

PUBLIC RECORD

Dates: 01/12/2025 - 15/12/2025; 14/01/2026; 22/04/2026 - 24/04/2026

Doctor: Dr Mohsen ALI
GMC reference number: 5204912
Primary medical qualification: MB BCh 1994 Cairo University

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

Summary of outcome

Erasure

Immediate order imposed

Tribunal:

Legally Qualified Chair	Mrs Nessa Sharkett
Lay Tribunal Member:	Mr Darren Shenton
Registrant Tribunal Member:	Dr Sarah Woodford

Tribunal Clerk:	Mr Larry Millea (01/12/2025 - 15/12/2025) Ms Ciara Fogarty (14/01/2026) Ms Jemine Pemu (22/04/2026 - 24/04/2026)
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Attendance and Representation:

Doctor:	Not present, not represented
GMC Representative:	Jade Bucklow, Counsel

Attendance of Press / Public

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

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 - 14/01/2026

Background

1. The Tribunal was provided with little information about specific areas of practice or training in respect of Dr Ali. The information provided was that Dr Ali qualified with an MB BCh from Cairo University in 1994.
2. Between 24 May 2001 and 24 February 2004, Dr Ali held limited registration with the GMC and thereafter held full registration from February 2004 until 16 November 2009, when the licence to practise for medical practitioners was introduced. Dr Ali held a licence to practise until 25 February 2013 when he relinquished it, before having it restored again on 5 July 2013. Dr Ali's licence to practise was subsequently withdrawn on 13 January 2015, due to his failure to comply with the requirements of revalidation under Regulation 6(4) of the GMC (Licence to Practise and Revalidation) Regulations 2012. Having been notified of the decision to withdraw his licence to practise Dr Ali did not exercise his right of appeal and his licence was withdrawn on 13 January 2015.
3. The alleged misconduct of Dr Ali can be summarised as follows: that, during the period January to September 2018, Dr Ali consulted with and treated Patients A and B who presented with different stages of cancer. Dr Ali is alleged to have informed both patients that he could cure their cancer and in return for his services Dr Ali charged Patient A up to

£15,000 and Patient B between £10,000 to £12,000. It was alleged that he knew they were not evidenced based treatments to cure cancer. It is alleged that Dr Ali's actions were dishonest.

4. It is also alleged that Dr Ali advertised himself as a doctor with GP experience when he did not have a licence to practise, claimed to aim to achieve a 90% cure for cancers and other illnesses, and provided treatments to Patient A and Patient B at premises which were inappropriate and posed a risk to patient safety. It is further alleged that Dr Ali provided medical services to Patient A and Patient B that required him to hold a licence to practise and that at all material times whilst providing these medical services Dr Ali knew he was unable to undertake the same as his licence to practise medicine had been withdrawn in January 2015.

5. The initial concerns were raised with the GMC by email of 20 June 2019 by Patient A. Patient A raised concerns that Dr Ali and [Ms F] were claiming to be doctors who could cure cancer with intravenous ('IV') infusions.

6. On 9 July 2019 the Economic Crime Unit of Leicestershire Police, contacted the GMC by email, advising that a crime report had been made about Dr Ali and his dealings with Patient A.

7. On 6 August 2019 NHS England informed the GMC that Dr Ali and [Ms F] were the subject of a police investigation into allegations that they were running an unregistered clinic XXX and claiming to be GPs who could cure cancer.

8. On 12 August 2019 Leicestershire Police executed a search of Dr Ali's premises and Public Health England ('PHE') subsequently produced a Composite Risk Assessment Report, September – December 2019 which was dated 29 May 2020.

The Outcome of Applications made during the Facts Stage

9. The Tribunal determined that service of the notice of this hearing had been effected in accordance with Rule 40 of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules') and determined to proceed with the hearing in Dr Ali's absence in accordance with Rule 31. The Tribunal's full decision is included at Annex A.

10. The Tribunal granted the GMC's application, made pursuant to Rule 35(4) of the Rules to anonymise the names of Patient A, Patient B and two further witnesses throughout these proceedings. The Tribunal's full decision on the application is included at Annex B.

11. The Tribunal granted the GMC's applications, made pursuant to Rule 17(6) of the Rules, to amend the Allegation. The Tribunal's full decision on the application is included at Annex C.

The Allegation and the Doctor's Response

12. The Allegation made against Dr Ali is as follows:

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

Patient A

1. Between July and September 2018 ('the Treatment Period') on more than one occasion you consulted with Patient A who presented to you with prostate cancer, and you:
 - a. told Patient A:
 - i. 'your cancer can be easily cured' or words to that effect; **To be determined**
 - ii. 'prostate cancer was easy to cure' or words to that effect; **To be determined**
 - iii. 'curing prostate cancer was so easy that you would give them a money back guarantee' or words to that effect; **To be determined**
 - iv. 'not to listen to the doctors at the hospital as they were just trying to make money from chemotherapy and radiotherapy' or words to that effect. **To be determined**
 - b. charged Patient A up to £15,000 for treatment; **To be determined**

- c. entered into a money back guarantee with Patient A if the treatment you provided was unsuccessful in curing their cancer. **To be determined**
2. When you acted in manner described at paragraph 1 you knew that the treatments and/or treatment plan you offered to Patient A could not cure their cancer. **To be determined**
3. On one or more occasion during the Treatment Period you ~~injected~~ **intravenously administered** Patient A with a substance and you failed to: **Amended under Rule 17(6)**
 - a. advise them of:
 - i. what the product was; **To be determined**
 - ii. the reason for it being injected; **To be determined**
 - iii. the risks and benefits of the product; **To be determined**
 - iv. the details of the procedure that would take place to administer the product; **To be determined**
 - v. side effects of the product to expect immediately after administration; **To be determined**
 - b. follow aseptic procedures causing high risk of cross contamination and/or high risk of transmissible infectious disease. **To be determined**
4. On one or more occasion during the Treatment Period you provided Ozone therapy to Patient A, and you inappropriately:
 - a. administered it via a cannula which is not a clinically recognised method of administration; **To be determined**
 - b. led Patient A to believe it was part of a treatment plan which would cure his cancer. **To be determined**
5. When you acted in the manner described at paragraph 4b, you knew that Ozone Therapy was not an evidence-based treatment to cure cancer. **To be determined**

6. On one or more occasion during the Treatment Period you provided intravenous infusions to Patient A which was inappropriate and had the potential to cause harm to them in that:
- a. the liquids were ~~directly administered intravenously to Patient A from gallons stored and/or transferred from non-aseptic commercial gallon containers~~; **Amended under Rule 17(6), To be determined**
 - b. the ~~gallons containers~~ referred to at paragraph 6a were unlabelled with the details of the liquids': Amended under Rule 17(6)
 - i. content; **To be determined**
 - ii. potency; **To be determined**
 - iii. expiry dates; **To be determined**
 - iv. method of storage. **To be determined**
7. On one or more occasion during the Treatment Period:
- a) you ~~injected~~ **intravenously administered** Patient A with **a substance which you led him to believe was 'Vitamin C'**; **Amended under Rule 17(6), To be determined**
 - b) ~~and~~ you led Patient A to believe **the substance you referred to as 'Vitamin C'** was part of a treatment plan which would cure his cancer. **Amended under Rule 17(6), To be determined**
8. When you acted in the manner described at paragraph 7 you knew that **the substance referred to as 'Vitamin C'** was not an evidenced based treatment to cure cancer. **Amended under Rule 17(6), To be determined**
9. On one or more occasion during the Treatment Period:
- a) you **administered intravenously** ~~injected~~ Patient A with **a substance which you led him to believe was 'Garlic Oil'**; ~~and~~ **Amended under Rule 17(6), To be determined**

- b) you led Patient A to believe **the substance referred to as ‘Garlic Oil’** was part of a treatment plan which would cure his cancer. **Amended under Rule 17(6), To be determined**
10. When you acted in the manner described at paragraph 9 you knew that **the substance referred to as ‘Garlic Oil’** was not an evidenced based treatment to cure cancer. **Amended under Rule 17(6), To be determined**
11. On one or more occasion during the Treatment Period you gave Patient A tablets to take and you failed to:
- give details of the name of the product; **To be determined**
 - advise on the reason for being given it; **To be determined**
 - advise of the risks and benefits of the product; **To be determined**
 - advise on the side effects of the product; **To be determined**
 - make sure the product had quality assurance. **To be determined**
12. On more than one occasion during the Treatment Period you re-used an intravenous bag which was inappropriate as it may have exposed Patient A to infectious diseases **To be determined**
13. During the Treatment Period you failed to obtain informed consent from Patient A before administering any of the treatments as described at paragraphs 2-12 above. **To be determined**
14. In or around July 2018, you advised Patient A that the PSA levels rising was ‘normal’ when prostate cancer was being treated and would settle in 4-6 weeks or words to that effect, which was inappropriate because;
- a rising PSA is not ‘normal’ during cancer treatment; **To be determined**
 - a rising PSA can be an indication that the cancer is progressing and/or the current treatment is not working. **To be determined**
15. During the Treatment Period you failed to make any adequate medical records for the treatment provided to Patient A. **To be determined**

16. During the Treatment Period your communication with Patient A was inappropriate in that you:
- a. failed to answer direct questions posed to you by Patient A about their treatment; **To be determined**
 - b. boasted your ability to cure cancer using medicines which are not evidence based as a treatment to cure cancer; **To be determined**
 - c. deprived Patient A of making an informed decision on the treatments being offered by failing to provide details of the risks and benefits of the treatments being offered. **To be determined**
17. When you acted in the manner described at paragraph 1(a) and 1(c), 4, 7, 9, 14, 16 you caused a delay in Patient A obtaining appropriate treatment for their cancer. **Amended under Rule 17(6), To be determined**
18. When the treatment you provided did not cure Patient A's cancer, you:
- a. failed to return the money as originally agreed by way of the money back guarantee; **To be determined**
 - b. said 'we do not treat cancer' or words to that effect. **To be determined**
19. Your actions at paragraphs:
- a. 1 were dishonest by reason of paragraph 2; **To be determined**
 - b. 4b were dishonest by reason of paragraph 5; **To be determined**
 - c. 7 were dishonest by reason of paragraph 8; **To be determined**
 - d. 9 were dishonest by reason of paragraph 10. **To be determined**

Patient B

20. Between January and April 2018, on one or more occasion, you consulted with Patient B who presented to you with advanced ovarian cancer and you:
- a. gave assurances to Patient B that you could cure their cancer; **To be determined**

- b. took payment of between £10,000 and £12,000 from Patient B for treatment assuring them that the treatment you provided would cure their cancer. **To be determined**
21. Your actions at paragraph 20 were inappropriate as Patient B had Stage 4 cancer that was not curable. **To be determined**
22. Between January and April 2018, you administered **one or more of the substances, which you led Patient B to believe were the** substances listed at Schedule 1 through Patient B's PICC line which was inappropriate in that:
Amended under Rule 17(6)
- a. there was no evidence that these substances administered through a PICC line would have cured Patient B's cancer; **To be determined**
- b. there were no controlled robustly conducted clinical trials published in peer reviewed journals that suggest benefit from this treatment in stage 4 patients refractory to standard treatments; **To be determined**
- c. you were not trained to administer drugs/products through the PICC line. **To be determined**
23. You failed to make any adequate medical records for any treatment provided to Patient B. **To be determined**
24. You failed to obtain informed consent from Patient B before administering any of the treatments as described at paragraph 22. **To be determined**
25. When you acted in the manner described at paragraphs 20 you knew that the treatments you offered to Patient B were not evidence based treatments to cure ovarian cancer. **To be determined**
26. Your actions as described paragraph 20 were dishonest by reason of paragraph 25. **To be determined**

Flyers

27. Between 2013-2019 you produced or caused to be produced flyers to advertise your services:

- a. in which you advertised yourself as a **doctor with GP experience**, when you did not have a licence to practise which was misleading; **Amended under Rule 17(6), To be determined**
- b. which stated you could ‘achieve over 90% cure rate in the most challenging illnesses e.g. cancer (malignant tumours)’ which was misleading. **To be determined**

Premises

28. During the treatment of Patients A and B as described above the premises used for treatment:
- a. was inappropriate because:
 - i. it was unregistered for clinical work and treatment of patients; **To be determined**
 - ii. ~~the area it was used as a residential property~~ **used for clinical activity was also used as a residential living area; Amended under Rule 17(6), To be determined**
 - iii. it had a converted shed that was used as the treatment room; **To be determined**
 - iv. it had large volumes of drugs in an unlicensed premises; **To be determined**
 - v. you had out-of-date medication; **To be determined**
 - vi. the medication stored was unlabelled; **To be determined**
 - vii. there were large volumes of prescription only drugs without patient identifiers; **To be determined**
 - b. posed a risk to patient safety because:
 - i. medication was stored in a ~~residential~~ **domestic** fridge; **Amended under Rule 17(6), To be determined**
 - ii. it was dirty and unhygienic; **To be determined**

- iii. it was **non-aseptic; Amended under Rule 17(6), To be determined**
- iv. the syringes and needles were uncovered **To be determined**
- v. the sharps bins were uncovered and inadequately stored; **To be determined**
- vi. you failed to ensure safeguarding of all that entered the premises due to your failure to follow guidelines on disposing of needles; **To be determined**

Licence to Practise

29. On 13 ~~February~~ **January** 2015 your licence to practise medicine was withdrawn. **Amended under Rule 17(6), To be determined**
30. Between January- September 2018 you provided medical services to Patients A and B as outlined above for which a licence to practise was required because you provided the treatment in your capacity as a doctor. **To be determined**
31. At all material times as a result of your licence to practise being withdrawn as outlined at paragraph 29, you:
 - a. were unable to undertake medical activities without a licence to practise; **To be determined**
 - b. knew/ought to have known that you did not have a licence to practise medicine. **To be determined**

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

Witness Evidence

13. The Tribunal received written and oral evidence on behalf of the GMC from the following witnesses:

- Patient A, in person on 1 December 2025. Their witness statement was dated 24 October 2020 with a supplemental statement dated 19 May 2025;

- Mr E, Patient B’s husband, in person on 2 December 2025. Their witness statement was dated 10 March 2023;
- Ms H, Pharmacist, Head of Medicine Optimisation for Leicester City Clinical Commission Group (‘CCG’), in person on 2 December 2025. Their witness statement was dated 4 May 2023;
- Dr G, Consultant for the Health Protection Team at PHE (East Midlands), in person on 2 and 3 December 2025. Their witness statement was dated 5 July 2023 with a supplemental statement dated 23 June 2025.

