

**IN THE MATTER OF**

**THE GENERAL MEDICAL COUNCIL**

**AND**

**CLIMATE ACTIVISM**

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**AN OPINION FOR LAWYERS ARE RESPONSIBLE**

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**A. INTRODUCTION AND SUMMARY**

1. Lawyers Are Responsible (“LAR”) is an association of lawyers acting in solidarity with those on the frontline of the climate and ecological crises. We are instructed by LAR to advise on the proper interpretation of the Medical Act 1983 (“the 1983 Act”), in particular as it relates to the functions of the General Medical Council (“GMC”) and the Medical Practitioners’ Tribunal Service (“MPTS”). Specifically, we are asked to opine on whether acts of climate activism by doctors, described in five hypothetical scenarios, would be in contravention of doctors’ regulatory obligations under that legislation.
2. In summary:
  - a. The impact of climate change on human health is of particular concern to those working in the medical profession. In reflection of this, and the unique and trusted role which doctors play in society, a number of leading medical journals have increasingly recognised the actions that doctors can, and arguably must, take to mitigate climate change.
  - b. The threat posed by climate change to human health has also increasingly featured in a number of recent judgments issued by regional human rights courts and international courts.
  - c. Not least because of the “always speaking” principle of statutory interpretation, the above developments must be borne in mind when applying the 1983 Act in or in connection with fitness to practise proceedings. In particular, objectively well-founded viewpoints as to the

increasing climate crisis must inform the proper interpretation of the GMC’s “overarching objective” of the “protection of the public” which must in turn inform decision-making, including on whether particular climate activism can reasonably be regarded as misconduct or as otherwise capable of impairing a doctor’s fitness to practise.

- d. In our opinion, in each of the five scenarios identified below, the better view is that the doctor’s fitness to practise should not be regarded as impaired, whether by reason of misconduct or otherwise. That is so as a matter of ordinary construction and application of the 1983 Act, although our conclusions are bolstered by regard to the rights of doctors to conscientious expression and assembly under any or all of Articles 9, 10 and 11 of the European Convention on Human Rights (“ECHR”, “the Convention”), in accordance with which the GMC and MPTS must act.
3. We address matters below under the follow heads: (i) background; (ii) an outline of the relevant legal frameworks; (iii) an overview of the GMC’s approach to date; and (iv) our views on the five hypothetical scenarios.

## **B. BACKGROUND**

4. The Intergovernmental Panel on Climate Change (“IPCC”) is the United Nations body for assessing the science related to climate change. The IPCC’s most recent reports were produced during the sixth assessment cycle, which was completed in March 2023 with the publication of *Climate Change 2023: Synthesis Report*.<sup>1</sup> In those reports, the IPCC found that widespread and rapid changes have occurred in the atmosphere, ocean, cryosphere and biosphere, and that “[h]uman-caused climate change is already affecting many weather and climate extremes in every region across the globe” (*Climate Change 2023: Synthesis Report*, pp. 42-51, section 2).
5. The consequences of climate change are well-known and recognised. As recently summarised by the International Court of Justice:

“Rising temperatures are causing the melting of ice sheets and glaciers, leading to sea level rise and threatening coastal communities with unprecedented flooding. Extreme weather events, such as hurricanes, droughts and heatwaves, are becoming more frequent and intense, devastating agriculture, displacing populations and exacerbating water shortages. Furthermore, the disruption of natural habitats is pushing certain species toward extinction and leading to irreversible loss of biodiversity. Human life and health are also at risk, with an increased

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<sup>1</sup> *The IPCC, AR6 Synthesis Report: Climate Change 2023* <https://www.ipcc.ch/report/sixth-assessment-report-cycle/> [accessed 14 August 2025].

incidence of heat-related illnesses and the spread of climate-related diseases. These consequences underscore the urgent and existential threat posed by climate change.”<sup>2</sup>

6. The impact of climate change on human health is of particular concern to those working in the medical profession. In September 2021, an unprecedented joint editorial calling for emergency action was published simultaneously in numerous medical journals, including New England Journal of Medicine, the Lancet and the BMJ.<sup>3</sup> Noting the science as “unequivocal”, this editorial flags a risk of “catastrophic harm to health that will be impossible to reverse” and recognised the harms already apparent, with increased heat-related mortality rates and a rise in health conditions affected by higher temperatures.<sup>4</sup> The position since 2021 has not improved. The World Health Organisation reports that between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths *per year*, from undernutrition, malaria, diarrhoea and heat stress alone.<sup>5</sup>
7. In reflection of this health crisis and the unique and trusted role which doctors play in society, a number of medical journals and health organisations have recognised that doctors can, and arguably must, take action to mitigate climate change.<sup>6</sup> These statements are too numerous to detail in full. Examples include:
  - a. *“doctors and all health professionals have a responsibility and obligation to engage in all kinds of non-violent social protest to address the climate emergency. That is the duty of a doctor”* - Dr Richard Horton, editor-in-chief of The Lancet.<sup>7</sup>

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<sup>2</sup> *Obligations of States in respect of Climate Change*, 23 July 2025 Advisory Opinion.

<sup>3</sup> *Call for Emergency Action to Limit Global Temperature Increases, Restore Biodiversity, and Protect Health* (5 September 2021) <https://www.nejm.org/doi/10.1056/NEJMe2113200> [accessed 14 August 2025]. For the full list of journals see here: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-emergency-editorial-september-2021> [accessed 14 August 2025].

<sup>4</sup> “In the past 20 years, heat-related mortality among people over 65 years of age has increased by more than 50%. Higher temperatures have brought increased dehydration and renal function loss, dermatological malignancies, tropical infections, adverse mental health outcomes, pregnancy complications, allergies, and cardiovascular and pulmonary morbidity and mortality. Harms disproportionately affect the most vulnerable, including children, older populations, ethnic minorities, poorer communities, and those with underlying health problems” (*Ibid*, footnotes omitted).

<sup>5</sup> World Health Organisation, *Climate Change* (13 October 2023) <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health> [accessed 14 August 2025].

