PUBLIC RECORD

Dates: 26/10/2026 - 28/10/2026

Doctor:	Dr David DE CLIVE-LOWE
GMC reference number:	2502559
Primary medical qualification:	MRCS 1979 Royal College of Surgeons of England

Type of case	Outcome on facts	Outcome on impairment
New – Misconduct	Facts relevant to impairment found proved	Impaired
New – Determination by another regulator	Facts relevant to impairment found proved	Impaired

Summary of outcome

Erasure
Immediate order imposed

Tribunal:

Legally Qualified Chair	Mr Malcolm Dodds
Lay Tribunal Member:	Dame Nicola Stephenson
Registrant Tribunal Member:	Dr Stephen Clark

Tribunal Clerk:	Mrs Lorraine Cheetham

Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Mr Terence Rigby, 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.

Protecting the Public

Throughout the decision making process the tribunal has borne in mind the statutory duty as set out in s1(1) of the Medical Act 1983 (the 1983 Act) to protect the public. The tribunal has considered the relevance and impact on each of the three distinct parts of public protection 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 - 26/10/2026

1. This determination was handed down in public.

Background

2. Dr De Clive-Lowe was born in XXX and is XXX years of age. He trained and qualified in the United Kingdom. He obtained his MRCS in 1979 from the Royal College of Surgeons of England. He was granted authorisation to practice medicine in Norway on 30 March 1998. In Norway he had his own private practice, 'Leuthen-klinikken AS'. This clinic closed in May 2021 and the company incorporating that practice was reported to be dissolved in July 2021.

3. The allegations that have led to Dr De Clive-Lowe's hearing relate to the misconduct concerns raised by The Norwegian Board of Health Supervision ('the Board'). It is alleged by the General Medical Council (GMC) that the Board revoked Dr De Clive-Lowe's limited authorisation as a doctor. This means that Dr De Clive-Lowe was struck off the medical register in Norway. The Tribunal noted that the Board's determination was notified to the relevant authorities in other EU countries but not to the relevant authorities in the United Kingdon since the UK had left the EU.

4. The GMC were made aware of the Board's determination through a journalist from The Times, who contacted the GMC. The overseas determination detailed that Dr De Clive-

Lowe had been struck off the register in Norway following significant and wide-ranging concerns regarding his clinical skills, lack of insight and reflection of the concerns.

The outcome of applications made during the facts stage

5. The Tribunal determined that service of the notice of this hearing had been effected in accordance with the Rules and it determined to proceed with the hearing in Dr De Clive-Lowe's absence in accordance with Rule 31. The Tribunal's full decision on the application is included at Annex A.

The Allegation and the doctor's response

6. The Allegation made against Dr De Clive-Lowe is as follows:

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

1. On 6 May 2022, the Norwegian Board of Health Supervision determined:
    a. that you were unfit to practise as a doctor in a safe and responsible manner on the grounds of significant lack of professional competence, and significant breach of duty; To be determined
    b. to revoke your authorisation to practise as a doctor. To be determined

2. You failed to disclose the determination to the General Medical Council. To be determined

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

a. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 1; To be determined
b. your misconduct, in relation to paragraph 2. To be determined

Witness evidence

7. The Tribunal received evidence on behalf of the GMC in the form of a witness statement from the following witness who was not called to give oral evidence:

- Mr A, Investigation Officer at the GMC, dated 19 May 2026.

Documentary evidence

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

- The Board's decision of Dr De Clive-Lowe, (in Norwegian) dated 6 May 2022;
- Internal GMC referral, dated 29 September 2026;
- Certified translation of the Board's decision, dated 22 June 2026.

The Tribunal's approach

9. In reaching its decision on the facts, the Tribunal applied the civil standard of proof. This means that the Tribunal must decide whether, on the balance of probabilities, the GMC is able to prove it is more likely than not that the matters occurred as alleged. The burden of proof rests with the GMC and it is for the GMC to prove the case that it is presenting against the doctor. There is no burden on the doctor to prove or disprove anything.

10. The Tribunal was also mindful of Rule 34 of the Rules, in particular:

> *34…*
>
> *(4) Production of a certificate signed by an officer of a regulatory body that has made a determination about the fitness to practice of a person shall be conclusive evidence of the facts found proved in relation to that determination.*

11. The Tribunal noted it received in evidence a signed determination from the Board. The Tribunal had no evidence to the effect that the doctor was not the person referred to in that determination. In accordance with Rule 34(4) the Tribunal accepted the signed determination as conclusive evidence that the facts are as found by that determination. The Tribunal was satisfied that the Board was a regulatory body with the function of authorising persons to practice as a member of a health profession as set out in Rule 34(4). The Tribunal was satisfied in accordance with Rule 34(7) that it had received a valid copy of a document recording the Board's decision and its written reasons for its decision both in Norwegian and translated into English.

The Tribunal's analysis of the evidence and findings

12. The Tribunal has considered each paragraph of the Allegation and has evaluated the evidence to make its findings on the facts.

Paragraph 1a and 1b of the Allegation

13. The Tribunal considered the evidence relating to paragraph 1a and 1b of the Allegation. It considered that The Board had produced a comprehensive, well-reasoned document supported by evidence. It noted that The Board's determination detailed that:

> *"Decision to revoke your limited authorisation as a doctor*
>
> *The Norwegian Board of Health Supervision has made the decision to revoke your limited authorisation as a doctor in accordance with the Norwegian Health Personnel Act Section 57, Paragraph 1. We have concluded that you are not fit to practice your profession responsibly on the grounds of "significant lack of professional competence" and "significant breach of duty".*
>
> *This means that you can no longer work as, or use the title of, a doctor."*

14. The Tribunal was satisfied that the findings clearly demonstrated that the Board had determined that Dr De Clive-Lowe was unfit to practice as a doctor in a safe and responsible manner on the grounds of significant lack of professional competence and a significant breach of duty. The Board determination set out in detail why it had made that determination. The Board determination clearly revoked Dr De Clive-Lowe's authorisation to practice as set out above. The Tribunal was therefore satisfied that paragraph 1a and b of the Allegation was proved.

Paragraph 2 of the Allegation

15. In relation to paragraph 2 of the Allegation, the Tribunal considered the issue of the doctor's failure to notify the GMC of the determination made in 2022. It was mindful that the determination had been disclosed to the GMC by a journalist in all likelihood in 2025. The responsibility to notify the GMC rested with Dr De Clive-Lowe in accordance with Paragraph 75 of Good Medical Practice (GMP) (2013 Edition current at that time). The Tribunal noted that there was no evidence that the doctor had notified the GMC or made any representations to it regarding the determination in the period 2022 to 2025. The written GMC evidence showed that the doctor had not communicated with the GMC about the

Board determination in 2022 until the GMC contacted him about it from 2025. The Tribunal was therefore satisfied that paragraph 2 of the Allegation was proved.