14. The Tribunal also received written witness statements from the following witnesses who were not called to give oral evidence:

- Ms C, Patient A’s wife. Their witness statement was dated 3 July 2025;
- DC I, Detective Constable at Leicestershire Police. Their witness statement was dated 27 May 2025 with a supplemental statement dated 8 July 2025;
- Ms J, GMC Revalidation Team Manager. Their witness statement was dated 11 July 2025;
- Mr D, Patient A’s brother. Their witness statement was dated 24 July 2025.

15. Dr Ali, was neither present nor represented at the hearing. He did not provide a written witness statement or any other evidence or response to the allegations save for email correspondence from Dr Ali to the GMC in relation to the investigation relating to the Allegation, dated 17 September 2019, 17 October 2019, 1 April 2020 and 23 April 2020.

16. The Tribunal was also provided with a brief summary of information Dr Ali provided to Leicestershire Police when Dr Ali was interviewed by one of its officers. The Tribunal was not provided with a copy of the statement Dr Ali gave to the Leicestershire Police during that interview.

Expert Witness Evidence

17. The Tribunal also received evidence from one expert witness. Dr K is a Clinical Oncologist specialising in the delivery of radiotherapy, chemotherapy and immunotherapy. Dr K was instructed by GMC Legal to provide expert opinion on the standard of care provided by Dr Ali in relation to Patient A and Patient B in line with the standards to be expected of a reasonably competent General Practitioner. Dr K attended the hearing to give oral evidence

on 6 December 2025. Dr K had also produced an Expert Report dated 15 July 2024 with a supplemental Expert Report dated 13 August 2025.

Documentary Evidence

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

- Statements made in police interview by Patient A, Ms C, Mr D and Mr E;
- Medical Records of Patient A and Patient B;
- Various correspondence between Dr Ali and the GMC;
- Full Public Health England Risk Assessment Report;
- Flyer/leaflet found at Dr Ali's premises advertising his services;
- Video Footage - Bodycam police footage.

The Tribunal's Approach

19. The role of the Tribunal at this stage is to determine whether, having regard to all the evidence in the round, any of the alleged acts are found proved.

20. Whilst Dr Ali is not present and does not rely on any evidence to dispute the allegations, the burden of proving each part of the allegation nonetheless remains with the GMC.

21. The standard which must be met to discharge that burden and prove a fact is the civil standard of proof which is whether, on the balance of probabilities, and having had regard to all the evidence in the round, it is more likely than not that the alleged act or acts took place. This is a different standard to that of the criminal court where the higher standard is that of a fact being 'beyond reasonable doubt'.

22. This is a case of allegations of misconduct and dishonesty. They are serious allegations which engage all three limbs of the overarching objective.

23. The Tribunal has received written and oral evidence from witnesses called on behalf of the GMC. If the Tribunal find that there were any inconsistencies in the evidence of these witnesses it must use its judgment to assess the credibility and reliability of evidence. Presentation of witness evidence is not a memory test and it is not uncommon to find that

people may have different recollections of the same event, even without the passage of time. It does not necessarily follow that a witness is not credible or that they are not telling the truth if there is inconsistency between the accounts they have given or they are unable to recollect events, if the core of their account remains the same.

24. When assessing the reliability of evidence the Tribunal will fall into error if it determines the credibility of a witness on demeanour alone. It is now well established that this is a discredited method of judicial decision making and that it is wrong to assume that the stronger and more vivid the recollection, or the more confident another person is, the more likely it is to be accurate. The Tribunal must have regard to the fluidity of memory and the circumstances in which that testimony is given.

25. The approach of the Tribunal should be to consider all the evidence in the round making sure that it does not just focus on selected parts. It should first turn to the documentary evidence and after careful scrutiny, consider whether any objective facts can be proved independently of the oral testimony, or whether a document supports the oral or other documentary evidence of a witness. The Tribunal must not just look to evidence that supports an allegation but must also address any evidence which suggests the contrary and, if it rejects that evidence it must explain the reason why.

26. Whilst the Tribunal is entitled to draw inferences from what it has heard it must not speculate on what other evidence may have been adduced or witnesses called.

27. Overall it is for the Tribunal that has seen and heard the witnesses, to assess the credibility, reliability and weight to be attached to the evidence before it. It is open to the Tribunal to accept or reject evidence, but, as fairness would demand in a case such as this, in doing so it must give reasons for its findings.

28. If the Tribunal find proved the facts upon which the allegation of dishonesty is predicated, the Tribunal must then decide whether the actions of Dr Ali amounted to an act of dishonesty.

29. The legal test for dishonesty is set out in *Ivey and Genting*

- (1) The first subjective part requires the Tribunal to decide on the basis of the evidence before us whether Dr Ali genuinely believed that his proposed treatments could cure the cancers of Patient A and Patient B. Whether it was reasonable for him to hold that

belief is not the test, although it may be determinative of the second part of the test. The test is whether, based on all the evidence before the Tribunal is it more likely than not that he genuinely believed that when he told these patients he could cure their cancer with the proposed treatments he believed in the truth of what he said.

- (2) The second stage of the test is to ask whether, looked at objectively, his actions would be seen to be dishonest by the standards of ordinary decent people. If the answer is yes then the test for dishonesty is met irrespective of the Doctor's subjective belief, there is no requirement that the Doctor must appreciate what he has done was by those standards, dishonest

The Tribunal's Analysis of the Evidence and Findings

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

31. The Tribunal had regard to the fact that Dr Ali is neither present nor represented. It has been careful to ensure that any evidence that demonstrates Dr Ali's position in respect of the Allegation is identified and considered along with all other evidence. The Tribunal noted that in particular in correspondence with the GMC during its investigation Dr Ali told the GMC that:

17 September 2019

"In short I do naturopathic work (cupping therapy and nutrition) and I have not claimed that would cure any medical condition."

17 October 2019

"As for my side I deny these allegations from the mentioned gentleman who blackmailed threatening to shut me down if I don't pay him 15 thousand pound."

As I know how heavy handed the GMC in handling any allegations against doctors as well as the fact that most doctors live in this culture of protect yourself rather than give more time for your patients, I am happy to apply for voluntary erasure from the GMC register."

1 April 2019

“I am not interested in any reviews, in fact I would be grateful if you help me in actioning complete erasure of my name from the GMC register.”

23 April 2020

“Yes I confirm receiving this and all previous communication and I confirm I am not interested to be on the GMC register.

Furthermore I would be grateful if this matter is brought to a close especially by stopping any emails sent to me from the GMC or any of its affiliates.”

32. The Tribunal also had regard to the email from Leicestershire Police to the GMC dated 9 September 2019 which provides a summary of Dr Ali’s response to questions during police interview:

“In summary he acknowledges that he is not registered, however he argues that his work does not require him to be registered as it is all therapeutic.

Interesting he was questioned about some of the items recovered and he stated that if they were prescribed medications then it was only there because patients had brought it with them and then left it at the address.”

33. Further information about the police interview follows in a separate email later that same day as follow:

“Mr Ali states that he runs a herbal natural treatment, that he does not need to be licensed by the GMC to run this, and provides some intravenous nutrient injection as part of this. He also does ‘cupping’ and provides faith Koran healing.

He states that he has never said he can cure cancer and that patients sign paperwork to this effect, that they consent to the injections and that they should continue to seek NHS care.

He refused to go into details of the patients, i.e. numbers, or his financial situation. He admits that some of the items in the house may have to be licensed but states that his patients bring them and leave them at the address...”

34. In reaching its determination on multiple paragraphs of the Allegation, the Tribunal was required to determine whether a number of Dr Ali's actions were 'inappropriate' and/or amounted to 'failures'. In order to do this it was necessary to establish the standards and obligations applied to Dr Ali in respect of his treatment of Patient A and Patient B.

35. The Tribunal noted that at all times during the Treatment Period Dr Ali remained registered as a doctor with the GMC and that throughout the relevant period he did not hold a licence to practise. The Tribunal considered that Dr Ali's position was that as he was only offering therapeutic treatments, did not say he could cure any medical conditions, and he did not require a licence to practise to undertake the work he purported to be doing.

36. In her report the Expert Dr K referred the Tribunal to NHS guidance on alternative and complementary therapies. This made clear that the alternative and complementary therapies administered by registered medical practitioners were not regulated by the GMC but that the GMC as a regulator would investigate any concerns relating to the conduct of the practitioner relating to the same. Unfortunately, the Expert was unable to assist the Tribunal any further on how this should be applied to the specific circumstances of this case as her evidence was premised on the basis that Dr Ali was acting as a registered doctor when treating Patient A and Patient B and was unable to expand on this in oral evidence.

37. However, for the reasons summarised below and set out in more detail in relation to specific paragraphs of the Allegation, the Tribunal determined that on the evidence before it, Dr Ali was holding himself out as a doctor and carrying out regulated activities for which a licence to practise would be required. In particular, it found as set out in the relevant paragraphs below that:

- *Both Patient A and Patient B were introduced to Dr Ali by way of other people directing them to or recommending him as a doctor who treated cancer;*
- *The accepted evidence of the witnesses was that Dr Ali told them that he was a qualified doctor who had worked in the NHS and that he had left the NHS because chemotherapy and radiotherapy did not work whereas what he offered cured many cancers.*

- *The accepted witness evidence as to what they were told by Dr Ali in respect of the treatment they received, particularly the use of intravenous administration of fluids and the use of Sodium Bicarbonate which is a prescription only medicine;*
- *The clear wording of the Flyer recovered during the police search which sets out both details of Dr Ali's role as a medical practitioner and the aims for achieving cures for not only cancer but other medical conditions that are not identified as curable in conventional medicine.*
- *The documentary evidence provided in respect of the PHE investigation and report, including:*
 - *the flyer found at Dr Ali's premises and described by Mr E;*
 - *the prescription-only medicine and medical equipment and paraphernalia found at his premises including sodium bicarbonate;*
 - *the various patient NHS records and documents found at his premises*
 - *the proforma consent forms that identify conditions for which unidentified patients are seeking the services of Dr Ali.*

38. The Tribunal determined that the appropriate standards to be met by a person working and holding themselves out as a registered medical practitioner carrying out regulated activities as identified by Dr G in the PHE report, and the CQC guidelines on regulated activities, are those standards set by the GMC. In particular *Good Medical Practice (2013)* ('GMP') and the other relevant guidance referenced in its decisions for applicable paragraphs of the Allegation as detailed below.

Paragraph 1

1(a)(i)

39. In determining whether Dr Ali had told Patient A 'your cancer can be easily cured' or words to that effect, the Tribunal reminded itself that Dr Ali has not provided any evidence or response to the allegation, save for his blanket denial to the GMC and the police as set out above.

40. The Tribunal had regard to the circumstances of Patient A when he was first introduced to Dr Ali. He had received a raised PSA result of 34 and following further investigation been diagnosed with stage 3 prostate cancer. He had been seen by a number of

specialists including a professor XXX who he had travelled to see. All of the specialists recommended initial surgical intervention as the most effective option for him. However, this route brought with it side effects which were of significant concern to Patient A and he was desperate to find an alternative. In his oral evidence Patient A described his shock at the diagnosis and the side effects of the surgery. He explained that he had seen other treatments methods on the internet but that these had all been for the early stages of cancer whereas his was stage 3. Patient A also described how Dr Ali had laughed when he first spoke to him on the phone and told him that prostate cancer was so easy to cure that he would give him his money back if he didn't cure him. Patient A told the Tribunal that based on what Dr Ali told him he felt that he had nothing to lose and so sought treatment from him.

41. Patient A's first written reference to Dr Ali's claim to easily cure prostate cancer is in a WhatsApp message sent to Dr Ali by Patient A on 3 April 2019.

"[Dr] Ali did give a money back guarantee as well as claim to easily cure prostate cancer, and this is the reason we were convinced in starting treatment."

42. When Dr Ali did not respond to that message Patient A sent him a letter the following day in which he wrote:

"...where he [Dr Ali] guaranteed he can cure prostate cancer easily

...Dr Mohsin Ali gave this money back guarantee and also laughed and claimed to easily cure prostate cancer, and this is the reason why we agreed to start treatment."

43. Patient A has remained consistent in all his accounts. In his referral to the GMC of 20 June 2019, he wrote:

"I was diagnosed with prostate cancer last year and came across this [XXX] so called doctors who uses alkalining herbs in their IV infusions and claimed to easily cure prostate cancer and even gurantee it and even gave money back gurantee."[sic]

44. In July 2019 he instructed a solicitor to assist him with his complaint about Dr Ali, and wrote:

"I asked him if he could cure people with prostate cancer and he replied "I've cured prostate cancer and have cured all types of cancers, other cancers like breast, lung

cancer is more difficult, when someone comes with prostate cancer im happy because it is easy to cure”

45. Patient A remained consistent in his account to the police of 7 November 2019 and his written statement to the GMC of 24 October 2020. Whilst in oral evidence he did not hesitate to say when he could not remember or recall facts which he was asked about, the core of this account was consistent with all his earlier statements. His account is also supported by the witness statement of his wife to the police of 6 November 2019 in which she recounted what Patient A had told her when he had first spoken to Dr Ali in July 2019 and by that of his brother Mr D who accompanied him to his first visit to Dr Ali. In his written statement to the GMC of 24 July 2025, and his statement to the police of 7 November 2019 Mr D recounts that he heard Dr Ali say that prostate cancer is one that can be easily cured. The Tribunal noted that his statement to the police records reference to this as:

“PROSTATE CANCER IS THE EASIEST FORM OF CANCER TO TREAT, U HAVE DONE LOADS OF TREATMENT FOR THIS AND WE CAN CURE IT”

46. The Tribunal found Patient A to be a credible and reliable witness with no reason to fabricate this account. Patient A had clearly been concerned about the potential risks of surgery for his prostate cancer and was seeking alternative treatment options, and pursued this via Dr Ali’s services for a period of time before returning to the NHS treatment protocol.

47. In addition to the evidence of Patient A and his family, the Tribunal also had regard to the flyer found on the premises during the police search which claimed amongst other things:

“In the name of Allah the best healer we aim to achieve over 90% cure rate in the most challenging illnesses e.g

- *Cancer*

...”

48. The PHE report also included the following:

“There were some entries on the proformas where a diagnosis was crossed out and replaced by terms such as ‘well-being’ but it was evident that the crossed out word was a cancer diagnosis, and where it was not evident it could be seen on subsequent

pages that the patient had ticked the box on the proforma for cancer diagnosis and/or stated they had chemotherapy or radiotherapy.”

