

## PUBLIC RECORD

Dates: 22/05/2023 - 31/05/2023  
11/10/2023 – 13/10/2023

Medical Practitioner's name: Dr Ricky ALLEN

GMC reference number: 3172375

Primary medical qualification: MB BS 1986 University of London

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 Jayne Wheat
Medical Tribunal Member:	Professor Robert Mansel,
Medical Tribunal Member:	Dr Marsha Morgan

Tribunal Clerk:	Mr John Poole – 22/05/2023 Ms Maria Khan – 23/05/2023-31/05/2023 11/10/2023-13/10/2023
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## Attendance and Representation:

Medical Practitioner:	Present and not represented
Medical Practitioner's Representative:	N/A
GMC Representative:	Mr Robin Kitching, Counsel

### Attendance of Press / Public

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

### Overarching Objective

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

### Determination on Facts - 31/05/2023

#### Background

1. Dr Allen qualified with an MBBS in 1986 from St Mary's Hospital Medical School, University of London. He obtained full registration with the General Medical Council ('GMC') in 1987 and subsequently went on to work as an NHS doctor for 30 plus years in both Hospital Practice and General Practice. In the Spring of 2018, Dr Allen retired fully from the medical profession and relinquished his licence to practise in September 2019.
2. The GMC contacted Dr Allen on 27 March 2020, advising that it had reinstated his licence to practise and requested that he return to practise in order to help with the COVID outbreak. In response to this request, Dr Allen returned to work as a Primary Care Physician in the Accident and Emergency Department at the Queen Elizabeth Queen Mother Hospital in Margate, Kent.
3. On 27 July 2020, an anonymous complaint was forwarded to the GMC by a police community support officer at the Police Community Support Unit at Dover District Council Offices, in relation to social media posts that Dr Allen had made. The GMC subsequently revoked the temporary licence to practise it had issued to Dr Allen and he has remained without a licence to practise since.
4. The allegation that has led to Dr Allen's hearing can be summarised as that, whilst registered during 2020, he posted comments which were intended to encourage or persuade people not to have the COVID vaccine and which had the potential to undermine UK public health information, using social media accounts that identified him as an NHS doctor.
5. It is also alleged that Dr Allen posted derogatory comments on his social media accounts, including, but not limited to religion, race, nationality, immigration, transgender issues, gender and same sex relationships, as well as posting comments inciting and/or

supporting violence. It is alleged that all of Dr Allen’s posts had the potential to undermine public trust and confidence in the medical profession.

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

6. On day two of the hearing the Tribunal granted the GMC’s application, made pursuant to Rule 17(6) of the General Medical Council (Fitness to Practise Rules) 2004 as amended (‘the Rules’), that the stem of paragraph 16 of the Allegation be amended by removal of the words, ‘*on various medical conditions and/or treatment*’. The application was based on Dr Allen’s evidence that the alleged derogatory comments in paragraph 16 were not made about medical conditions and/or treatments, rather that the subject of his comments were the people who abused the diagnoses of these medical conditions. Dr Allen did not object to the application. The Tribunal granted the application as it was satisfied that the proposed amendment would not result in injustice to either party.

### The Allegation and the Doctor’s Response

7. The Allegation made against Dr Allen is as follows:

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

1. At all material times you were the user of a public Facebook account under the name XXX which identified you as a NHS doctor (‘your Facebook account’).  
**Admitted and found proved**
2. At all material times you were the user of a public Twitter account with the username XXX which identified you as a NHS doctor (‘your Twitter account’).  
**Admitted and found proved**
3. You used your Facebook account to post comments relating to the COVID vaccine, as set out in Schedule 1. In particular you wrote:
  - a. ‘He knows that the deaths will be in those who have had the covid ‘vaccines’’;  
**Admitted and found proved**
  - b. ‘However the previously vaccine induced spike making cells are all over the body and involve all organs rather than just the lungs. The real infection thus triggers the immune system to destroy massive numbers of cells in multiple organs all over the body, even though the virus has been nowhere near them, usually resulting in death through multiple organ failure. A disease that would otherwise been mild is made lethal. This is DISEASE ENHANCEMENT brought about by the vaccine’;  
**Admitted and found proved**
  - c. ‘Only a brainless half wit would contemplate having an experimental and occasionally lethal chemical irreversibly and repeatedly injected into

themselves because it MAY but likely wont reduce the chance of dying on the roads by one eighth (12.5%). There are evidently loads of such idiots about. Don't be one of them';

**Admitted and found proved**

- d. 'Surely the Coroner should have recorded Death by Misadventure';  
**Admitted and found proved**
- e. 'DON'T DO IT';  
**Admitted and found proved**
- f. 'The greater mass of the British public, the thick, lazy brain dead farm animals that they are, have lapped up this Covid scam as it's been spoon fed to them by the media. They deserve all that's coming to them. It's natural selection at work'.  
**Admitted and found proved**

- 4. At the end of each of the posts referred to in paragraph 3 and Schedule 1 you added your name and GMC reference number.

**Admitted and found proved**

- 5. Your actions at paragraphs 3 and 4:

- a. were intended to encourage or persuade people not to have the COVID vaccine;

**Admitted and found proved**

- b. had the potential to undermine UK public health information;

**Admitted and found proved**

- c. had the potential to undermine public trust and confidence in the medical profession.

**To be determined**

- 6. You used your Facebook account and/or your Twitter account to post derogatory comments on religion and proponents of religion, as set out in Schedule 2. In particular you wrote:

- a. On 10 March 2020: 'Their whole religion is based on misogyny and paedophilia';

**Admitted and found proved**

- b. On 5 June 2020: 'They won't go to Heaven and get their 27 virgins if they've been bummed to death in a UK prison. Allah will in fact be very cross with them';

**Admitted and found proved**

- c. On 23 August 2020: ‘I cannot help but think that Islam is the religion for dirty old men’.  
**Admitted and found proved**
7. Your actions as set out at paragraph 6 had the potential to undermine public trust and confidence in the medical profession.  
**To be determined**
8. You used your Facebook account and/or your Twitter account to post derogatory comments on race, nationality and immigration, as set out in Schedule 3. In particular you wrote:
- a. On 14 February 2020: ‘We seem to have imported lots of filth into this country’;  
**To be determined**
- b. On 18 February 2020: ‘A cocktail stick down the Japs Eye, can (I am told), also provide a more favourable option’;  
**To be determined**
- c. ‘Yellow skinned people are inherently cruel, not just to animals but to each other. Look at the awful Japs. Cruel little creatures’;  
**To be determined**
- d. ‘They [Japanese] sounded like cruel sub humans’;  
**To be determined**
- e. ‘I’ve seen so much imagery of the filthy Japs obscenities... The Americans pardoned the monkey Hirohito...’;  
**To be determined**
- f. ‘Anybody who thinks otherwise places the disgusting, cruel Japanese over his or her own people’;  
**To be determined**
- g. On 20 February 2020: ‘I would say, that we do employ some really really shit foreign ‘doctors’’;  
**To be determined**
- h. On 20 February 2020: ‘Is he one of those knife wielding little animals, almost always from recently imported ethnic groupings ‘of colour’ who are responsible for the record London murder rate? Sounds like he needs a slap, or possibly simply deport him’;  
**To be determined**

- i. On 28 February 2020: ‘They could have called it their Alluha Akbar knockdown sale’;  
**To be determined**
- j. On 29 February 2020: ‘We need to round up all radical Muslims living amongst us and place them into secure guarded camps’;  
**To be determined**
- k. On 29 February 2020: ‘They’re not immigrants they’re illegal aliens attempting a break in... Paris has become an open sewer because of them. They are literally a plague’;  
**To be determined**
- l. On 29 February 2020: ‘Machine guns every 200 yards along the Kent coast. Bodies washed up to be burned on the beach. No religious burials. Up to heaven with a breeze’;  
**To be determined**
- m. On 8 March 2020: ‘Well, I’m sure if you were to look at the racial demographics of these Labour member Britain haters you’d find that most are imported ethnics or their offspring, so Britain is not really ‘their’ country. They could just leave. Or be thrown out’;  
**To be determined**
- n. On 19 March 2020: ‘I wish they’d do all of those things to you. Please piss off back to Guyana’;  
**To be determined**
- o. On 22 March 2020: ‘The Scots are whinging again...A despicable, stingy and small minded race they are. And half of’em are drug addicts’;  
**To be determined**
- p. On 25 March 2020: ‘Never trust a Chinese. In Chinese culture it is entirely acceptable to lie shamelessly. The shame lies in not getting away with it’;  
**To be determined**
- q. On 1 September 2020: ‘She and her kids can always go back to the shit hole from whence they came. In Australia they’d be in an internment camp and damn right too’;  
**To be determined**
- r. On 8 November 2020: ‘Never in the history of human enterprise were two atom bombs more wisely spent’.  
**To be determined**

9. Your actions as set out at paragraph 8 had the potential to undermine public trust and confidence in the medical profession.

**Admitted and found proved**

10. You used your Twitter account to post derogatory comments on transgender issues, as set out in Schedule 4. In particular you said:

a. On 14 February 2020: ‘Humans come as Male or Female, as dictated by their chromosome complement: XY or XX. Surgical scalpels, hormones, high heels, dresses and lipstick may alter the external appearance of gender confused (mad) individuals but their sex stays unchanged. To think otherwise is insane’;

**To be determined**

b. On 17 February 2020: ‘I perceive myself to be an African Grey Parrot. Support my delusional construct or there will be trouble’;

**To be determined**

c. On 17 February 2020: ‘Trans girls aren’t females. They are biological men who imagine themselves to be females. Deranged people support their absurd fantasy. You can imagine yourself to be what you want. It’s your right. Doesn’t mean you are though and it doesn’t mean others should agree’;

**To be determined**

d. On 18 February 2020: ‘Attention seeking misfit’ (in reference to a post titled ‘The struggles of getting a haircut as a non-binary person’);

**To be determined**

e. On 24 February 2020: ‘Men who live the fantasy of being a woman are perverts in the truest sense. Those that conspire with them and encourage others to believe the fantasy aren’t much better’;

**To be determined**

f. On 1 March 2020: ‘It’s a form of mental illness. Sadly some members of the medical profession collude with them in their fantasies. They should be struck off’;

**To be determined**

g. On 5 March 2020: ‘There’ll be loads out there, ‘professional’ and otherwise who will conspire with this women in maintaining her fantasy that she’s a man. The child should be removed from her and placed with a normal family. Her male partner must be dead dodgy as well’.

**To be determined**

11. Your actions as set out at paragraph 10 had the potential to undermine public trust and confidence in the medical profession.

**Admitted and found proved**

12. You used your Facebook account and/or your Twitter account to post derogatory comments on gender and/or same sex relationships, as set out in Schedule 5. In particular you wrote:
- a. 'This new generation of Labour people are gobby, strident, heterosexual white male hating wimmin and pink fluffy 'men';  
**To be determined**
  - b. On 3 March 2020: 'Most male school teachers are sexual deviants of one kind or another. They should not be allowed near children';  
**To be determined**
  - c. On 6 March 2020: 'Many females are hopelessly stupid and little more than life support machines for their own reproductive apparatus. They'll always find sad males to fertilise them and so can just keep banging'em out. Each child is a Free Money coupon';  
**To be determined**
  - d. On 6 June 2020: 'ponce'.  
**To be determined**
13. Your actions as set out at paragraph 12 had the potential to undermine public trust and confidence in the medical profession.  
**To be determined**
14. You used your Twitter account to post tweets inciting/supporting violence, as set out in Schedule 6. In particular you wrote:
- a. On 19 February 2020: 'Should have pushed the little tosser over the fence and stamped on his head';  
**To be determined**
  - b. On 29 February 2020: 'Take a flame thrower to them';  
**To be determined**
  - c. On 27 May 2020: 'A flame thrower should be used on that mob of journo scum'.  
**To be determined**
15. Your actions as set out at paragraph 14 had the potential to undermine public trust and confidence in the medical profession.  
**To be determined**
16. You used your Facebook account and/or your Twitter account to post derogatory comments ~~on various medical conditions and/or treatment~~ as set out in Schedule 7. In particular you wrote:  
**Amended under Rule 17(6)**



- a. On 29 January 2020: ‘Lots of wankers do use ‘soft’ medical diagnoses such as autism, ADHD, Oppositional Defiance Disorder (ODD), personality disorder, learning difficulties etc to excuse their behaviour when they are called to account, when the correct diagnosis is really “arsehole”’;  
**To be determined**
- b. On 30 January 2020:
- i. ‘Possibly he is just a job who has gotten himself an excusing diagnosis. Happens all the time’;  
**To be determined**
- ii. ‘...who claims in her bio to have PTSD and be the victim of sexual and physical abuse. There are some unhappy/nutty people on Twitter aren’t there?’;  
**To be determined**
- iii. ‘And they all seem to be women. So much anger! Is Twitter a harbour for Mad Cow Disease?’;  
**To be determined**
- iv. ‘And you sound like a bitter unhappy lady, possibly with some terrible relationship behind you, residual emotional and psychosexual problems and a bottle of Prozac at the bedside.’;  
**To be determined**
- v. ‘people often get themselves medical labels to excuse their arsehole behaviour. I see it all the time’.  
**To be determined**
- c. On 12 February 2020: ‘Poor unhappy lady has likely retired to bed with her book and some Prozac. I doubt there’d be a Mr [P]. She sounds as mad as a box of frogs.’;  
**To be determined**
- d. On 15 February 2020: “‘Depression’ is rife. Scratch away and you soon realise that they’re not depressed, just a bit unhappy because they’re not really being handed everything that they imagined in their childish self entitled fantasies.’;  
**To be determined**
- e. On 27 February 2020:
- i. ‘Fat people should be denied all public stages. Their greed means that they are poor role models’;  
**To be determined**

- ii. 'There are a number of medical conditions which may cause overweight if untreated. However the vast majority of our fatties are plain greedy';  
**To be determined**
- iii. 'As for 'eating disorders' greed could be classified thus. After all we medicalise most human failings';  
**To be determined**
- iv. 'I'm sorry if you have an eating disorder that has made you fat. I wonder if I have a disorder that has made me rude. I shall consult Dr Sum Ting Wong of the Royal College of Silly Made up Diseases and get back to you';  
**To be determined**
- v. 'Porkers often are an unhappy group, often not liking themselves, and therein lies their problem. They cheer themselves up by scoffing. There's nothing I can prescribe.';  
**To be determined**
- vi. 'And over the years I've had thousands of fatties come to me asking what 'to take' in order to lose weight because they eat 'next to nothing'. I normally advise that they 'take' a trip to Somalia where there really is 'nothing' to eat.';  
**To be determined**
- vii. 'Why would I wish to prescribe you anything? Do you feel you need medication? Do you have an illness? Are you the victim of some terrible disease or just a "victim"? I'm just not a fat fan. Get used to it';  
**To be determined**
- viii. "Those with eating disorders are generally craving for attention and being overtly caring simply encourages them. Most are beyond help and ones efforts are better utilised elsewhere. It's simple mathematics. Self harmers were similar';  
**To be determined**
- ix. 'The so called depressives were generally not really depressed but rather simply felt that they did not feel as happy as life owed them. it was then really for them to improve their situation rather than come along to the doctor to have their backs patted and their noses wiped.';  
**To be determined**
- x. 'See a real depressed person in the medical sense and you'll realise who is simply an inadequate with ambition in excess of ability (the majority) and who is ill and in need of help (a minority). As for 'Low self

esteem', I'm sorry but I don't even recognise it as an illness';

**To be determined**

- f. On 28 February 2020: 'Where are the Child and Adolescent Mental Health Services when you need 'em? She'll be a self harmer that one.';

**To be determined**

- g. On 8 March 2020: 'Exhibitionist nut cases. It's shameful how autistic youngsters and psychologically unhinged ladies are exploited by this movement';

**To be determined**

- h. On 5 September 2020: '...now this nutty white professor 'black activist'... like so many other WOKE causes is driven forward by mentally deranged middle class white women. Mad Cow Disease has never gone away'.