The Tribunal's overall determination on the facts

16. The Tribunal has determined the facts as follows:

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

1. On 6 May 2022, the Norwegian Board of Health Supervision determined:
    a. that you were unfit to practise as a doctor in a safe and responsible manner on the grounds of significant lack of professional competence, and significant breach of duty; Determined and found proved
    b. to revoke your authorisation to practise as a doctor. Determined and found proved

2. You failed to disclose the determination to the General Medical Council. Determined and found proved

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

a. the determination by an overseas body that your fitness to practise is impaired, in relation to paragraph 1; To be determined
b. your misconduct, in relation to paragraph 2. To be determined

Determination on Impairment - 27/10/2026

1. This determination was handed down in public.

The evidence

2. The Tribunal has reviewed its findings of fact and in addition, the Tribunal did not receive any further evidence at this stage.

Submissions

3. On behalf of the GMC, Mr Rigby submitted that the Tribunal should follow the MPTS Sanctions Guidance (2025) (the Guidance) and in particular Part B Stage 2 concerning impairment of fitness to practise. He stated that having already dealt with the findings of fact, the Tribunal was required to consider whether there was a legal basis for concluding that Dr De Clive-Lowe's fitness to practise was impaired.

4. Mr Rigby stated that there are two legal bases for impairment under Section 35 of the Medical Act 1983: the determination made by the overseas regulatory body and Dr De Clive-Lowe's misconduct in failing to inform the GMC of that determination. He told the Tribunal that both allegations were serious. He stated that the overseas regulatory body's determination fell within the higher end of the spectrum of seriousness, as it concerned a fundamental aspect of professional conduct and regulatory compliance. Mr Rigby stated that Dr De Clive-Lowe's conduct was aggravated by its deliberate nature and the fact that it continued over a period of years.

5. Mr Rigby stated that the circumstances leading to the revocation of his authorisation to practise was serious, as it involved repeated conduct that continued despite warnings and the subsequent imposition of conditions on his practice. He stated that these factors increased the seriousness of the allegations. Mr Rigby stated that there was no evidence within the Board's determination to suggest that Dr De Clive-Lowe had presented any mitigating circumstances. However, Mr Rigby stated that there was no indication that Dr De Clive-Lowe had a poor disciplinary record with the GMC or that he had otherwise been of bad character.

6. Mr Rigby submitted that Dr De Clive-Lowe has not submitted any information demonstrating insight into his misconduct or any evidence of steps taken towards remediation. He stated that Dr De Clive-Lowe did appeal against part of the Board's determination, although the appeal was unsuccessful.

7. Mr Rigby submitted that Dr De Clive-Lowe's fitness to practise is currently impaired and that an ongoing risk remained in relation to all three elements of public protection. This included potential risk to patient health, particularly in light of the cases considered by the Board; the need to maintain public confidence in the medical profession and the MPTS; and the importance of upholding proper professional standards and conduct. Mr Rigby submitted that there was nothing before the Tribunal to demonstrate that these risks had been addressed.

The relevant legal principles

8. There is no burden or standard of proof at this stage of the proceedings and the decision of impairment is a matter for the Tribunal's judgment alone. The Tribunal will only make a finding of impairment where there is a legal basis for doing so and where a decision is reached that the doctor poses a current and ongoing risk to one or more of the three parts of public protection which is likely to require restrictive action in response. The three parts of public protection are to protect, promote and maintain the health, safety and well-being of the public; to promote and maintain public confidence in the profession; and to promote and maintain proper professional standards and conduct for members of the profession.

9. In approaching the decision, the Tribunal was mindful of the two-stage process to be adopted: first whether the facts as found proved amounted to serious misconduct, and whether the doctor poses a current and ongoing risk to public protection requiring restrictive action in response and therefore could lead to a finding of impairment.

10. To assess whether Dr De Clive-Lowe poses any current and ongoing risk to public protection which may require restrictive action in response, the Tribunal will consider:

- where on the spectrum of seriousness the allegation lies based on the facts found proved and the impact of any relevant context known about Dr De Clive-Lowe and their working environment, and
- how Dr De Clive-Lowe has responded to the allegations.

The Tribunal's determination on impairment

Summary of the Board's decision:

11. In order to give context the Tribunal set out the key aspects of the Board determination of May 2022. Within that determination the relevant history is set out. Following Dr De Clive-Lowe being granted authorisation to practice medicine in Norway in 1998 he received a warning in 2018 for breaches of Sections 4, 6, 10, 39 and 40 Health Personnel Act. No further details are given as to the nature of these breaches save that the 2022 Board determination implies that those breaches were similar to those found in the 2019 Board determination and then in the 2022 Board determination.

12. There was a 2019 Board determination in which his authorisation to work as a doctor was limited. The 2019 Board found that he had demonstrated a lack of professional knowledge in key areas of professional medicine. He had violated the due diligence requirement in Section 4 of the Health Personnel Act when diagnosing, treating and monitoring three patients. It was found that he demonstrated a considerable lack of knowledge in regard to thyroid disorder, choice of laboratory tests and pharmacological treatment. For two of these patients, he violated the due diligence requirement by failing to interact with the GP and specialist health services. The 2019 Board assessed that he did not separate his role as a doctor from that of an alternative therapist to a sufficient degree, or that he was aware of the particular responsibility regarding his duty to inform that was incumbent upon him as a doctor when he offered alternative therapy. The 2019 Board assessed that this constituted a violation of the due diligence requirement (Section 4 Health Personnel Act) and the duty to inform (Section 10 of that Act). He was found to have given patients information and advice about treatment that were misleading and incorrect on a number of occasions. He was found to have violated the provision about use of resources (Section 6 of the Health Personnel Act) by imposing needless expense on his patients. His record-keeping was also in breach of requirements (Section 40 of the Health Personnel Act).

13. The 2019 Board found that Dr De Clive-Lowe demonstrated no insight into his errors and that previous supervisory intervention had not led him to adjust his practice. Several of the errors that had been pointed out in the official warning issued in 2018 were noticed again by the 2019 Board. The 2019 Board highlighted that, over a long period of time, he conflated his roles as a doctor and alternative therapist in a manner which was professionally irresponsible. He appeared to be unable to change his professional practice in accordance with criticism issued by the regulatory authority. The 2019 Board considered there to be a risk that more patients could receive health care that was not in keeping with professional standards if the Board did not limit his authorisation. The 2019 Board limited Dr De Clive-Lowe's authorisation and set a number of conditions linked to the requirement for supervision and guidance, among other matters.