49. Whilst Dr Ali denies this allegation and any other claims that he was offering treatment for cancer, the Tribunal find that there is clear evidence that Dr Ali did on the balance of probabilities, offer services for the treatment of cancer. Dr Ali has chosen to absent himself from these proceedings and has not provided any response to the Allegation. In essence his denials amount to little more than bare assertions and in light of significant evidence to the contrary can be afforded little weight.

50. Accordingly, the Tribunal determined that, on the balance of probabilities, Dr Ali told Patient A that his cancer could be easily cured or words to that effect.

1(a)(ii) & 1(a)(iii)

51. For the reasons set out above in paragraph 1(a)(i) of the Allegation, the Tribunal found Patient A to be a consistent and credible witness. The evidence of Dr Ali saying the words set out at 1(a)(i) or words to that effect are similar to the words set out at (ii). The account of Patient A in respect of using the words that prostate cancer was easy to cure is supported by the evidence of his brother Mr D as set out in his police statement above. Patient A has also been consistent in his account of Dr Ali initially laughing saying that he would offer a money back guarantee if he did not cure Patient A's cancer. Patient A also says that his friend who initially introduced him to Dr Ali was also told this. The Tribunal has not been provided with a witness statement from this person nor seen any evidence of them being interviewed by the police in respect of this allegation. Dr Ali denies he said this and alleges he is being blackmailed in the sum which Patient A has paid to him. The Tribunal considered that this again amounts to nothing more than a bare assertion on his part. It is clear from the evidence before the Tribunal that Dr Ali boasted of his claims to cure cancer and on the balance of probabilities, the Tribunal is satisfied that he did say words to the effect set out in 1(a)(ii)&(iii) to further enhance his claims of a cure.

52. Accordingly, it found that Dr Ali had said that 'prostate cancer was easy to cure' and that 'curing prostate cancer was so easy that he would give them a money back guarantee' or words to that effect.

1(a)(iv)

53. The Tribunal then went on to consider whether Dr Ali had told Patient A ‘not to listen to the doctors at the hospital as they were just trying to make money from chemotherapy and radiotherapy’ or words to that effect.

54. In his statement to the police, Patient A stated that:

“During the entirety of the doctor patient relationship Dr Ali and [redacted] persistently criticised the NHS and described it as a system which does not want you to get better due to the money they make from drugs. They both said to me not to tell the NHS staff that I was using their treatment methods, they both also encouraged me not to have NHS treatments due to the side effects. They both said to me on multiple occasions, in front of other patients, that I should not do chemotherapy or Radiotherapy due to the side effects. I heard them say this to other patients as well.”

55. In his GMC witness statement Patient A stated that:

“Dr Ali also told me not to listen to the doctors at the hospital as they were just trying to make money via chemotherapy and radiotherapy.”

56. Patient A’s wife’s accounts to the police and the GMC also support Patient A’s account of events. In her police statement she said:

“[redacted] and Dr Ali were always against the idea of surgery, radiotherapy and all other conventional forms of treatments.”

57. In her GMC statement, Patient A’s wife states:

“During that first consultation we discussed the conventional methods of treatment with Dr Ali and [redacted] that had been suggested when we’d consulted with NHS doctors. We’d even flew out to [XXX] and that doctor had said the same thing as [Patient A’s] doctor in the UK, [Mr L], which was that surgery and radiotherapy were the best methods of treatment. Dr Ali and [Ms F] told us not to use radiotherapy because they said it was bad for the body.”

58. The Tribunal considered that Patient A had been consistent throughout all his accounts that Dr Ali had been disparaging of the NHS and conventional treatments, and advised and encouraged him not to use them. His account was similarly corroborated by his wife.

59. In his oral evidence Patient A stated that he had been worried about the potential complications and side-effects of the surgery suggested to him as treatment, and so when he was introduced to Dr Ali he pursued that route until he eventually started to lose faith in Dr Ali after his condition continued to worsen and his cancer progressed. It was his evidence that he delayed his treatment with the NHS because of this.

60. This account is supported by Patient A's medical records, where a clinic note by Mr L, Consultant Urological Surgeon, during an appointment at the Royal Marsden NHS hospital on 11 September 2018 described Patient A as *'banking on prayer and dietary advised and has got unshakeable faith in this'*.

61. Mr L advised a radical prostatectomy and stated:

"I have made a strong case as I can that he needs to use traditional methods and complimentary methods in parallel rather than in series. Waiting to see how his management goes before embarking on traditional treatments, I think, is unwise..."

62. The Tribunal considered that Patient A's account was consistent and credible, supported by the accounts given by his wife, and also reflected Patient A's actions, where he declined to proceed with conventional treatment following him beginning alternative treatment with Dr Ali, as supported by the medical records.

63. The PHE report also makes reference to a client of Dr Ali telling police that Dr Ali criticised the NHS, told them not to tell NHS staff that they were visiting Dr Ali and not to undergo radiotherapy or chemotherapy, in similar terms to those set out by Patient A. Whilst it is not clear from the PHE report which patient this was and therefore it is only anecdotal evidence, it supports the accounts given by Patient A and his wife.

64. The Tribunal determined that in light of the consistent and corroborated evidence of Patient A, it was more likely than not that Dr Ali had told Patient A 'not to listen to the doctors at the hospital as they were just trying to make money from chemotherapy and radiotherapy' or words to that effect.

65. The Tribunal therefore found the entirety of paragraph 1(a) of the Allegation proved.

1(b)

66. Patient A was clear and consistent about the charges for the treatments he received from Dr Ali. His account regarding payments, as set out in his GMC witness statement was:

“...it was a one-off, non-refundable deposit payment of £3000 and then we would need to pay £350 for each session and £300 every two weeks for the herbs. I queried what £3000 was for and we didn’t get an answer.”

67. This was consistent with Patient A’s police statement, and the Tribunal noted that those amounts were also generally consistent with the explanation of the payment schedule given by Patient B’s husband regarding the treatment Patient B had received.

68. In her police statement, Patient A’s wife states:

“Whilst I was on the phone to [redacted], she explained that the initial treatment was £3,000 which was non-refundable and then each time [Patient A] had IV treatment at the clinic, it would be an extra £300. [redacted] explained that the £3,000 was used to subsidise each treatment. We were also informed that every two weeks there would be a £300 charge for honey, tablets and tea bags.”

69. In his oral evidence Dr G described seeing a price list from Dr Ali’s clinic as part of the PHE investigation, of which he stated:

“It had a non-refundable deposit for cancer on it so that there were various options, a menu almost, but there was a line that said “cancer, non-refundable deposit” and I can't recall the amount, but it was in the thousands.”

70. Patient A provided a list of dates that he attended Dr Ali’s clinic, and although he was a little uncertain about the final dates he attended as they became less frequent, the estimated cost he incurred was around £15000.

71. Patient A explained that all monies were paid in cash and he had provided financial evidence to the police in relation to withdrawal of monies from bank accounts. The Tribunal

was not provided with this evidence or any other independent or documentary evidence of these payments. However, the Tribunal noted that Patient A had kept a careful note of the dates upon which he attended Dr Ali's premises for treatment so that he could keep a track of the money he was paying. He explained in his witness statement that he was able to do this as he had kept the train tickets for the weekdays on which he travelled. The Tribunal was satisfied that on the basis of the oral and documentary evidence before it Dr Ali charged for his services and that Patient A had attended for treatment on the dates set out in his witness statement. The Tribunal considered Patient A's account to be consistent, credible and supported by the evidence of his wife and other corroboratory evidence of payments charged by Dr Ali's practice such as that given by Dr G. It concluded that on the balance of probabilities Dr Ali had charged Patient A the sum set out in paragraph 1(b).

72. Accordingly, the Tribunal found paragraph 1(b) of the Allegation proved.

1(c)

73. The Tribunal went on to consider whether Dr Ali had entered into a 'money back guarantee' arrangement with Patient A if the treatment he provided was unsuccessful in curing their cancer.

74. The Tribunal noted its finding that Dr Ali had spoken the words set out in 1(a) (iii) in respect of a money back guarantee. However, it also considered the circumstances in which it found those words to have been spoken. In particular that Dr Ali had laughed about the ease with which he could cure prostate cancer and in that context had referenced giving money back if that did not happen. In his GMC witness statement Patient A records that this guarantee was made during his initial call with Dr Ali in July 2019. Patient A also recalls that his wife was also present during that telephone call and had also been listening to the call. He repeated that assertion in his statement to the police of 7 November 2019. However, this is not reflected in her GMC witness statement or her statement to the police. Her GMC witness statement states:

"I'm pretty sure that I recall when they returned from that first visit, they said Dr Ali had said they had cured people with cancer. My husband is very thorough - if he is going into a transactional agreement, he likes things to be clear. My husband said that Dr Ali had told him they had a money back guarantee, which we took to mean, if he wasn't cured, everything that we'd paid would be returned to us, so we thought they were confident."

And in her statement to the Police it is recorded:

“[Patient A] then informed me that he had spoken to one of these doctors on the phone and he had been told by this doctor that prostate cancer is the easiest cancer to cure and that if it was not treated he can provide a money back guarantee. When I first heard this I was so relieved, I was so concerned about my husband having radiotherapy or surgery. [Patient A] told me that the doctor was so confident about curing the cancer and it gave us both so much hope around an option that would be less invasive. I remember thinking if he is offering a money back guarantee, he must be so confident in his ability and this is what persuaded us towards this option”

75. The Tribunal do not find that this inconsistency damages the credibility of Patient A but finds that may have misremembered the details of when the words were spoken given the stress and anxiety he was obviously experiencing at the time.

76. Following this Patient A and his wife then attended the premises of Dr Ali and paid over a cash sum of £3000 which they both record as being non-refundable. Patient A’s wife had already been told that they would be required to pay a non-refundable deposit in this sum as set out in her police witness statement. In that statement she also says that she did not think of questioning the fact that previously they had said it has a money back guarantee and now they were saying it was non-refundable.

77. The fact that Patient A paid over a non-refundable deposit without any challenge is inconsistent with there being a money back guarantee made on the part of Dr Ali. The Tribunal found that the words Dr Ali spoke in respect of a money back guarantee was likely nothing more than bravado on his part in bolstering his claim that he can easily cure Patient A’s cancer. The Tribunal found this because of the context in which the words were spoken in that it was preceded by laughter whilst boasting about his abilities. Additionally there is no evidence of anyone else being offered such a guarantee

78. The Tribunal concluded that whilst it had found that Dr Ali had laughed and stated that curing prostate cancer was so easy that he would give them a money back guarantee, this did not amount to an agreement that Patient A could rely on. In her evidence Patient A’s wife had said that they took Dr Ali’s words to mean that everything that they had paid would be returned to them if Patient A was not cured which the Tribunal found is not consistent

with it being a formal agreement, whether verbal or in writing, that this is what the parties intended.

79. Whilst Dr Ali's confidence no doubt helped to convince Patient A and his wife to proceed with his services, it concluded that given the circumstances set out above the Tribunal was unable to find on the balance of probabilities that such an agreement was in place.

80. Accordingly, the Tribunal found paragraph 1(c) of the Allegation not proved.

Paragraph 2

81. The Tribunal did not hear from Dr Ali nor did it receive any evidence about his areas of training, or areas of specialities, save for the fact that he was a qualified medical practitioner registered with the GMC who had previously held a licence to practise.

82. The evidence of the Expert Dr K was that there was no credible evidence such as evidence-based studies or clinical trials, that any of the treatments/substances purported to be administered by Dr Ali were effective in curing cancer. In oral evidence she explained that there was some evidence that Vitamin C may assist with the side effects of radiotherapy and chemotherapy but was not used to treat cancer. She also explained that ozone therapy is not recognised as a treatment or cure for cancer and that any use of the same would normally be of topical application only.

83. The Tribunal considered that as a registered medical practitioner it was not credible that Dr Ali could have believed the substances he told Patient A he was giving him were, by themselves, capable of curing cancer. In his interview with the police Dr Ali has claimed that he provided only natural herbal treatments and in an email of 17 September 2025 to the GMC he claimed that:

"In short I do naturopathic work (cupping therapy and nutrition) and I have not claimed that would cure any medical condition."

84. The Tribunal concluded that as a registered medical practitioner, Dr Ali would have been aware of the lack of any reliable evidence that the treatment he was purporting to administer to Patient A would cure his cancer. In the circumstances it found that on the balance of probabilities that Dr Ali knew that the treatments and/or treatment plan he

offered to Patient A could not cure his cancer as there was no reasonable basis on which he could believe they could.

85. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 3

3(a)(i)

86. It is not disputed that Patient A attended the premises of Dr Ali for treatment. It is further not disputed that part of the treatment given to Patient A included substances that were intravenously administered.

87. Patient A's consistent evidence was that from the start of his treatment Dr Ali was evasive about the content of the fluids that he was injecting into him. He explained in oral evidence that Dr Ali had told him that the treatment would be intravenous vitamins along with tablets and herbs. When he asked for further clarification Dr Ali said it would be different intravenous cocktails of 'things' but when Patient A asked him for further information he refused to say what else apart from Vitamin C and garlic oil was included. In his police statement, Patient A states:

"He declined to detail everything that was contained in the injections but said that they included Vitamin C and garlic oil."

88. In his GMC witness statement Patient A described:

"Once the cannula was in place, Dr Ali would fill a syringe with the liquids in the big gallon bottles which contained coloured liquids. Sometimes he would just use one liquid and other times a mixture of the liquids. He would never tell you what was in each liquid, apart from that one of them was natural vitamin C."

89. The evidence of Patient A's wife supports the account given by Patient A. In her GMC statement she records that Dr Ali was *"quite secretive about what the fluid was; they said it was like vitamin C."*

90. The Tribunal had regard to the NHS guidance on Alternative and Complementary therapies and the opinion of the Expert which was that as Dr Ali was acting as a doctor and

providing treatment for cancer, he was obliged to provide details of the treatments given, even where these were therapeutic, herbal or complimentary, as any practising, GMC registered doctor would be required to do.

91. The Tribunal accepted the evidence of the Expert that Dr Ali was acting in the capacity of a registered medical practitioner (albeit without a licence to practise) when he treated Patient A at his premises. The Tribunal noted the evidence of Patient A to the police that when his friend told him about Dr Ali (and [Ms F]), he had referred to them as doctors who claimed they could cure cancer. In oral evidence Patient A confirmed that everyone at the premises, including patients referred to him as Dr Ali and Patient A had specifically asked him whether he was a qualified doctor. Although Dr Ali had been evasive in his response, he did confirm that he was a doctor and that he had worked in the NHS. In oral evidence Patient A further explained that the fact that Dr Ali was a qualified doctor was a very important part of his decision to have treatment from Dr Ali, because he said it made him more confident in what he was saying.