**To be determined**

17. Your actions as set out at paragraph 16 had the potential to undermine public trust and confidence in the medical profession.

**To be determined**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

### **The Admitted Facts**

8. At the outset of these proceedings, Dr Allen made admissions to some paragraphs and sub-paragraphs of the Allegation, as set out above, in accordance with Rule 17(2)(d) of 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.

### **The Facts to be Determined**

9. In light of Dr Allen's response to the Allegation made against him, the Tribunal is required to determine the remaining disputed paragraphs of the Allegation.

### **Witness Evidence**

10. Dr Allen provided his own witness statement dated 28 March 2023 and also gave oral evidence at the hearing.

### **Summary of Dr Allen's Oral Evidence**

11. Dr Allen confirmed his witness statement and adopted its contents as his evidence in chief. He informed the Tribunal that he did not intend to further address the parts of the Allegation that were covered in Schedules 2 to 7. Dr Allen explained that he had retired in

2018, XXX, after a 33-year career. He said that in February 2020 his licence was re-instated by the GMC in response to the COVID-19 outbreak and he went back to work to assist in the response to the pandemic. He stated that the GMC subsequently revoked his licence in June of 2020, as they had commenced an investigation after an anonymous complaint was made against him. Dr Allen stated that he was not kept informed of the progress or outcome of the investigation, with the last communication being sent by the GMC in June 2021. He said that he subsequently learned that the GMC had abandoned the investigation, but that after a review, the investigation was re-opened in February of 2022. Dr Allen told the Tribunal he had received a letter from the GMC confirming this, with an attachment, in which it was explained that the matter had been re-instated as a result of another complaint which had been received in early 2020. He stated that the GMC had had that complaint all the time, including when they re-instated his licence in the early days of the pandemic.

12. Dr Allen explained that he paid his GMC subscriptions in 2018 and 2019 inadvertently, because he had not cancelled his direct debit. In 2020 he said that he did pay his GMC subscription to stay on the medical register. In 2021, he decided not to pay it, stating *'Why pay the GMC to torment me?'* Dr Allen told the Tribunal that he received an email dated 24 January 2022, to inform him that as a result of not paying to retain his registration, his name would be erased from the register without further communication. He said that two days later, he was informed that the earlier decision to close the investigation arising from a complaint in January 2020, was to be reviewed.

13. Dr Allen told the Tribunal that in the summer of 2020 he was becoming increasingly concerned about the Government's response to the pandemic, which he described as *'fearmongering'*; terrorising the population, with the media complicit in this and the Government using *'pet'* medical experts and pseudo-science.

14. Dr Allen stated that he referred Professor Chris Whitty, the Chief Medical Officer, to the GMC in August 2020. Dr Allen told the Tribunal that by Spring 2021 his concerns increased because of the vaccination programme put in place. He said the Government were using lies, fear, threats, bribery and shaming and that the GMC seemed to be turning a blind eye to informed consent. He went on to say that local doctors who were working during this time approached him to voice concerns about a TV clip in which they thought a doctor was misrepresenting the facts by claiming that the vaccination provided complete protection. Dr Allen presented this video clip as part of his evidence, showing a broadcast from Downing Street by Dr Nikki Kanani, a GP and Medical Director of Primary Care for NHS England. Dr Allen said he referred this doctor to the GMC, who then protected her by taking no action.

15. Dr Allen set out the timeline of age groups becoming eligible for the vaccination. He drew the Tribunal's attention to the recommendation of the Joint Committee on Vaccination and Immunisation ('JCVI') in September 2021 that healthy 12-15 year-olds should not be vaccinated and said that Professor Chris Whitty overturned that decision, so the vaccination process for that age group began. Dr Allen reminded the Tribunal that the vaccinations were licensed for emergency use only. He told the Tribunal of his increasing concern that children were expected to make a decision which may affect the rest of their lives, and he produced a

video, which he had uploaded to Facebook in September 2021, in which he explained the reasoning of the JCVI. Dr Allen talked about informed consent and pointed out that 12-15 year-olds could be given the vaccine even if their parents objected. This video was presented to the Tribunal as part of his evidence. Dr Allen explained that in January 2022 he had researched the Office for National Statistics ('ONS') data on annual death rates in 15-19 year-olds and discovered a 57% increase in mortality in males of that age group after the vaccine roll out. He produced a video on this topic which he uploaded to YouTube on the 14 January 2022, as part of his evidence.

16. Dr Allen also showed the Tribunal a fourth video, uploaded to YouTube on 18 January 2022, in which he explained the statistical findings in a paper published in Nature Medicine, of the minimal risks associated with natural infection by the Sars Covid 2 virus in healthy children. Dr Allen explained that in January 2022, he attended a large anti-vaccination march in London, carrying a big placard. He showed the Tribunal a video clip of the march and said he was interviewed and photographed, with the photographs being widely circulated. Dr Allen said he re-referred Professor Chris Whitty to the GMC at this time, expressing his concerns about the mortality rate in young boys and the overturning of the advice from the JCVI. Dr Allen told the Tribunal that it was his belief that agencies outside of the GMC communicated with the GMC, which resulted in the GMC re-opening the investigation into the earlier complaints against him, and in the GMC trawling through his social media accounts. Dr Allen said it was because of this, that the matters covered in the Allegation and Schedules 2 to 7 have come before the Tribunal. He went on to explain that in his opinion the GMC will dance to the tune of its political masters, and not the public, who it claims to serve. Dr Allen said the GMC had dragged his case out for 3 years and was hypocritical and bullying. He said the GMC was his accuser, investigator, prosecutor, and judge. He reminded the Tribunal that doctors commit suicide whilst awaiting fitness to practise hearings.

17. In relation to the sub particulars in paragraph 3, Dr Allen said that he felt it was his duty to say the vaccination rollout was wrong and why. He said that doctors are taught to be critical thinkers and if something was done wrong, it was his responsibility to speak out. He said he had nothing to lose, unlike some of his younger colleagues who had children and mortgages to pay. He told the Tribunal that he regretted using '*brainless halfwit*', instead he should have said '*absolute fool*'. He explained the basis for his comparison to the statistics on road traffic fatalities. He explained that in relation to the death of a young father after being vaccinated, he had met the deceased person's wife at a rally, and that the Coroner had subsequently re-visited the verdict. Dr Allen described the greater mass population as falling into two groups, the smaller being critical thinkers and the larger group doing as they were told, as a herd, '*like farm animals, lapping up the Covid scam and clapping like circus seals*'. He said that what he had posted was true but conceded that the words he used were harsh. Dr Allen said that when the vaccine was rolled out to kids, there was no place for him to be mealy mouthed. He confirmed that he thought it was natural selection and that the pandemic turned into an intelligence test.

18. Dr Allen was given the opportunity to comment specifically on the denied matters, and on Schedules 2-7. He referred to the paragraphs of the Allegation, which alleged his

posts were derogatory. He said that derogatory was in the eye of the beholder and that if the charge had been '*potentially derogatory*' he would have agreed. With regard to paragraph 10, he said that the transgender community would find his posts derogatory, whereas others would not.

19. In relation to paragraph 14, Dr Allen said that he could not agree with the word '*inciting*' violence but conceded that his posts were '*supporting violence*', explaining that we all support violence from time to time. Dr Allen explained his position in relation to paragraph 16; he said he was not at all derogatory about medical conditions, he was derogatory to the individuals who hijacked them to suit their own agenda. In relation to paragraph 17, Dr Allen qualified his admission that his posts had the potential to undermine public confidence, by stating that if doctors were unsympathetic to the individuals he identified as hijacking medical conditions, then public confidence would be potentially undermined.

20. In cross examination, Dr Allen stated that his posts regarding the pandemic were timed to when a majority of those over 65 years had already been vaccinated, therefore he was targeting the posts at young people. Dr Allen said vaccine associated disease enhancement had been seen previously in 2004 and 2014 in previous coronavirus infections and was therefore relevant to this COVID virus. He explained that posting '*you will see massive cases of it this winter*' was because it would be impossible to distinguish deaths from the vaccination from deaths caused by COVID itself.

21. In relation to paragraphs 6(a), 6(b) and 6(c) (concerning religion and proponents of religion), Dr Allen qualified his admissions to those posts being derogatory, in that he said that they would only be derogatory to a certain cross section. He gave the example of an 80 year old man exploiting the fact that in traditional Islam he can marry and abuse a child.

22. In relation to paragraph 8, (concerning race, nationality and immigration) Dr Allen confirmed that he denied his posts were derogatory and stated that he said those things in the posts because he believed them to be true.

23. Dr Allen explained that he admitted these posts had the potential to undermine public confidence in relation to an immigrant who has now settled in the UK, but that the vast majority of the public would be in complete agreement with him.

24. In relation to the posts set out in paragraph 10 (in relation to transgender issues) Dr Allen conceded that his comments would be derogatory to a transgender person. Dr Allen confirmed that he had admitted that his comments had the potential to undermine public trust and confidence, on a limited basis, because transgender people may well be distrustful of him as a doctor, as a result.

25. In relation to the comments set out in paragraph 12 (gender and/or same sex relationships) Dr Allen conceded that some women might find his comments on fertility to be derogatory.

26. Dr Allen also clarified that he admitted that public trust in the medical profession might be undermined, but on a limited basis, for example a hopeless couple ‘*churning out*’ children might well find his views unpleasant.

27. Dr Allen stated that in relation to the matters contained within schedules 2-7, he was of the view that posting on social media two to three years after retirement was not in the GMC’s remit and that it had nothing to do with the GMC. When asked by GMC Counsel in cross-examination, Dr Allen said he had last read *Good Medical Practice* over five years ago, in the context of an appraisal.

28. Dr Allen told the Tribunal that his language was different on Twitter and Facebook than when he presented information to a lay audience in his videos, or when he practiced as a doctor, because social media is a realm for free speech and that he ‘*could be more myself than I could in the workplace*’. He stated that he was respectful in the medical environment when practising. Dr Allen answered a Tribunal question as to why he became a doctor with several reasons, and when specifically asked if he wanted to help people, he replied, ‘*for sure*’.

### Documentary Evidence

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

- Screenshot of Dr Allen’s Facebook profile;
- Screenshot of Dr Allen’s Twitter profile;
- Copies of the posts subject to the allegations;
- Emails from Dr Allen to the GMC, dated 27 July 2020, 30 May 2022 and 3 October 2022;
- Correspondence received by the GMC from Dr Allen re referral of Professor Whitty, dated 6 April 2023;
- Further correspondence received by the GMC from Dr Allen with additional evidence, dated 10 April 2023;
- Video of TV clip of Dr Nikki Kanani at Downing Street;
- Video clip of anti-vaccination march;
- Video clip in which Dr Allen speaks about the decision of the JCVI and informed consent;
- Video clip about the statistical analysis of ONS data;
- Further correspondence received by the GMC from Dr Allen with additional video evidence (‘Dr A video’), relating to the research paper from Nature Medicine;
- Correspondence from Dr Allen to the GMC, dated 14 April 2023;
- Correction email from Dr Allen to the GMC, dated 15 April 2023.

### Closing Submissions

On behalf of the GMC

30. On behalf of the GMC, Mr Robin Kitching, Counsel, invited the Tribunal to keep an eye on the next stage when it drafted its Determination on the Facts, on the basis that Dr Allen had made admissions to some paragraphs of the Allegation. In relation to the stem of paragraph 6, the doctor had admitted his comments were derogatory. In paragraphs 9, 11 and 17, Mr Kitching submitted, Dr Allen had admitted that some of the comments he had made could undermine public trust and confidence in the medical profession. However, these admissions were only in respect of the sectors of the general public the tweets and posts related to. Mr Kitching submitted that the GMC stance was that the comments were generally derogatory and would damage the reputation of the medical profession and undermine public trust and confidence in the medical profession on a wider scale, and that most members of the general public would be appalled by the comments made by Dr Allen. Mr Kitching submitted that the Tribunal should make clear in its Determination on the Facts whether it agreed with the doctor's position or the GMC's, as this would be relevant to the seriousness of the conduct and to the level of insight shown by the doctor.

31. Mr Kitching submitted that Dr Allen admitted his actions in relation to the posts on the COVID vaccine were intended to encourage or persuade people not to have the COVID vaccine and had the potential to undermine UK Public Health information. Mr Kitching said that Dr Allen considered he was fully justified in adopting that approach as he had concerns about the vaccine roll out. Mr Kitching said Dr Allen's comments were ill-considered and deliberate scaremongering, not likely to fall within legitimate debate. He submitted that Dr Allen had justified the comments by placing them in the context of the timeline of when the vaccines were rolled out to young people. He submitted that the posts themselves did not set out that context, nor did they present the risks or rewards of the vaccine programme. Mr Kitching submitted that it was clear at that time that the vaccination programme was not without risk, but it still delivered benefit to the public. Dr Allen's posts risked undermining that benefit to the public and had the potential to undermine public trust and confidence in the medical profession by saying that the general public was being lied to. Mr Kitching reminded the Tribunal to read the comments in the context of the posts on Facebook and the Twitter feeds, not the videos Dr Allen exhibited, as they were not available to the Facebook and Twitter audience.

32. In relation to the non-COVID particulars of the Allegation, Mr Kitching invited the Tribunal to apply the ordinary English meaning of the word '*derogatory*' and to ask itself if the comments were accurately characterised, applying the stem to each of the comments in the sub paragraphs. Mr Kitching submitted that the Tribunal need not find everything derogatory, but the GMC stance was that they were all derogatory. It was fair to say that some comments were more derogatory than others, and some were more likely to undermine public trust and confidence in the medical profession than others. The question was whether these comments crossed the boundary of freedom of expression into unprofessional behaviour that required action by the regulator.