<sup>6</sup> On the role of doctors and trust in the medical profession, see Yassaie R, Brooks L “Reassessing ‘good’ medical practice and the climate crisis” (2025) *Journal of Medical Ethics* 51, 365-370 <https://jme.bmj.com/content/51/6/365> [accessed 28 August 2025].

<sup>7</sup> *Health and Climate, Rubber Republic* (24 October 2019) <https://www.youtube.com/watch?v=YEVGNeNeyug> [accessed 28 August 2025].

- b. “...engaging in non-violent climate protests may be considered a ‘supererogatory duty’ for doctors” - Dr Rammina Yassaie, by blog post published by the British Medical Journal.<sup>8</sup>
- c. “[w]hen doctors become aware of a threat to public health, they have a professional duty to try to mitigate the threat. Climate change is a recognized major threat to planetary and public health that requires actions to both mitigate, and adapt to, climate change” - Dr Terry Kemple, former president of the Royal College of General Practitioners.<sup>9</sup>

8. Noting this call to action, in December 2023, the UK Health Alliance on Climate Change wrote to the GMC to request the Council:

“be as lenient as the law allows you to be with doctors who will soon appear before you because they have been convicted of offences resulting from their protests against the damage to nature, the climate, and health.”<sup>10</sup>

9. Furthermore, in June 2025, the British Medical Association voted to condemn action taken against climate activist doctors, passing the following motion:

“That this meeting recognises that climate change is a public health emergency and:-

- i) affirms that doctors have an ethical duty to advocate for urgent action;
- ii) condemns any punitive action, including regulatory complaints or employment repercussions, against doctors who engage in non-violent climate activism;
- iii) calls on the BMA Professional Regulation Committee to push for explicit protections within employment contracts, GMC processes, and workplace policies to ensure doctors do not face career detriment for engaging in non-violent climate advocacy.”<sup>11</sup>

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<sup>8</sup> *Nonviolent climate protests and the medical profession – should doctors be struck off for their actions* (18 April 2024) <https://blogs.bmj.com/medical-ethics/2024/04/18/nonviolent-climate-protests-and-the-medical-profession-should-doctors-be-struck-off-for-their-actions/> [accessed 28 August 2025].

<sup>9</sup> *The Climate Emergency: Are the Doctors who take Non-violent Direct Action to Raise Public Awareness Radical Activists, Rightminded Professionals, or Reluctant Whistleblowers?* *The New Bioethics*, 26(2), 111–124 (2020), Abstract <https://www.tandfonline.com/doi/full/10.1080/20502877.2020.1775390?needAccess=true> [accessed 28 August 2025].

<sup>10</sup> *UK Health Alliance on Climate Change, A letter to the GMC on doctors convicted of offences related to protests on climate change and nature loss, Dr Richard Smith CBE, FMedSci, FRCPE, FRCGP, FFPHM, FRCSE, FRCPSG Chair, UKHACC* (18 December 2023) <https://ukhealthalliance.org/news-item/a-letter-to-the-gmc-on-doctors-convicted-of-offences-related-to-protests-on-climate-change-and-nature-loss/> [accessed 28 August 2025].

<sup>11</sup> *ARM 2025: BMA passes resolution on Professional Regulation, Appraisal, and the General Medical Council* (25 June 2025) <https://www.bma.org.uk/bma-media-centre/arm-2025-bma-passes-resolution-on-professional-regulation-appraisal-and-the-general-medical-council> [accessed 28 August 2025].

10. More broadly, we note that the actions of climate activist doctors reflect the concerns of the public, with one nationally representative Government survey recognising that “80% of people [are] very or fairly concerned about climate change”.<sup>12</sup>

## **C. LAW**

### *Climate Change*

11. There are myriad laws addressing climate change and its impacts. The full recitation of these go beyond the scope of this opinion, but it is important to record the most recent developments in human rights and other international law which recognise the nature and extent of the climate emergency.

12. First, on 9 April 2024, the European Court of Human Rights (“ECtHR”) issued its decision in *Verein KlimaSeniorinnen Schweiz & Ors v. Switzerland* (2024) 79 E.H.R.R. 1, finding that the Article 8 rights of a Swiss non-profit association – established to promote and implement effective climate protection on behalf of its members - had been breached by failings in Switzerland’s climate change mitigation policy.<sup>13</sup> In reaching this conclusion the Court took as a matter of “fact” that:

“there are sufficiently reliable indications that anthropogenic climate change exists, that it poses a serious current and future threat to the enjoyment of human rights guaranteed under the Convention, that States are aware of it and capable of taking measures to effectively address it, that the relevant risks are projected to be lower if the rise in temperature is limited to 1.5°C above pre-industrial levels and if action is taken urgently, and that current global mitigation efforts are not sufficient to meet the latter target.” (¶436)

13. Secondly, on 21 May 2024, the International Tribunal for the Law of the Sea (“ITLOS”) published its *Advisory Opinion on Climate change and International Law*, requested by the Commission of Small Island States. This Commission is formed by several small island States, at particular risk of sea rise, who have “*united to protect the climate system*”.<sup>14</sup> In this Opinion, ITLOS addresses the obligations

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<sup>12</sup> *DESNZ Public Attitudes Tracker: Net Zero and climate change, Spring 2024, UK* <https://www.gov.uk/government/statistics/desnz-public-attitudes-tracker-spring-2024/desnz-public-attitudes-tracker-net-zero-and-climate-change-spring-2024-uk#:~:text=Concern%20about%20climate%20change%20In%20Spring%202024%2C,said%20they%20were%20not%20at.https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/threequartersofadultsin-greatbritainworryaboutclimatechange/2021-11-05https://www.nature.com/articles/d41586-024-00998-6> [accessed 20 September 2025].

<sup>13</sup> *Verein KlimaSeniorinnen Schweiz & Ors v. Switzerland* (2024) 79 E.H.R.R. 1 ¶¶ 573 to 574.