92. The Tribunal also had regard to the prescription only medicines which were recovered from the premises by the police, and the flyer which clearly states:

“We are a group of UK qualified doctors who have grown fascination in naturalistic and prophetic ways of treatment. In addition to our wealth of experience in conventional medicine”

Doctor Ali

Masters in public health With GP and psychiatric experience.....

93. The Tribunal was satisfied that when Dr Ali was treating Patient A he was holding himself out as a qualified medical practitioner and was required to follow the standards set out by the GMC both in Good Medical Practice and subject specific guidance. As such he was required to answer the questions of Patient A and provide him with full details of the substances which were being administered to him. The Tribunal accepted the consistent evidence of Patient A as set out above and concluded that Dr Ali had failed to do so.

94. The Tribunal found this paragraph of the Allegation proved.

3(a)(ii)

95. The consistent account of Patient A, which for the reasons set out above the Tribunal accepted, was that Dr Ali had said that the ingredients of the substance(s) were used for curing cancer. Dr Ali had also told him that cancer cells do not like oxygen and that Vitamin C is good for the immune system. While he may have provided some explanation as to purpose of the ingredients when asked, Patient A's evidence was that Dr Ali was evasive whenever he asked for more detail and would not give him any further information.

96. The Tribunal concluded that given Patient A's evidence and that Dr Ali had declined to provide details of what the substance contained, let alone why they were being administered, this paragraph of the Allegation was proved.

3(a)(iii), (iv) & (v)

97. Patient A has been consistent and clear in his evidence that Dr Ali never said anything negative about the treatments he was providing or advised of any potential risks. He explained in oral evidence that other than being told that he would receive his treatment intravenously and that the treatment had cured a lot of people, he was never told exactly what was in the solution, or elaborate on the specific products or their benefits. He explained that on one occasion when he was receiving intravenous ozone treatment, he went very cold and at this point Dr Ali did tell him that the ozone therapy was the cause of that. However, he had not told him of this effect before Dr Ali administered the ozone and did not warn him of any other side effects of the treatment or detail on the procedures themselves.

98. The Tribunal noted that in her statement Patient A's wife also commented on the lack of any information leaflets being available or given to them. This evidence is supported by the PHE report, which confirmed an absence of patient information leaflets or posters present at the premises when they were searched by the police.

99. The Tribunal accepted the clear and consistent evidence of Patient A which was supported in part by the evidence of his wife and the lack of any patient information leaflets or posters recovered from the premises. The Tribunal determined that, on the balance of probabilities, Dr Ali failed to advise Patient A of the risks and benefits of the substance being injected, failed to give him details of the procedure that would take place to administer the product and failed to advise him of any side effects of the product which he might expect

immediately after administration. The Tribunal found paragraphs 3 (a) (iii) (iv) and (v) of the Allegation proved.

3(b)

100. The Tribunal first considered the evidence of Patient A. In his GMC witness statement, Patient A described that:

“During these sessions Dr Ali would wear gloves and would wipe my skin before inserting the cannula. However the room we were in was dirty. It was just Dr Ali’s house, it wasn’t a clinic like in a hospital and so it was not clean. Also when Dr Ali was removing the cannula, blood would spurt out and you would be sitting next to another person so it could easily have gone onto them.”

101. In his oral evidence he also described the containers which contained the fluids that would be given to him by intravenous infusion and identified them as being the same as the photograph of the containers recovered from the premises during the police search in August 2019. He explained that Dr Ali would draw the fluid out from the different containers with a syringe. He explained that he knew the containers held different substances because they were different colours. The contents of the syringe was then inserted directly into a drip bag which would be already on the trolley. He further explained to the Tribunal that the drip bag into which the fluid was inserted, looked as though it had been used before because there was some residual fluid in it which looked like the fluid Dr Ali had said was Vitamin C.

102. The Tribunal also had regard to the PHE report and the witness evidence of Dr G. In the *Summary of Risks* section of the PHE report it sets out in clear terms that:

“The general state of the property and equipment found were such that standard practices, including aseptic technique would not have been possible for many of the above procedures and increased the risk of transferring of microorganisms from the healthcare worker, equipment or the immediate environment to the client.

...

Of particular concern are the number of visibly contaminated items (single-use and reusable), surfaces and areas, lack of material to suggest that basic infection

prevention precautions were being taken, and evidence that equipment was reused without decontamination.

...

Taken together, this amounts to significant risk of infection and cross-infection.”

103. The PHE report also includes in its description of Dr Ali’s property as:

“Shared residential and clinical spaces with little to no differentiation between the two.

...

Dirty and unhygienic state of the property...

...

Open storage of what appear to be intravenous medicines and related equipment, no suggestion of adequate aseptic technique for such procedures.”

104. In his oral evidence Dr G described what appeared be non-sterile five litre gallon containers (the ‘gallon containers’) from which tubes were protruding, like an IV giving set, secured by masking tape.

105. The Tribunal noted that the findings in the PHE report were based on evidence recovered during the police search in August 2019. This was after Dr Ali had stopped treating Patient A and Patient B. However the report is consistent with their evidence of the conditions and hygiene issues around the setting and equipment used and described the conditions as messy and squalid with no clear evidence of basic hygiene practice, save for the use of gloves on some occasions. The Tribunal further had regard to the bodycam footage of the premises which was recorded during the police search, during which the areas of concern raised were clearly visible.

106. The Tribunal found that the evidence of Patient A was consistent with the findings of PHE and the bodycam footage of the premises. The Tribunal accepted the findings of the PHE report and the evidence of Dr G, who although not an expert for the purposes of these proceedings, was a professional witness with considerable experience of both clinical environments and public health. The Tribunal determined that it was able to place considerable weight on this report which was clear and well referenced.

107. The Tribunal was satisfied that as a registered medical practitioner Dr Ali was under a duty to follow infection protection and control standards and GMP when carrying out exposure prone procedures.

108. The Tribunal concluded that based on the evidence of Patient A who described conditions similar to that on which the PHE based its report, and the subsequent conclusions reached by the PHE, during the periods when Patient A was receiving treatment Dr Ali failed to follow aseptic procedures, causing high risk of cross contamination and/or high risk of transmissible infectious disease.

109. Accordingly it found paragraph 3(b) of the Allegation proved.

Paragraph 4

4(a)

110. In his statement to the police, Patient A states:

“During my treatments I was treated using a machine that they called the “ozone machine.” ...I believe Dr Ali attached to syringe of solution to the machine. I’m not sure how long for. The syringe was then injected directly into a cannula in my left arm. I can’t be sure where this solution came from.”

111. In his GMC witness statement, Patient A states:

“There were also times when he would attach the ozone machine to the IV. This would make me shake and was very cold in my hand and arm. Once the solution or ozone was in the IV I would be left to sit in the front room.”

112. The Tribunal accepted the account of Patient A as consistent and credible, and noted that Patient B’s husband also described the use of “ozone therapy” for the treatment of her cancer.

113. In her expert report, Dr K states of the ozone administration that:

“In [Patient A’s] evidence statement page 3 point 6 Ozone was injected via a cannula which the patient describes as painful. This method of administration is unknown in clinical practise and research.”

114. In her oral evidence, when asked about the intravenous administration of ozone, in respect of both Patient A and Patient B, Dr K stated that she thought the way it was given was *“extremely dangerous”* and that infusing gas or air into a PICC or central line, or even a venous cannula could actually expand the vein or the vessel where it is being given and it could *“explode”*, rupture the vessel or even cause air embolus or thrombus.

115. The Tribunal accepted the expert evidence that administration of ozone therapy via an intravenous canula is not a clinically recognised method of administration and that it would be dangerous to administer it in this way.

116. For the reasons set out above the Tribunal found 4(a) of the Allegation proved.

4(b)

117. Patient A has been clear that the reason that he attended Dr Ali’s premises to receive treatment from him was to cure his cancer. He has also given clear evidence that ozone therapy was part of the treatment he received, and he was able to identify the ozone machine recovered from the premises from the photograph that was produced to him in his police interview. Having regard to the clear and consistent account of this treatment given by Patient A and considering all the evidence in the round, the Tribunal found that on the balance of probabilities Dr Ali had told Patient A that all the treatments including ozone therapy, were given to cure his cancer and therefore he led Patient A to believe the same.

118. For the reasons set out above the Tribunal found 4(b) of the Allegation proved

Paragraph 5

119. As per its reasoning at paragraph 2 of the Allegation, the Tribunal concluded that as a qualified doctor and registered practitioner, there was no evidence that could lead Dr Ali to believe that ozone therapy was an evidence-based treatment to cure cancer. It accepted the expert evidence that there is no such evidence in the form of published papers or clinical trials.

120. The Tribunal therefore found this paragraph of the Allegation proved.

Paragraph 6

6(a)

121. The Tribunal considered the evidence of Dr G and Ms H, a qualified pharmacist, in relation to this paragraph of the Allegation. Both gave clear and consistent evidence that the use of such gallon containers was an inappropriate way to administer products and treatments intravenously. Also, in his oral evidence Dr G stressed that good practice was such that you should not share a container of intravenous fluid between patients, each is single use, for one patient for one dose.

122. In his oral evidence Dr G told the Tribunal that the gallon containers were the most shocking of the finds in the premises. He explained that they contained different coloured liquids with giving sets attached through the screwtop lid with no sterile fitting over the opening but merely secured with some sort of masking tape or sellotape. He further described how the giving sets were hanging loose from the containers and were not sterile. He said that from his interview with some of the people who had attended for treatment at the premises it would seem likely that the containers held the purported Vitamin C which was administered intravenously to patients. This he said was not acceptable and was unsafe. He went on to say that he would describe these as “commercial” containers and he and his colleagues had never seen containers like that used in clinical practice before. He said that he had seen them used to store things like screen wash, car coolant or deionized water and that they had found what he believed was a Halfords box with containers of deionized water in five litre plastic containers just like the ones that were used for the IV infusions.

123. Patient A identified the same gallon containers in his police statement from photographic evidence. He further described them in his GMC witness statement. The Tribunal was satisfied that on the evidence before it, all three witnesses were referring to the same containers.

124. The Tribunal was satisfied that on the evidence before it, the liquids were stored and/or transferred from non-aseptic commercial gallon containers and directly administered intravenously to Patient A.

125. Based on the evidence of Dr G and the findings of the PHE report it is clear that the fluid in the containers was not stored in sterile conditions. The lid had been breached by a giving set, creating an entry into the container that was not secured in a way that would keep the contents of the same sterile (if indeed it had been sterile on the first place). Not only was there a risk of contamination from the entry puncture but also from the giving set hanging loose from it which was no longer sterile and was handled each time Dr Ali withdrew the liquid from the container. Given that this was a fluid which was to be injected directly into Patient A's blood it was clearly inappropriate and had the potential to cause harm.

126. Accordingly, the Tribunal found paragraph 6(a) of the Allegation proved.

6(b)

127. Within the PHE report, it detailed that there was a lot of unlabelled equipment, inadequate methods of storage, and that some medicines and disposable equipment were beyond their expiry date.

128. In oral evidence Dr G explained that it was not remotely clear what was in the containers. Both he and Ms H expressed the need for clear labelling of medicines which should include what it was, the strength of the same, the expiry date and method of storage. Both confirmed that none of this information was on the containers recovered in the police search and that the method in which the liquids were stored was inappropriate for use with intravenous infusions, which would usually be single use only.

129. In oral evidence Dr K explained that she would expect IV fluids to be stored in an environment that was cleaned each day with the products labelled appropriately and for one time use only.

130. In respect of the storage of medical equipment generally Dr K's expert report stated:

“Highly inappropriate.

IV kits, syringes, labelled and unlabelled substances and uncovered sharps bins can be seen in the footage lying around entangled in each other, disorganised with no aseptic techniques. MHRA, Gov UK and NHS England guidelines for storage and disposal were not followed.”

131. The Tribunal accepted the evidence of the expert Dr K, Dr G, and Ms H that there is a need for all fluids which are intended for intravenous infusion to be clearly labelled and stored correctly because of a real risk of causing harm to patients if they are not. For the reasons set out above, the Tribunal accepted that these were fluids to be used for intravenous administration. Dr K explained that the risk of contamination of these products by unsafe storage and use had the potential to result in the transmission of infectious diseases such as hepatitis. The lack of labelling also meant that there was no way of knowing what was in the containers, the potency of the same or when it would go out of date, if it was not already. These are all factors that have the potential to cause harm to patients.

132. On the basis of this evidence the Tribunal found the entirety of paragraph 6(b) of the Allegation proved.

Paragraph 7

7(a)&(b)

133. In his correspondence with the GMC and the police, Dr Ali did not deny treating Patient A or Patient B, and admitted to the police that he did *“provide some intravenous nutrient injections”* as part of the herbal natural treatment that he provided.

134. Patient A has been consistent in each of the statements in which he recounts the evidence that Dr Ali had told him that the intravenous infusions contained Vitamin C. This is supported by the evidence of Patient A’s wife to the GMC and that of his brother who accompanied Patient A on his first visit. In his GMC witness statement his brother said *“I think Dr Ali said the IV was a high dose of Vitamin C. I remember saying to my brother that people don’t take enough vitamin C to boost the immune system. Dr Ali said the concoctions were to boost the immune system and attack the cancer”*.

135. The use of intravenous administration of Vitamin C was also reported by Patient B’s husband and recorded in her medical records, which is similar evidence to that of Patient A.

136. Accordingly, the Tribunal found that on the balance of probabilities Dr Ali did administer intravenously a substance he led Patient A to believe was Vitamin C. Given that the whole purpose of Patient A’s attendance at the premises of Dr Ali was to receive treatment to cure his cancer, the Tribunal finds that, on the balance of probabilities, Dr Ali

led Patient A to believe that the Vitamin C was part of a treatment plan which would cure his cancer.

137. The Tribunal rejected Dr Ali's statement to the police that he had never said he could cure cancer and that patients sign paperwork to this effect. It did so because there was clear evidence of his claims relating to his ability to cure cancer in the flyer which was recovered from the premises by the police, and the evidence of Dr G who confirmed that proforma consent forms had been recovered from the premises of Dr Ali which referenced entries of different types of cancer. The Tribunal noted that there had been attempts to cross out these entries and replace it with entries such as wellbeing, however, it accepted Dr G's evidence that the original entries were still clearly legible on the documents he had examined. In addition, there was no evidence of the type of disclaimer referred to by Dr Ali to the police.