14. Dr De Clive-Lowe appealed the Board's decision stating that he intended to cease practice as a doctor. It appeared on the 'Leuthen-klinikk' website that his clinic had ceased to function as a medical practice and he had ceased to practice as a doctor from March 2019. The Health Personnel Appeal Board (the Appeal Board) concluded that he had violated Sections 4, 6, 10 and 40 of the Health Personnel Act and deemed it necessary to impose further restrictions in addition to those already put in place by the 2019 Board. The Appeal Board stated in its decision: *"Common features in the supervisory matters are failure to meet*

basic requirements for investigation and follow-up, duty to inform and recordkeeping. The Appeal Board takes a particularly serious view of the appellant using methods of alternative therapy, to treat the patient's illnesses without informing them that the methods do not have the documented effect. The appellant's uncritical use of alternative treatment methods and medicines, and his conflating his roles as a doctor and alternative therapist create a risk that the patients receive treatment that appears to be effective without actually being so. This poses a serious risk to patient safety."

15. The Appeal Board put in place the following conditions to Dr De Clive-Lowe's limited authorisation:

- He must work in a subordinate position within an employment relationship, under daily supervision and guidance.
- His supervisor must be an approved specialist, and the specialist has to be relevant for supervision.
- His supervisor and employer have to be aware of the cause of the limitation to his authorisation, and have to report any irregularities in connection with his professional practice as a doctor to The Board.
- The Board has to approve the supervisor, the guidance programme and the employment relationship.
- Should the supervisor and/or employer change, he needs to inform The Board of this in good time.
- He and his employer need to advise The Board of any changes in the employment relationship, or advise if employment relationship comes to an end.

16. The State Administrator received a number of inquiries about Dr De Clive-Lowe during Spring 2021. These included notifications from a number of pharmacies on 5 May 2021 indicating that he had prescribed medication in breach of the determination to limit his authorisation. The State Administrator received a notification of concern on 22 March 2021 about his treatment of a patient from the patient's father. The notification advised that the patient had advanced cancer and came to Dr De Clive-Lowe for treatment. The notification stated that those involved regarded Dr De Clive-Lowe as a doctor and referred to him as *"Dr David"* and *"doctor"/"the doctor".* The notification recorded that Dr De Clive-Lowe's treatment of the patient consisted of large quantities of vitamin C that were injected directly into the blood vessel, and that he claimed that, using this, he could cure the patient's cancer. The notification recorded that the patient believed that they would recover from the cancer as a result of the treatment which they had received from 2020. The patient paid NOK 1,600

per round of treatment and accrued debt to cover this. The notification stated that during this treatment the patient's state of health deteriorated rapidly. The patient then contacted their GP who immediately admitted the patient to St Olav's Hospital. The hospital recommended a further assessment and immediate treatment which the patient refused. The patient was informed of the serious consequences to their prognosis if not treated but the patient maintained their refusal. The hospital arranged a second opinion assessment which the patient did not attend. The patient consulted their GP during 2020 and enquired about alternative therapy in the form of named medicines and chemical substances that weren't marketed or permitted in Norway. The GP consulted with the specialist health service, who advised against the use of the alternative treatment the patient enquired about. During 2021 the patient was urgently admitted because of severe bleeding. The patient then agreed to further investigation and treatment of their cancer disease. The patient started radiation therapy during in 2021. These concerns led to the matter being investigated resulting in the determination of the 2022 Board.

17. The 2022 Board looked at Dr De Clive-Lowe's medical records which were written in English using a word processing programme, not as an electronic medical records system. The Board found it difficult to follow his medical records. He used abbreviations the Board did not understand and determined to be insufficient.

18. Dr De Clive-Lowe informed the Board that he administered Vitamin C treatment intravenously to the patient to support their immune system and to reduce the side-effects of the radiation therapy. The Board determined that this was a health-related method of treatment that was for the most part used outside the health and care services. As Dr De Clive-Lowe continued to hold authorisation as a doctor, this meant that he had to comply with the requirements of authorised healthcare professionals stipulated in the Health Personnel Act. The Board pointed out that administering medication intravenously was a procedure that could entail serious health risk and was therefore only to be carried out by a healthcare professional (Section 5 of the Alternative Treatment Act).

19. The Board assessed that Dr De Clive-Lowe had acted in breach of the requirement of sound professional practice laid out in Section Four, paragraphs 1 and 2 of the Health Personnel Act, which state: *"Healthcare professionals shall conduct their work in accordance with the requirements of professional responsibility and diligent care that can be expected on the basis of their qualifications, the nature of the work and the situation in general. Healthcare professionals should draw upon their professional qualifications, and shall seek assistance or refer the patient further when necessary and possible. If the patient's needs*

require it, care shall be provided through cooperation and interaction with other qualified personnel. Healthcare professionals have an obligation to participate in developing individual plans when a patient or user is entitled to such a plan under the Patients' and Users' Rights Act Sections 2-5."

20. The Board assessed that Dr De Clive-Lowe had breached the requirement regarding use of resources in Section 6 of the Health Personnel Act, his duty to inform under Section 10 of the Health Personnel Act and the requirements to maintain medical records under Section 40 of the Health Personnel Act.

21. The Board then went on assess whether Dr De Clive-Lowe was unfit to practise his profession safely as a doctor due to a substantial lack of professional competence and/or clear breach of duty. The Board assessed that Dr De Clive-Lowe's treatment of the patient was in breach of the requirement for sound professional practice in Section 4 of the Health Personnel Act. At the time of the events in question Dr De Clive-Lowe's authorisation as a doctor was limited so that he was not permitted to work independently as a doctor by virtue of the conditions set out above. The Board determined that he acted in the capacity of an independent private practitioner in regard to the patient and to their next-of-kin, in his use of the title of doctor.

22. He treated the patient with Venofer and Vitamin C. Venofer is a medicine which is only available on prescription, under prescription category C. The Board was informed by the Norwegian Medicines Agency that Vitamin C for injection is a medicine that can only be supplied on prescription from a pharmacy. To prescribe and treat a patient with Vitamin C and Venofer for injection required medical expertise attributed to a doctor. The Board assessed that Dr De Clive-Lowe had, both in his treatment of the patient and his use of the title of doctor, acted in the capacity of a doctor. The Board assessed that he had put little focus on giving the patient relevant information about the health benefit linked to following the specialist health service's treatment advice, or about the risk of compromising the patient's prognosis or deterioration of their illness if the specialist health service's treatment advice was not followed. The Board could not see that Dr De Clive-Lowe at any time contacted the specialist health service involved to establish an exchange of information or any collaboration. In its determination the Board stated that vitamin C was to be used for treatment when deficiency of Vitamin C had been diagnosed. There was no scientific basis to say that Vitamin C had any documented effect either in treatment of cancer disease, mitigation of chemotherapy side effects or strengthened the human immune system. The Board considered that administering such treatment to be of no effect to a seriously ill cancer

patient and was professionally irresponsible (contrary to Section 4 of the Health Personnel Act).