<sup>14</sup> *Commission of Small Island States on Climate Change and International Law, About COSIS* <https://www.cosis-ccil.org/#about> [accessed 14 August 2025]; *Request for an Advisory Opinion by the Commission of Small Island States, on Climate change and International Law*, ITLOS Case No 31, 21 May 2024.

of State Parties to the United Nations Convention on the Law of the Sea, noting *inter alia* their obligation to take “all necessary measures” to address marine pollution from anthropogenic greenhouse gases emissions.<sup>15</sup>

14. Thirdly, the work of ITLOS was followed on 29 May 2025 by the Inter-American Court of Human Rights’ (“IACHR”) Advisory Opinion on the *Climate Emergency and Human Rights*. This Opinion recognises a climate emergency “stemming from the relationship and mutual reinforcement among three ongoing phenomena: climate change, pollution, and biodiversity loss” and further notes that “this triple crisis ‘threatens the well-being and survival of millions of people throughout the world’”<sup>16</sup>

15. Most recently, the International Court of Justice (“ICJ”) delivered its unanimous Advisory Opinion on the *Obligations of States in respect of Climate Change* on 23 July 2025, heralding climate change as an “urgent and existential threat”.<sup>17</sup> This Opinion elucidates states’ international law obligations under a range of international treaties and customary international law. Notably, the Court was of the opinion that under customary international law:

“States have a duty to prevent significant harm to the environment by acting with due diligence and to use all means at their disposal to prevent activities carried out within their jurisdiction or control from causing significant harm to the climate system and other parts of the environment, in accordance with their common but differentiated responsibilities and respective capabilities;”<sup>18</sup>

16. As we explain below, these seminal judgments are relevant to the GMC’s assessment of public confidence in the profession, a standard which reflects the views of an informed and reasonable member of the public.

#### *The GMC and the Medical Act 1983*

17. The GMC sets in the first instance the principles, values and standards of professional behaviour expected of all doctors.<sup>19</sup> Both it, and the MPTS which independently hears disciplinary cases brought before it by the GMC, is governed by the 1983 Act.

18. In 2015, along with other health care regulators, the GMC was given a new “overarching objective” of the “protection of the public” (section 1(1A)).<sup>20</sup> Pursuit of this objective involves the pursuit of

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<sup>15</sup> *Ibid*, p. 147.

<sup>16</sup> *Ibid*.

<sup>17</sup> *Obligations of States in respect of Climate Change*, 23 July 2025 Advisory Opinion, ¶73.

<sup>18</sup> *Ibid*, ¶ 457.

<sup>19</sup> The GMC further regulates physician associates and anaesthesia associates (see the Anaesthesia Associates and Physician Associates Order 2024). While there are some commonalities in the regulation of these three professions, this opinion specifically addresses the GMC’s regulation of doctors.

<sup>20</sup> Introduced by Article 21(1) of the General Medical Council (Fitness to Practise and Over-arching Objective) and the Professional Standards Authority for Health and Social Care (References to Court) Order 2015. For other

the following three further enumerated objectives: (i) to protect, promote and maintain the health, safety and wellbeing of the public; (ii) to promote and maintain public confidence in the medical profession; and (iii) to promote and maintain proper professional standards and conduct for members of that profession (section 1(1B)). These objectives are central both to the proper exercise of the GMC's functions and to decisions of the Tribunal. As noted by the High Court in *Hyder v General Medical Council* [2024] EWHC 2945 (Admin), (albeit, in that case, in the context of sanction), it “*is necessary for a [Medical Practitioner] tribunal .... to focus solely on what is necessary for the protection of the public and the pursuit of the stated subsidiary objectives.*” (¶34). We will return to this below, but note for the present that much climate activism is carried out in furtherance precisely of public protection.

19. Section 35 of the 1983 Act empowers the GMC to provide advice for members of the medical profession on: (i) standards of professional conduct; (ii) standards of professional performance; and (iii) medical ethics. The GMC's “core guidance” on professional standards is found in a document entitled “Good medical practice” (“GMP”).<sup>21</sup> Additional guidance of relevance to this opinion includes:

- a. *Personal beliefs and medical practice guidance*,<sup>22</sup> which addresses beliefs in medical practice, recognising that “*personal beliefs and cultural practices are central to the lives of medical professionals and patients, and that all medical professionals have personal values that affect their day-to-day practice.*” (¶3)
- b. *Using social media as a medical professional*,<sup>23</sup> which is guidance addressing the use of social media by medical professionals.

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regulators of the health and social care professions (e.g. the General Dental Council), the objective was introduced by the Schedule to the Health and Social Care (Quality and Safety) Act 2015.

<sup>21</sup> *The General Medical Council, Good medical practice* <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice> [accessed 14 August 2025]. The latest version of the GMP came into effect on 30 January 2024 and was last updated on 13 December 2024.

<sup>22</sup> *The General Medical Council, Personal beliefs and medical practice* <https://www.gmc-uk.org/professional-standards/the-professional-standards/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice> (this guidance came into effect 22 April 2013 and was last updated on 13 December 2024) [accessed 14 August 2025].

<sup>23</sup> *The General Medical Council, Using social media as a medical professional* <https://www.gmc-uk.org/professional-standards/the-professional-standards/using-social-media-as-a-medical-professional> (this guidance came into effect on 30 January 2024 and was last updated on 30 December 2024) [accessed 14 August 2025].

- c. *Reporting criminal and regulatory proceedings*,<sup>24</sup> which sets out relevant principles of good practice for a doctor involved in any criminal or regulatory proceedings, including reporting requirements to the GMC.
- d. *Decision on whether regulatory action is required*,<sup>25</sup> which is guidance supporting decision-making on whether there's a legal basis for considering a doctor's fitness to practise and whether they pose any current and ongoing risk to public protection.
- e. *Guidance for decision makers on closing criminal cases at triage*,<sup>26</sup> which provides advice on the factors to be taken into account when closing criminal cases at triage.
- f. *Supplementary guidance on violence and dishonesty that may represent a lower risk to public protection*, which addresses scenarios where a doctor has committed alleged violent or dishonest behaviour.<sup>27</sup>

20. The 1983 Act provides for a doctor's practice to be restricted where their fitness to practise is "impaired". That will only be so by reason of six matters: misconduct, deficient professional performance, a criminal conviction or caution, adverse health, inadequate knowledge of English or a determination of impairment by another regulatory body (section 35C(2)). We are principally concerned in this Opinion with "misconduct" and "a criminal conviction or caution".