138. The Tribunal find paragraphs 7(a) and 7(b) of the Allegation proved.

Paragraph 8

139. For the reasons set out in relation to paragraphs 2 of the Allegation, the Tribunal determined that Dr Ali knew that Vitamin C was not an evidenced based treatment to cure cancer.

140. In reaching this decision the Tribunal also had regard to the report of the expert Dr K who opines that:

“Vitamin C (ascorbic acid) infusions have not been proven in clinical trials as a cure for cancer, and they are not officially recognized or licensed as a standard treatment for cancer by regulatory bodies such as the NHS, the FDA (in the US), or EMA (in the EU).

Small number of studies have shown that Vitamin C may provide the following benefits in patients who are receiving chemotherapy or radiotherapy for treatment of cancer. These are: Alleviating fatigue caused by chemotherapy, improving overall wellbeing, reducing the severity of side effects like nausea and pain, supporting immune function. The current body of evidence is mixed, and no clinical trial has definitively established that Vitamin C infusions are an effective treatment for cancer. Vitamin C is typically tested as a complementary therapy, not a primary cancer treatment.”

141. The Tribunal found that on the balance of probabilities Dr Ali did know the Vitamin C was not an evidenced based treatment to cure cancer and found paragraph 8 of the Allegation proved.

Paragraph 9

142. In his witness statement to the police of 7 November 2019 Patient A said that:

“Dr Ali explained that the diet plan would be combined with the intravenous injections. He declined to detail everything that was contained in the injections but said that they included vitamin C and garlic oil”

143. The Tribunal noted that Patient A does not make mention of garlic oil in his statement to the GMC and there is no reference to the use of garlic oil in the statements of his wife or brother.

144. However, Patient A was able to recall this specifically and without prompting during his oral evidence. The Tribunal had regard to the circumstances in which Patient A provided his evidence and the distress both his cancer diagnosis and his experience with Dr Ali had caused him. The Tribunal had regard to the fluidity of memory and how details of accounts can sometimes be overlooked. The Tribunal was satisfied that this inconsistency did not undermine the credibility of his account. The Tribunal accepted the account given to the police on the basis that the police statement was more contemporaneous than the account given to the GMC. In addition it was clear to the Tribunal that the interview with the police was a thorough enquiry of Patient A’s account which is evidenced by the fact that the police showed Patient A a number of photographs of the premises and the equipment therein which may have served to jog his memory at that time.

145. The Tribunal bore in mind that whilst no garlic oil was included on the list of property seized from Dr Ali’s address when it was searched in August 2019, many of the substances used and present remained unidentified. It remains unclear exactly what the substances were that were used on Patient A and to that end the Tribunal is only assisted by the consistency of the evidence in respect of what Dr Ali told the patient they were.

146. The Tribunal therefore determined that on the balance of probabilities it was more likely than not that Dr Ali did inject Patient A with something that he told him was garlic oil and led him to believe that garlic oil, was part of a treatment plan which would cure his

cancer. The Tribunal finds that this would be in keeping with the context of Dr Ali's statements that he administered herbal treatments and nutrients intravenously.

147. Accordingly, the Tribunal found paragraphs 9(a) and 9(b) of the Allegation proved.

Paragraph 10

148. For the reasons set out in respect of paragraph 2, of the Allegation, the Tribunal determined that as a registered medical practitioner, Dr Ali would have been aware of the lack of any reliable evidence that the garlic oil he was purporting to administer to Patient A would cure his cancer. In her report Dr K does not address the question of the use of garlic oil. However, in oral evidence she explained that many patients with cancer try all types of alternative therapies which are usually purchased from reputable suppliers. She told the Tribunal that she had never heard of garlic oil being administered intravenously and confirmed that there were no evidenced based research or clinical trials of the same that showed it had any curative effect. She also confirmed that there are no known alternative potential cures for cancer other than those used in conventional treatment.

149. In the circumstances the Tribunal found on the balance of probabilities that, when Dr Ali administered the substance he told Patient A was garlic oil he knew that garlic oil was not an evidenced based treatment to cure cancer as there was no reasonable basis on which he could believe it could.

150. Accordingly it found paragraph 10 of the Allegation proved.

Paragraph 11

11(a) – (d)

151. Whilst Patient A does not refer to being given tablets by Dr Ali in his witness statement to the GMC he does both in his statement to his solicitor of 14 July 2019 and his police statement of 7 November 2019. The Tribunal noted that his statement to the GMC was made almost a year later on 24 October 2020. In his statement to his solicitor of 14 July 2019, he says:

“ We gave then £3000 which we were told was for the initial buying of the medicine and £600 for herbs, which included honey, detox tea and medicine in tablet capsule

form which apparently was vitamins to help the treatment they said and didn't go into exact details."

And in his police statement of 7 November 2019, he states:

"He also provided tablets, I asked what they were but he was evasive and did not answer me."

152. When giving oral evidence about the tablets Patient A told the Tribunal

"He I had a little red container with a red well clear container with just a red lid. That every time they gave me anything, they'd would put it into there. It didn't have any name or nothing on it, they'd just pull it out of a jar or something. There was nothing on anything that had any labels or anything. It's almost like he was hiding anything that was behind any of the tablets or the liquids."

153. In answer to the question of whether Patient A knew what the tablets were he said that he did ask Dr Ali what was in them and that Dr Ali stated that they had different vitamins in but he was very evasive and did not want to say exactly what was in them.

154. As set out above although Patient A did not mention the tablets in his GMC witness statement, the Tribunal was satisfied that he had mentioned them in the more contemporaneous statements to his solicitor and the police. For the reason set out before, the Tribunal do not find that this inconsistency is fatal to Patient A's credibility either generally or in relation to this particular allegation. Patient A was clearly able to describe the containers in which he said the tablets were placed and there is evidence in the bodycam footage that containers of the same described by him were recovered from the premises during the police search in August 2019. The Tribunal accepted Patient A's version of events. It concluded that on the balance of probabilities, Dr Ali had not verbally explained to Patient A what was in the product, what it was intended to treat or what the risks, benefits or side effects of the tablets were. This also fitted the pattern described of Dr Ali's practice, where he would not provide anything other than a minimal amount of vague or general information about the treatments and products he used, and provided no patient information or advice leaflets at all.

155. For the reasons set out above at paragraphs 34 to 38, the Tribunal found that when treating Patient A during the treatment period Dr Ali was holding himself out as a registered

medical practitioner offering curative treatment for cancer. He therefore had an obligation to comply with GMP and other guidance on the administration of medicines, and provide Patient A with information about the tablets he gave to him, whether or not they contained prescription only medicines or were herbal supplements.

156. In considering Dr Ali's obligations, the Tribunal had regard to the following guidance documents:

- *Good practice in prescribing and managing medicines and devices* (2013 -21), which sets out the obligations and standards when prescribing and administering medicines.
- *Consent: patients and doctors making decisions together* (2008 – 2020).

157. The Tribunal had particular regard to paragraph 4 of *Good practice in prescribing and managing medicines and devices*, which states:

4 'Prescribing' is used to describe many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over the counter medicines and other remedies. It may also be used to describe written information provided for patients (information prescriptions) or advice given. While some of this guidance is particularly relevant to prescription only medicines, you should follow it in relation to the other activities you undertake, so far as it is relevant and applicable. This guidance applies to medical devices as well as to medicines.

158. The Tribunal also had regard to the expert report of Dr K which states:

"In my opinion it was highly inappropriate for Dr Ali to give any substance/tablet without a full explanation of the:

Name of the product

The reason for it being given...

The risks and benefits of the particular product

The side effects of the product to expect immediately and after the administration"

159. The Tribunal determined that Dr Ali had an obligation to provide the information set out at paragraphs 11(a) to (d) of the Allegation and had failed to do so. Accordingly it found paragraph 11 (a) to (d) proved.

11(e)

160. In respect of paragraph 11(e) and the issue of quality assurance ('QA'), the Tribunal had regard to Dr K's expert report which states:

"In addition, the product did not have any quality assurance therefore highly likely to be harmful than beneficial to the patient."

161. In the report of the PHE there is evidence that there was no stock control and inappropriate standards of storage for medication at Dr Ali's property. This was confirmed by Dr G and Ms H in both their written and oral evidence. There was clear evidence that some of the substances found were not subject to appropriate QA and that there were some medicines that were found to be out of date and unlabelled. There was however some evidence of some substances that were correctly identified and within dates. Whilst it is possible that the tablets given to Patient A were not subject to appropriate QA, it is not possible to say to the required standard that they were not because they remain unidentified.

162. In the circumstances, the Tribunal therefore determined that the GMC had failed to discharge its burden in proving paragraph 11(e) of the Allegation and found it not proved.

Paragraph 12

163. The Tribunal noted that Patient A references the possible re-use of IV bags in his police statement of 7 November 2019 but was not then mentioned in his GMC witness statement. The Tribunal considered that this minor inconsistency in Patient A's account did not undermine his credibility, particularly given that it was mentioned in the more contemporaneous police statement.

164. In his oral evidence, Patient A was able to describe in some detail and without prompting, how the empty IV bags appeared to have a yellowy residue or liquid in them prior to being filled with solution and intravenously infused. The Tribunal found that it would be

unlikely that a lay person would be able to describe the IV bag as he did if it was not something that he had seen.

165. The Tribunal also had regard to the procedure that Dr Ali is said to have followed in drawing the fluid from the gallon containers of liquid before putting into an IV bag for infusion. Although the Tribunal has received evidence that there were full, unopened bags of colourless intravenous fluids on the premises into which medications could have been added, the description given by Patient A does not support this. Patient A described a near empty bag with a yellowy fluid which he thought was probably Vitamin C because it was the same colour as the substance in the gallon container. If Dr Ali had been using bags of intravenous fluid that had been drained off to accommodate the fluid drawn from the gallon containers, it is unlikely that any residual fluid would have been coloured as described.

166. The Tribunal also had regard to the evidence of the squalid and unsanitary conditions at Dr Ali's property and the findings of the PHE report which states:

“Of particular concern are the number of visibly contaminated items (single-use and reusable), surfaces and areas, lack of material to suggest that basic infection prevention precautions were being taken, and evidence that equipment was reused without decontamination.”

167. Whilst no used IV bags as described were listed as found at Dr Ali's property during the police search, the Tribunal accepted Patient A's account and concluded that this was in keeping with the general description of Dr Ali's practice and clinic set up. It found therefore that on the balance of probabilities Dr Ali did on one or more occasions during the treatment period re-use an intravenous bag.

168. In considering whether this was inappropriate, the Tribunal had regard to the expert report which opines:

“re-using IV bag: Extremely dangerous and highly inappropriate. By doing so, Dr Ali may have exposed Patient [A] to needle/ medical equipment/blood/ blood products related infectious diseases without the knowledge of the patient which will have long term detrimental effect on the patient's life. Therefore SERIOUSLY BELOW”

169. Accordingly, the Tribunal found that the re-use of an IV bag was inappropriate and paragraph 12 of the Allegation proved.

Paragraph 13

170. As set out above the Tribunal determined that in carrying out the treatment in respect of Patient A Dr Ali was acting in the capacity of a registered medical practitioner. It follows therefore that he was required to follow both GMP and GMC guidelines in respect of obtaining informed consent to treatment from his patients.

171. In reaching its determination in respect of this paragraph of the Allegation, the Tribunal had regard to GMP, and in particular paragraph 17 which states:

17 You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.

172. The Tribunal also had regard to *Consent: patients and doctors making decisions together* (2008 – 2020), in particular paragraphs 9(c,d,e, and l), 10 and 12 which state:

9 You must give patients the information they want or need about:

...

c options for treating or managing the condition, including the option not to treat

d the purpose of any proposed investigation or treatment and what it will involve

e the potential benefits, risks and burdens, and the likelihood of success, for each option; this should include information, if available, about whether the benefits or risks are affected by which organisation or doctor is chosen to provide care

...

l any treatments that you believe have greater potential benefit for the patient than those you or your organisation can offer.

10 You should explore these matters with patients, listen to their concerns, ask for and respect their views, and encourage them to ask questions.

12 You must answer patients' questions honestly and, as far as practical, answer as fully as they wish.

173. The Tribunal considered that the above guidance clearly sets out the overall requirements for obtaining informed consent.

174. Patient A's evidence was clear and consistent throughout that Dr Ali was evasive when asked questions about the treatment and refused to write anything down. He explained that if anything needed to be written down about the treatment plan, for example the diet or medicines he had to take at home Dr Ali would tell Patient A or his wife to write it themselves. No written information was ever provided by Dr Ali.

175. The Tribunal had regard to the evidence of Patient A's brother as set out both in his police statement and the statement he gave to the GMC. The police statement is consistent with his statement to the GMC which states:

“My brother was trying to ask Dr Ali some questions, but he was avoiding answering them, so I was getting frustrated. We were grilling him and that's when he said, ‘if you want to do it, do it, if you don't want to, don't.’ He was very abrupt.”

176. Patient A's wife's evidence also described the same circumstances, where Dr Ali would avoid answering questions specifically, particularly about the substances used, Dr Ali would only provide limited information about the treatments, saying things such as *“cancer cells don't like oxygen or alkaline conditions”*.

177. Having regard to all the evidence in the round and the clear evidence of Patient A which was supported by the evidence of both his wife and his brother the Tribunal accepted Patient A's account of these events. The Tribunal is satisfied that on the balance of probabilities Dr Ali did not provide Patient A with the information he either asked for or needed to enable him to make an informed decision in relation to his treatment. Whilst Patient A did allow the treatment to be administered to him which may be indicative of some form of consent, the Tribunal concluded that in the circumstances this was not informed consent. Patient A did not know what substances, ingredients or medications were being used, save for what he was led to believe in respect of Vitamin C, ozone and garlic oil. He was not provided details of the risks, the benefits in any meaningful way, and his repeated queries and questions on his care went unanswered by Dr Ali.

178. The Tribunal further had regard to the PHE report, in which Dr G and Ms H described how a small number of pro forma consent forms had been recovered from the premises and

that whilst some had been partially filled none were fully completed or signed. These consent forms appear to be specific to a product supplied to the clinic by an unidentified company and did not cover the extent of the specific treatments said to have been administered by Dr Ali.

179. The Tribunal therefore determined that Dr Ali had a duty to obtain informed consent from Patient A but for the reasons set out above and on the balance of probabilities he had failed to do so before administering any of the treatments as described at paragraphs 2-12 of the Allegation.

