Tribunal further noted in his oral evidence at the impairment stage that he does not intend to break the law again.

117. The Tribunal determined that Dr Hart's behaviour is capable of remediation. It found that Dr Hart could, in principle, develop further insight into the professional standards expected of doctors, including the requirement to uphold the law regardless of personal beliefs. However, the Tribunal noted that Dr Hart had not yet produced a plan or route map for remediation and had not demonstrated sufficient reflection on how he might meet



professional standards in future. Accordingly, while the conduct is remediable, the Tribunal concluded that Dr Hart has not yet taken meaningful steps towards remediation.

118. The Tribunal considered the references provided in support of Dr Hart. It noted that the references primarily attest to his clinical competence and personal qualities rather than to his conduct giving rise to these proceedings. The Tribunal noted that testimonials that are not directly relevant to the conduct in question carry limited weight. The Tribunal therefore placed limited reliance on these references. It noted that the reference from Dr A was not a personal reference and was therefore of limited weight.

119. In summary, the Tribunal determined that the mitigating factors in this case include Dr Hart's admission of the facts and self-referral, his previously unblemished record, the absence of clinical concerns, his compliance with his custodial sentence and probation conditions, and his indication that he does not intend to break the law again. However, the Tribunal also determined that the weight of these mitigating factors was limited by his lack of insight, absence of apology, and failure to undertake or demonstrate meaningful remediation.

### **No action**

120. The Tribunal first considered whether it would be appropriate to conclude this case by taking no action.

121. The Tribunal determined that there are no exceptional circumstances in this case which would justify taking no action. The Tribunal reminded itself that the purpose of sanction is not to punish the doctor, but to protect the public, maintain public confidence in the medical profession, and uphold proper standards of conduct and behaviour.

122. While the Tribunal acknowledged Dr Hart's deeply held personal beliefs regarding the climate emergency, it concluded that the strength or sincerity of those beliefs cannot justify a doctor breaching the law. The Tribunal noted that many doctors may hold strong views on matters of public concern, including the environment and social justice, but must nevertheless act within the law and in accordance with the professional standards expected of medical practitioners.

123. The Tribunal found that Dr Hart's actions did not protect patients or uphold the reputation of the profession. On the contrary, his conduct was inconsistent with the high standards expected of a registered doctor.

124. It considered that the taking of no action would not be sufficient, proportionate, or in the public interest or uphold professional standards.

### Conditions

125. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Hart's registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable.

126. The Tribunal noted paragraph 81 of the SG:

*'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.'*

127. The Tribunal determined that this was not such a case where conditions would be appropriate. It found that Dr Hart does not currently have sufficient insight into his misconduct or the implications of his actions to satisfy the need for public confidence in the profession. Without adequate insight, the Tribunal concluded that conditions would not be effective in protecting the public or maintaining public confidence in the profession.

128. The Tribunal further determined that there was no evidence before it to suggest that appropriate, workable or measurable conditions could be devised to address the seriousness of Dr Hart's misconduct and criminal conviction. The Tribunal was satisfied that any conditions would be unworkable in practice and would fail to reflect the gravity of the conduct.

129. The Tribunal concluded that a period of conditional registration would not be an appropriate or proportionate sanction to satisfy the public interest or uphold standards for the profession.

## Suspension

130. The Tribunal considered the relevance of the following paragraphs of the SG:

*91 Suspension has a deterrent effect and can be used to send out a signal to the doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor. Suspension from the medical register also has a punitive effect, in that it prevents the doctor from practising (and therefore from earning a living as a doctor) during the suspension, although this is not its intention.*

*‘97 Some or all of the following factors being present (this list is not exhaustive) would indicate suspension may be appropriate.*

*a A serious departure from Good medical practice, but where the misconduct is not so difficult to remediate that complete removal from the register is in the public interest. However, the departure is serious enough that a sanction lower than a suspension would not be sufficient to protect the public.*

*...*

*e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor’s unwillingness to engage.*

*f No evidence of repetition of similar behaviour since incident.*

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

131. The Tribunal determined that paragraph 91 of the SG was engaged. It concluded that a period of suspension would be appropriate in this case, given the seriousness of Dr Hart’s misconduct. While the Tribunal accepted that Dr Hart had broken the law, it also noted that he did not accept that his actions were wrong in the conventional sense, reflecting the limited insight he has demonstrated.

132. The Tribunal considered whether Dr Hart’s conduct could be remediated. He stated in his oral evidence that he would not commit further offences unless circumstances changed,

indicating a willingness to comply with the law under current conditions. However, the Tribunal noted that there is no evidence that effective remediation has been undertaken to date and that Dr Hart's insight remains very limited. The Tribunal concluded that, while remediation is possible, he has not yet taken steps to demonstrate that it would succeed.

