

Minutes of the Investigation Committee

Oral hearing on 3 June 2024

The public minutes of this hearing will be published on the [GMC IC Decision webpage](#).

Name of Doctor	Asher Larmie (registered as Natasha Catherine Larmie)
Doctor's UID	6077567

Outcome	Warning given
Hearing location:	Held virtually via MS Teams

Committee Members	Richard Khoo (Chair – Lay)
	Helen McGill (Medical)
	John Anderson (Lay)

Legal Assessor	Robin Hay
Panel Secretary	Rebecca Jordan

GMC Representative	Emma Gilsenan, Counsel
Doctor's attendance	Dr Larmie did not attend
Doctor's representative	Not represented

1. Prior to the formal commencement of this hearing, as Dr Larmie are neither present nor represented today, the Committee considered whether:
 - adequate notice of these proceedings had been served on Dr Larmie in accordance with rules 11 and 40 of the [GMC \(Fitness to Practise\) Rules 2004 \('the Rules'\)](#) and
 - the Committee should proceed with the hearing in Dr Larmie's absence, under rule 31 of the Rules.

The submissions and decision on these preliminary matters are annexed.

Background

2. On 19 April 2022, the GMC received a complaint from AB, a senior research fellow and lecturer in nutrition and dietetics and DJ, a senior weight management dietitian, about Dr Larmie's 'disrespectful behaviour on social media (henceforth 'AB's complaint)'. AB provided a copy of a comment posted by Dr Larmie on the social media platform X (which was formally known as *Twitter* and which will be referred to as such in this determination). The comment said:

'If you're a cishet white man that is. I dislike your species as a general rule and you gotta work real damn hard to get into my good books'.

3. On 30 June 2022, a different individual - DG, a director for an eating disorders organisation, complained to the GMC and provided a screenshot of another *Twitter* comment from Dr Larmie. The tweet included a photograph of a dog, under which it said:

'Am considering getting a T-shirt made with this little cutie's face on it which reads "WARNING: my dog gets anxious around white people (and so do I)". What do you think?'

4. The date on which Dr Larmie posted these comments is not evident from the papers.
5. Dr Larmie holds registration as a general practitioner but, at the time that the above complaints were received, was not in clinical practice. Dr Larmie has stated that he holds roles as an author, educator and activist. Dr Larmie has no relevant fitness to practise history with the GMC.
6. On 3 October 2023 the GMC wrote to Dr Larmie to inform him that an investigation of his fitness to practise had been opened following the complaints from AB and DG.
7. On 21 December 2023, once the investigation was complete, the GMC wrote to Dr Larmie under rule 7 of the Rules. Their letter provided Dr Larmie with the information and the allegations that would be considered, and offered him an opportunity to comment before the case was referred to the GMC case examiners.
8. On 19 January 2024, the GMC wrote to Dr Larmie under rules 7 and 11 of the Rules informing him that the GMC case examiners had considered their case and advised that it could be concluded by issuing a warning. The letter gave Dr Larmie the opportunity to accept the warning

proposed by the case examiners and to submit representations for their consideration before they made a final decision on the outcome of the case.

9. Following correspondence with the GMC investigation officer, on 9 February 2024 Dr Larmie confirmed that he was refusing to accept the warning proposed by the GMC case examiners. The case was therefore referred to this Committee by the case examiners and it is convened today to determine whether a warning should be issued.