33. Mr Kitching submitted that the matters in schedules 2-7 were within the remit of the GMC as they were public posts in which Dr Allen had identified himself as a doctor and had fallen foul of GMC guidance on *'Doctors' use of social media'* which references the relevant paragraphs of *'Good Medical Practice'*.

34. Mr Kitching submitted that the role of the GMC and MPTS, as well as the limits of those roles, were well-recognised, and referred the Tribunal to the case of *Adil v General Medical Council* [2023] EWHC 797 (Admin), and submitted that the outstanding allegations should be found proved.

#### Dr Allen

35. Dr Allen submitted that he would like to correct the GMC submission that his Facebook posts were not age-related. He said the posts from June 2021, relating to COVID and the vaccine, were age-related. He said that disease enhancement could relate to anyone and at the time of the posts, 95% of over 65s were already vaccinated.

36. Dr Allen then clarified the meaning of the word *'derogatory'*, and told the Tribunal that to be negatively critical or disrespectful was a fact of life and just the way things are.

37. Dr Allen submitted that while social media is a public forum, it is not compulsory to look at it. Dr Allen said that the appeal for him is that social media gives an opportunity for people to fire back, to put forward an argument, and there was an assumption by GMC that the general public does not have capacity to do so, or to put forward an idea.

38. Dr Allen told the Tribunal that this assumption was also reflected in the concept of undermining trust in the medical profession. He submitted that blind trust is a dangerous thing and if trust in the profession was being undermined, it was the medical profession that had done it, not him, and it was possibly a good thing because the public needed to be more critically thinking, better informed and to be less *'dumbed down'*. That was what he liked about social media.

39. Dr Allen reminded the Tribunal of Mr Kitching's statement that it was for the national good to vaccinate children. Dr Allen submitted that children and young adults were not *'pincushions'* to protect older people, and they were entitled to a healthy life ahead of them, and not have it *'screwed up'* by being injected with an experimental vaccine that they do not need against a disease that was of zero risk to them.

40. Dr Allen submitted that goalposts had been changed throughout lockdown, and that the vaccine was not working. He submitted that the Government had the public acting as a herd who were panicked. He accepted describing the public as *'thick and brainless'*, and that the pandemic had turned into an intelligence test. Dr Allen said he had used strong words to get attention, after he had sent two measured referrals to the GMC. Dr Allen told the Tribunal that he knew doctors who had not allowed their own children to be vaccinated yet

were unable to voice their opinions to their patients because they were scared of the consequences of speaking out.

41. Dr Allen submitted that he was very suspicious of the GMC's motives as he had retired five years ago and he thought the initial complaint had been shut down shortly after it was raised two years into his retirement, as he did not hear anything further for the next seven months. He was subsequently told that it had been shut down but it was going to be reopened. Dr Allen told the Tribunal that this coincided with the time he was particularly active on the COVID front with marches and interviews. There was no reason given for why the GMC wanted to look at old posts from 2020 but they picked up the trail and advised they were proceeding with an investigation. Dr Allen told the Tribunal he was suspicious that the GMC did not like what was happening, and it had left things hanging over his head for seven months when it could have told him the case had been dropped. Dr Allen submitted that doctors kill themselves while waiting for a hearing and questioned why he was not told.

42. Dr Allen submitted that he was not going to address the non-COVID matters that had been raised and told the Tribunal he was disgusted with the GMC, and the GMC did not have the right to judge him on matters of opinion.

43. Dr Allen further submitted that he had retired XXX and was not going back to practise as a doctor. He had not paid his GMC registration fees in 2021 and could have been removed administratively, however this had not happened. Two days after being told he would be administratively removed, Dr Allen submitted that he was informed the case against him had been reopened. He submitted that this had been vindictive to shut him up.

### The Tribunal's Approach

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

45. The Legally Qualified Chair ('LQC') reminded the Tribunal that it should consider each of the particulars of the Allegation separately and all the evidence in relation to each particular. It should consider any explanation or position put forward by the doctor in relation to the facts and explain whether it accepts or rejects the explanation and how it has reached its findings.

46. Mr Kitching had drawn the Tribunal's attention to the important issue of freedom of expression and, particularly, the provisions of the European Convention on Human Rights, Article 10. Mr Kitching referred the Tribunal to the case of *Adil v General Medical Council* [2023] EWHC 797 (Admin) which reiterates that although Article 10 provides a broad right to freedom of expression, it is not an absolute right but is qualified. The LQC summarised the pertinent points of that judgment for the Tribunal to consider:

- The right to freedom of expression in Article 10 of the ECHR is a qualified right and is subject to formalities, conditions, restrictions or penalties as are ‘prescribed by law’. The ‘prescribed by law’ condition is a requirement for legal certainty and in the context of the regulation of a professional, the obligation within paragraph 65 of Good Medical Practice (2013) (‘GMP’): to maintain public trust in the medical profession is sufficient for the purposes of this ‘prescribed by law’ condition. The Medical Act 1983 authorises the GMC to set standards of professional conduct and those standards are set out in GMP (and other explanatory guidance). Standards such as paragraph 65 of GMP reflect the general body of obligations attaching to a profession and are capable of being readily understood by the members of that profession and with reasonable foreseeability, to understand how they are required to conduct themselves.
- The interest in preserving the Article 10 right to freedom of expression is important. Therefore, some comments may be potentially controversial but remain within the domain of freedom of expression for doctors.
- A Tribunal may be justified in interfering with a practitioner’s right to freedom of expression even where the comments were made outside of work. However, in cases where a practitioner uses their position or credentials as a doctor to promote an opinion on a matter of medical importance, the remarks will squarely engage their professional responsibilities.
- In determining whether conduct had tended to diminish public trust and confidence in a profession, tribunals are required to apply their own expertise to assess whether, objectively, the conduct found to have occurred had that effect on ordinary, reasonable members of the public. Because the matter is an objective standard applied by an expert tribunal, specific evidence relevant to public trust and confidence is neither necessary for such a conclusion nor, when available, need not be determinative of the conclusion the tribunal may reach.

47. In relation to the word ‘derogatory’, the LQC advised that the Tribunal ought to consider its ordinary meaning. For assistance, the LQC gave the definition in the Collins Dictionary as follows:

*‘If you make a derogatory remark or comment about someone or something, you express your low opinion of them. (Synonyms: disparaging, damaging, offensive, slighting)’*

48. The LQC reminded the Tribunal that it must reach its decision on the facts only on the evidence before it. It is entitled to draw reasonable inferences from what it has heard. The Tribunal must not speculate, for example on what other evidence might have been adduced or what other witnesses might have been called. When drawing inferences, the Tribunal must be able to safely exclude, as less than probable, any other explanation. There must be evidence that justifies the inference.

49. The Tribunal has heard evidence from Dr Allen in person. His evidence was subject to testing via cross examination. The credibility, reliability and the weight to attach to his evidence will be for the Tribunal to decide, having heard from him.

50. In so far as it was relevant to the consideration of the remaining disputed elements of the Allegation, the LQC gave the Tribunal a good character direction for Dr Allen, reminding the Tribunal that Dr Allen's good character is not a defence to the allegations, it is one factor to take into account when considering all of the evidence in the round. What weight, if any, should be given to the doctor's good character in determining the disputed parts of the Allegation, remains a matter for the judgment of the Tribunal.

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

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

52. The Tribunal noted that Dr Allen admitted that being registered as a doctor under the Medical Act 1983, he was at all material times the user of a public Facebook account which identified him as an NHS doctor, and the user of a public Twitter account which also identified him as an NHS doctor. Dr Allen further admitted being the author of all the Facebook posts and Twitter tweets from which the comments that were set out in the Allegation derived. Dr Allen also admitted that at the end of the posts referred to in paragraph 3 and Schedule 1, he added his name and GMC reference number. In relation to paragraphs 3 and 4 (COVID vaccine), Dr Allen admitted that his actions were intended to encourage or persuade people not to have the COVID vaccine and that his actions had the potential to undermine UK Public Health information. Dr Allen also admitted the stem of paragraph 6 (posting derogatory comments on religion and the proponents of religion). In his oral evidence, he qualified his admissions to the stem of paragraph 6, to apply to a certain cross section of the followers of Islam who would find his comments derogatory. Dr Allen did not admit to paragraph 7, which related to the potential for the actions at paragraph 6 to undermine public trust and confidence in the medical profession. When considering paragraph 7, the Tribunal resolved to determine on what basis, if any, it found this matter proved.

53. Paragraphs 9 (actions as set out at paragraph 8, race, nationality and immigration), 11 (actions as set out at 10, transgender issues), and 17 (actions as set out at 16) all related to the potential to undermine public trust and confidence in the medical profession, which Dr Allen admitted from the outset. During his oral evidence, Dr Allen qualified his admissions to these paragraphs and made limited admissions to paragraph 13 (actions set out at paragraph 12, transgender/same sex relationships). His stance was that only the targets of the posts would have their confidence in the medical profession undermined. The GMC case was that most people would be appalled by the actions as described in the Allegation. The Tribunal's approach to this was to state on what basis it determined these admitted paragraphs.

54. When considering the outstanding particulars, the Tribunal considered the general context in which social media platforms such as Facebook and Twitter are used. The Tribunal was of the opinion that it is commonly accepted that interactions on such platforms were, by their nature, less formal and more casual than other, more traditional forms of communication. In the Tribunal's view, Twitter is commonly used for the exchange of opinions, and it is not uncommon for those exchanges to become acrimonious. The Tribunal also considered that users of social media platforms should be aware that any comments they published had the potential to reach a very wide audience particularly through retweets and quote tweets, unless their accounts were set to private. With regard to the particular comments within the sub paragraphs that were taken from longer posts or tweets, the Tribunal considered the context in which those comments appear. For example, where the comments are part of a wider '*conversation*' between Twitter users, the Tribunal considered the full conversation.

Paragraph 5(c) (in relation to Paragraphs 3 and 4)

55. In respect of all the sub paragraphs in paragraph 3, the Tribunal accepted Dr Allen's evidence that he was genuinely concerned by the public health messaging surrounding the vaccine program at the time and considered himself under a duty to express a critical view, contrary to that held by others, and which the Tribunal considered formed a legitimate body of opinion. In relation to sub paragraph 3(a), the Tribunal considered this comment to reflect the views of others including legitimate scientists and public health experts, who were critical of Boris Johnson and his Government and their response to the pandemic, and of the public health messaging around the vaccine programme. The view may have been controversial, but in the Tribunal's opinion that was not enough to undermine trust in the medical profession. Ordinary, reasonable members of the public would not find that this comment, when viewed in the context of the wider post from which it is taken, had the potential to undermine public confidence. Accordingly, the Tribunal found paragraph 5(c) not proved in relation to paragraph 3(a).

56. In respect of paragraph 3(b) the Tribunal took into account that Dr Allen was describing the difference between natural and vaccine-induced immunisation; this process is well-described and scientifically accepted. The Tribunal determined that the comment, when viewed in the context of the wider post, fell within the remit of a legitimate debate about the safety and efficacy of the vaccine. Ordinary, reasonable members of the public would not conclude that the comment had the potential to undermine public confidence when considered in context, as the public are entitled to consider alternative views when making decisions about their own and their children's health. Accordingly, the Tribunal found paragraph 5(c) not proved in relation to paragraph 3(b).

57. In respect to paragraph 3(c) the Tribunal determined that implying the public were '*brainless halfwits*' if they had the COVID vaccine could not amount to a legitimate argument by a registered doctor. It was neither appropriate nor did it engage proper legitimate debate. This comment was insulting to those who had had the vaccine in line with public health messaging and the wider post from which it was taken was unduly critical of doctors who

participated in the vaccination programme. The Tribunal concluded that for these reasons, ordinary, reasonable members of the public would find that Dr Allen's comments had the potential to undermine public trust and confidence in the medical profession. Accordingly, the Tribunal found paragraph 5(c) to be proved in relation to paragraph 3(c).

58. When determining whether paragraphs 3(d) and 3(e) had the potential to undermine public trust and confidence in the profession, the Tribunal took into account that Dr Allen was commenting on a newspaper article about a previously healthy young man who developed a cerebral thrombosis 10 days after he had been given the AstraZeneca vaccine. The Tribunal determined that Dr Allen had expressed opinions that were held by many others, including other medical practitioners, and was commenting on factual information; the young man did die as a consequence of complications related to the vaccine. The Tribunal found that Dr Allen had not overstepped the mark in the way he expressed his views. There had been public and medical interest in this particular case and it was a matter of public record. Accordingly, the Tribunal found paragraph 5(c) not proved in relation to paragraphs 3(d) and 3(e).

59. The Tribunal found that the comments in paragraph 3(f) were insulting to the public. Saying that the population deserved all that was coming to them, implying that the result would be death by commenting that it was natural selection at work and calling COVID a 'scam' did not form part of any legitimate debate around the pandemic or the vaccine program. The Tribunal determined that these comments, made by a registered doctor who included his name and GMC reference number, had the potential to undermine public trust and confidence in the medical profession. Accordingly, the Tribunal found paragraph 5(c) to be proved in relation to paragraph 3(f).

60. Dr Allen made an admission to paragraph 4 which sets out that at the end of each of the posts referred to in paragraph 3 and Schedule 1, he had added his name and GMC reference number. Simply adding his name and GMC reference number on its own could not, of itself, undermine public trust and confidence in the medical profession. However, as the Tribunal found that sub paragraphs 3(c) and 3(f) had the potential to undermine public trust and confidence in the medical profession, it found paragraph 5(c) to be proved in relation to paragraph 4 for paragraphs 3(c) and 3(f) only. The Tribunal therefore found paragraph 5(c) in relation to paragraph 4 not proved in relation to paragraphs 3(a), 3(b), 3(d) and 3(e).

Paragraph 7 (in relation to the admitted Paragraph 6(a), 6(b) and 6(c))

61. The Tribunal considered the GMC's case that Dr Allen's comments relating to religion and proponents of religion in paragraph 6 attacked the whole of Islam, which had the potential to undermine public confidence in the profession. It also considered Dr Allen's position that his comments would be derogatory only to certain people of Muslim faith, using his example of an 80-year-old man exploiting the fact that in traditional Islam he can marry and abuse a child.

62. In paragraph 6(a), Dr Allen had stated, *'their whole religion is based on misogyny and paedophilia'*. This was clearly a derogatory comment about Islam as a whole and could not be read in any other way. Ordinary, reasonable members of the public would consider this comment, made by a registered doctor, to have the potential to undermine public trust and confidence in the medical profession, whether or not they were the target of the comments. The GMC had proved its case. Accordingly, the Tribunal found paragraph 7 to be proved in relation to paragraph 6(a).