21. Section 1 of the 1983 Act provides for the various Tribunals required to assess fitness to practise, while the General Medical Council (Fitness to Practise) Rules Order of Council 2004 ("the 2004 Rules") sets out the procedures. There are two distinct stages to the GMC fitness to practise procedures: (i) investigation: where cases are investigated as to whether they need to be referred

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<sup>24</sup> *The General Medical Council, Reporting criminal and regulatory proceedings within and outside the UK* <https://www.gmc-uk.org/professional-standards/the-professional-standards/reporting-criminal-and-regulatory-proceedings-within-and-outside-the-uk> (the latest version of this guidance came into effect on 22 April 2013 and was last updated on 13 December 2024) [accessed 14 August 2025].

<sup>25</sup> *The General Medical Council, Decision on whether regulatory action is required* <https://www.gmc-uk.org/-/media/documents/dc23656---decision-on-whether-regulatory-action-is-required--doctors-pdf-110174110.pdf> (the latest version of this guidance came into effect on 30 May 2025 and was last updated May 2025) [accessed 14 August 2025].

<sup>26</sup> *The General Medical Council, Guidance for decision makers on closing criminal cases at triage* [https://www.gmc-uk.org/-/media/documents/dc9841-guidance-for-decision-makers-on-closing-criminal-cases-at-triage-final-20170228\\_pdf-69554394.pdf](https://www.gmc-uk.org/-/media/documents/dc9841-guidance-for-decision-makers-on-closing-criminal-cases-at-triage-final-20170228_pdf-69554394.pdf) (last publication date March 2017) [accessed 14 August 2025].

<sup>27</sup> *The General Medical Council, Supplementary guidance on violence and dishonesty that may represent a lower risk to public protection* <https://www.gmc-uk.org/-/media/documents/dc13478-guidance-for-decision-makers-when-violence-and-dishonesty-may-represent-a-lower-ris-85755346.pdf> (published September 2020, last updated May 2025) [accessed 11 September 2025].

for adjudication; and (ii) adjudication: the hearing of cases that have been referred to the MPTS<sup>28</sup>. In broad summary, the relevant steps include as follows:

- a. *Receipt of a concern or self-referral*: an allegation may reach the GMC via report by the public or self-referral by a doctor. A doctor is required to notify the GMC, if “anywhere in the world” they have: (i) accepted a caution (or equivalent) from a prosecuting authority; (ii) been charged with a criminal offence; (iii) been found guilty of a criminal offence; (iv) been criticised by an official inquiry; or (v) had another professional body make a finding against their registration as a result of a fitness to practise process (GMP, ¶99 and see further requirements on *Reporting criminal and regulatory proceedings*<sup>29</sup>).
- b. *Consideration and investigation*: initial consideration and investigations are conducted by the General Council’s Registrar, Case Examiners and the Investigation Committee as follows:
  - i. Reports of impairment are considered by the General Council’s Registrar, who determines whether or not they amount to an allegation for the purposes of section 35C(2) of the 1983 Act (and may carry out appropriate investigations) (Rules 4(1) and (4)).<sup>30</sup> Subject to a number of exceptions, if established that a report falls within section 35C(2), the matter will be referred to a medical and lay Case Examiner for consideration (Rule 4(1) and (2)). Alternatively, the Registrar has the power to refer cautions and convictions for criminal offences and determinations by other regulatory bodies directly to the MPTS to be considered by a Medical Practitioners Tribunal (and must do so in circumstances where a practitioner has received a custodial sentence (Rule 5)).
  - ii. Following consideration of an allegation, Case Examiners may refer the matter to: (i) the Investigation Committee; (ii) the MPTS to arrange a hearing by a Medical Practitioners Tribunal; or (iii) direct the Registrar to refer the matter to an Interim Orders Tribunal (Rules 8 and 11).
- c. *Adjudication*: should a case reach a Medical Practitioners Tribunal or an Interim Orders Tribunal, Rule 17 sets out order of proceedings. As summarised by the High Court in *Benn v General Medical Council* [2025] EWHC 87 (Admin), [2025] ACD 27 (“*Benn*”):

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<sup>28</sup> The MPTS is tasked with conducting “hearings for doctors ... whose fitness to practice is called into question.” See *The Medical Practitioners Tribunal Service, How we work* <https://www.mpts-uk.org/about/how-we-work> [accessed 14 August 2025].

<sup>29</sup> *The General Medical Council, Reporting criminal and regulatory proceedings within and outside the UK summary* <https://www.gmc-uk.org/professional-standards/the-professional-standards/reporting-criminal-and-regulatory-proceedings-within-and-outside-the-uk> [accessed 14 August 2025].

<sup>30</sup> See further *R (Pal) v General Medical Council* [2009] EWHC 1061 (Admin).

“The first stage involves making findings of facts on the allegations presented by the GMC. The second stage involves receiving evidence and hearing submissions from the parties to determine whether, on the basis of any facts found proved, the practitioner’s fitness to practise is impaired. The third and final stage is to receive evidence and hear submissions to decide on the appropriate sanction, if any. The burden of proof rests on the GMC at the fact-finding stage. Thereafter, the Tribunal is required to make evaluative judgments on the basis of the facts found proved.” (¶12)

- d. *Sanction*: orders available to the Tribunal include: (i) direction that a doctor’s name be erased from the register; (ii) direction that a doctor’s registration in the register be suspended for a maximum period of 12 months; (iii) direction that a doctor’s registration be conditional on compliance with certain requirements (e.g., supervision) for a maximum period of three years; (iv) a warning regarding future conduct or performance, where impairment is not found (see section 35D(2) and (3) and further *Sanctions guidance*).<sup>31</sup> We note that, in cases where it is necessary to consider sanction because impairment has been found, paragraphs 68-70 of the Sanctions guidance provide for no sanction to be given where there are “exceptional circumstances”. Although such circumstances are left undefined, we consider that these paragraphs may properly be treated as relevant to cases of climate activism.
- e. *Appeal*: pursuant to section 40, decisions may be appealed to the High Court in England and Wales, the Court of Session in Scotland or the High Court of Justice in Northern Ireland (dependant on the address of the relevant practitioner).