Evidence adduced

10. The Committee has carefully considered the information before it today, including the oral submissions from Miss Gilsean on behalf of the GMC, and the comments Dr Larmie submitted to the GMC during the course of the investigation. The documentary evidence provided in the hearing bundle by the GMC included, but was not limited to:
 - redacted copies of the emails of complaint from AB and DG,
 - various correspondence from the GMC at key stages of their investigation inviting Dr Larmie to comment on the complaints and allegations,
 - comments submitted by Dr Larmie to the GMC on 27 February 2023 in response to the disclosure of AB's and DG's complaints about the Twitter posts,
 - numerous testimonials expressing support and praise for Dr Larmie and his work from followers of his media activity, including two healthcare professionals.
11. The hearing bundle also contains three letters of complaint sent by Dr Larmie to the GMC – one dated 11 January 2023, which followed an earlier undated letter, and one dated 20 January 2024. Further to these, on 13 February 2024, Dr Larmie wrote to the GMC informing them that he has published an open letter on his website concerning the discrimination he feels he received during the investigation. In Dr Larmie's complaint letters he states that he believes he is being discriminated against because of his gender, sexual orientation, weight and his views on weight, and his views on race. Dr Larmie says that he has experienced discrimination at the hands of the GMC and that the '*GMC is conspiring with those who are using my licence to practice as a means of bullying and harassing me*'.
12. The Committee has read Dr Larmie's complaints regarding discrimination by the GMC. However, it has only considered the content in so far as it is relevant to the matter before it; and that matter is whether a warning is a fair and appropriate response to the allegations presented today. It is not the Committee's role to arbitrate on the GMC's actions in this case, nor does it have all the information before it necessary to do so.

GMC submissions

13. The GMC alleges that Dr Larmie made posts on social media that said:

*'Am considering getting a T-shirt made with this little cutie's face on it which reads:
"WARNING: my dog gets anxious around white people (and so do I)" What do you think?'*

'If you're a cishet white man that is. I dislike your species as a general rule and you gotta work real damn hard to get into my good books...'

or words to that effect, and Dr Larmie's actions were inappropriate and/or offensive and had the potential to undermine public confidence in the medical profession.

14. Miss Gilsenan's submission was that the Committee could conclude the case by issuing a warning. In support of the GMC case, Miss Gilsenan submitted that Dr Larmie's conduct did not meet with the standards required of a doctor at the time, nor does it meet the current standards. She submitted that paragraph 65 of *Good medical practice (2013)* and paragraph 5 of the GMC guidance *Doctors' use of social media (2013)* were particularly relevant:

Good medical practice (2013)

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

Doctors' use of social media (2013)

5 The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media. However, using social media creates new circumstances in which the established principles apply. It risked bringing the profession into disrepute and must not be repeated.

15. Miss Gilsenan explained that Dr Larmie is a general practitioner with a significant social media presence as 'The Fat Doctor' on *Twitter* and *Instagram*, and that they also have a website. Dr Larmie describes themselves on their website as a weight-inclusive GP and leading expert in weight stigma; a fat activist combatting weight stigma and promoting weight-inclusive care as the self-styled Fat Doctor. Miss Gilsenan said that through the course of his social media posts Dr Larmie has drawn criticism and has been openly criticised by other doctors working in the field of nutrition.
16. Miss Gilsenan submitted that, while there is no contention over the fact that Dr Larmie posted the comments, they have refused to admit that they were inappropriate and Dr Larmie has instead defended his actions, stating on multiple occasions that it is not possible for white people to experience racism. Miss Gilsenan asked the Committee to note that, while the complainants allege the posts were racist, the GMC allegation is that the posts were 'inappropriate and/or offensive'.
17. Miss Gilsenan said that there have been no concerns raised by employer feedback and Dr Larmie has no relevant fitness to practise history with the GMC. However, although not amounting to a fitness to practise history, the GMC has received previous complaints about Dr Larmie's social

media posts. In May 2021 these were referred to Dr Larmie's responsible officer to discuss with them. Miss Gilson also said that Dr Larmie has admitted to posting many comments similar to those which were the subject of AB and DJ's complaints.