133. The Tribunal acknowledged paragraph 97(g) of the SG, which refers to the risk of repetition. Although Dr Hart indicated that it is not his intention to break the law again, there remains a degree of uncertainty as to whether he would do if circumstances were to change. The Tribunal concluded that there is a risk of repetition, although it does not currently consider Dr Hart to pose a significant risk of reoffending. Paragraph 97(f) was noted, with the GMC submitting that the risk was not significant. The Tribunal also took into account Dr Hart's stated desire to return to medical practice and avoid a life of custodial sentences.

### Erasure

134. The Tribunal then considered whether erasure from the medical register would be an appropriate sanction.

135. The Tribunal determined that, although Dr Hart's conduct represents a serious departure from professional standards it is not fundamentally incompatible with continued registration. His actions, while deliberate, did not involve violence against a person. The Tribunal determined the following paragraphs were engaged:

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

*a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.*

*b A deliberate or reckless disregard for the principles set out in Good medical practice and/or patient safety.*

...

*g Offences involving violence.*

...

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

136. Having considered erasure, the Tribunal concluded that a period of suspension would sufficiently meet the overarching objectives of protecting the public, maintaining public confidence in the profession, and upholding proper professional standards. Erasure would be disproportionate at this stage, given that remediation is possible and the risk of repetition, while present, is not significant in the current circumstances. The Tribunal emphasised that this was a finely balanced decision, it carefully balanced the seriousness of Dr Hart's deliberate conduct against the potential for remediation and the risk of future repetition, and determined that a period of suspension, rather than erasure, would be the proportionate response.

### **Length of suspension**

137. Having determined that a suspension is the appropriate and proportionate sanction, the Tribunal then considered the length of the suspension.

138. The Tribunal had regard to paragraph 99 of the SG, which provides that, when determining the length of a suspension, the primary consideration must be the protection of the public. The Tribunal noted that Dr Hart's conduct involved serious departures from GMP, including serious misconduct, criminal behaviour, and a deliberate breach of a High Court injunction. It concluded that public protection, public confidence in the profession, and the maintenance of proper professional standards were all engaged in this case.

139. The Tribunal also took into account the absence of remediation and insight. Dr Hart has been open and honest and self-referred, but he remains reluctant to apologise and has not undertaken meaningful steps to remediate his conduct. The Tribunal observed that he has expressed a willingness not to commit further criminal offences under current circumstances, but his lack of genuine insight and limited acceptance of wrongdoing justified a suspension at the upper end of the scale.

140. In determining the length of suspension, the Tribunal considered that it was not intended as a form of punishment but as a proportionate means to mark the seriousness of the misconduct, provide a period for Dr Hart to reflect, and allow time for potential remediation. The Tribunal noted that a minimum period would not adequately reflect the gravity of the deliberate, premeditated criminal conduct, nor the significant risk posed to public confidence and professional standards.

141. The Tribunal further noted paragraph 119 of the SG:

*119 As a general principle, where a doctor has been convicted of a serious criminal offence or offences, they should not be permitted to resume unrestricted practice until they have completed their sentence.*

It considered that Dr Hart cannot resume unrestricted practice until he has completed his custodial sentence, which provides a minimum baseline.

142. Balancing these factors, the Tribunal concluded that a suspension of 10 months would be sufficient to mark the seriousness of the misconduct, provide Dr Hart with the opportunity to gain insight and undertake remediation, and maintain public confidence in the profession. This period reflected the premeditated and deliberate nature of the offences, the lack of acceptance of wrongdoing, and the need to send a clear signal about the standards expected of registered medical practitioners.

### **Review hearing**

143. The Tribunal determined to direct a review of Dr Hart's case. A review hearing will convene shortly before the end of the period of suspension. The Tribunal wishes to clarify that, at the review hearing, the persuasive burden will be on Dr Hart to demonstrate whether matters have changed.

144. The Tribunal noted that any review hearing would provide an opportunity for Dr Hart to produce evidence of insight and remediation, particularly regarding how he can continue to engage in climate activism in a lawful and responsible manner, consistent with GMP, whilst maintaining public confidence in the profession.

145. The Tribunal also recognised that any future review would take into account evidence of continued professional development and maintenance of clinical skills, ensuring that Dr Hart remains competent and up to date in his practice. Dr Hart will also be able to provide any other information that he considers will assist.