63. The Tribunal acknowledged Dr Allen's qualified admission that his comments were derogatory only to the *'target'*, in this case, the gang convicted and sentenced as set out in the article, who were described as Muslim. Even so, the Tribunal considered that the insulting language used fell far below that which an ordinary, reasonable member of the public would consider appropriate for a registered doctor, and concluded Dr Allen's post had the potential to undermine public trust and confidence in the medical profession. The potential for undermining trust and confidence was not limited to Dr Allen's target, nor to Muslims, but related to the wider public. Accordingly, the Tribunal found paragraph 7 to be proved in relation to 6(b).

64. The Tribunal took into account Dr Allen's admission that this comment was derogatory and that his position here was that he was talking about *'dirty old men'*, not Muslims in general. The Tribunal did not accept this explanation and found the comment to be derogatory to all Muslims and that the comment, in essence, was calling Muslims paedophiles. The Tribunal considered that a doctor using language that was derogatory to Muslims, who were part of the wider community of patients in the UK, would have, according to the standards of ordinary, reasonable members of the public, the potential to undermine public trust and confidence in the medical profession. Accordingly, the Tribunal found paragraph 7 proved in relation to paragraph 6(c) based on the GMC's case.

#### Paragraph 8

65. The Tribunal determined that by using the word *'imported'*, Dr Allen was talking about immigration. The Tribunal accepted that Dr Allen was replying to a tweet about a gang convicted of rape, and that he provided the only context for this in his witness statement (*'four asylum seeker Latvians'*). However, his response was not specific to the grooming gang, but made a sweeping generalisation about immigrants. The Tribunal determined that using the words *'lots of filth'* to describe immigrants was clearly derogatory. Accordingly, the Tribunal found paragraph 8(a) to be proved.

66. The Tribunal took into account the colloquialism of the term *'Japs Eye'* to refer to part of a penis, and how it could be seen to be potentially offensive. However, taken in the context of the comment made by Dr Allen, the Tribunal found that this formed part of a silly quip in response to a joking tweet that was referring to the napalming of male genitalia. Dr Allen had expanded on the theme of the tweet he was responding to and had used a term that was common parlance. In these particular circumstances, The Tribunal did not find this

to be a derogatory comment on race, nationality and immigration and, accordingly, found paragraph 8(b) not proved.

67. In determining paragraphs 8(c), 8(e) and 8(f), the Tribunal relied upon Dr Allen's description of the videos which prompted a *'thread'* of tweets and replies. The GMC did not provide this information. The Tribunal were aware of the well-documented historical atrocity, known as the *'Rape of Nanking'*. The Yulin Festival was well publicised and attracted much criticism from animal lovers worldwide. The Tribunal considered that describing such events as cruel or as obscenities was legitimately expressing an opinion shared by many other people. However, it considered that using words such as *'awful Japs'* *'cruel sub humans'* *'filthy Japs'*, *'yellow-skinned'*, *'monkey'* and *'disgusting'* to describe all Japanese and Chinese people was racist, and hence derogatory. Accordingly, the Tribunal found paragraphs 8(c), 8(e) and 8(f) to be proved.

68. In relation to 8(d), the Tribunal inferred, from the content of the admitted tweet sent by Dr Allen, that the comment in paragraph 8(d) was in relation to what Dr Allen had been told by a patient about his experiences in wartime at the hands of the Japanese. Dr Allen did not say anything directly about the Japanese as a race being cruel, rather that they *'sounded like'* they were so, in relation to a patient's specific experience as recounted to him. The Tribunal determined that this comment was part of a longer conversational thread on Twitter in which derogatory words were used. It could be distinguished from the other comments as it was a comment on an account given to the doctor by a patient. Therefore, the Tribunal did not find this comment to be derogatory. Accordingly, the Tribunal found paragraph 8(d) not proved.

69. In determining paragraph 8(g), the Tribunal took into account the context of this comment being part of a heated Twitter conversation between Dr Allen and another user who also described themselves as a doctor. The Tribunal inferred from Dr Allen writing *'doctors'* in inverted commas in the tweet that he was expressing an underlying critical belief that the quality of doctors from outside of the UK was inferior to those trained in the UK. In conjunction with Dr Allen's witness statement in which he said, *'In relation to my last sentence in g, I would say that it is 100% true. 'and 'We do have some woefully poor quality doctors from abroad working in the UK'*, the Tribunal determined that Dr Allen was making a negative and sweeping generalisation that doctors from outside the UK were of poor quality, despite the fact that overseas doctors are assessed by the GMC to ensure their knowledge and skills are of the standard to be expected for safe practice in the UK. Overall, the Tribunal determined this comment, made by a registered doctor, was expressing a low opinion of *'foreign'* doctors and was derogatory. Accordingly, the Tribunal found paragraph 8(g) to be proved.

70. In relation to paragraph 8(h), the Tribunal made the inference from the sequence of tweets and the picture of the original tweeter, that Dr Allen had replied to Katie Hopkins' tweet, with the intention of verbally abusing the original tweeter, 'Sean', based on the colour of his skin. It was the opinion of the Tribunal that Dr Allen's comment consisted of negative and irrational generalisations that young black men were *'knife wielding little animals'* and



*'almost always from recently imported ethnic groupings of colour'*. The Tribunal determined this comment was derogatory and, accordingly, found paragraph 8(h) to be proved.

71. The Tribunal considered the context of Dr Allen's comment in paragraph 8(i), that was in response to a posted video and comment which, according to Dr Allen's witness statement, showed young men of Asian appearance ransacking a Curry's store. There followed a twitter conversation involving Dr Allen, who questioned why no one had smashed the *'little shits heads in'*. The Tribunal inferred from this that reference to *'Alluha Akbar'* by Dr Allen in the comment in paragraph 8(i) was because he had assumed that the perpetrators were Muslim. It appeared to the Tribunal that Dr Allen was advocating for extreme violence, which would lead to *'brain soiled laptops'* sold off at a discount in a *'knockdown sale'* referenced the Muslim faith. The Tribunal considered this to be offensive and bizarre. The Tribunal found that Dr Allen's comments were derogatory and accordingly, found paragraph 8(i) to be proved.

72. The comment, from a tweet, in paragraph 8(j) is contextualised by Dr Allen in his statement. He describes it as *'a thread headed by a film clip showing hundreds of "migrants", probably Syrian trying to break into Greece illegally at Kastanies on the Turkish/Greek border'*. In the Tribunal's view, Dr Allen assumed the people in the video to be Muslim. He did not qualify in his tweet what he considered to be a *'radical'* Muslim. The Tribunal considered that using the blanket term *'radical Muslims'* without qualification and suggesting they be rounded up and placed in secure guarded camps was offensive and without justification. The comment is part of a longer tweet which suggests illegal immigrants should be killed if they attempt to enter the country. The Tribunal determined the comment was therefore derogatory on race, nationality and immigration, and accordingly, found paragraph 8(j) to be proved.

73. The Tribunal determined that by using language such as *'plague'* and that Paris had become *'an open sewer'*, when commenting about immigration, which was the context of this tweet, Dr Allen was plainly derogatory on race, nationality and immigration. The Tribunal, accordingly, found paragraph 8(k) to be proved.

74. The Tribunal found that the entirety of the comment in 8(l) showed a complete disregard for human life or dignity in death and there is no justification that could make comments suggesting murder acceptable. Accordingly, the Tribunal found paragraph 8(l) to be proved as derogatory on race, nationality and immigration.

75. The comment at paragraph 8(m) was in response to a newspaper headline claiming that nearly half of Labour party members are ashamed of their country's history. Dr Allen commented on the racial demographics of *'Labour member Britain haters'*, implying that most of those members were immigrants, and children born to immigrants, who could not claim Britain as their country. In conjunction with Dr Allen's comment that these people could be *'thrown out'*, the Tribunal determined that this was offensive and therefore derogatory on race, nationality and immigration. Accordingly, it found paragraph 8(m) to be proved.

76. In determining paragraph 8(n), the Tribunal found Dr Allen's comment '*piss off back to Guyana*' demonstrated a contempt for people who he had decided do not belong in his country. In this comment and in his statement about it, Dr Allen expresses his low opinion of the original tweeter to whom he replies. The Tribunal determined that this was derogatory and accordingly, the Tribunal found paragraph 8(n) to be proved.

77. The Tribunal took into account Dr Allen's evidence in which he said he was half Scottish and the comment in paragraph 8(o) was a joke. The Tribunal considered that no one reading the tweet would have known about Dr Allen's heritage or that the comment was intended as a joke. The Tribunal found it read as a statement of fact. Dr Allen was categorising all Scottish people in a disparaging way, clearly displaying a low opinion of them. The Tribunal found the comments to be derogatory on race, nationality and immigration. Accordingly, it found paragraph 8(o) to be proved.

78. In paragraph 8(p) Dr Allen tweeted, '*Never trust a Chinese. In Chinese culture it is entirely acceptable to lie shamelessly. The shame lies in not getting away with it*'. The Tribunal found the categorisation of a whole race as being untrustworthy and shameless liars to be obviously derogatory and, accordingly, found paragraph 8(p) to be proved.

79. Paragraph 8(q) referred to the comments in a tweet sent by Dr Allen about a news article entitled '*immigrant woman files complaint about temporary housing*'. The Tribunal were of the opinion that this comment was similar to other comments in which Dr Allen displayed his low opinion of people who he did not deem worthy of living in the UK. By using the words '*shit hole*' to describe the country of origin of the person in the article, he was denigrating them. The Tribunal also took into account Dr Allen's witness statement in which he said he made no apology for this comment. Accordingly, the Tribunal found paragraph 8(q) to be proved.

80. In paragraph 8(r) Dr Allen was commenting on a Facebook post that referenced the past war-time atrocities committed by the Japanese and which was accompanied by three pictures depicting these atrocities. His comment was, '*Never in the history of human enterprise were two atom bombs more wisely spent*'. The Tribunal determined that whilst these atrocities were widely condemned, it nevertheless considered that to condone nuclear bombings as implied retribution was derogatory to Japanese people. Accordingly, the Tribunal found paragraph 8(r) to be proved.

#### Paragraph 9

81. The Tribunal determined that this paragraph was proved on the GMC case, in that the comments found proved as derogatory to race, nationality and immigration at paragraph 8 would be considered as such by the wider public, not just those members of the public that Dr Allen had aimed them at. His actions as a registered doctor in making these derogatory comments would be considered, by the standards of ordinary, reasonable members of the

public, to have the potential to undermine public trust and confidence in the medical profession.

82. Paragraph 9 was therefore proved in relation to 8(a), (c), (f), (g), (h), (i), (j), (k), (l), (m), (n), (o), (p), (q), and (r). Paragraph 9 was not proved in relation to 8(b) and (d), as those paragraphs were not found to be derogatory and therefore in the Tribunal's view did not have the potential to undermine public confidence

#### Paragraph 10

83. When determining the particulars of paragraph 10, the Tribunal bore in mind Dr Allen's entitlement to hold the belief that biological sex is absolute.

84. The Tribunal determined that by saying people who thought contrary to his opinions on biological sex were '*insane*', in his comments in paragraph 10(a), Dr Allen was being derogatory to those people. In his evidence, Dr Allen referred to these people as '*gender confused (mad) individuals*' but stated that he was using '*mad*' as a medical term. However, this was not explained in the original tweet. Accordingly, the Tribunal found paragraph 10(a) to be proved.

85. The Tribunal inferred, from Dr Allen's tweeted response to the Mayor of London in paragraph 10(b), that it was no more than an attempt to ridicule the Mayor's tweet, '*Trans women are women. Trans men are men. Non-binary people are non-binary. All gender identities are valid*'. The Tribunal was of the opinion that the Mayor's tweet could be seen by those holding a different view on transgender issues as dictatorial. Dr Allen's response, '*I perceive myself to be an African Grey Parrot. Support my delusional construct or there will be trouble.*' was, in the view of the Tribunal, an exaggerated example to highlight what he perceived was the problem with the Mayor's tweet. In these circumstances, the Tribunal found that this was not derogatory and, accordingly, found paragraph 10(b) to be not proved.

86. The Tribunal accepted that transgender issues are currently the subject of much debate, and whilst Dr Allen was entitled to have an opinion on this, it found his use of the words '*deranged*' and '*absurd fantasy*' derogatory to those who believe transgender women are women and to those who support their beliefs. Accordingly, the Tribunal found paragraph 10(c) to be proved.

87. In paragraph 10(d), Dr Allen's comment was a response to a comment from another Tweeter who had retweeted a video about a person identifying as non-binary struggling to get a haircut. This Tweeter had tried to place the video in context, by comparing the person in the video's struggles with the struggles of victims of rape, terrorism, burglary, murder, and people struggling to pay bills and put food on the table. The Tribunal determined Dr Allen's comment was a throwaway comment about attention seeking made in response to the video and another Tweeter's much longer comment. It was the Tribunal's view that it was a comment typical of many interactions on social media and did not cross the threshold into being derogatory. Accordingly, the Tribunal found paragraph 10(d) not proved.

88. The Tribunal found that the first sentence of paragraph 10(e) could not be considered to be part of a legitimate debate. It determined that by calling transgender women, *'perverts in the truest sense'*, and saying being transgender was a *'fantasy'*, Dr Allen was being insulting and derogatory. Accordingly, the Tribunal found paragraph 10(e) to be proved.

89. The Tribunal was of the view that had the comment set out in paragraph 10(f) been expressed without resorting to insult, it would not have met the threshold of being derogatory and might have formed part of legitimate debate. However, it found the phrase *'collude with them in their fantasies'* in relation to other members of the medical profession to be disparaging and, accordingly, found paragraph 10(f) to be proved as being derogatory on transgender issues.

90. Dr Allen's comments in paragraph 10(g) were in response to someone else's tweet about a transgender man who had given birth to a child and wanted to be registered as the *'father'* or *'parent'*, rather than *'mother'*. The Tribunal acknowledged Dr Allen's response reflected his strongly held belief that sex is determined by biology. However, the Tribunal was of the view there was no need for him to say that those who support the opposite of the doctor's beliefs are part of a conspiracy and found this to be disparaging. The Tribunal also found that Dr Allen's suggestion that the child be removed from this family and placed with a *'normal'* family, along with the subject's male partner being *'dead dodgy'*, to be completely uninformed and without justification. In the Tribunal's opinion, the comments were therefore derogatory. Accordingly, the Tribunal found paragraph 10(g) to be proved.

#### Paragraph 11

91. The Tribunal took into account that Dr Allen made an admission to paragraph 11 on the basis that his comments would undermine public trust and confidence in the medical profession but only in the transgender community.

92. However, the Tribunal determined that the derogatory nature of the comments found proved in paragraph 10 were such that public trust and confidence in the medical profession had the potential to be undermined by the standards of ordinary, reasonable members of the public, whether part of the transgender community or not. The Tribunal found that the GMC had proved its case.

93. The Tribunal, therefore, determined that paragraph 11 was proved in relation 10(a), 10(c), 10(e), 10(f) and 10(g) and not proved in relation to 10(b) and (d) as they were not found to be derogatory and therefore not capable of undermining public trust and confidence in the medical profession.