180. Accordingly the Tribunal found paragraph 13 of the Allegation proved.

Paragraph 14

181. Patient A's evidence, which is corroborated by the medical evidence before the Tribunal, is that when he first went to see Dr Ali his PSA level was 34. His evidence that a few weeks after he started his treatment with Dr Ali his PSA level rose to 48 is also corroborated by the medical evidence. It is Patient A's evidence that after he received the results of his raised PSA tests he was told by Mr L that he needed to have surgery as he might otherwise die. In his witness statement to the GMC Patient A recounts that the next time he saw Dr Ali he told him about the rise in his PSA level and that he had not been expecting this if the treatment he was getting from Dr Ali was meant to be curing him. In response Dr Ali is said to have told him that it was normal as the cancer was fighting against the IV solutions, he was giving Patient A and that his PSA levels would go down if he carried on the treatment. It was Patient A's evidence that Dr Ali had told him *"not to listen to the doctors at the hospital as they were just trying to make money via the chemotherapy and radiotherapy"*. The Tribunal accepted the evidence of Patient A as a credible account of what he experienced at that time. Patient A has been consistent in his account of what occurred when his PSA levels rose and then spoke with Dr Ali about the same and this is supported by the evidence of his wife.

182. Shortly after this, Patient A saw Mr L, who queried whether a biopsy may have caused the rise in PSA and recommended an MRI scan, noting:

"He keen to have another MRI scan which I will arrange if the PSA has progressed to see whether we have passed the moment of treatment or not. I think it will help him embrace the situations as to whether the past few months of lifestyle modification has impacted on things."

183. He then wrote a letter to Patient A's GP copied to Patient A stating:

"I have nothing against herbal medication but I have got absolutely no evidence suggesting it will be effective. Unless we address this effectively it will progress and kill you."

184. In addition to the concerns around Patient A's rising PSA indicating the progression of his cancer and that this was not normal, the Tribunal also considered the expert witness evidence of Dr K. Her expert report states:

"advising Patient [A] that the PSA rising was 'normal' to increase when prostate cancer is being treated and that it would settle in 4-6 weeks.

Highly inappropriate as this was a clear lie and should be considered as fraud and misleading the patient.

If the cancer was responding to treatment, the PSA would expect to drop. A rising PSA suggests either failure of ongoing treatment or if patient not on treatment and PSA was rising that indicates that urgent intervention in terms of surgery or radiotherapy or a combination of both is required to treat the cancer.

Unfortunately this delay resulted in progression of Patient [A]'s cancer to a higher stage with unfavourable outcome."

185. The Tribunal had regard to the letters written by Mr L and the expert's oral evidence that a rising PSA was not normal. It accepted the evidence of the expert witness which was clearly supported by the medical records, which demonstrated that a rising PSA was not "normal" and can be an indication that the cancer is progressing and/or the current treatment is not working. It therefore found the entirety of paragraph 14 of the Allegation proved.

Paragraph 15

186. The Tribunal reminded itself that for the reasons set out above it found that as a registered medical practitioner Dr Ali was required to follow the standards set out in GMP at paragraphs 19 and 21 in relation to record keeping, which state:

19 Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

21 Clinical records should include:

a relevant clinical findings

b the decisions made and actions agreed, and who is making the decisions and agreeing the actions

c the information given to patients

d any drugs prescribed or other investigation or treatment

e who is making the record and when.

187. The clear and consistent evidence of Patient A, corroborated by the evidence of his wife, was that Dr Ali did not write anything down or make any records. In her witness statement to the GMC Patient A's wife recalls:

“When we left the clinic after the visit of 15 July 2018 I thought ‘is this professional?’ All we had been given was a piece of paper and we’d had to write things down – I thought we might have been provided with a booklet or pamphlet containing some information – it was very strange.”

188. Patient A described how Dr Ali would insist that that either Patient A or his wife would have to write down any information he gave then about the treatment plan. In his witness statement to the GMC he states:

“At no point during these sessions did Dr Ali conduct any examinations of me, do any tests or document anything. The only time that anything was written down was when, a one of the sessions (I can’t recall which one) Dr Ali asked my wife to write down what juices I should be drinking and what I should be eating.”

189. The Tribunal also had regard to the occasion which Patient A describes in his GMC statement about how Dr Ali told him that he would need to have his mercury fillings removed as they could affect his cancer. When Patient A told Dr Ali that the dentist had requested a letter from Dr Ali confirming this requirement Dr Ali refused to write to the dentist.

190. The Tribunal further had regard to the PHE report and evidence of Dr G who explained that when Dr Ali's property was searched, there were some NHS records which were found. Dr G explained that these would have been brought in by patients attending the premises for treatment. In his oral evidence Dr G explained that there were some notes from the clinic with medical abbreviations but they were not robust without time, date, or identification of the patient. Of the 150 entries that were recorded on the PHE database relating to clinical records, only around a quarter had been produced at the clinic. The remainder were all notes from external sources such as GP notes, NHS clinic letters and hospital discharge summaries. There were no complete records found and none could be identified as being related to specific patients.

191. Considering this evidence in the round, the Tribunal found Patient A's account of the lack of anything being written down to be credible and consistent with the findings of the PHE report and the oral evidence of Dr G. The evidence of his wife is also supportive of his evidence. The Tribunal determined that on the balance of probabilities it was more likely than not that Dr Ali failed to make any adequate medical records for the treatment provided to Patient A.

192. Accordingly, it found paragraph 15 of the Allegation proved.

Paragraph 16

16(a)

193. For the reasons set out above in respect of paragraphs 3(a), 11(a) – (d) and 13 of the Allegation, the Tribunal determined that Dr Ali had failed to answer direct questions about the treatment put to him by Patient A and was evasive when asked.

194. The Tribunal therefore found paragraph 16(a) of the Allegation proved.

16(b)

195. For the reasons set out above in respect of paragraphs 1(a), 2, 5, 8 and 10 of the Allegation the Tribunal had made a finding of fact that Dr Ali had: (a) boasted about his ability to cure cancer and; (b) that the cure was based on the use of medicines which are not evidenced based as a treatment to cure cancer.

196. In reaching its decision, the Tribunal applied the dictionary definition of “*medicine*” which is:

Medicine:

a drug or other preparation for the treatment or prevention of disease.

Preparation;

a substance that is specially made up, especially a medicine or food.

197. The Tribunal also heard and accepted the expert witness evidence that the medicines Dr Ali claimed to have used were not evidence-based treatments or cures for cancer.

198. Further, Dr Ali laughed about curing cancer and being so confident that he would provide a money back guarantee, and discouraged and criticised the evidence-based approaches and NHS treatment to Patient A and other patients.

199. Accordingly, the Tribunal found paragraph 16(b) of the Allegation proved.

16(c)

200. In considering this paragraph of the Allegation, the Tribunal reminded itself that it had found Dr Ali was required to obtain informed consent for the treatment he provided to Patient A as set out in the guidance referred to above.

201. Based on the evidence before it, the lack of any documentary records of the treatment and its earlier findings in respect of information and informed consent, the Tribunal determined that Dr Ali deprived Patient A of making an informed decision on the treatments being offered. The Tribunal made this finding on the basis that Dr Ali had refused to provide full details of the treatments he was giving to Patient A and advise him of the risks and benefits of the treatments being offered.

202. The Tribunal found that this was aggravated by Dr Ali undermining and denigrating NHS practice and practitioners and evidence-based medicine. In addition Dr Ali actively encouraged Patient A not to tell other doctors who had been treating him about the treatment he was receiving from Dr Ali. The decision of Patient A to refuse conventional treatment in the hope of a ‘natural’ cure was a significant and important one. He was denied

the opportunity to make an informed choice because Dr Ali failed to provide him with all the necessary information to enable him to make that decision.

203. Accordingly, the Tribunal found paragraph 16(c) of the Allegation proved.

Paragraph 17

204. The clear and consistent evidence of Patient A was that he had sought alternative treatment for his cancer and undertaken treatment with Dr Ali because he was fearful of the non-nerve sparing surgery indicated as needed by the NHS. His reasoning is evidenced by the medical records before the Tribunal where it is clearly documented that Patient A was reluctant to follow a conventional route because of the significant side effects of surgery or the implications of having radiotherapy first instead of it.

205. Dr Ali offered Patient A the promise of a cure without those side effects, and whilst Patient A could have undergone both courses of treatment in conjunction, Dr Ali persuaded or sought to persuade him not to.

206. The Tribunal accepted the evidence of Patient A as entirely consistent and credible. It is clear from the evidence of Patient A, as evidenced in Mr L's note in his medical records, that Patient A was totally convinced by Dr Ali's claim that he could easily cure his cancer and it was for this reason that he delayed having conventional treatment.

207. The Tribunal had regard to the vulnerability of Patient A at this time. Dr Ali did not provide him with an accurate account of the viability of his treatment and Patient A was not told of any risks or side effects. Dr Ali, led Patient A when he was at his most vulnerable, to believe, that his treatments could or would work. As a result, Patient A halted the conventional treatment route because he thought he had found a viable alternative, because in his own words, Dr Ali sold it to him. By acting in the manner described in paragraphs 1(a), 4, 7, 9, 14 and 16 of the Allegation, Dr Ali caused a delay in Patient A obtaining appropriate treatment for their cancer.

208. Accordingly, the Tribunal found this paragraph of the Allegation proved, save for in respect of paragraph 1(c) of the Allegation, which it had previously found not proved.

Paragraph 18

18(a)

209. As the Tribunal found that Dr Ali had not entered a formal money back guarantee with Patient A at paragraph 1(c) of the Allegation, it found this paragraph of the Allegation not proved.

18(b)

210. In his complaint to the GMC Patient A states:

“Now that my cancer got worse and that im having the surgery at the Royal Marsden, they turned around and said they dont treat cancer.”

211. In his GMC witness statement, Patient A describes that:

“When I called Dr Ali and told him I was having surgery as the cancer had spread, he said ‘we don’t treat cancer’. This was not what he had said at the start but I was just about to have my surgery so I didn’t argue with him at this point.”

212. Dr Ali did not provide any evidence, but in the police summary of Dr Ali’s account it records that:

“He states that he has never said he can cure cancer and that patients sign paperwork to this effect, that they consent to the injections and that they should continue to seek NHS care.”

213. The Tribunal noted as set out above that there were no documents recovered from Dr Ali’s premises that contained any signed waivers or consent of the type described above. It is also reminded of Dr G’s evidence that there were proforma consent forms which included conditions of different types of cancer. In all but one of these which indicated oral cancer, there had been attempts to redact the original entries and replace it with something else. However, the Tribunal had accepted that the original entry remained legible and included such conditions as cancer treatment; multiple myeloma which is a form of blood cancer and mesothelioma, another form of cancer. In light of the evidence of Dr G in respect of the above and the content of the flyer recovered from the premises, the Tribunal rejected Dr Ali’s

claim that he has never said that he can cure cancer. In addition the Tribunal found in respect of paragraph 1(a) of the Allegation that Dr Ali had told Patient A that he could easily cure his cancer. It was only when it was clear that Patient A intended to discontinue his treatment with Dr Ali and have NHS treatment that Dr Ali said ‘we do not treat cancer’ or words to that effect. The Tribunal heard evidence from Patient A about how he felt when Dr Ali said this to him. He explained how he felt very angry and felt he should have had the surgery. The Tribunal have found Patient A to be a credible witness and could not find any reason why Patient A would have made up the fact that Dr Ali said this to him. When considering all the above evidence in the round the Tribunal found that on the balance of probabilities, it is more likely than not that Dr Ali said this to Patient A.

214. Accordingly, the Tribunal found this paragraph of the Allegation proved.

Paragraph 19

19(a)

215. For the reasons set out above from paragraph 82, the Tribunal found that when Dr Ali acted in manner described at paragraph 1 of the Allegation he knew as a registered medical practitioner, that the treatments and/or treatment plan he offered to Patient A was not an evidenced based cure for cancer. Dr Ali denied that he told Patient A that the treatment would cure his cancer. The Tribunal has not heard from Dr Ali about whether he believed that the treatment could cure the cancer or not. It is therefore unable to reliably ascertain what his subjective belief actually was. The Tribunal has drawn inference from this denial that he could not have held a genuine subjective belief that it could cure cancer as he claimed. However, even if Dr Ali had held a genuine belief in what he told Patient A, the Tribunal has had regard to the knowledge of Dr Ali as a registered medical practitioner and the financial gain he obtained from Patient A agreeing to the treatment plan offered by him. The Tribunal determined that looked at objectively, ordinary decent people with knowledge of the facts of this Allegation, the circumstances in which his conduct was carried out, and the financial gain he obtained from his actions, would find Dr Ali’s conduct dishonest.

216. Accordingly, the Tribunal found this paragraph of the Allegation proved.

19(b), (c) & (d)

217. The Tribunal found that in respect of his claim that ozone, Vitamin C and garlic oil treatment could cure cancer, Dr Ali knew as a registered medical practitioner that none of these treatments were evidence based cures for cancer.

218. Dr Ali denied this allegation in correspondence with the GMC and that he told Patient A that any of these treatments would cure his cancer. The Tribunal has not heard from Dr Ali about whether he believed that the treatments could cure the cancer or not. It is therefore unable to reliably ascertain what his subjective belief actually was. The Tribunal has drawn inference from this denial that he could not have held a genuine subjective belief that they could cure cancer as he claimed.

219. However, even if Dr Ali had held a genuine belief that any of these treatments could cure cancer or would cure Patient A's cancer, the Tribunal has had regard to the knowledge of Dr Ali as a registered medical practitioner and the financial gain he obtained from Patient A agreeing to the treatment plan offered by him. The Tribunal determined that looked at objectively, ordinary decent people with knowledge of the facts of this Allegation, the circumstances in which his conduct was carried out, and the financial gain he obtained from his actions, would find Dr Ali's conduct as set out in paragraphs 4(b), 7 and 9 of the Allegation dishonest.

220. Accordingly, the Tribunal found these paragraphs of the Allegation proved.

Paragraph 20

20(a)

221. The Tribunal considered the evidence of Patient B's husband Mr E. Patient B had passed away from cancer shortly after she stopped treatment with Dr Ali in 2018 and prior to the police and PHE investigations.

222. The Tribunal noted that Patient A and Mr E did not know each other, did not live in the same part of the UK and did not attend for treatment with Dr Ali at the same time. The Tribunal found that there was no evidence of any collusion between Patient A, Mr E or their relatives. Mr E explained that he only came to know of the investigation into Dr Ali when he was contacted by the police after Patient B had passed away.

223. In both his written and oral evidence Mr E explained how his wife had been diagnosed with ovarian cancer in 2015. She had undergone surgery and treatment for the same within the NHS but the cancer had returned, and in January 2018 her doctors told her that there was nothing more they could do to treat her cancer.