23. The Board referred to the Felleskatalogen (the Norwegian medicinal product compendium) which advised that Venofer can be used in treatment of iron deficiency when iron tablets can't be used or are not effective based on laboratory tests. The dose of Venofer is calculated based on the laboratory results and the body weight of the patient. The Board noted that it was not documented that the patient had iron deficiency, that there had been any laboratory results or any calculation of the dose. The Board noted that the Felleskatalogen recorded that Venofer can cause serious, and in the worst case fatal, side-effects. The Board considered that Dr De Clive-Lowe had acted in a manner that was professionally irresponsible when he administered Venofer to the patient outside the approved indication (contrary to Section 4 of the Health Personnel Act).

24. The Board considered it an aggravating factor that Dr De Clive-Lowe did not adjust his practice despite receiving the warning in March 2018 for similar breaches. A further aggravating factor was that he had not procured a system of record-keeping that was in accordance with current legal and regulatory requirements, despite being informed about this several times.

25. The Board determined that the patient should have had the information necessary to gain insight into their health condition and the content of healthcare. The patient should have been informed about possible risks and side-effects. The duty to inform is closely linked with the patient's right to give consent and participate in health care. Among other things, this entailed that the information they are given needs to be sufficient so that the patient can contribute to healthcare that is given, when there is more than one alternative. The Board determined that Dr De Clive-Lowe's assertion that Vitamin C had a well-documented effect on the immune system was incorrect. There was no scientific proof of Vitamin C's treatment effect on the human immune system. The Board considered that, in line with Dr De Clive-Lowe's duty to inform, he ought to have advised the patient that vitamin C had no effect in regard to strengthening the immune system, that he administered Venofer outside the approved indication and without taking into account of the danger of serious side-effects linked to Venofer. The Board acted on the assumption that Dr De Clive-Lowe did not inform the patient about the health benefit that can be expected when following treatment advice from the specialist health service or about the risk of compromising the patient's prognosis and deterioration of their illness if the treatment recommendations were not followed. The Board considered that omitting to give the patient necessary information was irresponsible

and that Dr De Clive-Lowe acted in violation of the duty to provide information set out in Section 10 of the Health Personnel Act.

26. Dr De Clive-Lowe advised the Board that the patient paid about NOK 1,500 for each consultation and that each of the eight Vitamin C treatments cost NOK 1,600. On the assumption that the administered treatments had no effect, the Board considered that Dr De Clive-Lowe caused the patient needless expense (contrary to Section 6 of the Health Personnel Act) and that the eight visits to the doctor's clinic to receive treatment that had no effect also causes the patient unnecessary loss of time.

27. Further to its official warning issued 22 March 2018, its 2019 decision to limit Dr De Clive-Lowe's authorisation to work as a doctor and in the case considered by the 2022 Board, the 2022 Board determined that Dr De Clive-Lowe had breached the requirement of sound professional practice in a number of areas, caused his patients needless expense and loss of time, violated his duty to inform and to maintain medical records. He demonstrated deficient professional skills in several areas within the core area of general practice. In the matter before the 2022 Board, he prescribed medications that had no effect on a patient with a serious cancer disease and failed to collaborate with specialist health services involved. His breach of statutory requirements in this matter was aggravated by very similar previous breaches of statutory requirements.

28. The 2022 Board determined that, despite previous administrative sanctions, Dr De Clive-Lowe had not adjusted his practice or admitted that he ought to have acted differently. The 2022 Board determined that he was not amenable to correction as he was not able to learn from his errors or from feedback from the regulatory authority. The 2022 Board determined that Dr De Clive-Lowe was unfit to practise his profession as a doctor in a safe and responsible manner on the grounds of "significant lack of professional insight" (to Section 57 of the Health Personnel Act). By acting in a manner that breached the conditions imposed by the Appeal Board, Dr De Clive-Lowe evaded supervision and control, and this undermined trust in him. The 2022 Board assessment was that on this basis he was also unfit to practise his profession in a responsible manner, on the grounds of "a significant breach of duty". The Board considered that he lacked self-awareness regarding professional shortcomings and presented a serious risk to patient safety. The Board determined that the need to maintain public trust, quality and safety in health and care services weighed more than consideration of him as a healthcare professional. The 2022 Board determined to revoke Dr De Clive-Lowe's limited authorisation as a doctor in accordance Section 57 of the Health Personnel Act. The 2022 Board found that he was unfit to practise his profession as a

doctor in a safe and responsible manner on the grounds of "significant lack of professional competence" and "significant breach of duty". This meant that he could no longer work as, or claim the title of, doctor. The 2022 Board determination is dated 6 May 2022.

Is there a legal basis for considering impairment?

29. Section 35C(2) Medical Act 1983 states that fitness to practice must relate to one of 5 categories: A doctor can only be found to be impaired if (1) at least one of the categories has been proved; and (2) the doctor is currently impaired. In Dr De Clive-Lowe's case the relevant category is a determination by a regulatory body (elsewhere than in the United Kingdom) responsible for the regulation of a health profession to the effect that his fitness to practise as a member of that profession is impaired. In addition the category of deficient professional performance also applies given that Allegation 1a has been found proved that states that the Board determined that Dr De Clive-Lowe was unfit to practice as a doctor in a safe and responsible manner on the grounds of significant lack of professional competence and significant breach of duty.

30. As such, the Tribunal determined that there was a legal basis for considering impairment in Dr De Clive-Lowe's case.

Where on the spectrum of seriousness does the allegation lie?

31. The Tribunal followed the staged approach set out in the Guidance. The Tribunal reminded itself that the Guidance's purpose is not to dictate to the Tribunal how it must proceed, but to assist it in making fair, consistent and transparent decisions.

32. The Tribunal first considered stage 2a: Do the proven facts engage one or more of the grounds for impairment? As set out above the Tribunal is satisfied that the proven facts engage two of the grounds for impairment.

33. The Tribunal being satisfied as to stage 2a then determined whether Dr De Clive-Lowe poses any current and ongoing risk to public protection. The Tribunal went on to consider stage 2b of the Guidance which requires the Tribunal to identify the starting point for assessing seriousness.