#### Paragraph 12

94. The Tribunal took into account the context of the tweet referred to in paragraph 12(a) and that Dr Allen was seemingly comparing traditional members of the Labour party with the

new generation of Labour members. The Tribunal noted that in the overall conversation, both men and women were referred to, and Dr Allen was commenting on fellow Tweeters giving him abuse because of his opinions. The Tribunal considered that this was the sort of level of political debate that might take place on Twitter. The comment itself was not very clear and could be read in different ways. Whilst potentially controversial, the comment was not derogatory. Accordingly, the Tribunal found paragraph 12(a) not proved.

95. The Tribunal found that Dr Allen's comment in paragraph 12(b), that most male schoolteachers were '*sexual deviants of one kind or another*', was an unjustified generalisation and obviously derogatory; accordingly, it found paragraph 12(b) to be proved.

96. In paragraph 12(c) Dr Allen, responding to a retweet about the Government's financial support for a pregnant woman, commented '*Many females are hopelessly stupid and little more than life support machines for their own reproductive apparatus. They'll always find sad males to fertilise them and so can just keep banging'em out. Each child is a Free Money coupon*'. The Tribunal considered that this comment was misogynistic and offensive. It found it was derogatory; accordingly 12(c) was found to be proved.

97. In response to a tweet by Richard Burgon, MP, Dr Allen called Mr Burgon a '*ponce*'. The Tribunal considered the word '*ponce*' was commonly known to be a slang term of abuse and was clearly derogatory. Accordingly, the Tribunal found paragraph 12(d) proved.

### Paragraph 13

98. The Tribunal found that the comments at paragraph 12 that it had determined were derogatory had the potential to undermine public trust and confidence in the medical profession. Ordinary, reasonable members of the public would consider such comments from a registered doctor undermined the public's trust in the medical profession. Accordingly, the Tribunal found paragraph 13 proved in relation to 12(b) and 12(c). The Tribunal found paragraph 13 not proved in relation to paragraph 12(a) as it was not derogatory and therefore did not have the potential to undermine public confidence.

### Paragraph 14

99. Dr Allen's comment in paragraph 14(a) was made in response to a retweeted video which he said showed thieves using an angle grinder to steal a bike from a fence in front of its owner. The Tribunal took into account Dr Allen's oral evidence that '*sometimes violence is called for*' in response to acts of aggression, and that he conceded the comment supported violence. When determining this paragraph the Tribunal was of the opinion that suggesting stamping on people's heads supported, but did not incite, violence. The Tribunal accepted Dr Allen's view that he did not incite violence when expressing an opinion on events which had already taken place. Accordingly, the Tribunal found paragraph 14(a) to be proved.

100. Dr Allen's comment '*take a flame thrower to them*' as set out in paragraph 14(b) was made in response to a tweet about a news report, which Dr Allen said showed Muslims at

prayer on a street in a predominantly Hindu area. The Tribunal could not interpret the comment in any other way than supporting violence, implying the use of extreme violence towards those praying. Accordingly, the Tribunal found paragraph 14(b) to be proved in relation to supporting, rather than inciting, violence, adopting the reasoning set out at paragraph 99 above.

101. For the same reasons as set out in paragraphs 99 and 100, above, the Tribunal found paragraph 14(c) to be proved, on the basis of supporting violence as the comment was in response to another news clip and suggested that a flame thrower be used on journalists outside Dominic Cummings house.

#### Paragraph 15

102. The Tribunal determined that by the standards of ordinary, reasonable members of the public, it was not acceptable for Dr Allen to be supporting violence whilst registered as a doctor. Dr Allen's actions therefore had the potential to undermine public trust and confidence in the medical profession and, accordingly, the Tribunal found paragraph 15 proved in relation to the entirety of paragraph 14.

#### Paragraph 16

103. The Tribunal determined that by calling people '*wankers*' and '*arsehole*', in the context of suggesting they use medical diagnoses to excuse their behaviour, Dr Allen was being derogatory. His comments could not be said to be legitimate debate. Accordingly, the Tribunal found paragraph 16(a) to be proved.

104. The Tribunal concluded that the word '*yob*', in the context of the tweet referred to in paragraph 16(b)(i), was used by Dr Allen as common parlance, and is a word often used to describe perpetrators of crime. The GMC did not provide context for the newspaper story, which was not shown on the schedule. Dr Allen provided details of the newspaper story in his statement. Dr Allen uses the word '*possibly*' to preface his opinion. In these circumstances, the Tribunal found this was not a derogatory comment. The Tribunal determined the GMC had not proved its case and, accordingly, found paragraph 16(b)(i) not proved.

105. In relation to paragraph 16(b)(ii), the Tribunal took into account the context of the longer twitter thread of responses between Dr Allen and another Twitter user. The Tribunal accepted Dr Allen's evidence that the other Twitter user had provided information in her bio as set out in the comment. It was the view of the Tribunal that the question '*There are some unhappy/nutty people on Twitter aren't there?*' was a generalisation, and was Dr Allen's opinion, but that it did not cross the line into derogatory commentary. Accordingly, the Tribunal found paragraph 16(b)(ii) not proved.

106. The Tribunal found the comments made by Dr Allen in paragraph 16(b)(iii) to be derogatory to women by referring to '*Mad Cow Disease*' to imply that women are '*mad*'

*cows*, which is unnecessarily insulting. Accordingly, the Tribunal found paragraph 16(b)(iii) to be proved.

107. When determining paragraph 16(b)(iv), the Tribunal took into account that Dr Allen's comments were in response to an unpleasant comment made to him by a Twitter user. The Tribunal considered the nature of Twitter *'spats'* in which users often resort to *'tit-for-tat'* comments. However, Dr Allen's response as set out at 16(b)(iv) was wholly inappropriate, misogynistic, and intended to be derogatory. Accordingly, the Tribunal found paragraph 16(b)(iv) to be proved.

108. The Tribunal determined that the comment made by Dr Allen in paragraph 16(b)(v) was a sweeping generalisation which, as he had identified himself as a doctor, suggested that it was commonplace in practice to use medical labels to excuse *'arsehole'* behaviour. It was the derisive terminology of *'arsehole behaviour'* that elevated this comment into being derogatory. Accordingly, the Tribunal found this paragraph proved.

109. The Tribunal considered Dr Allen's evidence in which he maintained his view that the lady he was responding to with the comment at paragraph 16(c) was *'clearly mad'*. The whole tone of the comment and the intentionally insulting assumptions within it were, in the Tribunal's view, derogatory. Accordingly, the Tribunal found paragraph 16(c) to be proved.

110. When determining paragraph 16(d), the Tribunal concluded that part of the comment in the tweet was a statement of Dr Allen's beliefs that a lot of people are unhappy due to external life factors rather than being clinically depressed. The Tribunal determined that the use of the words *'not being handed everything that they imagined in their childish self-entitled fantasies'* took this comment over the threshold for being derogatory. Accordingly, the Tribunal found paragraph 16(d) to be proved.

111. In considering paragraph 16(e)(i) the Tribunal found Dr Allen to be highly critical of overweight people to the point of suggesting they should be excluded from public life. The Tribunal concluded that Dr Allen's comment was unreasonable and insulting, and hence derogatory. Accordingly, it found paragraph 16(e)(i) to be proved.

112. The Tribunal concluded that the context of paragraph 16(e)(ii) was, to an extent, a factual statement of Dr Allen's opinion. However, using the word, *'fatties'*, in juxtaposition with *'plain greedy'* was insulting and hence derogatory. Accordingly, the Tribunal found paragraph 16(e)(ii) to be proved.

113. When determining paragraph 16(e)(iii), the Tribunal inferred from Dr Allen's comment that he was expressing the opinion that human failings are often medicalised, including greed. Overeating is classed as an eating disorder. In the Tribunal's view, this comment did not amount to being derogatory and, accordingly, the Tribunal found paragraph 16(e)(iii) not proved.

114. The Tribunal found that in the comment as set out in paragraph 16(e)(iv), Dr Allen was being deliberately contentious in his response to the other Twitter user. The Tribunal considered the nature of Twitter interactions of this kind and concluded that while this response was silly and in poor taste, it was a tongue-in-cheek comment. The Tribunal did not consider it derogatory. Accordingly, the Tribunal found paragraph 16(e)(iv) not proved.

115. The Tribunal took into account Dr Allen's witness statement in relation to paragraph 16(e)(v), that some unhappy women comfort eat and become fat. Despite this explanation, the Tribunal found the use of the words '*porkers*' and '*scoffing*' to compare overweight people to pigs is insulting and hence derogatory. Accordingly, it found paragraph 16(e)(v) to be proved.

116. When determining paragraph 16(e)(vi), the Tribunal considered that in essence, Dr Allen's comment that some overweight people did look to their GP for medication that would help them lose weight was correct. However, the Tribunal found that calling people '*fatties*' and suggesting he would advise they go to Somalia to lose weight as there is a food crisis there, was disparaging and therefore derogatory. Accordingly, the Tribunal found paragraph 16(e)(vi) to be proved.

117. The Tribunal found that Dr Allen's questions in paragraph 16(e)(vii) were in reply to another Twitter user and he made a general statement at the end that he was not a '*fat fan*'. He had not used abusive language in this specific comment and was entitled to express his opinion. The Tribunal concluded that the comment was not derogatory. Accordingly, the Tribunal found paragraph 16(e)(vii) not proved.

118. The Tribunal took into account that what Dr Allen said in his comment as set out at paragraph 16(e)(viii) was based on his personal experience as a doctor and had elements of medical truth behind it. It was accepted, in a GP context, that in some situations there was little to offer, medication wise, to those members of the public who might be classed as emotional overeaters. The Tribunal concluded that whilst some may find his comment controversial, and disagree with his personal views, he was responding reasonably to a lengthy Twitter thread on the general theme of eating disorders. The Tribunal did not find the comment to be derogatory. Accordingly, the Tribunal found paragraph 16(e)(viii) not proved.

119. Paragraph 16(e)(ix) was a continuation of the same thread and while the Tribunal accepted that Dr Allen was still talking about his experience as a GP, it found the qualification in the comment that patients attended their GP '*to have their backs patted and their noses wiped*' to be derogatory. The Tribunal concluded this was implying that patients went to see their GP to have their behaviour validated rather than make efforts to improve their situation. Accordingly, the Tribunal found paragraph 16(e)(ix) to be proved.

120. The Tribunal considered Dr Allen's witness statement and his reasoning behind his comment as set out in paragraph 16(e)(x). The Tribunal considered that he was entitled to hold the view that depression might stem from being unable to achieve goals set higher than



a person's capabilities. In relation to low self-esteem, the Tribunal concluded that Dr Allen's comment was an opinion based on his own experience. The Tribunal concluded the comment was not derogatory. Accordingly, the Tribunal found paragraph 16(e)(x) not proved.

121. The comment referred to in paragraph 16(f) was in response to a tweet about Greta Thunberg. The Tribunal found the comment, implying with no justification that Ms Thunberg was mentally ill and that she was a self-harmer, to be judgemental and unjustified, and therefore derogatory. Accordingly, the Tribunal found paragraph 16(f) to be proved.

122. The comment made by Dr Allen as set out in paragraph 16(g) related to topless females protesting against climate change. The Tribunal found that referring to them as '*Exhibitionist nutcases*' and implying that they have mental health conditions which were being exploited, was derogatory. Accordingly, the Tribunal found paragraph 16(g) to be proved.

123. The Tribunal determined that the comment as set out in paragraph 16(h) was misogynistic in its categorisation of middle-class white women as '*mentally deranged*'. The Tribunal noted that in this comment, Dr Allen returns to the theme of comparing women to mad cows. The Tribunal found the comment derogatory. Accordingly, the Tribunal found paragraph 16(h) to be proved.

#### Paragraph 17

124. In relation to the comments found proved as derogatory, The Tribunal was satisfied that by the standards of ordinary, reasonable people, these comments made by a registered doctor who identified himself as an NHS doctor on social media, had the potential to undermine public trust and confidence in the medical profession. The Tribunal found paragraph 17 proved not just in relation to the category of people found to be the targets of the comments, but on a wider basis, as per the GMC case. The Tribunal found that comments in this paragraph that were not found to be derogatory, were not in the same category and they did not have the potential to undermine public confidence.

125. Accordingly, the Tribunal found paragraph 17 proved in relation to 16(a), 16(b)(iii), 16(b)(iv), 16(b)(v), 16(c), 16(d), 16(e)(i), 16(e)(ii), 16(e)(v), 16(e)(vi), 16(e)(ix), 16(f), 16(g) and 16(h).

126. Paragraph 17 was found proved not in relation to paragraphs 16(b)(i), 16(b)(ii), 16(e)(iii), 16(e)(iv), 16(e)(vii), 16(e)(viii) and 16(e)(x).