22. The GMC and the Tribunal are a public authorities required to exercise the above functions in a manner compatible with relevant Convention rights. In addition, and as made abundantly clear from the below cited judgments, the protection of the public is the purpose of the regulatory regime and accordingly is central in deciding upon impairment among other matters.

23. The purpose of fitness to practise proceedings was described in *General Medical Council v Meadow* [2006] EWCA Civ 1390, [2007] QB 462 as being “to protect the public against the acts and omissions of those who are not fit to practise” ¶32. As explained in *Cohen v General Medical Council* [2008] EWHC 581 (Admin), [2008] LS Law Medical 246 at ¶62:

“Any approach to the issue of whether a doctor’s fitness to practice should be regarded as ‘impaired’ must take account of ‘the need to protect the individual patient, and the collective need to maintain confidence [in the] profession as well as declaring and upholding proper standards of conduct and behaviour of the public in their doctors and that public interest

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<sup>31</sup> *The Medical Practitioners Tribunal Service, Sanctions guidance* <https://www.mpts-uk.org/parties-and-representatives/sanctions-guidance> (the latest version of the guidance applies to new hearings starting on or after 5 February 2024) [accessed 14 August 2025].

includes amongst other things the protection of patients, maintenance of public confidence in the [sic] profession’...”

24. Further, see to like effect *R. (on the application of Nakash v Metropolitan Police Service) v General Medical Council* [2014] EWHC 3810 (Admin), in which Cox J referred at ¶36 to “the need to maintain public confidence in the profession” in deciding on impairment.

25. As to the standard of public confidence, this is to reflect the views of an informed and reasonable member of the public and to be assessed by reference to the standard of “the ordinary intelligent citizen” who appreciates both the seriousness of a proposed sanction and the other issues involved in the case, see *Bawa-Garba v General Medical Council* [2018] EWCA Civ 1879, [2019] 1 WLR 1929 at ¶96, citing *Giele v General Medical Council* [2005] EWHC 2143 (Admin) [2006] 1 WLR 942 at [33] and *Wallace v Secretary of State for Education* [2017] EWHC 109 (Admin), [2017] PTSR 675 (at ¶¶92 and 96(v)). In the present context, we consider that an informed and reasonable member of the public would have an appreciation of the matters set out from paragraph 4 above, namely, in summary: (i) the extreme danger posed by the climate emergency; (ii) the various calls to action by the medical community reflecting the unique and trusted role which doctors play in society; and (iii) recent seminal judgments as to the obligations of States and State bodies, which have been widely reported on. As an aspect of (ii) the notional member of the public, against which public confidence falls to be assessed, would appreciate that doctors serve patients and seek centrally to protect their health. The notional member of the public would appreciate that it is reasonable, in principle, for doctors to undertake certain climate activism in furtherance of that aim of protecting their health. We have considered this in connection with our discussion of the hypothetical scenarios about which we are asked, below.

26. In relation to “misconduct”, Elias LJ explained in *R (Remedy UK Limited) v General Medical Council* [2010] EWHC 1245 (Admin) (“*Remedy*”) at ¶37 that:

“(1) Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.

...

(6) Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skills.

...

(9) Unlike the concept of misconduct, conduct unrelated to the profession of medicine could not amount to deficient performance putting FTP in question. ... The conduct must be at least disreputable before it can fall into the second misconduct limb.”

27. In *Adil v General Medical Council* [2023] EWCA Civ 1261, [2024] ICR 445 (“*Adil*”) Popplewell LJ did not disapprove of the above albeit noting that Elias LJ did not, in relation to the second type of misconduct, “intend any rigid classification”: see ¶71.
28. In *Benn*, Yip J made clear at ¶82(vi) that “conduct wholly outside medical practice is only capable of being considered misconduct within the meaning of the statute if it is conduct capable of undermining one of the three objectives set out in section 1(1B) of the Act”.
29. Neither a finding of misconduct nor a criminal conviction will result in an automatic finding of impairment; both must be considered distinctly (see e.g. *Haribaran v General Medical Council* [2018] EWHC 3358 (Admin) at ¶6 addressing a criminal conviction).
30. At ¶76 of *Council for Healthcare Regulatory Excellence v Nursing and Midwifery Council & Grant* [2011] EWHC 927 (Admin), [2011] ACD 72 (“*Grant*”) Cox J adopted the following approach test as appropriate for panels considering impairment of fitness to practise:

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

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

#### *Human Rights*

31. Pursuant to section 6(1) of the Human Rights Act 1998 it is unlawful for the GMC, as a public authority, to act in a way which is incompatible with a Convention right.<sup>32</sup> The most important rights for present purposes are Articles 9, 10 and 11.

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<sup>32</sup> See further Gomez, *The Regulation of Healthcare Professionals: Law, Principle and Process* (2<sup>nd</sup> edn, Sweet & Maxwell 2019), ¶19-003.

32. Article 9 provides as follows:

“1. Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief and freedom, either alone or in community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.

2. Freedom to manifest one’s religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.”

33. Article 10 provides as follows:

“1. Everyone has the right to freedom of expression. This right shall include freedom to hold opinions and to receive and impart information and ideas without interference by public authority and regardless of frontiers.

2. The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society, in the interests of national security, territorial integrity or public safety, for the prevention of disorder or crime, for the protection of health or morals, for the protection of the reputation or rights of others, for preventing the disclosure of information received in confidence, or for maintaining the authority and impartiality of the judiciary.”

34. Article 11 provides as follows:

“1. Everyone has the right to freedom of peaceful assembly and to freedom of association with others ...

2. No restrictions shall be placed on the exercise of these rights other than such as are prescribed by law and are necessary in a democratic society in the interests of national security or public safety, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others. This Article shall not prevent the imposition of lawful restrictions on the exercise of these rights by members of the armed forces, of the police or of the administration of the State.”