34. The Tribunal reviewed the examples given in the Guidance for misconduct which are considered low to medium on the spectrum of seriousness. The Tribunal noted that these

examples do not fit with the facts found proved in this case. The Tribunal then looked at the examples in the Guidance where allegations are likely to fall at the higher end of the spectrum of seriousness. It considered paragraph 31 of the Guidance.

> *"31 Allegations that are likely to fall at the higher end of the spectrum of seriousness include, but are not limited to:*
>
> - *where a doctor has deliberately misled patients or others about their licensing status*
> - *clinical failings that are not considered to be easily remediable, including those amounting to gross negligence or recklessness about a risk of serious harm to patients*
> - *a determination case where the regulatory body ordered the suspension or erasure / removal of the doctor from the relevant register."*

35. The Tribunal is satisfied that in Dr De Clive-Lowe's case all three of the above examples applied. The 2022 Board found that Dr De Clive-Lowe had misled the patient and his family as to Dr De Clive-Lowe's limited authorisation and therefore his licensing status. In addition he had recommended and carried out treatments that had no scientific basis, presenting them as potential ways to treat or cure a patient's condition. The Tribunal was satisfied that the 2022 Board had found Dr De Clive-Lowe's clinical failings not to be easily remediable (taking into account his failure to respond appropriately to the 2018 warnings and the 2019 Board determination) and to be reckless as the risk of serious harm to the cancer patient. The Tribunal is satisfied that the 2022 Board ordered the equivalent of erasure in Dr De Clive-Lowe's case.

36. The Tribunal identified features which increased the seriousness including:

- His behaviour was persistent and prolonged;
- It was repeated and involved serious professional failings;
- His behaviour was directed towards a vulnerable person;
- He demonstrated an abuse or misuse of professional position;
- He demonstrated a reckless disregard for professional standards;
- His failure to comply with regulatory requirements and previous warnings;

37. The Tribunal determined that each one of these aggravating features applied in Dr De Clive-Lowe's case. In terms of persistent and prolonged misconduct he received warnings in 2018. This was followed by his misconduct giving rise to the 2019 Board determination and

that of the subsequent Appeal Board. This was then followed by his misconduct that led to the 2022 Board determination. This misconduct from 2018 to that considered by the 2022 Board was persistent and prolonged. The Tribunal accepts that assessment. The Tribunal is satisfied that his misconduct involved repeated and serious professional failings. In terms of his behaviour directed towards a vulnerable person the Tribunal is satisfied that Dr De Clive-Lowe's misconduct dealt with by the 2022 Board included conduct involving a cancer patient for whom inappropriate treatment was provided and to whom he misrepresented his licensing status. In terms of the abuse of professional position where a doctor misused his position of power the Tribunal is satisfied that given the findings of the 2022 Board this was also an aggravating factor. In terms of a reckless disregard for professional standards and an undermining of those standards the Tribunal is satisfied this applies given the 2022 Board determination and its detailed criticism of Dr De Clive-Lowe.

38. Dr De Clive-Lowe's misconduct is further aggravated by the separate allegation that he failed to notify the GMC of the 2022 Board determination despite having a clear duty to do so pursuant to paragraph 75 of GMP (2013 Edition).

39. Having considered these factors, the Tribunal concluded that the misconduct fell within the highest level of seriousness. It had regard to the Guidance that in cases where the allegation falls at the higher end of the spectrum of seriousness, the starting point for assessing current and ongoing risk to public protection will be high.

What is the impact of any relevant context known about Dr De Clive-Lowe and his working environment and how he has responded to the allegations?

40. The Tribunal then went to stage 2c of the Guidance and looked to see if was there is any relevant context in terms of Dr De Clive-Lowe's working environment, role and experience or personal context. The Tribunal noted the submissions made by Mr Rigby and was of the opinion that there was no relevant context that reduced the risk. It noted that the only potentially relevant factor was that Dr De Clive-Lowe was an experienced doctor who would be expected to know and apply proper professional standards which if anything confirmed the current and ongoing risk to public protection was high.

Tribunal's decision as to whether Dr De Clive Lowe poses any current and ongoing risk to public protection which may require restrictive action in response and its finding on impairment

41. The Tribunal then considered stage 2d of the Guidance and what evidence there is relating to insight and remediation. In terms of remediation the Tribunal asked if the allegation is remediable, has it been remedied and is the misconduct outlined in the 2022 Board determination likely to be repeated? In this case Dr De Clive-Lowe has not engaged in these proceedings. He has not participated in case management hearings nor complied with case management directions. He has not filed any statement into these proceedings. He has not attended the hearing. The Tribunal is satisfied that the failings identified in the 2022 Board determination are capable of remediation but there is no evidence that they have been remedied. The Tribunal notes that Dr De Clive-Lowe indicated that he did not wish to engage because he wanted to enjoy his retirement and asked about voluntary erasure. There is no evidence that he has applied for voluntary erasure. The Tribunal finds that there is a risk of repetition in light of the lack of evidence of remediation.

42. In terms of insight the Tribunal asked whether Dr De Clive-Lowe understands what happened and accepted how he could have acted differently? The Guidance suggested that a doctor should provide evidence showing that he has considered the allegation, understood what went wrong, accepted he should have acted differently, fully understood the impact or potential impact of their behaviour and performance, shown empathy for any individual affected, for example by apologising; and taken, or are taking, steps to remediate and to identify how he will act differently in the future to avoid similar issues arising. This includes seeking appropriate support and advice and/or are engaging with that support and setting out any steps put in place to manage any risks to patients. Dr De Clive-Lowe has provided no such evidence. There is no evidence that Dr De Clive-Lowe has kept his skills and knowledge up to date. He has indicated that he is enjoying his retirement which implies that he has neither recognised what went wrong nor taken steps to ensure nothing like that would happen again nor kept his skills and knowledge up to date.

43. The Tribunal then applied stage 2e and asked on the basis of the conclusions reached in stages 2b, 2c and 2d decide if Dr De Clive-Lowe poses any current and ongoing risk to public protection and make a finding on impairment. In his case in light of the above factors the Tribunal has determined that in his case he presents a high current and ongoing risk to public protection and that he is currently impaired.

44. The Tribunal has therefore determined that Dr De Clive-Lowe's fitness to practise is impaired by reason of misconduct and a determination by another regulator.

Determination on Sanction - 28/10/2026

61. This determination was handed down in public.

The evidence

62. The Tribunal reviewed its findings at the facts and impairment stages and took into account the written evidence received during the earlier stages of the hearing where relevant to reaching a decision on sanction. No additional evidence was provided.