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

127. The Tribunal has determined the facts as follows:

1. At all material times you were the user of a public Facebook account under the name XXX which identified you as a NHS doctor ('your Facebook account').  
**Admitted and found proved**
2. At all material times you were the user of a public Twitter account with the username XXX which identified you as a NHS doctor ('your Twitter account').  
**Admitted and found proved**
3. You used your Facebook account to post comments relating to the COVID vaccine, as set out in Schedule 1. In particular you wrote:
  - a. 'He knows that the deaths will be in those who have had the covid 'vaccines'';  
**Admitted and found proved**
  - b. 'However the previously vaccine induced spike making cells are all over the body and involve all organs rather than just the lungs. The real infection thus triggers the immune system to destroy massive numbers of cells in multiple organs all over the body, even though the virus has been nowhere near them, usually resulting in death through multiple organ failure. A disease that would otherwise been mild is made lethal. This is DISEASE ENHANCEMENT brought about by the vaccine';  
**Admitted and found proved**
  - c. 'Only a brainless half wit would contemplate having an experimental and occasionally lethal chemical irreversibly and repeatedly injected into themselves because it MAY but likely wont reduce the chance of dying on the roads by one eighth (12.5%). There are evidently loads of such idiots about. Don't be one of them';  
**Admitted and found proved**
  - d. 'Surely the Coroner should have recorded Death by Misadventure';  
**Admitted and found proved**
  - e. 'DON'T DO IT';  
**Admitted and found proved**
  - f. 'The greater mass of the British public, the thick, lazy brain dead farm animals that they are, have lapped up this Covid scam as it's been spoon fed to them by the media. They deserve all that's coming to them. It's natural selection at work'.  
**Admitted and found proved**
4. At the end of each of the posts referred to in paragraph 3 and Schedule 1 you added your name and GMC reference number.  
**Admitted and found proved**
5. Your actions at paragraphs 3 and 4:

- a. were intended to encourage or persuade people not to have the COVID vaccine;  
**Admitted and found proved**
  - b. had the potential to undermine UK public health information;  
**Admitted and found proved**
  - c. had the potential to undermine public trust and confidence in the medical profession.  
**Determined and found proved in respect of paragraphs 3(c) and 3(f)**  
**Not proved in respect of paragraphs 3(a), 3(b), 3(d) and 3(e)**  
**Determined and found proved for paragraph 4 in respect of paragraphs 3(c) and 3(f)**  
**Not proved for paragraph 4 in respect of paragraphs 3(a), 3(b), 3(d) and 3(e)**
6. You used your Facebook account and/or your Twitter account to post derogatory comments on religion and proponents of religion, as set out in Schedule 2. In particular you wrote:
- a. On 10 March 2020: ‘Their whole religion is based on misogyny and paedophilia’;  
**Admitted and found proved**
  - b. On 5 June 2020: ‘They won’t go to Heaven and get their 27 virgins if they’ve been bummed to death in a UK prison. Allah will in fact be very cross with them’;  
**Admitted and found proved**
  - c. On 23 August 2020: ‘I cannot help but think that Islam is the religion for dirty old men’.  
**Admitted and found proved**
7. Your actions as set out at paragraph 6 had the potential to undermine public trust and confidence in the medical profession.  
**Determined and found proved**
8. You used your Facebook account and/or your Twitter account to post derogatory comments on race, nationality and immigration, as set out in Schedule 3. In particular you wrote:
- a. On 14 February 2020: ‘We seem to have imported lots of filth into this country’;  
**Determined and found proved**

- b. On 18 February 2020: ‘A cocktail stick down the Japs Eye, can (I am told), also provide a more favourable option’;  
**Not proved**
- c. ‘Yellow skinned people are inherently cruel, not just to animals but to each other. Look at the awful Japs. Cruel little creatures’;  
**Determined and found proved**
- d. ‘They [Japanese] sounded like cruel sub humans’;  
**Not proved**
- e. ‘I’ve seen so much imagery of the filthy Japs obscenities... The Americans pardoned the monkey Hirohito...’;  
**Determined and found proved**
- f. ‘Anybody who thinks otherwise places the disgusting, cruel Japanese over his or her own people’;  
**Determined and found proved**
- g. On 20 February 2020: ‘I would say, that we do employ some really really shit foreign ‘doctors’’;  
**Determined and found proved**
- h. On 20 February 2020: ‘Is he one of those knife wielding little animals, almost always from recently imported ethnic groupings ‘of colour’ who are responsible for the record London murder rate? Sounds like he needs a slap, or possibly simply deport him’;  
**Determined and found proved**
- i. On 28 February 2020: ‘They could have called it their Alluha Akbar knockdown sale’;  
**Determined and found proved**
- j. On 29 February 2020: ‘We need to round up all radical Muslims living amongst us and place them into secure guarded camps’;  
**Determined and found proved**
- k. On 29 February 2020: ‘They’re not immigrants they’re illegal aliens attempting a break in... Paris has become an open sewer because of them. They are literally a plague’;  
**Determined and found proved**
- l. On 29 February 2020: Machine guns every 200 yards along the Kent coast. Bodies washed up to be burned on the beach. No religious burials. Up to heaven with a breeze’;  
**Determined and found proved**

- m. On 8 March 2020: Well, I'm sure if you were to look at the racial demographics of these Labour member Britain haters you'd find that most are imported ethnics or their offspring, so Britain is not really 'their' country. They could just leave. Or be thrown out';  
**Determined and found proved**
- n. On 19 March 2020: 'I wish they'd do all of those things to you. Please piss off back to Guyana';  
**Determined and found proved**
- o. On 22 March 2020: 'The Scots are whinging again...A despicable, stingy and small minded race they are. And half of'em are drug addicts';  
**Determined and found proved**
- p. On 25 March 2020: 'Never trust a Chinese. In Chinese culture it is entirely acceptable to lie shamelessly. The shame lies in not getting away with it';  
**Determined and found proved**
- q. On 1 September 2020: 'She and her kids can always go back to the shit hole from whence they came. In Australia they'd be in an internment camp and damn right too';  
**Determined and found proved**
- r. On 8 November 2020: 'Never in the history of human enterprise were two atom bombs more wisely spent'.  
**Determined and found proved**
9. Your actions as set out at paragraph 8 had the potential to undermine public trust and confidence in the medical profession.  
**Determined and found proved in respect of paragraphs 8(a), 8(c), 8(e), 8(f), 8(g), 8(h), 8(i), 8(j), 8(k), 8(l), 8(m), 8(n), 8(o), 8(p), 8(q) and 8(r)**  
**Not proved in respect of paragraphs 8(b) and 8(d)**
10. You used your Twitter account to post derogatory comments on transgender issues, as set out in Schedule 4. In particular you said:
- a. On 14 February 2020: 'Humans come as Male or Female, as dictated by their chromosome complement: XY or XX. Surgical scalpels, hormones, high heels, dresses and lipstick may alter the external appearance of gender confused (mad) individuals but their sex stays unchanged. To think otherwise is insane';  
**Determined and found proved**
- b. On 17 February 2020: 'I perceive myself to be an African Grey Parrot. Support my delusional construct or there will be trouble';  
**Not proved**

- c. On 17 February 2020: ‘Trans girls aren’t females. They are biological men who imagine themselves to be females. Deranged people support their absurd fantasy. You can imagine yourself to be what you want. It’s your right. Doesn’t mean you are though and it doesn’t mean others should agree’;  
**Determined and found proved**
- d. On 18 February 2020: ‘Attention seeking misfit’ (in reference to a post titled ‘The struggles of getting a haircut as a non-binary person’);  
**Not proved**
- e. On 24 February 2020: ‘Men who live the fantasy of being a woman are perverts in the truest sense. Those that conspire with them and encourage others to believe the fantasy aren’t much better’;  
**Determined and found proved**
- f. On 1 March 2020: ‘It’s a form of mental illness. Sadly some members of the medical profession collude with them in their fantasies. They should be struck off’;  
**Determined and found proved**
- g. On 5 March 2020: ‘There’ll be loads out there, ‘professional’ and otherwise who will conspire with this women in maintaining her fantasy that she’s a man. The child should be removed from her and placed with a normal family. Her male partner must be dead dodgy as well’.  
**Determined and found proved**
11. Your actions as set out at paragraph 10 had the potential to undermine public trust and confidence in the medical profession.  
**Admitted and found proved in respect of paragraphs 10(a), 10(c), 10(e), 10(f) and 10(g)**  
**Not proved in respect of paragraphs 10(b) and 10(d)**
12. You used your Facebook account and/or your Twitter account to post derogatory comments on gender and/or same sex relationships, as set out in Schedule 5. In particular you wrote:
- a. ‘This new generation of Labour people are gobby, strident, heterosexual white male hating wimmin and pink fluffy ‘men’;  
**Not proved**
- b. On 3 March 2020: ‘Most male school teachers are sexual deviants of one kind or another. They should not be allowed near children’;  
**Determined and found proved**
- c. On 6 March 2020: ‘Many females are hopelessly stupid and little more than life support machines for their own reproductive apparatus. They’ll always find

sad males to fertilise them and so can just keep banging'em out. Each child is a Free Money coupon';

**Determined and found proved**

d. On 6 June 2020: 'ponce'.

**Determined and found proved**

13. Your actions as set out at paragraph 12 had the potential to undermine public trust and confidence in the medical profession.

**Determined and found proved in respect of paragraph 12(b), 12(c) and 12(d)**

**Not proved in respect of paragraph 12(a)**

14. You used your Twitter account to post tweets inciting/supporting violence, as set out in Schedule 6. In particular you wrote:

a. On 19 February 2020: 'Should have pushed the little tosser over the fence and stamped on his head';

**Determined and found proved**

b. On 29 February 2020: 'Take a flame thrower to them';

**Determined and found proved**

c. On 27 May 2020: 'A flame thrower should be used on that mob of journo scum'.

**Determined and found proved**

15. Your actions as set out at paragraph 14 had the potential to undermine public trust and confidence in the medical profession.

**Determined and found proved**

16. You used your Facebook account and/or your Twitter account to post derogatory comments ~~on various medical conditions and/or treatment~~ as set out in Schedule 7. In particular you wrote:

**Amended under Rule 17(6)**

a. On 29 January 2020: 'Lots of wankers do use 'soft' medical diagnoses such as autism, ADHD, Oppositional Defiance Disorder (ODD), personality disorder, learning difficulties etc to excuse their behaviour when they are called to account, when the correct diagnosis is really "arsehole"';

**Determined and found proved**

b. On 30 January 2020:

i. 'Possibly he is just a yob who has gotten himself an excusing diagnosis. Happens all the time';

**Not proved**

- ii. ‘...who claims in her bio to have PTSD and be the victim of sexual and physical abuse. There are some unhappy/nutty people on Twitter aren’t there?’;  
**Not proved**
- iii. ‘And they all seem to be women. So much anger! Is Twitter a harbour for Mad Cow Disease?’;  
**Determined and found proved**
- iv. ‘And you sound like a bitter unhappy lady, possibly with some terrible relationship behind you, residual emotional and psychosexual problems and a bottle of Prozac at the bedside.’;  
**Determined and found proved**
- v. ‘people often get themselves medical labels to excuse their arsehole behaviour. I see it all the time’.  
**Determined and found proved**
- c. On 12 February 2020: ‘Poor unhappy lady has likely retired to bed with her book and some Prozac. I doubt there’d be a Mr [P]. She sounds as mad as a box of frogs.’;  
**Determined and found proved**
- d. On 15 February 2020: “Depression’ is rife. Scratch away and you soon realise that they’re not depressed, just a bit unhappy because they’re not really being handed everything that they imagined in their childish self entitled fantasies.’;  
**Determined and found proved**
- e. On 27 February 2020:
  - i. ‘Fat people should be denied all public stages. Their greed means that they are poor role models’;  
**Determined and found proved**
  - ii. ‘There are a number of medical conditions which may cause overweight if untreated. However the vast majority of our fatties are plain greedy’;  
**Determined and found proved**
  - iii. ‘As for ‘eating disorders’ greed could be classified thus. After all we medicalise most human failings’;  
**Not proved**
  - iv. ‘I’m sorry if you have an eating disorder that has made you fat. I wonder if I have a disorder that has made me rude. I shall consult Dr Sum Ting Wong of the Royal College of Silly Made up Diseases and get



- back to you’;  
**Not proved**
- v. ‘Porkers often are an unhappy group, often not liking themselves, and therein lies their problem. They cheer themselves up by scoffing. There’s nothing I can prescribe.’;  
**Determined and found proved**
- vi. ‘And over the years I’ve had thousands of fatties come to me asking what ‘to take’ in order to lose weight because they eat ‘next to nothing’. I normally advise that they ‘take’ a trip to Somalia where there really is ‘nothing’ to eat.’;  
**Determined and found proved**
- vii. ‘Why would I wish to prescribe you anything? Do you feel you need medication? Do you have an illness? Are you the victim of some terrible disease or just a “victim”? I’m just not a fat fan. Get used to it’;  
**Not proved**
- viii. “Those with eating disorders are generally craving for attention and being overtly caring simply encourages them. Most are beyond help and ones efforts are better utilised elsewhere. It’s simple mathematics. Self harmers were similar’;  
**Not proved**
- ix. ‘The so called depressives were generally not really depressed but rather simply felt that they did not feel as happy as life owed them. it was then really for them to improve their situation rather than come along to the doctor to have their backs patted and their noses wiped.’;  
**Determined and found proved**
- x. ‘See a real depressed person in the medical sense and you’ll realise who is simply an inadequate with ambition in excess of ability (the majority) and who is ill and in need of help (a minority). As for ‘Low self esteem’, I’m sorry but I don’t even recognise it as an illness’;  
**Not proved**
- f. On 28 February 2020: ‘Where are the Child and Adolescent Mental Health Services when you need ‘em? She’ll be a self-harmer that one.’;  
**Determined and found proved**
- g. On 8 March 2020: ‘Exhibitionist nut cases. It’s shameful how autistic youngsters and psychologically unhinged ladies are exploited by this movement’;  
**Determined and found proved**

h. On 5 September 2020: ‘...now this nutty white professor ‘black activist’ ... like so many other WOKE causes is driven forward by mentally deranged middle class white women. Mad Cow Disease has never gone away’.

**Determined and found proved**

17. Your actions as set out at paragraph 16 had the potential to undermine public trust and confidence in the medical profession.

**Admitted and found proved in relation to 16(a), 16(b)(iii), 16(b)(iv), 16(b)(v), 16(c), 16(d), 16(e)(i), 16(e)(ii), 16(e)(v), 16(e)(vi), 16(e)(ix), 16(f), 16(g) and 16(h).**

**Not proved in relation to 16(b)(i), 16(b)(ii), 16(e)(iii), 16(e)(iv), 16(e)(vii), 16(e)(viii) and 16(e)(x)**

And that by reason of the matters set out above your fitness to practise is impaired because of your misconduct. **To be determined**

#### **Determination on Impairment - 12/10/2023**

128. 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 Allen’s fitness to practise is impaired by reason of misconduct.

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

129. On day eight of the hearing, 11 October 2023, the Tribunal granted the GMC’s application, made pursuant to Rule 31 of the Rules, for the hearing to proceed in Dr Allen’s absence. Mr Kitching presented the Tribunal with an email dated 21 August 2023, sent to Dr Allen by the MPTS, confirming the dates of the reconvened hearing as 11-13 October 2023. The Tribunal was also provided with an email thread beginning 14 September 2023 with an email from Dr Allen to the MPTS, attaching his written submission and requesting they be provided to the Tribunal. Dr Allen, in his written submission, confirmed knowledge of the reconvened hearing dates and stated explicitly that he would not be attending the remainder of his hearing.

130. Mr Kitching submitted that Dr Allen had been notified as required and had chosen to absent himself from these proceedings.

131. The Tribunal had regard to Rule 29(4)(b) of the Rules, which states:

*(4) Where a hearing has been postponed or adjourned under paragraphs (1) to (3A)—*

*(a) ...*

*(b) the MPTS, in the case of a Tribunal hearing,*

*shall, as soon as practicable, notify the parties of the time, date and place at which the hearing is to take place or to resume.*

132. The Tribunal also had regard to the email dated 21 August 2023, confirming the dates of the reconvening hearing.

133. The Tribunal took into consideration that the written submission confirmed Dr Allen would not be attending the hearing and he had not requested an adjournment. The Tribunal also considered what, if any, purpose an adjournment would serve and whether the Tribunal could make fair decisions without Dr Allen in attendance.

134. The Tribunal determined that the appropriate notice of this hearing had been served and Dr Allen had made it clear he did not wish to attend. Adjourning would serve no useful purpose but would delay the conclusion of these proceedings. The Tribunal was satisfied that in the circumstances that had been outlined, the hearing could proceed in Dr Allen's absence without disadvantaging him. The Tribunal took account of Dr Allen's recent written submission. Therefore, the Tribunal determined to proceed in Dr Allen's absence.

## The Evidence

135. 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 a written submission, dated 14 September 2023, from Dr Allen.