18. Miss Gilson submitted that, when looking at this case in the round, the two comments are sufficiently serious to amount to misconduct. While Dr Larmie has explained the background to his dog's anxiety around white people, the GMC can draw no clear link between this explanation and the explanation of Dr Larmie's own stated anxiety.
19. Miss Gilson asked the Committee to note that the GMC investigation has not been about Dr Larmie's views on race or gender or the historical background of those views. The GMC's interest is that Dr Larmie has expressed his views in a way that could adversely affect public confidence in the profession.
20. Miss Gilson submitted that there was a real risk that Dr Larmie's public comments about being anxious around a particular race of people would lead to a member of the public believing they would be treated in an unfair or less favourable way based on their protected characteristics. Miss Gilson also said that Dr Larmie has himself stated that there is evidence of some groups having less trust in doctors than others.
21. Miss Gilson submitted that, in the absence of any acceptance from Dr Larmie that their own comments were inappropriate, the Committee may wish to consider what weight it could apportion to Dr Larmie's mitigating evidence regarding the unfavourable online activity directed at Dr Larmie.

Your comments

22. Dr Larmie was not present to make submissions today, but the Committee has been assisted by the comments they provided to the GMC, and by Miss Gilson who has taken the Committee through these responses.
23. In Dr Larmie's open letter of complaint to the GMC, dated 13 February 2023, Dr Larmie said that you have *'been a doctor since 2003 and have never once received a complaint from a patient that describes bullying, harassment, racism or discrimination... I have had overwhelmingly positive feedback...I have proven myself to be an exemplary doctor.'*
24. Dr Larmie has provided context to the comments reflected in the formal allegation. In Dr Larmie's open letter he stated:

'these tweets are taken out of context. The first one refers to my rescue dog Mia... she was afraid of men and barks whenever she encounters them... Mia is now comfortable around men that remind her of my husband (a Black man) but continues to be wary of men that do not look like him.'

'It appears you deemed the "and so do I" comment as inappropriate and/or offensive, even though I am a Minority Ethnic person (Jewish/Asian) who has every right to express his fear of the people who have historically oppressed his ancestors for centuries.'

The second tweet was part of a thread, which is clear because it makes no sense on its own...I do not think either of these tweets were inappropriate or offensive and I cannot see how they would undermine the public's trust in the medical profession.'

25. Dr Larmie also questioned why the two tweets specifically referenced had been deemed to be offensive or inappropriate, given that they were *'two examples of the hundreds I have written about white supremacy/privilege, colonialism, and oppression.'*
26. Dr Larmie states that *'there is an alarming amount of evidence that Black, Brown, Minority Ethnic, Transgender, and LGBTQIA+ patients do not trust their doctors.'* Dr Larmie explained that, in their view, doctors are required to have a commitment to social justice and that they were actually improving the public's confidence in the medical profession by standing up against injustice, oppression, and inequalities in healthcare.
27. In Dr Larmie's responses to the GMC, he recounts the transphobic and homophobic bullying he has experienced and provides evidence of this. The Committee also acknowledge the detrimental impact the GMC investigation has had on Dr Larmie personally.
28. The Committee note the testimonials Dr Larmie has provided, and the gratitude expressed about their work within some of these, for example:

'I am a white, cis heterosexual woman and I've always felt respected, included and welcome by Dr Larmie. It is thanks to their work that I make an effort to not let my fear of encountering fatphobic medical professionals delay any appointments or texts and I actively engage in health promoting behaviours.'

Legal advice

29. Mr Hay reminded the Committee of its powers under rule 11(6), its task today and the purpose of issuing a warning. He reminded it that the question of the warning, and the terms of any warning issued, are matters for the Committee's own discretion and that it is not restricted by the outcome proposed by the GMC case examiners.
30. Mr Hay iterated that no negative inference should be taken from the doctor's request for a hearing, that is their right, nor from the doctor's non-attendance today.

Committee Determination

31. The Committee is grateful to GMC Counsel for taking them through the details of this case. The Committee is mindful that Dr Larmie is not in attendance and has taken care to consider the written submissions from him available in the hearing bundle. The Committee respects Dr

Larmie's wish to prioritise his wellbeing and draws no adverse inference from his non-attendance. The Committee accepts the independent advice provided by Mr Hay on the process to be adopted and the guidance that applies.