Submissions

63. On behalf of the GMC, Mr Rigby submitted that the decision on sanction was a matter for the Tribunal. Mr Rigby referred the Tribunal to paragraphs 41 to 44 of its determination, which summarised its findings concerning Dr De Clive-Lowe's lack of engagement, remediation and insight. Mr Rigby stated that Dr De Clive-Lowe had indicated that he wished to enjoy his retirement and had enquired about voluntary erasure, but there was no evidence that he had applied for it.

64. Mr Rigby stated that the Tribunal have found that there was a risk of repetition given the absence of evidence of insight or remediation from Dr De Clive-Lowe. He further stated that there was also no evidence that Dr De Clive-Lowe had kept his skills and knowledge up to date. Mr Rigby submitted that these findings supported the Tribunal's conclusion that Dr De Clive-Lowe presented a high ongoing risk to public protection and that his fitness to practise was impaired.

65. Mr Rigby referred the Tribunal to the MPTS Sanctions Guidance (the Guidance) and submitted that suspension would not be an appropriate or proportionate sanction. He referred to the guidance concerning cases involving a higher level of risk to public protection, which indicated a potential range of suspension for up to 12 months through to erasure. Mr Rigby stated that a lengthy suspension would ordinarily require a review to assess the doctor's progress in addressing the concerns identified. He told the Tribunal that in Dr De Clive-Lowe's case however, there was no evidence to suggest that he would engage with remediation or take the necessary steps to address the concerns, making a suspension ineffective.

66. Mr Rigby submitted that erasure was the appropriate and proportionate sanction. He referred to paragraph 57 of the Guidance which identified circumstances where erasure might be the only proportionate response. He stated that suspension would be insufficient to protect the public and conditions would not be appropriate, workable or measurable.

67. Mr Rigby submitted that given the circumstances of this case, particularly Dr De Clive-Lowe's lack of insight, remediation and the implications for public confidence, erasure was the appropriate sanction.

The Tribunal's determination on sanction

68. The Tribunal directed itself that there is no burden or standard of proof at this stage. Sanction is a matter for the Tribunal's judgement. The doctor's absence in itself is not an aggravating feature.

69. The Tribunal took account of the Guidance which provides a staged approach. The purpose of the Guidance is not to dictate to the Tribunal how it must proceed but to assist the Tribunal in making fair, consistent and transparent decisions. The Tribunal therefore adopted the staged approach in the Guidance namely: *MPT Hearings Part C: stage three – sanction Step 3: decide on sanction*. The Tribunal followed the Guidance to consider what sanction is proportionate i.e. no more than necessary to protect the public. The Tribunal reviewed its decision on facts and impairment to ensure that the Tribunal in its determination as to sanction remained consistent with those findings of serious misconduct and having regard to the level of high current and ongoing risk to all three parts of public protection posed by the doctor.

70. The Tribunal determined what sanction is required and no more than necessary to achieve public protection, approaching the question by considering if the least restrictive action is appropriate, and not making a final decision until the options immediately above and below the action the Tribunal is minded to take, have also been assessed. The Tribunal reminded itself that case law is clear that the need to protect the public always outweighs the interests of any individual medical professional. While restrictive action is not put in place to punish or discipline a doctor, a sanction may have a punitive effect yet still remain necessary.

71. The Tribunal took into account caselaw where it states that in cases of misconduct the presence or absence of an explanation from the doctor as to why they acted in the way

alleged and of a demonstration of an understanding of what caused them to act in that way are very significant elements in the assessment both of the level of the doctor's insight and of the risk of repetition of the misconduct. Caselaw specifies that It is necessary for insight to be particular, rather than general, and of practical application as well as merely theoretical; the relevant insight has to be with reference to the particular actions and the particular misconduct of the doctor whose conduct is in question. In this case the Tribunal (as set out in its determination on impairment) found the absence of any explanation from Dr De Clive-Lowe to be a very significant element in its assessment both of insight and the risk of repetition

No action

72. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to take no action.

73. The Tribunal considered that there were no exceptional circumstances in this case which would justify taking no action. The Tribunal concluded that given the nature and seriousness of its findings, taking no action would not be an appropriate nor a proportionate response and would fail to uphold the three limbs of public protection.

Undertakings

74. Undertakings have to be agreed by GMC and the doctor. Given Dr De Clive-Lowe's lack of engagement and absence this sanction cannot be considered.

Conditions

75. The Tribunal next considered whether to impose a period of conditions on Dr De Clive-Lowe's registration. In doing so it noted that Mr Rigby submitted that a period of conditional registration would not be the appropriate or sufficiently proportionate sanction in this case.

76. In reaching its decision the Tribunal noted that conditions should be appropriate, workable and measurable and had regard to the relevant paragraphs of the Guidance.

77. In terms of conditions the Tribunal considered the Guidance where it advised as to when conditions would be workable. The first factor is where the doctor has shown insight.

As set out in the Tribunal's determination on impairment Dr De Clive-Lowe has demonstrated no insight. Secondly, conditions are appropriate where time is needed for the doctor to take steps to address the findings (remediate), for example through retraining, study and/or supervision. Again as set out in its determination on impairment Dr De Clive-Lowe did not engage in these proceedings and provided no evidence to this hearing. As a result the Tribunal has no confidence that he would take steps to remediate. Thirdly, conditions are appropriate where the doctor is willing to remediate. In this case Dr De Clive-Lowe has expressed no willingness to remediate. Fourthly, conditions are appropriate where the Tribunal is satisfied the doctor will comply with them. Given Dr De Clive-Lowe's failure to respond to warnings and failure to comply with his limited authorisation as set out in the 2022 Board determination and in the Tribunal's determination on impairment the Tribunal is not satisfied that he would comply with any conditions imposed on him.

78. The Tribunal also had regard to the Paragraph 30 Guidance where it advised:

> *'30. Conditions are unlikely to be a proportionate response in cases where the nature of the allegations about the doctor's behaviour fall at the higher end of the spectrum of seriousness and/or suggest an underlying problem with their attitude'*.

79. As set out in the determination on impairment the Tribunal has assessed Dr De Clive-Lowe's misconduct at the high end of seriousness and that the current and ongoing risk to public protection is high. The Tribunal also has concerns as to his underlying attitude given his history of non-compliance as set out in the 2022 Board determination, his lack of engagement in these proceedings and the lack of any evidence as to insight or remediation.

80. In all of the circumstances, the Tribunal concluded that a period of conditional registration would not be an appropriate, workable or proportionate sanction and would not satisfy the public interest.