136. Dr Allen chose not to attend the remainder of his hearing and did not provide any additional evidence, beyond his written submission.

## Submissions

### On behalf of the GMC

137. On behalf of the GMC, Mr Kitching submitted that, in considering misconduct, the Tribunal was entitled to take a cumulative approach to the facts found proved. Mr Kitching referred the Tribunal to the case *Shodlock v GMC* [2015] EWCA Civ 769 which advises that tribunals should not aggregate diverse examples of poor behaviour to arrive at a finding of misconduct. He submitted that *Shodlock* was not applicable in this case, as the facts found proved at the previous stage showed a clear pattern of similar conduct.

138. Mr Kitching further submitted that the Tribunal was entitled to aggregate matters found proved in terms of the charges as a whole as opposed to each section, as there was an emerging pattern of disparaging large sections of the population, whether it was on the grounds of race, religion, gender, sexual orientation, and so on. It would be artificial to single out individual posts, tweets, or categories.

139. Mr Kitching acknowledged that some of the matters found proved were individually more serious than others and this was not based on the targets of the posts or tweets but the words used by Dr Allen. However, it was not necessary, or correct in law, for the Tribunal to go through individual matters to rank them on seriousness. Instead, the Tribunal should take the pattern of conduct into account as a whole, applying the standards of conduct and behaviour to be expected of a registered medical practitioner.

140. Mr Kitching submitted that some of the charges found proved alleged that posts undermined public trust and confidence in the profession, which was very close to one of the three strands of the public interest that were relevant to the Tribunal's consideration of misconduct. Therefore, the Tribunal was already part way towards its findings in respect of Dr Allen's conduct.

141. Mr Kitching referred the Tribunal to the GMC social media guidance, '*Doctors' use of social media*' and paragraphs of GMP which, he stated, were relevant in this case. These included paragraphs relating to treating colleagues with respect, behaviour towards patients, and the impact of making comments on social media. Mr Kitching submitted that although it was important to remember that no one referred to in Dr Allen's social media comments was a patient of Dr Allen's, large sections of the patient population would be subject to some of those posts.

142. Mr Kitching drew the Tribunal's attention to paragraphs 1 and 65 of GMP, as set out in full below. He submitted that the matters found proved fell within the general ambit of these paragraphs and showed Dr Allen's lack of integrity in the way he treated other people. Mr Kitching told the Tribunal that GMP does not overtly state that doctors should not do things like make racist or misogynistic comments on social media, as these were so obviously inappropriate to the standards of integrity expected of a doctor.

*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.*

143. Mr Kitching submitted that it was abundantly clear from the facts found proved that Dr Allen's conduct constituted misconduct which is serious.

144. Moving on to the matter of impairment, Mr Kitching invited the Tribunal to take into account all relevant matters and decide whether Dr Allen's fitness to practise is currently impaired. Mr Kitching submitted that some factors in Dr Allen's favour were his previous lack of fitness to practise history, the lapse of time since the comments were made on social media and that he had otherwise been a productive and useful doctor over the course of his career. More pertinently, however, the Tribunal must also take into account Dr Allen's

attitude towards the facts found proved in this case. This included whether Dr Allen had any insight into his wrongdoing and why it fell below expected standards, and had he done anything to remedy this conduct.

145. Mr Kitching invited the Tribunal to remind itself of the sections within the Sanctions Guidance (November 2020 edition) ('SG') that deal with insight and remediation. He submitted that Dr Allen had shown some limited insight into his conduct, expressed in his evidence and in his admissions at the start of, and during, the facts stage of the hearing. Dr Allen had been a long way from demonstrating any meaningful understanding as to why the conduct was wrong, but it was a level of insight that was not negligible. However, even in the instances where he had made admissions, there was no evidence that Dr Allen realised he had overstepped the mark. Where no admissions were made, Dr Allen was unapologetic and, in respect of paragraph 2 and onwards of the Allegation, stated that he did not think they fell within the scope of the GMC and MPTS. This showed a significant lack of insight and there was also a lack of remediation which, in turn, meant that the risk of repetition of the behaviour was high.

146. Mr Kitching referred the Tribunal to Dr Allen's written submission provided for this stage of the hearing which, Mr Kitching submitted, superseded any previous evidence relating to insight. Mr Kitching submitted that the document was disheartening to read and that it demonstrated Dr Allen had virtually no insight as to why his actions were wrong and that therefore the risk of repetition was high.

147. Mr Kitching submitted that in the previous stage, in his oral evidence, Dr Allen had told the Tribunal about his own background and his route into the medical profession and this evidence was interesting. It was impressive and spoke highly of Dr Allen's intellect and determination to become a doctor. Unfortunately, Dr Allen was unable to grasp what the public and the profession expect from a doctor with regards to conduct outside the workplace.

148. Mr Kitching submitted that the egregious conduct found proved in the previous stage had brought the reputation of the profession that Dr Allen clearly cherishes into serious disrepute. Members of the public and the profession would be appalled by the behaviour that had been found proved and the things that Dr Allen had said were reprehensible. Dr Allen had failed to recognise that his conduct outside of the workplace fell below the standards expected for a registered doctor.

149. Therefore, Mr Kitching concluded, Dr Allen's fitness to practise was currently impaired.

### **The Relevant Legal Principles**

150. 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.

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

152. The Tribunal had regard to the statutory overarching objective and placed all three limbs in equal balance:

*a) To protect, promote and maintain the health, safety and wellbeing 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.*

153. The Tribunal was mindful of the case of *Roylance v. GMC* (No 2) [2000] 1 AC 311, which describes misconduct as “*a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.*”

154. The Tribunal had regard to the principle that any finding of misconduct going to fitness to practise must relate to misconduct which is serious.

155. The Tribunal was conscious of the requirement to look forward, not back, but in order to form a view as to current fitness to practise, that it would need to take account of the way the doctor has acted or failed to act in the past.

156. The Tribunal was assisted by the guidance provided by Dame Janet Smith in the *Fifth Shipman Report*, as adopted by the High Court in the case of *CHRE v NMC and P Grant* [2011] EWHC 927 (Admin). In particular, that one or more of the following features are likely to be present when a doctor’s fitness to practise is found to be impaired in that he/she:

*a. Has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*

*b. Has in the past or is liable in the future to bring the medical profession into disrepute; and/or*

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

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

157. The Tribunal must determine whether Dr Allen’s fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. In deciding upon whether or not conduct is easily remediable and upon the likelihood of repetition, the Tribunal will consider how much insight the doctor has shown into the significance of his misconduct.

## The Tribunal’s Determination on Impairment

### Misconduct

158. In deciding whether misconduct is made out, the Tribunal considered the totality of the facts admitted and found proved against Dr Allen, because it must make a single decision on misconduct. The Tribunal agreed with the approach to its considerations on misconduct as set out by Mr Kitching in his submission, in that there was pattern of behaviour across the paragraphs of the Allegation.

159. In determining whether Dr Allen’s fitness to practise is impaired by reason of misconduct, the Tribunal first considered whether the facts admitted and found proved amount to misconduct. The Tribunal considered the context of all the posts made by Dr Allen on social media; that he was a registered doctor posting from accounts that publicly identified him as an NHS doctor. In order to properly consider all the factors present, the Tribunal first considered paragraphs 3-5, which were in relation to the Covid 19 pandemic, and included factors distinct from the remainder of the paragraphs. The Tribunal next considered paragraphs 6-17 of the Allegation.

160. Paragraphs 3-5 of the Allegation related to Facebook posts, about the COVID vaccine. Dr Allen admitted posting the comments, and adding his name and GMC registration number to them. He also admitted that they were intended to encourage or persuade people not to have the COVID vaccine and that they had potential to undermine public health information. The Tribunal found proved that Dr Allen’s comments at paragraphs 3(c) and 3(f) had the potential to undermine public trust and confidence in the profession. These comments were found to be insulting to those who chose to have the COVID vaccine, critical of doctors who were part of the vaccination programme and not comments that form part of a legitimate debate by a registered doctor.

161. The Tribunal had regard to paragraph 65 of GMP:

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

162. The Tribunal took into account that the whole point of the Facebook posts was for Dr Allen to use his position as a doctor to undermine UK public health information and discourage vaccine uptake. The Tribunal bore in mind Dr Allen’s genuine belief in the dangers of the vaccine, and its findings that some of his posts did form part of a legitimate debate.

However, Dr Allen’s comments at 3(c) and 3(f) went beyond legitimate debate in using insulting language about the general public and in relation to 3(c) were unduly critical of fellow doctors. The Tribunal concluded that Dr Allen breached paragraph 65 in relation to 3(c) and (f) by undermining public trust and confidence. His conduct fell far below the standards of conduct expected of a registered doctor.

163. The Tribunal then went on to consider the remaining facts admitted and found proved.

164. The Tribunal took into consideration that Dr Allen admitted making all the comments on social media as set out in the Allegation. The Tribunal made detailed findings in relation to a large number of those comments, setting out why it found them to be derogatory with the potential to undermine public trust and confidence in the medical profession.

165. The Tribunal had regard to Dr Allen’s opinion that as a retired doctor, he was unfettered in expressing his opinions on large sections of the public. However, Dr Allen was still a registered medical practitioner at the time he posted the comments. The Tribunal considered that he ought to have understood that he remained a regulated professional, with an obligation to maintain the standards of his profession. In the Tribunal’s view, Dr Allen breached paragraph 65 of GMP in posting a wide range of insulting, disparaging, and offensive comments on social media whilst identifying himself as an NHS doctor. His comments did therefore undermine public trust and confidence.

166. In addition, the Tribunal found that while Dr Allen’s comments were not directed towards individual patients, paragraph 1 of GMP was engaged as it related to acting with integrity. The Tribunal considered that a fundamental tenet of being a doctor was to act with integrity. Dr Allen had shown a lack of integrity in posting deplorable comments about a wide variety of people whose characteristics he disliked.

167. The Tribunal was therefore of the view that Dr Allen’s conduct overall amounted to misconduct which was serious. It was satisfied that Dr Allen’s conduct had breached the identified paragraphs of GMP and the fundamental tenet of integrity. His conduct fell far short of the standards of conduct reasonably to be expected of a doctor so as to amount to misconduct.

### Impairment

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

169. The Tribunal found that by making disparaging and insulting comments about those who were vaccinated and towards different groups of people in society, Dr Allen had breached a fundamental tenet of the medical profession and had brought the profession into



disrepute. Therefore, in relation to past behaviour, limbs (b) and (c) of *Grant*, as set out in the relevant legal principles above, were engaged.

170. In determining impairment, the Tribunal considered whether the misconduct found could be remedied. It concluded that through insight, reflection and learning, which resulted in a change in attitude and behaviour, the conduct was capable of remediation. Therefore, the Tribunal looked for evidence of the level of Dr Allen’s insight, of reflection and of any remediation undertaken.

171. The Tribunal took into account that Dr Allen had made admissions to a large part of the Allegation, including all the comments made in his social media posts. It noted the lapse of time since Dr Allen made the comments and his previously unblemished record as a doctor.

172. The Tribunal considered Dr Allen’s level of insight. It accepted he had shown limited insight evidenced by a concession in his oral evidence that he *“may have been too harsh”* in relation to some comments. Further, Dr Allen had admitted, to a limited extent, that particular elements of society that were targeted in some of his posts may have found his comments derogatory.

173. However, the Tribunal balanced this with the fact that Dr Allen’s position in relation to the comments he made appears to remain the same, despite the hiatus since the determination on facts was handed down. In his latest written submission he reiterates that he *“supported the views expressed in my social media comments objectively, with very many hard facts in my 79 page Witness Statement ...”*. Furthermore, in his written submission, Dr Allen wrote, *“My social media comments of Para 16 were not disrespectful to those with genuine illness but could have been perceived so by those malingerers who used such diagnoses for gain, as negative or derogatory. So what?”*

174. The Tribunal concluded that Dr Allen had not reflected upon his conduct nor changed his position since the last hearing and continued to stand by the derogatory and insulting comments he had publicly posted.

175. The Tribunal was also concerned that Dr Allen’s comments made in his written submission that the *“GMC/MPTS are behaving as the public’s moral superiors, rather than their servants, in attempting to stifle my views.”* and *“The MPTS/GMC should bear in mind that they are not arbiters of general politeness or otherwise, and that their role is to protect those with genuine illness from negligent, incompetent or dishonest doctors.”* showed he did not fully understand the role of his regulator, or his own obligations when registered as a doctor.

176. It was the opinion of the Tribunal that Dr Allen had not developed any further insight into his conduct. Dr Allen’s insight remained extremely limited.

177. The Tribunal looked for any other evidence of remediation or reflection but could find none. The Tribunal concluded, therefore, that the misconduct had not been remedied.

178. Turning to whether there was a risk of repetition, the Tribunal again took account of Dr Allen stating in his written submission that he had not made the comments while practising as a doctor, rather he had done so two years after retiring. The Tribunal's assessment of this was that he had not recognised his obligations as a doctor who was still registered. In conjunction with his extremely limited insight, the lack of any remediation, and that he still stands by his comments, the Tribunal could only conclude that the risk of Dr Allen repeating his misconduct was high.

179. In considering whether Dr Allen's fitness to practise is currently impaired, the Tribunal balanced its assessment of his insight, remediation and the risk of repetition against the statutory overarching objective. The Tribunal acknowledged that there has never been any question of a risk to patient safety while Dr Allen was practising as a doctor and accordingly it found no risk whatsoever to patient health or safety.

180. Dr Allen's actions have been found by the Tribunal to have undermined public trust and confidence in the medical profession, to have brought the medical profession into disrepute, breached a fundamental tenet of the profession and to have constituted a significant departure of the standards required of doctors, as set out in GMP.

181. The Tribunal therefore considered that an informed and reasonable member of the public would expect a finding of impairment to be made in this case, marking the seriousness of the misconduct, and in order to uphold proper professional standards within the medical profession. The Tribunal considered that public confidence in the profession would be significantly undermined if a finding of impairment were not made.

182. The Tribunal has therefore determined that Dr Allen's fitness to practise is currently impaired by reason of misconduct.

#### **Determination on Sanction - 13/10/2023**

183. Having determined that Dr Allen'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**

184. The Tribunal has taken into account evidence received during the earlier stages of the hearing, (including Dr Allen's written submission dated 14 September 2023), where relevant, to reaching a decision on sanction. No new evidence was presented before the Tribunal for this stage of the hearing from either the GMC or Dr Allen.

#### **Submissions**

185. On behalf of the GMC, Mr Kitching submitted that the appropriate sanction in all the circumstances of this case was one of erasure.

186. Mr Kitching told the Tribunal that the primary basis for the submission was the seriousness of the conduct found proved, although Dr Allen's lack of insight was also an important factor.

187. Mr Kitching reminded the Tribunal of the three strands of public interest as set out in the Tribunal's impairment determination and submitted that at least two were engaged in this case. He stated that one view was that all three strands were engaged by the circumstances of this case and this would be addressed later in this submission.