The Committee's approach to considering a warning

32. The Committee is aware that the GMC has a legal duty to protect the public. The Medical Act 1983 splits this duty into three distinct parts and requires the GMC to act in a way that:
- protects, promotes and maintains the health, safety and wellbeing of the public ('patient safety')
 - promotes and maintains public confidence in the profession
 - promotes and maintains proper professional standards and conduct for members of the profession.
33. In addition to the part warnings play in maintaining public confidence and upholding standards for the profession, they also serve to formally indicate to a doctor the behaviour or performance that has significantly departed from the professional standards expected and should not be repeated. The GMC *Guidance on warnings* states that they should be viewed as a deterrent. They are intended to remind the doctor that repetition of the given conduct may result in a finding of impaired fitness to practise and may result in restrictions being placed on their registration.
34. In accordance with paragraph 4 of the *Guidance on warnings*, the Committee first satisfied itself that there is no realistic prospect of establishing that Dr Larmie's fitness to practise is impaired to a degree requiring action on their registration. The Committee agrees with the GMC position that Dr Larmie's fitness to practise is not impaired and it is not necessary to restrict their practice. This is a case where it is open to the Committee to issue a warning.
35. The Committee considered whether the concerns are sufficiently serious to warrant a formal response, in the form of a warning, in the interests of upholding the second and third limbs of the GMCs legal duty. In determining this, and in line with the GMC *Guidance on warnings*, the Committee considered whether:
- a) there has been a clear and specific breach of the professional standards
 - b) the doctor's conduct, behaviour or performance approached, but just fell short of, that which would pose a risk to public protection
 - c) a repetition of the given conduct is likely to elevate the seriousness to a degree where the doctor would pose a risk to public protection and restrictive action by the GMC would be necessary.
36. The Committee's role is not to review the case examiners' decision on whether a warning is appropriate, but to consider the matter afresh.

Determination on a warning

37. The Committee finds that Dr Larmie's conduct constitutes a clear and specific breach of the professional standards, most notably paragraph 65* of Good medical practice (2013) which says that, as a doctor, 'you must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
38. The Committee also finds that although Dr Larmie's conduct is serious, it falls just short of that which would be considered serious enough to pose a risk to public protection. The Committee considers that, if there were to be a repetition, the threshold for restrictive action on Dr Larmie's registration would likely be met.
39. In reaching its decision on seriousness the Committee considered Dr Larmie's lack of insight and acceptance that his comments were inappropriate. Dr Larmie has expressed no regret or remorse or offered any sort of apology. He has taken no steps to address the behaviour that led to the complaints. Consequently, the Committee must conclude that the risk of repetition is high.
40. The Committee regards that action, in the form of a warning, is appropriate in the interests of promoting and maintaining proper professional standards and conduct for members of the profession and because of the potential impact on public confidence in the profession. It is the Committee's view that Dr Larmie's comments are offensive. It was particularly concerned about the impact the comments may have on the confidence of a cisgender, white, heterosexual male after reading about Dr Larmie's dislike of his 'species as a general rule' and him having to 'work real damn hard to get into my good books'. The Committee has concluded that an individual could well assume that they may not receive fair treatment from Dr Larmie.
41. The Committee was also mindful that it must apply the principle of proportionality and balance the interests of the public with Dr Larmie's interests. Therefore, before reaching this conclusion, the Committee considered whether there were mitigating factors weighing against the seriousness and which indicated that a warning may not be a proportionate response.
42. The Committee has regard to the volume of testimonial evidence, and notes that there is no indication of any concern regarding Dr Larmie's clinical practice. Dr Larmie has no relevant GMC fitness to practise history and has fully engaged with the GMC investigation.
43. However, in view of the evidence before it today, the Committee has determined that it is appropriate and proportionate to issue Dr Larmie with the following warning:

'In 2022, Dr Larmie posted tweets online which referred to gender, colour and sexual orientation in a manner that was:

* This standard can also be found in *Good medical practice* (2024) at paragraph 81.