Suspension

81. The Tribunal then went on to consider the sanction of suspension. It had regard to the advice in the Guidance that suspension is an appropriate sanction where the doctor's behaviour is such that their ability to practise safely and effectively is currently incompatible with unrestricted registration. This means the current and ongoing risk to public protection posed by the doctor needs to be managed by restricting their registration for a period, with the aim they should be able to safely return to unrestricted practice in the future.

82. The Tribunal had regard to the Paragraph 45 Guidance:

'45 Suspension may be proportionate in cases where some, or all, of the following factors are present:

(a) conditions are not appropriate, measurable and/or workable
(b) the level of current and ongoing risk to public protection is such that it cannot be safely managed with conditions and suspension is necessary to stop the doctor from working and putting patients at risk while they gain insight into any deficiencies and remediate, or undergo medical treatment, and/or
(c) the level of current and ongoing risk to public protection is such that, although patient safety is not an issue, suspension is needed to maintain public confidence in the profession and/or maintain professional standards.'

83. In relation to factor (a) as set out above the Tribunal is satisfied that conditions are not appropriate or workable. In relation to factor (b) as set out in the determination on impairment the Tribunal is not satisfied that Dr De Clive-Lowe has the potential to gain insight or remediate. He failed to demonstrate insight or remediate as set out in the 2022 Board determination and by virtue of his non engagement in these proceedings. The Tribunal was mindful that it had no evidence before it demonstrating that Dr De Clive-Lowe had insight or had completed any remediation, and his intention to enjoy his retirement. In relation to factor (c) in this case patient safety is a significant issue as set out in the 2022 Board's determination. There is a high level of current and ongoing risk to public protection.

84. The Tribunal reminded itself that the objective of imposing a period of suspension would be to manage the current and ongoing risk to public protection with the ultimate aim of Dr De Clive-Lowe being able to safely return to unrestricted practice in the future.

85. The Tribunal could not rule out the risk of repetition especially in the light of the Tribunal's conclusions on impairment. It was therefore satisfied that a period of suspension would not provide adequate protection to the public. The Tribunal was also satisfied that a period of suspension would not maintain public confidence in the profession and would not be sufficient to uphold proper professional standards and conduct.

Erasure

86. The Tribunal therefore went on to consider whether the sanction of erasure was appropriate and proportionate.

87. The Tribunal noted paragraphs 55, 56 and 57 of the relevant section of the Guidance, which provide:

> *'55 Erasure is action available for those cases where a doctor's behaviour, performance, or the impact that a health condition is having on their ability to practise safely and effectively, is incompatible with continued registration at this point in time. It means the level of current and ongoing risk the doctor poses to public protection is so significant that they should not be allowed to practise.*
>
> *56 Erasure takes away a doctor's registration which means they are no longer entitled to practise in the UK at all, or anywhere else where they are required to hold GMC registration. It is used to protect the public in the most serious cases. It also has a deterrent effect as it sends a signal to the individual doctor, the profession and public about what is regarded as behaviour unbefitting a registered doctor.*
>
> *57 Erasure may be the proportionate response where:*
>
> *a conditions are not appropriate, measurable and/or workable and suspension is not sufficient to protect the public*
>
> *b the doctor's behaviour or performance is such that it caused serious harm, and the risk of harm recurring cannot be mitigated sufficiently through putting conditions or suspension in place*
>
> *c the doctor has shown a persistent lack of insight into the seriousness of the allegation about their behaviour or performance and the potential or actual consequences, and/or*
>
> *d the seriousness of the facts found proven and/or impact of any relevant context that increased the current and ongoing risk to public protection mean the effect of the doctor continuing to hold registration is such that it will undermine public confidence in the profession.'*

88. In relation to Paragraph 57 factor (a) the Tribunal was satisfied that this factor applied for the reasons set out above. In relation to factor (b) the Tribunal was satisfied that this factor applied in Dr De Clive-Lowe's case given his non-compliance with the warning and then his non-compliance with his limited authorisation as set out in the 2022 Board determination. The Tribunal found in its determination on impairment that there remained a risk of repetition of his misconduct. The Tribunal noted the risk of serious harm to the patient referred to in the 2022 Board determination. In relation to factor (c) the Tribunal is satisfied that Dr De Clive-Lowe has shown a persistent lack of insight into the seriousness of the past allegations considered by the 2019 and 2022 Boards (described in detail in the 2022 Board determination) and in these proceedings by his lack of engagement. In relation to factor (d) the Tribunal gave great weight to the 2022 Board determination that was equivalent to erasing Dr De Clive-Lowe from the Norwegian medical register. His misconduct was aggravated by his failure to notify the GMC of the 2022 Board determination. The Tribunal, being satisfied that the level of seriousness of the misconduct is high and that the level of current and ongoing risk to public protection being high, that the effect of Dr De Clive-Lowe continuing to hold UK registration is such that it will undermine public confidence in the profession. The Tribunal was of the view that a reasonable member of the public, fully informed of the facts of this case, would be concerned if Dr De Clive-Lowe was allowed to remain on the medical register, given his misconduct and the determination of another regulator. Any right thinking and informed doctor or member of the public would expect him to be erased in these circumstances.

89. The Tribunal also noted that Dr De Clive-Lowe appeared to accept that he would be erased since he mentioned that he might seek voluntary erasure.

90. The Tribunal had regard to the Guidance bandings. For cases involving a high level of risk to public protection in cases of clinical concerns the banding is suspension for 6 months to erasure. For cases involving a high level of seriousness of risk to public protection for misconduct arising from a breach of conditions or sanctions and determinations by other regulatory bodies the banding is suspension for 12 months to erasure. The Tribunal was satisfied that each of these bandings applied. It was further satisfied that the circumstances were sufficiently serious and high risk that the Tribunal should move to the higher end of the bandings, namely erasure. The Tribunal's provisional determination was that erasure was the necessary and proportionate response in Dr De Clive-Lowe's case.

91. Overall, the Tribunal concluded that the seriousness of the matters in this case placed it at the upper end of the relevant sanctions range and that erasure was the only suitable and proportionate sanction. It considered that Dr De Clive-Lowe's misconduct and determination from another regulator undermines his ability to practise safely and effectively and is incompatible with continued registration.

92. Having reached a provisional view that erasure is appropriate, before finalising its decision the Tribunal must consider if there is any additional evidence that may be relevant to deciding what sanction is proportionate. In this case there is no additional evidence. The Tribunal reminded itself of its decision on how the case engaged all three parts of public protection with reference to its decision on impairment. The sanction of erasure is a necessary and proportionate sanction 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.

93. The Tribunal then stood back and reconsidered the sanction of suspension. Having carefully reviewed the circumstances it confirmed its determination that the sanction of suspension was not workable or proportionate in this case. The Tribunal therefore determined that the appropriate sanction for Dr De Clive-Lowe is erasure from the medical register.