188. Mr Kitching submitted that Dr Allen's conduct disparaged people on the basis of race, religion, nationality, gender identity, sexual orientation and more. Some of Dr Allen's individual comments were more egregious than others, however taken collectively the comments were fundamentally incompatible with continued registration as a doctor.

189. Mr Kitching referred the Tribunal to its impairment determination and its findings that Dr Allen's conduct had breached a fundamental tenet of the profession namely, to act with integrity. Mr Kitching submitted no right-thinking member of the public would think that a doctor holding and airing these views in the way that Dr Allen did, should be allowed to practice at all. In terms of Dr Allen's level of insight, the GMC adopted the Tribunal's comments made in the same determination. Dr Allen's numerous comments posted over a long period of time clearly represented, at the time, his deeply entrenched views which were reiterated in his written submission.

190. Mr Kitching submitted that Dr Allen's view of the circumstances of this case was so blinkered that he was unable to understand where the line between legitimate freedom of expression (which included robust debate) and unacceptable abuse lay. Dr Allen's written submission showed that he continued to fail to recognise where that line was. That document deprived him of most, if not all, credit for the limited insight he displayed in the first part of this hearing. Mr Kitching submitted that it was not an overstatement to say that Dr Allen was entirely unrepentant, and this was the tone of the document he had submitted for the Tribunal's consideration. Dr Allen's lack of insight meant he had taken no steps to remedy his misconduct.

191. Mr Kitching reminded the Tribunal of paragraphs 1 and 65 of GMP it had noted in its impairment determination and submitted they were equally relevant to this stage.

192. Mr Kitching then referred the Tribunal to the section of the SG which deals with the public interest and why sanctions are imposed, and the following section which deals with proportionality. He submitted that Dr Allen's attitude and his ability to practise could be taken into account when considering proportionality, as the impact of any sanction on a doctor who did not wish to practise in the future would be less than on a doctor who had a

significant amount of their career left. Mr Kitching invited the Tribunal to put that to one side and assess proportionality with reference to Dr Allen’s conduct, attitude and lack of insight, not whether he intended to practise in the future.

193. Mr Kitching reminded the Tribunal it should impose the least punitive sanction it thought was appropriate in all the circumstances. He then took the Tribunal to the section of the SG that deals with mitigating and aggravating factors. Mr Kitching submitted that aggravating factors were the number of posts and the duration over which they were posted. Mitigating factors were Dr Allen’s otherwise clean record and the lapse of time since the last comment was posted on social media.

194. Mr Kitching submitted the following paragraphs of the SG were engaged:

*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):*

...

*b discriminating in relation to characteristics protected by law: age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation (see paragraphs 139–141)*

...

*139 Doctors must treat their colleagues and patients fairly, whatever their life choices and beliefs. The guidance is set out in paragraphs 48, 54 and 57 of Good medical practice.*

*140 Discrimination undermines public confidence in doctors and has the potential to pose a serious risk to patient safety. This includes views about a patient’s or colleague’s lifestyle, culture, or their social or economic status, as well as the characteristics covered by equality legislation (Good medical practice, paragraph 59).*

*141 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 (see the explanatory guidance Personal beliefs and medical practice).*

Mr Kitching told the Tribunal paragraphs 139-141 were the reason he had submitted earlier that he would return to the question of the first strand of public protection being engaged. Mr Kitching acknowledged Dr Allen’s comments had not been about individual patients or colleagues but nonetheless drew the Tribunal’s attention to these paragraphs of the SG when considering patient safety. He invited the Tribunal to look at the principles set out, which were clear, rather than embark on consideration of equality legislation.

195. Mr Kitching then turned to the options available to the Tribunal in terms of which sanction to impose when a doctor's fitness to practise is impaired. He submitted that given the Tribunal's findings at the previous stage, taking no action would be wholly inappropriate. The next least restrictive sanction would be conditions which, Mr Kitching submitted, would not be appropriate because of the seriousness of the conduct found proved and also would not be workable due to Dr Allen's attitude and lack of insight.

196. Mr Kitching submitted that this left the options of suspension or erasure. He told the Tribunal that while there were various factors to take into account when determining which of the two sanctions was the most appropriate, at the heart of the Tribunal's decision lay an assessment of the seriousness of Dr Allen's misconduct.

197. Mr Kitching referred the Tribunal to the paragraphs of the SG which relate to when suspension would be the appropriate sanction to impose:

*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.*

*92 Suspension will be an appropriate response to misconduct that is so serious that action must be taken to protect members of the public and maintain public confidence in the profession. A period of suspension will be appropriate for conduct that is serious but falls short of being fundamentally incompatible with continued registration (ie for which erasure is more likely to be the appropriate sanction because the tribunal considers that the doctor should not practise again either for public safety reasons or to protect the reputation of the profession).*

*93 Suspension may be appropriate, for example, where there may have been acknowledgement of fault and where the tribunal is satisfied that the behaviour or incident is unlikely to be repeated. The tribunal may wish to see evidence that the doctor has taken steps to mitigate their actions.*

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

*a A serious breach of Good medical practice, but where the doctor's misconduct is not fundamentally incompatible with their continued registration, therefore complete removal from the medical register would not be in the public interest. However, the breach is serious enough that any sanction lower than a suspension would not be sufficient to protect the public or maintain confidence in doctors.*

*b to d (not relevant)*

*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.*

He submitted that these paragraphs demonstrated why an assessment of the seriousness of the conduct lay at the heart of this decision-making process, and why he had earlier outlined that Dr Allen’s conduct was fundamentally incompatible with continued registration as a doctor. Paragraph 93 showed that there may be cases where a doctor’s conduct could justify a sanction of erasure, but they could be clawed back from the brink by their insight, to the extent that suspension may be appropriate. However, that was not the case here. The checklist in paragraph 97 also showed there were no factors in this case that might draw Dr Allen’s case back from the brink of erasure.

198. Mr Kitching then referred the Tribunal to paragraphs 107, 108 and 109 (a), (b), (d) and (j) of the SG, which deal with erasure:

**107** *The tribunal may erase a doctor from the medical register in any case – except one that relates solely to the doctor’s health and/or knowledge of English – where this is the only means of protecting the public.*

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

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

**a** *A particularly serious departure from the principles set out in Good medical practice where the behaviour is fundamentally incompatible with being a doctor.*

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

**c** *(not relevant)*

**d** *Abuse of position/trust (see Good medical practice, paragraph 65: ‘You must make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession’).*

*e to i (not relevant)*

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

He submitted that paragraph 108 made it clear that erasure may sometimes be appropriate even when there is no risk to public safety but where action is necessary to maintain public confidence in the profession. Mr Kitching invited the Tribunal to look at the stem of paragraph 109 and submitted that several of the factors listed were present in this case. 109 (d) was relevant as Dr Allen had identified himself as a doctor in his social media posts.

199. Mr Kitching concluded his submissions by stating that for all the reasons he had outlined, the only appropriate sanction in this case was one of erasure.

### **The Relevant Legal Principles**

200. The Tribunal had regard, throughout its decision making process, to the overarching objective, which includes the protection of the public, the maintenance of public confidence in the profession, and the promoting and maintaining of proper professional standards and conduct for members of the profession.

201. Any sanction imposed should be appropriate and proportionate and should take account of the SG. The Tribunal should identify the aggravating and mitigating factors of the case, and evaluate the weight given to these factors when determining sanction. The aggravating and mitigating factors should be balanced against the central aim of sanctions; to protect the public, which includes the wider public interest. Proportionality requires that the Tribunal undertakes a balancing exercise, balancing the doctor's interests with the public interest. The Tribunal should take a staged approach to its consideration of sanction, starting with the least restrictive until it reaches a sanction that is no more than necessary and proportionate.

202. The Tribunal should have regard to its findings of impairment, including the paragraphs of GMP it identified as having been breached by Dr Allen.

203. The Tribunal should have regard to the case of *Bolton v The Law Society* [1993] EWCA Civ 32 which provides:

*'The reputation of the profession is more important than the fortunes of any individual member.'*

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

204. The Tribunal acknowledged Mr Kitching's submission that a risk to public safety could be a factor in this case. However, as it had already set out in its impairment determination, the Tribunal was of the view that there was no evidence of a risk to patient safety in Dr

Allen’s case. In assessing the paragraphs of the SG which Mr Kitching drew to the Tribunal’s attention, in relation to ‘*discrimination*’ and the effect of personal views on patient treatment, it was the Tribunal’s view that they were not relevant to the facts of this case.

205. Before considering what action, if any, to take in respect of Dr Allen’s registration, the Tribunal identified the aggravating and any mitigating facts of this case.

#### Aggravating Factors

206. The Tribunal first considered the aggravating factors in this case:

- The misconduct constituted a pattern of behaviour over a lengthy period of time, from January 2020 until June 2021.
- The volume and nature of the comments on social media. The comments covered race, religion, nationality, immigration, gender identity, gender, same sex relationships, the support of violence, lifestyle choices and disparaged the credibility of some people who present with mental illnesses. The comments made were abusive, insulting, disparaging and offensive.
- Dr Allen has shown extremely limited insight into his misconduct.

#### Mitigating Factors

207. The Tribunal then considered the mitigating factors in this case:

- Dr Allen’s previously unblemished career
- Lapse of time since the misconduct took place.

208. The Tribunal then went on to consider each sanction starting with the least restrictive.

#### No action

209. The Tribunal first considered whether to conclude the case by taking no action. It was mindful that taking no action following a finding of impaired fitness to practise would only be appropriate in exceptional circumstances. The Tribunal determined there were no exceptional circumstances in this case and determined that it would be neither sufficient, proportionate, nor in the public interest to conclude this case by taking no action.

#### Conditions

210. The Tribunal next considered whether it would be sufficient to impose conditions on Dr Allen’s registration. It took account of paragraphs 81, 82 and 85 of the SG which state:

***81 Conditions might be most appropriate in cases:***



*a involving the doctor's health*

*b involving issues around the doctor's performance*

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

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

**82** *Conditions are likely to be workable where:*

*a the doctor has insight*

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

*c the tribunal is satisfied the doctor will comply with them*

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

**85** *Conditions should be appropriate, proportionate, workable and measurable*

211. The Tribunal noted that the SG indicates that conditions are particularly relevant when addressing deficiencies in performance or knowledge of the English language, neither of which were applicable in Dr Allen's case. The Tribunal determined that no conditions could be formulated that were workable or measurable, in circumstances where the misconduct was attitudinal in nature and where Dr Allen had not developed meaningful insight. Further, the Tribunal concluded that a period of conditional registration would be insufficient to mark the seriousness of the misconduct found proved, and would not maintain public confidence in the profession, nor declare and uphold proper professional standards.

### Suspension

212. The Tribunal took into account paragraphs 91-97 of the SG, set out above, when considering whether a period of suspension would be the appropriate and proportionate sanction in this case.

213. The Tribunal had regard to the nature of the derogatory comments and their subject matter, which targeted a wide spectrum of different issues and people in society. It had already concluded that Dr Allen's insight into his behaviour was extremely limited and no steps had been taken by him to remedy his conduct, leading the Tribunal to conclude that the risk of repetition was high.

214. The Tribunal gave weight to the aggravating factors it has identified, including the abusive nature and persistence of the misconduct. Dr Allen’s previous unblemished career could not mitigate the serious and unacceptable nature of the misconduct found. Having regard to all the circumstances of this case, the Tribunal was satisfied that Dr Allen’s misconduct was fundamentally incompatible with his continued registration as a doctor.

215. The Tribunal determined that a period of suspension would not adequately reflect the seriousness of the misconduct, would not satisfy the public interest in maintaining confidence in the profession, and would not declare and uphold proper professional standards for members of the profession.

### Erasure

216. The Tribunal then went on to consider erasure.

217. The Tribunal determined that paragraphs 108 and 109 (a), (b), (d), and (j) of the SG were engaged in this case. It noted the stem of paragraph 109 that *any* of the listed factors may indicate erasure is appropriate. The Tribunal has already determined that there has been a significant departure from the principles set out in GMP and that Dr Allen’s misconduct breaches the fundamental tenet of acting with integrity. Dr Allen has shown a reckless disregard of the principles of GMP in posting the comments whilst still registered as a doctor and when identifying himself as an NHS doctor. In addition, the social media posts in which Dr Allen disparaged members of the public for engaging in the COVID vaccination programme also included Dr Allen’s GMC reference number. The Tribunal was of the view that Dr Allen had abused his position as a doctor and the trust the public placed in him.

218. The Tribunal again had regard to the aggravating factors it has found in concluding that, in the circumstances of this case, action was necessary to maintain public confidence in the profession.

219. The Tribunal concluded that there was no basis in Dr Allen’s case to justify departing from the SG, particularly the factors identified in paragraph 109. The Tribunal determined that a lesser sanction than erasure would not be appropriate or proportionate.

220. The Tribunal concluded that the only appropriate and proportionate sanction that would adequately reflect the seriousness of Dr Allen’s conduct and be sufficient to uphold the overarching objective in maintaining public confidence in the profession and upholding proper professional standards, was one of erasure.

221. The Tribunal therefore directed that Dr Allen’s name be erased from the medical register.

### **Determination on Immediate Order - 13/10/2023**

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

### Submissions

223. On behalf of the GMC, Mr Kitching drew the Tribunal’s attention to the section of the SG that makes it clear that when a sanction of erasure is imposed, even in the public interest rather than for patient safety reasons, it is open to the Tribunal to impose an immediate order.

224. Mr Kitching submitted that if the nature of a doctor’s misconduct was such that it required erasure, it would be appropriate to impose an immediate order to cover the 28-day appeal period. Should Dr Allen appeal, the immediate order would cover the period until the appeal was heard. If an order was not made, Dr Allen would be able to continue in unrestricted practice which would not be in the public interest.

### The Tribunal’s Determination

225. In reaching its decision, the Tribunal exercised its own judgement and balanced the doctor’s interest against the requirement to impose an immediate order in the public interest.

226. The Tribunal took into account Mr Kitching’s submission and its previous determinations. It also considered the guidance given in paragraphs 172, 173 and 178 of the SG relating to immediate orders:

*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 ... 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.*

227. The Tribunal considered the seriousness of Dr Allen’s misconduct and its determination that only the sanction of erasure was appropriate in this case. Therefore, the Tribunal concluded that it would not be appropriate for Dr Allen’s registration to be unrestricted before the substantive order takes effect. An immediate order is required to maintain public confidence and uphold proper standards in the profession.

228. This means that Dr Allen’s registration will be suspended from the date on which notification of this decision is deemed to have been served upon him. The substantive direction, as already announced, will take effect 28 days from that date, unless an appeal is made in the interim. If an appeal is made, the immediate order will remain in force until the appeal has concluded.

229. There is no interim order to revoke

230. That concludes this case.