- a. *inappropriate; and/or*
- b. *offensive; and/or*
- c. *disparaging; and,*
- d. *demonstrative of attitudes that were contrary to those required of doctors by Good medical practice.*

This conduct does not meet with the standards required of a doctor. It risks bringing the profession into disrepute and it must not be repeated. The required standards are set out in Good medical practice and associated guidance. In this case, paragraph 65 of Good medical practice (2013) and paragraph 5 of the guidance, Doctors' use of social media (2013) are particularly relevant:

Good medical practice (2013)

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

Doctors' use of social media (2013)

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

Whilst this failing in itself is not so serious as to require any restriction on Dr Larmie's registration, it is necessary in response to issue this formal warning.

This warning will be published on the medical register in line with our publication and disclosure policy, which can be found at www.gmc-uk.org/disclosurepolicy.

That concludes the determination of the Investigation Committee in this case.

Dr Richard Khoo
Investigation Committee Chair

Annex – Preliminary matters

Submission on proof of service

1. The Committee read the ‘Proof of Service’ bundle provided by the GMC, which GMC Counsel submits proves that Dr Larmie was served with notice of today’s hearing in accordance with rules 40 and 11 of the Rules.
2. The ‘Work Details Form’ signed by Dr Larmie on 10 April 2023 gave their authority for the GMC to correspondence with them by email and the provided the address Dr Larmie wished the GMC to use. The bundle shows that Dr Larmie was sent a notice of this hearing to this email address on 11 April 2024.
3. Dr Larmie acknowledged receipt on 16 April 2024 and, following two requests from the GMC, on 29 April 2024 confirmed by email that he would be attending the hearing without representation.
4. On 3 May 2024 the GMC Legal Adviser wrote to Dr Larmie under rule 34(9) of the Rules, providing him with the information the GMC intended to put before this Committee (‘the hearing bundle’) and requesting his comments. Dr Larmie replied the same day stating that he would attend the hearing but that he was unable to comment.
5. As Dr Larmie does not has representation, a secretary to this Committee emailed him on 20 May 2024 to provide Dr Larmie with some information about attending the hearing and the Committee’s procedures. Dr Larmie’s reply, sent on 21 May, said:

‘Having read through the helpful documentation that you provided, I have decided that I no longer wish to attend my hearing on the 3rd June. I need to prioritise my health and wellbeing above everything else, and with this in mind I do not think attending is in my best interest.’

Submission on proceeding in absence

6. Miss Gilsenan submitted that, in accordance with rule 31 of the Rules, all reasonable efforts have been made to secure Dr Larmie’s attendance today. She reminded the Committee of the factors it must consider in reaching a decision, including whether the absence is voluntary and whether there would be any benefit in adjourning the proceedings.
7. She submitted that Dr Larmie has waived their right to attend today; they have disengaged from proceedings and are voluntarily absent. Dr Larmie has not made any request for a postponement or adjournment and, indeed, his response can be interpreted an invitation to proceed in his absence. Consequently, it would not be in either party’s interest to delay the conclusion of the case.

Decision on proof of service and proceeding in absence

8. The Committee has received the advice of the legal assessor today in respect of proof of service and proceeding in absence. The Committee is satisfied that notice of this hearing has been adequately served in accordance with the Rules 11 and 40 and that, furthermore, Dr Larmie is aware of today's proceedings.
9. The Committee has given weight to Dr Larmie's recent email of 21 May 2024 stating their wish not to attend, and also the lack of indication that this position will change in the near future. The Committee is satisfied that this email is confirmation that Dr Larmie has voluntarily decided not to attend this virtual hearing for reason of their wellbeing.
10. Having taken everything into consideration, the Committee finds that there is no benefit to either party in postponing this hearing, and it is in the interests of justice to proceed in Dr Larmie's absence today.