35. The appropriate structure for analysing the application of a qualified Convention right, such as Articles 9, 10 and 11, was outlined by the Court of Appeal in *Adil* as follows:

“(1) Is what the defendant [that is, the doctor] did in exercise of one of the rights in art 10?  
(2) If so, is there an interference by a public authority with that right?  
(3) If there is an interference, is it ‘prescribed by law’?  
(4) If so, is the interference in pursuit of a legitimate aim as set out in para 2 of art 10?  
(5) If so, is the interference ‘necessary in a democratic society’ to achieve that legitimate aim?  
This question will in turn require consideration of the well-known set of sub-questions which arise in order to assess whether an interference is proportionate:

- (a) Is the aim sufficiently important to justify interference with a fundamental right?
- (b) Is there a rational connection between the means chosen and the aim in view?
- (c) Are there less restrictive alternative means available to achieve that aim?

(d) Is there a fair balance between the rights of the individual and the general interest of the community, including the rights of others?” (¶45).

36. In relation to the first of these questions, in *Grainger plc v Nicholson* [2010] 2 All ER 253, [2010] ICR 360 the Employment Appeal Tribunal, drawing on Convention Article 9 jurisprudence, found that belief in man-made climate change, and the alleged resulting moral obligation to act, was capable, if genuinely held, of being a “philosophical belief” for the purposes of the Employment Equality (Religion or Belief) Regulations 2003 (¶¶20 and 32).

37. In *Ludes and others v. France* (40899/22, 41621/22 and 42956/22) (“*Ludes*”), the ECtHR addressed protests by environmental activists, who had taken part in a nationwide campaign taking down the French President’s official portrait in town halls across the country to draw attention to the State’s alleged inaction in the face of climate change. The Chamber found that although their actions had involved committing a criminal offence (joint enterprise theft), the applicants’ freedom of expression had to be granted an adequate level of protection – with a correspondingly narrow margin of appreciation afforded to the national authorities – having regard both to the subject matter of the message, which was one of public interest, and to what it described, in terms, as the “non-violent” nature of the actions by which it had been conveyed.<sup>33</sup>

#### **D. THE GMC’S APPROACH TO DATE**

38. The GMC’s current stance on climate activism is found in their published statements and recent cases before the MPTS. A key publication is the GMC’s webpage: “Doctors taking part in protests or other forms of activism”<sup>34</sup>. This makes clear the GMC’s position that, although there is a principle in GMP (Domain 1) that doctors “must follow the law” (¶4), criminal law-breaking will not necessarily amount to a breach of doctors’ regulatory obligations. The GMC provides three hypothetical examples to illustrate how its guidance and thresholds may apply:

- a. “Example 1 – doctor takes part in a protest: A doctor was one of 20 individuals who formed a human blockade at the entrance to an oil refinery preventing access to vehicles. The blockade caused some disruption to operations at the refinery, but no property was damaged and nobody was injured. The doctor was removed and arrested, but subsequently released without charge. They have no previous convictions. The doctor informed us of their arrest. We decided that that it did not meet our threshold for investigation.”

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<sup>33</sup> *Ludes and Others v. France - 40899/22, 41621/22 and 42956/22, Legal Summary* <https://hudoc.echr.coe.int/eng/?i=002-14486> (3 July 2025) [accessed 11 September 2025].

<sup>34</sup> *The General Medical Council, Doctors taking part in protests or other forms of activism* <https://www.gmc-uk.org/news/news-archive/doctors-taking-part-in-protests> (30 July 2024) [accessed 14 August 2025].

- b. “Example 2 - doctor convicted of criminal damage: A doctor attended a public protest at a bank’s head office. They, along with several others, sprayed paint across the entrance to the building. The doctor was arrested. They were subsequently convicted after pleading guilty at the Magistrates’ Court to criminal damage. The doctor had no previous convictions. They were conditionally discharged and ordered to pay costs. We decided to close the case with no action.”
- c. “Example 3 - doctor convicted of criminal damage and abusing a police officer: A doctor attended a protest and was involved in occupying a government building and causing damage to property, including smashing windows and equipment. During their arrest they were verbally abusive to the police officer. Following a trial at the Crown Court, the doctor was convicted of criminal damage, public order offences and resisting arrest. Noting the doctor’s three previous convictions, the escalating seriousness of their offending and their lack of remorse, the judge sentenced the doctor to a one-month custodial sentence and ordered them to pay costs. We referred the case for consideration by an independent tribunal, as required by the Fitness to Practise Rules 2004 (as amended).”

39. In the second of these examples, the doctor breaks the criminal law by engaging in criminal damage, but the GMC regards that conduct as consistent with their regulatory obligations. In the third example, in which the GMC does suggest the line is crossed, the doctor does not simply engage in criminal damage but is also verbally abusive to a police officer. We regard this guidance as consistent with our views on the five scenarios we address below.

## **E. HYPOTHETICAL SCENARIOS**

40. We are instructed to provide our own views on five hypothetical scenarios. These range across the following categories: (i) speech; (ii) breach of injunction; (iii) criminal damage; and (iv) public order offences. Our conclusions assume the specific facts detailed below. We emphasise that, for the purposes of this opinion, we have operated on the premise that there are no relevant aggravating factors.

### *Speech*

41. Scenario one: a doctor attending a major medical conference carries out a protest by unfurling a banner to interrupt a panel discussion. This protest is carried out to highlight their objection to a fossil fuel sponsor, with the banner containing details of the health risks arising from climate change. Conference security intervenes and the doctor is ejected from the event. The incident is

filmed, and the video is uploaded by the doctor to their named YouTube account, which provides links to relevant research papers. The conference organisers report the protest to the GMC, who turn to assess the incident.