224. Mr E explained in oral evidence that a friend of his wife, who also had cancer, had told her that she had heard there were doctors in Leicester who treated cancer and were meant to be very good. Patient B obtained the contact details of Dr Ali and [Ms F] and then she and Mr E travelled from their home to see him. In his witness statement to the police of December 2020, Mr E explained that they saw Dr Ali and [Ms F] on that visit and that they had both viewed the scans and notes that Patient B was asked to bring with her.

225. The Tribunal has had sight of the medical evidence which documented the advanced stage of Patient B's cancer and the fact that she had been told her cancer was now terminal and, that save for managing her pain, no more could be done.

226. In oral evidence Mr E explained that Dr Ali had looked at the scans and medical notes with [Ms F] and told them that they could cure the cancer. Dr Ali told Mr E and Patient B that they had treated cancers before, including advanced cancers which had been diagnosed as terminal. Mr E explained that they told him they were qualified doctors able to practise medicine in the UK and that they would be able to cure his wife's cancer. He explained that Dr Ali had said that Patient B would initially need to follow a strict vegetarian diet followed by herbs, honey and other substances that they would provide. Dr Ali told her that she would need to have a high dose of Vitamin C that was effective in killing cancer and would be injected into her.

227. Mr E had been sceptical about the claims of Dr Ali and [Ms F] but explained that his *"wife wanted to try the treatment, she had been diagnosed with terminal cancer and she believed this represented a chance of extending her life or perhaps even curing it as claimed by Ali"*

228. In oral evidence Mr E explained that Dr Ali told Patient B chemotherapy did not work and that what he was treating her with was the best thing and would cure her. He told them that he had treated loads of people with cancer. Mr E explained that Dr Ali had told him that the reason he had stopped working for the NHS was because chemotherapy did not work and

that the NHS knew this. He had said that instead of curing people the NHS was killing them, and the big pharma companies were making money.

229. Mr E explained that Dr Ali convinced them that what he said might be true. He further explained how the treatment had been difficult for Patient B as she was very weak but explained that she had wanted to do it for her children, one of whom the Tribunal noted was still in XXX school.

230. Whilst the Tribunal found some minor inconsistencies about the timeline of events, it found the core of Mr E's account to be consistent. He had explained in his statement to the GMC that he did not wish to recount again the account he gave to the police, which the Tribunal could understand given the distressing nature of what had happened. The Tribunal found that there was a clearly explained reason therefore why matters recorded in his police statement did not appear in his later statement to the GMC.

231. The Tribunal accepted Mr E's evidence as a credible account of events, with the medical diagnosis clearly supported by documentary evidence. It also noted the similarities in the account that Patient A had given and its findings in respect of Dr Ali's claims to him about his ability to cure cancer.

232. Having regard to the evidence in the round, the Tribunal was satisfied on the balance of probabilities, that on one or more occasion when Dr Ali consulted with Patient B he gave assurances that he could cure her cancer despite it being advanced ovarian cancer.

233. Accordingly, the Tribunal found paragraph 20(a) of the Allegation proved.

20(b)

234. Mr E was not asked in oral evidence about the payments he made to Dr Ali. However, in his statement to the police of December 2020, he described a similar payment plan to that described by Patient A, with cash payments of £300 per visit and no receipts or written record.

235. As set out in his police statement Mr E described:

“Payment for all the treatments was with cash, we never received any receipts and I never saw them write anything in respect of the money they took from us. The cost of

each session was £300, always paid in cash. In addition the cost for the tubs of honey and powders was £300 in cash for each time we were supplied with the products, which was every four weeks. In total I think we paid Dr Ali a total of between £10,000 and £12,000. They presented to us as professional doctors and assured me and my wife that they could cure her cancer. I now realise this was a lie and that they took huge sums of money from us under false pretence.”

236. In his statement to the GMC Mr E explained he had provided proof of the payments he had made to Dr Ali to the police. This proof had been in the form of bank statements as evidence of the cash he had withdrawn from his bank accounts to pay this money. Whilst the Tribunal was not provided with any copies of these statements, it found Mr E to be a credible witness who, to a great extent explained the reasons for and the amount of the payments made to be consistent with the account given by Patient A, which it had accepted.

237. The Tribunal was satisfied that on the balance of probabilities Dr Ali had taken payment of between £10,000 and £12,000 from Patient B for treatment assuring her and Mr E that the treatment he provided would cure her cancer.

238. Accordingly, the Tribunal found paragraph 20(b) of the Allegation proved.

Paragraph 21

239. As set out above, Mr E described how in January 2018, Patient B had been told that the surgery and treatment she had previously received had not worked and that her cancer was now terminal. He further described how she had been told that the NHS were unable to provide her with any further treatment apart from being able to assist her with the management of her pain. In oral evidence, which the Tribunal accepted, Dr K confirmed the stage of Patient B's cancer and further explained that there was no other evidenced based treatment that was capable of curing Patient B's ovarian cancer.

240. The Tribunal found that to give assurances that Patient B's cancer could be cured in the absence of any evidence based treatment, and to take payment for treatment that Dr Ali had purported would cure her cancer was wholly inappropriate.

241. Accordingly, the Tribunal found paragraph 21 the Allegation proved.

Paragraph 22

22(a)

242. Mr E gave clear and consistent evidence that Dr Ali administered substances to Patient B through her Peripherally Inserted Central Catheter 'PICC' line which he led them to believe were the substances as set out Schedule 1 of the Allegation. These are listed as: Vitamin C, Oxygenated Water, Ozone Treatment and Sodium Bicarbonate. Mr E was able to recollect the names of these substances without prompt and in oral evidence was also able to explain the treatments in more detail. In as far as they were the same substances as the Tribunal had found Dr Ali had purportedly given to Patient A, the Tribunal noted that it was similar fact evidence, save for the route of administration being a PICC line and not a canulae. The Tribunal also noted Mr E's clear recollection of the use of the substance he was told was Sodium Bicarbonate and explained why he had questioned the use of this. In particular, Mr E explained that Dr Ali had told him that it was very rare that they used Sodium Bicarbonate and they would only use it in extreme cases. He had told Mr E that it would attack the cancer cells at once and it would physically target the cancer cells from different directions.

243. The Tribunal had regard to the evidence of the Expert Dr K, who explained that in medicine the main use of Sodium Bicarbonate was to correct metabolic acidosis and that it should really only be used after all other attempts at resuscitation had failed.

244. As set out above, in oral evidence and her report Dr K had confirmed that there was no evidence that Vitamin C, and ozone therapy could cure cancer and for the same reasons neither could oxygenated water or Sodium Bicarbonate. She had explained that there was no evidence based research that any of the substances set out at Schedule 1, were cures for Patient B's cancer irrespective of the route of administration. In respect of the substances being administered through a PICC line she expressed concern about the unhygienic conditions in which this was carried out and the real risk of infection given that the line is inserted so that it lies directly above or near to the heart. She also expressed concern that the procedure would appear to have been carried out without the specialist training that would have been required before a clinician would be allowed to do it. As with Patient A, Dr K explained that Vitamin C can be used in parallel with cancer treatments but that it is not a cure.

245. Accordingly, the Tribunal found paragraph 22(a) of the Allegation proved.

22(b)

246. The Tribunal accepted the evidence of Dr K that there were no robust controlled clinical trials published in peer reviewed journals that suggest cure from this treatment in stage 4 cancer patients.

247. The Tribunal also noted the medical records of Patient B, where a letter from Patient B's oncologist Dr M states that:

"I am concerned that the treatments that she has been receiving via the PICC line that we had inserted have potentially caused her harm. Clearly there is some question as to the proven efficacy of the treatments that she is receiving and I do not have any information regarding the qualifications of her current practitioner or her skills regarding accessing Patient B's PICC line, which we would normally consider to require specialist training. Unfortunately I do not think that as an organisation, we can insert a PICC line to facilitate a treatment that we believe has potential to cause harm in this way. Although disappointed, Patient B understands and recognises this stance."

248. Accordingly, the Tribunal found paragraph 22(b) of the Allegation proved.

22(c)

249. The Tribunal accepted the evidence of Dr K, which is supported by the letter set out above from Dr M, that specialist training is required to administer drugs/products through a PICC line. In her report she opines that:

"Overall it was highly inappropriate for Dr Ali to handle or administer drugs/products through a PICC line without appropriate training in handling of PICC line." and that "Dr Ali has used Patient B's PICC line without training."

250. Unfortunately, Dr K was unable to provide the Tribunal with any other detail about the training or qualification required to administer medicines or access a PICC line for any other reason. In particular, she was unable when asked, to tell the Tribunal who would provide the training, how long the training would take, or where the guidance on or requirement to, obtain specialist training arose. Whilst she was able to refer to what a phlebotomist or district nurses may or may not be able to do, she was unable to direct the

Tribunal to any national or local guidance or protocols on training for the same or the need for doctors to undertake specialist training.

251. In addition the Tribunal was not provided with any detail or evidence of Dr Ali's qualifications, training, or experience save for his basic degree in medicine.

252. In the absence of evidence of the training a doctor would need to have undertaken in order to administer treatment through a PICC line, or any detail about Dr Ali's training or areas of specialism, the Tribunal found that the GMC had failed to discharge the burden placed on it to show to the required standard that Dr Ali's actions in this regard were inappropriate.

253. Accordingly, the Tribunal found paragraph 22(c) of the Allegation not proved.

Paragraph 23

254. In written and oral evidence Mr E explained that Dr Ali did not make any notes at all when he accompanied Patient B for treatment by Dr Ali. Mr E's written and oral account of Dr Ali refusing to write anything down and them being handed a pen and paper to write down the diet his wife had to follow and the medication she had to take at home, was almost identical to the account given by Patient A.

255. The Tribunal reminded itself of the findings in the PHE report in respect of patient records as set out above and the oral evidence of Dr G.

256. For the reasons as set out above in relation to Patient A the Tribunal was satisfied that, Dr Ali had an obligation under GMP to make adequate medical records as set out under the heading *Record your work clearly, accurately and legibly*.

257. The Tribunal considered that having regard to all the evidence in the round Dr Ali had a duty to keep adequate medical records for any treatment provided to Patient B and that on the balance of probabilities he had failed to do so.

258. Accordingly, the Tribunal found paragraph 23 of the Allegation proved.

Paragraph 24

259. The Tribunal accepted that by virtue of the fact that Patient B allowed her treatment to be administered and continued, she may have given implied consent to the treatment by Dr Ali. However, the Tribunal found that the obligation on Dr Ali went beyond a patient simply subjecting themselves to treatment, particularly in the circumstances where, as the Tribunal was told, the Patient believed the treatment to be her last chance.

260. In his statement to the GMC Mr E said that neither he nor his wife was provided with anything in writing about the treatment Dr Ali was offering at the clinic. He said that:

“ They did not provide us with any paperwork and there were no posters, leaflets or notes.....”

261. In oral evidence Mr E explained that during the course of being given the Vitamin C Patient B would become very cold and shivery and the ozone treatment made her cough. Whilst she had not been informed that these were side effects of the treatment prior to her commencing the same, Dr Ali did explain them as side effects when she experienced them.

262. Mr E also explained how during the treatment period Dr Ali and [Ms F] regularly dismissed mainstream practice adopted by the NHS and Dr Ali told them that *“those that work within the NHS do not pay much attention and there is a cure for cancer but that the NHS was not letting anyone practise the cure”*.

263. In reaching its determination on this part of the Allegation the Tribunal had regard to the guidance as set out above in relation to consent. The Tribunal determined that in carrying out the treatment in the manner found proven by the Tribunal Dr Ali was holding himself out as a registered medical practitioner and therefore had an obligation to abide by that guidance and the standards set out in GMP.

264. On the basis of the evidence of Mr E who the Tribunal found to be a credible and consistent witness, and the absence of completed and valid consent forms, the Tribunal was satisfied that Dr Ali failed to provide details of the treatments to be given, the potential risks and benefits or, any other necessary information that would allow Patient B to make an informed choice about her treatment and give informed consent.

265. In the circumstances, the Tribunal determined that Dr Ali failed to obtain informed consent from Patient B before administering any of the treatments as described.

266. Accordingly, the Tribunal found paragraph 24 of the Allegation proved.

Paragraph 25

267. For the reasons set out in respect of Patient A above, Dr Ali had no basis on which he could have formed a belief that the intravenous administration (via PICC line) of Vitamin C, Oxygenated water or ozone therapy would cure Patient B's ovarian cancer. He could not have held that belief because as a registered medical practitioner he would have known that there was no evidence based clinical research to support such a claim. The Tribunal accepted the evidence of the Expert Dr K that there were no studies or clinical data that suggested that any of the treatments described as being given to Patient B could cure any type of cancer, let alone one that was so advanced as that of Patient B.

268. Accordingly, the Tribunal found that on the balance of probabilities Dr Ali knew that the treatments he administered to Patient B were not evidenced based treatments to cure ovarian cancer.

269. The Tribunal found paragraph 25 of the Allegation proved.

Paragraph 26

270. The Tribunal had regard to the fact that at the time Patient B attended for treatment with Dr Ali she had been told by a team of specialist NHS doctors that her cancer could not be cured. She had been told that her cancer was terminal and that any further care would be in respect of the management of her symptoms as she came to the end of her life.

271. The Tribunal has found for the reasons set out above that, as a registered medical practitioner, Dr Ali knew when he acted in the manner set out at paragraph 20 of the Allegation that he could not cure her cancer, because he knew that the treatments offered to Patient B were not evidenced based treatments to cure ovarian cancer.

272. However, in this knowledge he went on to assure her that the treatment he proposed to use had cured patients with terminal cancer before. In return for the treatment that Dr Ali knew had no prospect of success as there was no evidence on which to base a belief to the

contrary, Dr Ali charged Patient B the sum of between £10,000 and £12,000. The Tribunal found for the reasons set out above that these monies were paid to Dr Ali in cash by Mr E.

273. For the reasons set out above the Tribunal has found that Dr Ali, as a registered medical practitioner, knew that the treatments proposed for Patient B were not an evidenced based cure for ovarian cancer. Dr Ali has denied that he told anybody he can cure cancer. The Tribunal has not heard from Dr Ali about whether he believed that the treatments for Patient B could cure her ovarian cancer or not. It is therefore unable to reliably ascertain what his subjective belief actually was. The Tribunal has drawn inference from his denial that he said he had never told anyone he could cure cancer and found he could not have held a genuine subjective belief that the treatments proposed for Patient B could cure her cancer.