### **Determination on Immediate Order - 20/10/2025**

146. Having determined to suspend Dr Hart's name from the Medical Register for a period of 10 months, the Tribunal has considered, in accordance with Rule 17(2)(o) of the Rules, whether his registration should be subject to an immediate order.

## Submissions

147. On behalf of the GMC, Ms Widdett submitted that an immediate order was not necessary in this case.

148. Dr Hart did not make any submissions.

## The Tribunal's Determination

149. In reaching its decision, the Tribunal considered the relevant paragraphs of the SG and exercised its own independent judgment. In particular, it took account of paragraphs 172, 173 and 178:

**‘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. ...*

**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.’*

150. The Tribunal determined that an immediate order was necessary to protect members of the public and is otherwise in the public interest. Further, it was necessary in order to uphold proper professional standards. The Tribunal was of the view that public confidence would be undermined if Dr Hart was permitted to practise unrestricted, given its finding that Dr Hart's the serious nature of his misconduct and conviction, and the assessed risk of

repetition. The Tribunal concluded that the medical profession would also be shocked if Dr Hart was permitted to continue unrestricted practise in light of its findings.

151. This means that Dr Hart'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.

152. The interim order is hereby revoked.

153. That concludes this case.



ANNEX A – 16/10/2025

**Application to admit further evidence**

154. During his oral evidence, Dr Hart sought to introduce a document prepared by Lawyers Are Responsible (“LAR”), an association of lawyers acting in solidarity with those on the frontline of the climate and ecological crises. The document addresses the proper interpretation of the Medical Act 1983 (“the 1983 Act”) in the context of climate activism by medical professionals.

155. The document sets out LAR’s legal opinion on whether acts of climate activism by doctors would contravene regulatory obligations under the 1983 Act and whether such conduct could reasonably be regarded as misconduct or as otherwise capable of impairing a doctor’s fitness to practise. Dr Hart submitted that this evidence was relevant to the Tribunal’s consideration of both misconduct and conviction limbs of impairment.

156. Dr Hart made this application to admit evidence under Rule 34(1) of the 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.”*

**Submissions**

157. On behalf of the GMC, Ms Widdett submitted that the document did not constitute factual evidence but rather represented the opinion of the authors, and therefore did not assist the Tribunal in reaching a determination on impairment.

158. Dr Hart submitted the document was relevant to its consideration of impairment. He argued that it provided context for assessing the reasonableness of his actions in light of the climate emergency and his understanding of his duties as a doctor.

**Tribunal’s Decision**

159. The Tribunal had regard to Rule 34(1) of the Rules as quoted above and the submissions of both parties.

160. The Tribunal was satisfied that it was fair to admit this evidence, and that it can judge the weight that it will give this evidence in the round with the other evidence provided.

161. The Tribunal determined that it is relevant to these proceedings and fair to all parties to admit this document into evidence.

## **ANNEX B – 16/10/2025**

### **Application to reconsider the decision to admit ‘An Opinion for Lawyers are Responsible’ document under rule 30**

162. On 14 October 2025, the GMC made an application pursuant to Rule 30 of the Rules to reconsider its decision to admit the ‘An Opinion for Lawyers are Responsible’ document under Rule 34(1).

### **Submissions**

#### On behalf of the GMC

163. Ms Widdett submitted that having considered the Tribunal’s decision to admit the ‘An Opinion for Lawyers are Responsible’ document on 13 October 2025, the GMC had decided to give the Tribunal a further opportunity to reconsider if it was in the interests of justice to admit legal opinion.

#### Dr Hart

164. Dr Hart did not make any submissions on this application when given the opportunity.

### **The Tribunal’s Decision**

165. The Tribunal noted that it had received an application pursuant to Rule 30 asking for it to reconsider its decision to admit the ‘An Opinion for Lawyers are Responsible’ document following a successful Rule 34(1) application by Dr Hart for the same document to be admitted.

166. The Tribunal also noted that the GMC's submissions that it had made the application in the interests of justice.

167. The Tribunal carefully considered this application. It was of the view that the argument was not a rule 30 argument as it was a continuation of submissions that the Tribunal had heard from the GMC on 13 October 2025. The Tribunal had not heard any further evidence or arguments since making its decision and therefore allowed the GMC to make further submissions that the evidence should not be admitted.

168. It noted that much of the legal opinion has already been orally submitted as evidence during the course of the hearing thus far by Dr Hart. No objection was made by the GMC when Dr Hart gave that evidence orally. It is a matter for the Tribunal to decide what, if any, weight to attach to attach to the document.

169. The Tribunal therefore determined to refuse the application.