42. Analysis: as noted above, a doctor's fitness to practise may only be regarded as "impaired" by one of six reasons. In this case, the only category of relevance is misconduct. Accordingly, it is first necessary to determine whether the protest is "misconduct" in the statutory sense.
43. The doctor's protest consists of conduct committed outside of medical practice: it occurs at a conference, not during the provision of healthcare. Accordingly, it is "*only capable of being considered misconduct ... if it is ... capable of undermining one of the three objectives set out in section 1(1B) of the Act.*" (*Benn*, ¶82(vi)). On our view, it plainly does not do so.
44. As noted by the Supreme Court in *News Corp UK and Ireland Ltd v Revenue and Customs Commissioners* [2023] UKSC 7, [2024] AC 89 a statute "*should be interpreted taking into account changes ... [including], for example, technological developments, changes in scientific understanding, changes in social attitudes and changes in the law*" (¶29). This is the so-called "always speaking" principle of statutory interpretation. Changes in scientific understanding, changes in social attitudes, and changes in the law are all relevant here: they inform what falls to be regarded as misconduct or as a matter otherwise liable to impair a doctor's fitness to practise. As we have explained above, they are all matters which would inform the view of the reasonable member of the public used as a yardstick against which public confidence in the medical profession is to be assessed.
45. As detailed above, there is increasingly widespread general recognition of the current climate emergency, the impact of this on human health and the role which doctors can and should play in mitigating harms. This is now widely reflected in leading medical journals and recent decisions from the ECtHR, ITLOS, IACHR and the ICJ. In those circumstances, we would not regard it as reasonable to view the conduct of a doctor as described above as undermining any of the objectives of section 1(1B). Indeed, we consider to the contrary that, given the health risks of climate change, it is conduct reasonably to be regarded as *promoting* the health, safety and wellbeing of the public, and public confidence in the profession.
46. In practice, the GMC and Tribunals refer commonly to GMP. GMP is not law. It cannot inform the meaning of the 1983 Act, including the concepts of "misconduct" and "impairment". Nevertheless we consider the conduct above to be consistent with GMP. For the reasons we have given we consider it consistent with ¶81: "*You must make sure that your conduct justifies patients' trust in you and the public's trust in your profession.*" In addition, given that the information provided on the banner is researched and accurate, and their YouTube account is named, the doctor seems to us

plainly to have acted in accordance with: GMP, ¶89 (“*You must make sure any information you communicate as a medical professional is accurate, not false or misleading...*”), and GMP, ¶90 (“*When communicating publicly as a medical professional ... (d) you must make sure what you communicate is in line with your duty to promote and protect the health of patients and the public*”).

47. The example involves use of social media. *Using social media as a medical professional* is relevant guidance. We consider the conduct to be compliant with it, and especially ¶¶8 and 11:

“It is important that your content includes appropriate context, so that people who access what you say about health and healthcare have information that supports their understanding and helps them to verify your claims and expertise. If you’re commenting on health or healthcare issues you should usually say who you are.... You must take reasonable steps to make sure that the information you communicate on social media as a medical professional is not false or misleading and does not exploit people’s vulnerability or lack of medical knowledge. You must not misrepresent your experience and qualifications.”

#### *Breach of Injunction*

48. Scenario two: a doctor joins a demonstration at an oil refinery to raise public awareness of the health risks caused by fossil fuel pollution, and in doing so breaches a High Court injunction prohibiting protests at the site. The doctor’s protest is motivated by their commitment to planetary health and preventative medicine. This breach of injunction leads to a short committal to prison for contempt of court. The doctor self-reports to the GMC and the case is referred to the MPTS for consideration by a Medical Practitioners Tribunal.
49. Analysis: this is not a case concerning a criminal conviction or caution. In this case the doctor’s committal to prison is due to disobedience of an order made in civil proceedings. Accordingly, the potentially relevant section 35C(2) category is misconduct.
50. For essentially the same reasons as in relation to the first scenario, we do not consider that the doctor’s fitness to practise could reasonably be regarded as impaired by reason of misconduct. Our analysis above as to the always speaking principle and the position of the informed and reasonable member of the public apply. We do not think that it ultimately makes a difference to the conclusion that the doctor commits contempt of court and is sent to prison: the reasonable member of the public - informed as they must be by the matters we have identified above - would not take the view in the circumstances that fitness to practise is impaired by reason of misconduct. In that respect we would highlight that the conduct was not by nature criminal, and its motivating cause is well recognised by the public with “80% of people ... very or fairly concerned about climate change”.<sup>35</sup>

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<sup>35</sup> *DESNZ Public Attitudes Tracker: Net Zero and climate change, Spring 2024, UK*  
<https://www.gov.uk/government/statistics/desnzs-public-attitudes-tracker-spring-2024/desnzs-public-attitudes-tracker-net-zero-and-climate-change-spring-2024->

Further, by its own guidance, the GMC recognises a scale of seriousness when assessing breaches of the law, see for example, *Guidance for decision makers on closing criminal cases at triage* which provides that a range even of criminal cases can be “closed at triage with no further action” (¶7). This includes road traffic offences like speeding, which seems to us self-evidently more of a risk to the safety and wellbeing of the public than protest of the above nature.

#### *Criminal Damage and Public Order Offences*

51. Scenario three: a doctor, motivated by concern for public health and the climate crisis, spray-paints health warnings over an oil or gas company’s advertisement in a public location. The act is immediately reported, leading to the doctor’s arrest. The damage is valued at approximately £700, and the billboards are replaced shortly. The doctor is convicted of criminal damage under the Criminal Damage Act 1971 and receives a short prison sentence. The doctor self-reports to the GMC and the case is referred to the MPTS for consideration by a Medical Practitioners Tribunal.
52. Scenario four: a doctor, motivated by concern for the climate crisis and public health, uses strong glue to attach themselves to part of a building involved in the production or burning of fossil fuels (e.g. an oil terminal gate or railway line used for transport of fossil fuels to a port in order to be shipped). The aim of the protest is to delay and hinder the operation of the polluting industry for a few hours. The protest results in arrest and leads to conviction under the Public Order Act 2023 for “locking on”. The doctor self-reports to the GMC and the case is referred to the MPTS for consideration by a Medical Practitioners Tribunal.
53. Scenario five: a collective of doctors are involved in a year long process of engaging with an oil and gas company. The oil and gas company does not respond to letters, petitions, invitations to meet with the group, or any public facing media comments. The oil and gas company instructs its staff not to engage with the collective of doctors when they are canvassing staff outside its premises. Eventually, the collective of doctors damage the window of the oil and gas company’s office by cracking this by exerting pressure on the glass. This is accompanied by handing out public health leaflets. Their actions are calm and do not involve a method reasonably described as violent. The doctors are convicted of criminal damage under the Criminal Damage Act 1971, and all receive prison sentences for 12 months. The collective self-reports to the GMC and the doctors are referred to the MPTS for consideration by Medical Practitioners Tribunals.