Determination on Immediate Order - 28/10/2026

1. This determination was handed down in public in accordance with Rule 41 of the General Medical Council (Fitness to Practise) Rules 2004.

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

Submissions

3. On behalf of the GMC, Mr Rigby submitted an immediate order should be imposed given the Tribunal's findings.

4. Mr Rigby submitted that the relevant paragraphs of the Guidance which indicate that an immediate order is appropriate in the circumstances. He submitted that the Tribunal have found that there is a high risk of repetition in this case and an immediate order is required.

The Tribunal's determination

5. The Tribunal reminded itself that the aim of an immediate order is to protect the public, maintain public confidence in the profession and uphold proper professional standards.

6. The Tribunal considered that it may impose an immediate order if it considers it necessary for the protection of members of the public or is otherwise in the public interest.

7. The Tribunal had regard to the paragraphs 83 and 84 of the Guidance, which set out:

> *"83. The decision whether to impose an immediate order is at the discretion of the MPT based on the facts of the case. When deciding if an immediate order is needed the MPT should consider the seriousness of the proved allegation and the level of current and ongoing risk to public protection posed by the doctor.*
>
> *84. It will not usually be appropriate for a doctor to hold unrestricted registration until a sanction takes effect in cases where:*
>
> *a. the doctor poses a risk to patient safety*
> *b. the risk to one or more parts of public protection is high, and/or*
> *c. immediate action is needed to maintain public confidence in the medical profession"*

8. The Tribunal considered that all three parts of paragraph 84 of the Guidance were applicable on the facts of this case.

9. The Tribunal concluded that it is necessary and appropriate to impose an immediate order in this case, given its findings that all three limbs of public protection were engaged and that there was a high potential risk to patient safety. It considered that to not impose an immediate order would be inconsistent with its earlier findings.

10. The Tribunal determined that public confidence in the profession would be undermined and that it would be failing to uphold the statutory overarching objective if an immediate order was not imposed in this case.

11. This means that Dr De Clive-Lowe'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.

12. The interim order currently in place on Dr De Clive-Lowe's registration will be revoked when the immediate order takes effect.

ANNEX A – 26/10/2026

Service and proceeding in the Doctor's absence

1. This determination was handed down in public.

Service

2. Dr De Clive-Lowe was neither present nor represented at this Medical Practitioners Tribunal ('MPT') hearing. The Tribunal therefore considered whether the relevant documents had been served in accordance with Rule 40 of the General Medical Council ('GMC') Fitness to Practise Rules 2004 ('the Rules') and paragraph 8 of Schedule 4 of the Medical Act 1983.

3. The Tribunal was provided with a copy of a service bundle from the GMC. It was provided with a screenshot from the GMC's Siebel database which showed Dr De Clive-Lowe's registered postal address in Norway. The Tribunal also had regard to the GMC's Rule 34(9) letter which was sent to Dr De Clive-Lowe's registered postal address by Special Delivery and to his registered email address on 14 September 2026. A delivery receipt for the email was received on 16 September 2026. The hard copy Rule 34(9) letter was delivered and signed for on 21 September 2026.

4. The MPTS Notice of Hearing letter ('NoH') was sent to Dr De Clive-Lowe's registered email address on 15 September 2026. A delivery receipt for the email was received on 16 September 2026.

5. On behalf of the GMC Mr Terence Rigby, (Counsel) referred the Tribunal to the relevant documentation and submitted that service of the notice of hearing had been effected in accordance with the Rules.

Proceeding in Absence

6. Mr Rigby invited the Tribunal to proceed with the hearing in Dr De Clive-Lowe's absence. He referred to the witness statement of Mr A, which included a report of a conversation with Dr De Clive-Lowe where the doctor stated that *"he did not want to participate in any of the hearings because he is enjoying his retirement. He confirmed receipt of the information that the GMC shared regarding the overseas investigation and said that he did not want to provide any comments"* .

7. Mr Rigby submitted that Dr De Clive-Lowe has voluntarily absented himself and in these particular circumstances it would be in the public interest to continue in Dr De Clive-Lowe's absence. He further submitted that there would be no purpose in adjourning these proceedings.

Tribunal Decision

8. The Tribunal was first satisfied that notice of hearing in the format set out in Rule 15 of the Rules with at least 28 days' notice had been properly served by post on Dr De Clive-Lowe in accordance with Rule 40. The Tribunal was satisfied of proof by way of postal delivery evidenced by the special delivery confirmation of delivery with a signature that the doctor or someone on his behalf had accepted postal delivery. The Tribunal was satisfied that Dr De Clive-Lowe was aware of today's hearing and that in light of the doctor's comments in paragraph 6 above he had chosen not to engage in or attend the hearing or arrange representation.

9. The Tribunal considered whether it would be appropriate to proceed with this hearing in Dr De Clive-Lowe's absence pursuant to Rule 31 of the Rules. The Tribunal was conscious that the discretion to proceed in the absence of a doctor should be exercised with the appropriate care and caution, balancing the interests of the doctor with the wider public interest. In deciding whether to proceed with this hearing in Dr De Clive-Lowe's absence, the Tribunal carefully considered all the information before it.

10. The Tribunal determined that Dr De Clive-Lowe is aware of today's hearing, and that he had voluntarily absented himself from it and had waived the right to be present. The Tribunal noted that no request for an adjournment has been submitted by Dr De Clive-Lowe and that an adjournment is not likely to result in Dr De Clive-Lowe's participation and/or attendance at a hearing in the future.

11. The Tribunal took account of the likely length of any adjournment and the associated costs if it did not proceed in the doctor's absence. The Tribunal took into account the general public interest and general assumption that delay is the enemy of justice and fairness and that a hearing should be held within a reasonable time. The Tribunal balanced the public interest against Dr De Clive-Lowe's interests and concluded that the wider public interest in the case proceeding expeditiously outweighed Dr De Clive-Lowe's own interests in adjourning, particularly when no useful purpose would be served by adjourning to a later

date. The GMC represents the public interest in relation to standards of healthcare. It would run entirely counter to the protection, promotion and maintenance of the health and safety of the public if a doctor could frustrate the process when he had chosen not to engage in the proceedings. The Tribunal also took account of the burden on Dr De Clive-Lowe to engage in the resolution of allegations made against him. The onus is on him to attend the hearing and arrange representation if he wished to. Although attendance by a doctor was of prime importance it was not determinative due to the adverse impact on the effective and efficient running of hearings.

12. The Tribunal therefore determined that it was appropriate to proceed with the hearing in Dr De Clive-Lowe's absence.