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[uk#:~:text=Concern%20about%20climate%20change%20In%20Spring%202024%2C,said%20they%20were%20not%20at.https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/threequartersofadultsingreatbritainworryaboutclimatechange/2021-11-05https://www.nature.com/articles/d41586-024-00998-6](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/threequartersofadultsingreatbritainworryaboutclimatechange/2021-11-05) [accessed 20 September 2025].

54. Analysis: These are each examples of criminal conduct. In each of them one of the necessary pre-conditions for a finding of impairment is satisfied: there is a criminal conviction. But it does not follow that a doctor's fitness to practise is impaired by reason of such a conviction. It is again necessary to consider the position by reference to the objectives in section 1(1B) of the Act.

55. Criminal conduct undertaken pursuant to conscientious motivation is not ordinary criminal conduct of the sort which more routinely founds a finding of impairment. The law recognises that it is appropriate in principle to afford latitude to such conduct even in the context of criminal proceedings. As Lord Hoffmann explained in *R v Jones (Margaret)* [2006] UKHL 16, [2007] 1 AC 136 ("*R v Jones*"), at ¶89:

"My Lords, civil disobedience on conscientious grounds has a long and honourable history in this country. People who break the law to affirm their belief in the injustice of a law or government action are sometimes vindicated by history. The suffragettes are an example which comes immediately to mind. It is the mark of a civilised community that it can accommodate protests and demonstrations of this kind. But there are conventions which are generally accepted by the law-breakers on one side and the law-enforcers on the other. The protesters behave with a sense of proportion and do not cause excessive damage or inconvenience. And they vouch the sincerity of their beliefs by accepting the penalties imposed by the law. The police and prosecutors, on the other hand, behave with restraint and the magistrates impose sentences which take the conscientious motives of the protesters into account".

56. In our view, the leniency which it is appropriate for the law to show in relation to civil disobedience which may be criminal applies *a fortiori* to regulatory proceedings instituted on the back of criminal convictions for such disobedience.

57. In each of scenarios three to five, convictions have been reported by the doctors in accordance with GMP, ¶99 and *Reporting criminal and regulatory proceedings*.

58. As to "impairment", the doctors have clearly not put patients at risk of harm or breached one of the "fundamental tenets of the medical profession" or acted dishonestly (see *Grant*, ¶76(a), (c) and (d)). We do not consider that the doctors have brought the medical profession into disrepute (*Grant*, ¶76(b)). The actions of the doctors, while disruptive to varying degrees, are on no view violent toward persons and do not involve methods reasonably described as violent<sup>36</sup>. In our judgment, the reasonable member of the public, informed by the matters we have highlighted above, would not conclude that criminal conduct of this nature, undertaken with conscientious motive, impairs the doctors' fitness to practise.

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<sup>36</sup> We acknowledge that the question of when and whether damage to property may be "violence" is a fraught one in the area of medical bioethics. Our concern is as to the law. Our view is that it tells against treating a doctor's fitness to practise as impaired that damage to property they have caused was effected in a non-violent way. Both as a matter of ordinary language, and as the term is used in case law, damage to property need not be regarded as "violence".

59. In relation to all of the scenarios, and especially scenario five, we regard it as important that no harm is caused to persons as distinct from to property, and that the damage to property, whilst criminal, was deliberately limited – sufficient to make the protest felt but not excessive having regard to that aim. As in scenarios three and four, in the words of Lord Hoffman in *R v Jones*, the protesting doctors have “*behave[d] with a sense of proportion and d[id] not cause excessive damage or inconvenience*”. The view that the criminal damage in this scenario is consistent with the regulatory obligations of a conscientiously-motivated doctor is in our view supported by a consideration of the GMC’s mitigating factors for violent behaviour (see *Supplementary guidance on violence and dishonesty that may represent a lower risk to public protection*, ¶19):

- the alleged violence was outside the doctor’s working life
- the alleged violence was limited in nature rather than sustained or repeated
- no weapons were involved
- no physical injuries were caused
- no emotional or psychological harm was caused
- the alleged violence was not directed to or impacted vulnerable persons...
- the doctor has no history of violent behaviour
- there is no evidence on the face of it indicating that the doctor may repeat the alleged violence in the future
- there is no evidence on the face of it that the alleged violence was motivated by hostility towards someone's race, sexual orientation (or perceived sexual orientation), disability, sex, gender (or presumed gender identity), religion or age or the doctor’s assumptions about the alleged victim’s protected characteristics
- any investigation conducted by the police or another relevant body, such as the doctor’s employer, resulted in no formal action or a single warning by the employer.”

60. In any event, we consider that taking disciplinary action against the doctors in the scenarios above would be unlawful as contrary to their rights in Articles 9, 10 and 11 ECHR. As we have explained, these require that any interference with the rights (to manifest conscientious belief, or to free expression, or to free assembly) be in pursuit of a legitimate aim be proportionate (see *Adil*, ¶45). The aim relied on here would no doubt be preserving public confidence in the profession<sup>37</sup>. However, in balancing the doctor’s right against that interest, the Convention recognises and gives

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<sup>37</sup> We do not consider that the aim could be to uphold the property rights of those whose property is damaged. That would constitute an aim which the criminal law was seeking to advance, but it is not relevant to professional disciplinary proceedings.

weight both to the public interest in the message and the nature of the means of protest. *Ludes*, above, is an illustration of that proposition. In each of the scenarios, the message which the doctor is seeking to convey is, for all the reasons we have set out, one of high public interest; and the scenario assumes that the method by which the damage to property is caused is not reasonably described as violent. It is one thing for the State to convict the doctors but another for a regulator to take professional disciplinary action against them on the premise that such conduct unduly undermines public confidence in the profession. We do not consider that taking action against the doctors in the above scenarios would be a proportionate means of achieving the aim of maintaining public confidence in the profession.

## **F. CONCLUSION**

61. We have summarised our advice at the outset of this opinion. If we can be of any further assistance, please do not hesitate to contact us in Chambers.

**TOM CROSS K.C.**

**LUCY JONES**

11KBW

24 September 2025