274. However, even if Dr Ali had held a genuine belief that the treatments offered to Patient B could cure her ovarian cancer or would cure Patient B's cancer, the Tribunal has had regard to the knowledge of Dr Ali as a registered medical practitioner and the financial gain he obtained from Patient B agreeing to the treatments offered by him. In applying the objective standards of ordinary decent people, the Tribunal determined that looked at objectively, ordinary decent people with knowledge of the facts of this Allegation, the circumstances in which his conduct was carried out, and the financial gain he obtained from his actions, would find Dr Ali's conduct as set out in paragraph 20 of the Allegation dishonest.

275. Accordingly, the Tribunal found paragraph 26 of the Allegation proved.

27(a)

276. The Tribunal had regard to the Flyer that had been recovered during the police search of Dr Ali's premises in August 2019.

277. In oral evidence Dr G was unable to say where in the property the Flyers had been found, however, he was able to recall what he described as a thick stack of them.

278. The Tribunal noted that the Flyer was double sided and on one side was printed the following:

We are a group of UK qualified doctors who have grown fascination in naturalistic and prophetic ways of treatment. In addition to our wealth of experience in conventional medicine.

Dr Ali

Masters in Public Health with GP and Psychiatric experience

.....

.....

.....

In the name of Allah the best healer we aim to achieve over 90% cure rate in the most challenging illnesses e.g.

- *Cancers (Malignant Tumours)*

279. When asked in oral evidence about whether he had ever seen a Flyer when he accompanied his wife for treatment by Dr Ali, Mr E told the Tribunal that:

“I think there was something, but I don't think it said anything about cancer. It said something about Hijama, which is another treatment, like cupping ...I think I saw something along those lines.

...

I didn't pay much attention at that time. To be honest, I did see something mentioning about Hijama treatments”

280. The Tribunal noted that the opposite side of the Flyer to that set out above listed Hijama as one of the treatments offered along with Naturalistic treatment, Immunotherapy and conventional treatments. The Tribunal found that on the basis of the evidence of Mr E and his description of what he recalls seeing, it is more likely than not that the Flyer seen by Mr E was the same as the one recovered by the police in August 2019. It was therefore satisfied that at the time that Patient B was attending for treatment at the clinic in 2018, the Flyer was available to people attending there.

281. The Tribunal has not been provided with any detail of when the Flyers were originally produced. However, it noted that that the PHE report suggested that the clinic might have been running from 2013.

282. The Tribunal also noted that during the period between 5 July 2013 and 13 January 2015 Dr Ali did have a licence to practise. However, from January 2015 onwards Dr Ali did not hold a licence to practise. On the basis of the evidence of Mr E set out above the Tribunal found on the balance of probabilities that a copy or copies of the Flyer was visible for those attending his premises to see at least until 2018. During that time by virtue of what is printed on the Flyer Dr Ali did advertise himself as a doctor with GP experience. As found by both the

PHE and the Expert this amounted to false advertising by Dr Ali and in addition the PHE commented that the clinic was offering illegal cancer treatment under the 1969 Cancer Act.

283. In relation to the wording of this paragraph of the Allegation, the Tribunal concluded that the Flyer would have become misleading once Dr Ali lost his licence to practise in 2015, and that for the reasons set out above it found that the Flyer was still in use at the time that Patient B was receiving treatment.

284. Accordingly, the Tribunal found paragraph 27(a) of the Allegation proved.

27(b)

285. The Tribunal had regard to the words used in the drafting of this paragraph of the Allegation. In particular “caused to be produced flyers to advertise your services”:

*which stated you **could ‘achieve** over 90% cure rate in the most challenging illnesses e.g. cancer (malignant tumours)’*

However, the actual wording on the flyer is:

*“In the name of Allah the best healer **we aim to achieve** over 90% cure rate in the most challenging illnesses e.g Cancer (Malignant Tumours)...”*

286. Whilst the difference in the wording above may be subtle, it is nonetheless inaccurate. However, despite the discrepancy between the wording of the GMC Allegation and the Flyer itself, the Tribunal determined that the Flyer was misleading in its claim to aim to achieve over 90% cure rate for many conditions that Dr G in evidence had said were not considered by conventional medicine to be curable. In his witness statement he had said that this would be very misleading to the lay public with limited health literacy. The Tribunal found that the content of the Flyer clearly set out conditions which were confirmed by the expert to be incurable even with evidence based treatments. The Flyer also clearly set out that Dr Ali claimed to aim to achieve a 90% plus of a cure for these conditions. Whilst the phrase “aim to achieve” may be more vague or ambiguous than “could achieve”, the Tribunal determined that this was nonetheless significantly misleading.

287. Accordingly, the Tribunal found paragraph 27(b) of the Allegation proved.

Paragraph 28

288. This paragraph of the Allegation and its sub- paragraphs relates to issues about the premises of Dr Ali during the time when Patient A and Patient B were receiving treatment there.

28(a)(i)

289. The Tribunal had regard to the written and oral evidence of Dr G who explained that the PHE had made enquires with the CQC to ascertain whether or not the premises from which Dr Ali operated were registered for clinical use and treatment of patients. The CQC confirmed that the premises were not registered and further enquiry of the local authority confirmed that the premises were registered for residential use only and that no other permissions or license had been granted.

290. The Tribunal also considered that as Dr Ali did not have a licence to practise during the treatment of Patient A and Patient B, he would have been unable to obtain registration for the property to be used for clinical work and the treatment of patients. The Tribunal accepted the evidence of Dr G which was supported by the content of the PHE report, that the premises out of which he operated were unregistered for clinical use or practice.

291. Accordingly, the Tribunal found paragraph 28(a)(i) of the Allegation proved.

28(a)(ii)

292. The Tribunal had regard to the police bodycam footage of Dr Ali's address and noted that this was obtained during the police search in August 2019. This was after both Patient A and Patient B had stopped their treatment with Dr Ali and no longer attended the premises.

293. The Tribunal had regard to the written evidence of Patient A, his wife and his brother which described the set out of the premises in the same format as that shown in the bodycam footage, save for the fact that the annex was not in use for treatment when they attended the premises.

294. In his statement to the police Patient A described his concern when first approaching the front door of the premises as it did not appear to be professional or in keeping with how a clinic presented. Patient A's wife described the premises XXX. She also described a room in

which there was a brown sofa and a television unit with patio doors leading out to the garden. Mr E also referred in his evidence to this room and explained that when he was in there when looking out to the garden, he could see an old decaying mattress. He also described the condition of the kitchen where he used to get a drink and explained that his wife had been required to use the upstairs bathroom on one occasion.

295. The Tribunal was satisfied that all these witnesses described the same sort of set-up and that this was similar in respect of the downstairs of the premises to the footage obtained by the police. The evidence heard supported the fact that there was no separate kitchen or toilet facilities for patients and the Tribunal found that the description of the room with a TV and sofa was indicative of a residential lounge. Both these findings are supported by the bodycam footage showing the kitchen and the room described by Patient A's wife and Mr E. The Tribunal noted that Dr Ali had also told Mr E and his wife XXX. The premises were registered for residential use only with the local authority, and the address of the premises was the one held on record by the GMC as Dr Ali's contact. The Tribunal found that on the balance of probabilities the premises were used for both residential and clinical use and there was no demarcation between the two.

296. The Tribunal accepted that not all clinical activity will be inappropriate simply because it is carried out at a residential property. However, it had regard to the evidence of Dr G and Dr K, who considered that it was inappropriate because there was no demarcation between the clinical and residential areas and the expert described the premises as '*squalid, unprofessional, unhygienic, neglected and highly inappropriate premises shared with a household living upstairs*'. In addition, the Tribunal found it was inappropriate because it was not registered for clinical use, Dr Ali was not known to have any indemnity insurance and the property had not been approved by the relevant bodies as safe for use by the general public.

297. Accordingly, the Tribunal found paragraph 28(a)(ii) of the Allegation proved.

28(a)(iii)

298. The Tribunal had regard to the evidence of Patient A and Mr E. Neither of them gave evidence that they had received treatment in the shed as described in this paragraph of the Allegation. Mr E's evidence was that Dr Ali had told them that they were having work done when Patient B complained about the cleanliness of the property. However, it is clear from the evidence of Patient A's wife that the shed extension had not been completed by the time

Patient B was receiving treatment because she had already stopped it when Patient A started his. In her evidence to the police Patient A's wife describes:

When we went on one occasion, I remember noticing that they had built a wooden extension near the toilet side of the property. As it was newly built I remember my son helping them move cupboards from other rooms into this new treatment area.....This was one of the last times I visited the address.

299. Whilst the conditions described of the converted shed and seen on the bodycam footage where treatment occurred appeared to be inappropriate for the reasons set out previously, the Tribunal are unable to find that Patient A and Patient B were treated in this area. It is apparent from the evidence that they were treated in the downstairs sitting rooms, as described by them.

300. Therefore, the Tribunal found paragraph 28(a)(iii) of the Allegation not proved.

28(a)(iv) – (vii)

301. In respect of these paragraphs of the Allegation the Tribunal had regard to the evidence on which these paragraphs are predicated, which is that which was recovered during the police search of Dr Ali's premises in August 2019 and the subsequent PHE investigation and report. In accordance with the allegation the Tribunal is required to make findings of fact in relation to the following:

“During the treatment of Patients A and B as described above the premises used for treatment was inappropriate because...”

302. Sub-paragraphs (iv) – (vii) of the Allegation relate to evidence which was recovered some 11 months after Patient A and Patient B stopped treatment with Dr Ali. Whilst the evidence relied upon supports the allegation on the date upon which the evidence was recovered by the police, it cannot be relied upon in respect of a period of time some 11 months earlier. The Tribunal noted an example of the unreliability of this evidence was that out of date disposable equipment identified in the PHE report would not have been out of date at the time of the treatment of Patient A and Patient B.

303. Therefore, the Tribunal found these paragraphs of the Allegation not proved.

28(b)

304. As at paragraph 28(a) of the Allegation, the evidence on which this paragraph is predicated is based on the evidence recovered by the police search of Dr Ali's property and subsequent PHE investigation, some 11 months after the period Patient A and Patient B had stopped attending the premises for treatments.

28(b)(i)

305. The Tribunal noted that none of the witnesses or members of their families have given evidence that medicines were stored in a domestic fridge. This was evidence that was found during the PHE investigation and was based on evidence found during the police search of August 2019 after Patient A and Patient B had stopped their treatment. In the absence of any evidence of those attending the premises at the time Patient A and Patient B were having treatment the Tribunal is unable to make a finding that the same circumstances prevailed when they were receiving treatment from Dr Ali.

306. Therefore, the Tribunal found paragraph 28(b)(i) of the Allegation not proved.

28(b)(ii)

307. The Tribunal heard credible evidence from Patient A, Patient B's husband (Mr E) and Patient A's brother and wife that the conditions at the time of their treatment were unhygienic. These descriptions matched the findings of the PHE investigation regarding the conditions of the setting and equipment used and lack of proper hygienic and aseptic practices.

308. The Tribunal determined that the conditions described by Patient A and Mr E reflected the findings of the PHE report. Notwithstanding that the findings of the PHE report were based on the evidence recovered during the police search in August 2019, the Tribunal was satisfied, that considered in the round and on the balance of probabilities, the premises were in a similar dirty and unhygienic condition as that found by the PHE, when Patient A and Patient B attended for treatment. These descriptions matched the findings of the PHE investigation regarding the conditions of the setting and equipment used and lack of proper hygienic and aseptic practices.

309. Accordingly, the Tribunal found paragraph 28(b)(ii) of the Allegation proved.

28(b)(iii)

310. The Tribunal found that both Patient A and Mr E gave similar evidence about the storage and administration of the intravenous solutions used by Dr Ali. Whilst Dr Ali may have worn gloves when inserting a cannula, he did not wear an apron and there was no evidence found of any aprons on the premises. Patient A has also described blood spurting from him when Dr Ali removed the cannula. Mr E also described in some detail how the gallon containers, in which the IV fluid which was given to his wife, was stored and the tubing attached to the same. This again reflects the evidence which was found during the police search. For the same reasons as above, the Tribunal was satisfied that at the time Patient A and Patient B were receiving treatment from Dr Ali, the conditions in which it was administered and asepsis should have been followed, it was not.

311. The Tribunal accepted the evidence of Dr G and the Expert that the lack of asepsis in the circumstances of the treatment provided was inappropriate.

312. Accordingly, the Tribunal found paragraph 28(b)(iii) of the Allegation proved.

28(b)(iv), (v) & (vi)

313. The basis upon which these paragraphs of the Allegation are made is predicated on the evidence which was recovered during the police search of Dr Ali's premises in August 2019. As set out above at this time neither Patient A nor Patient B were still receiving treatment from Dr Ali and had not been doing so for around 11 months.

314. The Tribunal carefully scrutinised the written and oral evidence of the relevant witnesses to find reference to uncovered syringes and needles; uncovered and inadequately stored sharps bins or lack of guidance to staff or patients on the disposal of needles.

315. In his witness statement to the GMC Patient A described a trolley at the premises which had different needles on it in sealed packets. Neither Patient A nor his relatives made any reference to the disposal of needles or the use and storage of sharps bins. Mr E made clear reference to the fact that the premises were dirty and untidy. He did not make mention of uncovered needles or syringes or make any reference to the disposal of needles, storage or the use of sharps bins, save for to say that a fresh needle and syringe was used for Patient B each time.

316. Whilst the Tribunal accepted that there was evidence recovered from the premises in August 2019, which was indicative of these failings, there was an absence of evidence to support a finding of the same at the time Patient A and Patient B were receiving treatment.

317. Therefore, the Tribunal found the GMC had failed to discharge the burden in respect of these paragraphs of the Allegation and found paragraphs 28b (iv), (v) & (vi) not proved.

Paragraph 29

318. The Tribunal had regard to the documentary evidence provided in support of the statement of Ms J, which was not challenged. The Tribunal concluded that Dr Ali's licence to practise was withdrawn on 13 January 2015. The Tribunal also found that the communications between Dr Ali and the GMC evidenced that Dr Ali was aware that his licence to practise had been withdrawn.

319. Accordingly, the Tribunal found paragraph 29 of the Allegation proved.

Paragraph 30

320. The Tribunal had heard from Patient A and Mr E about how they had both been separately introduced to Dr Ali, by different people who referred to Dr Ali and [Ms F] as doctors who were treating people with cancer. It was for that reason they approached Dr Ali for treatment of cancer. It also had regard to the clear evidence of both witnesses that the reason they were attending the clinic was to have treatment with the genuine hope that it would cure their cancer. Both Patient A and Mr E have described the reasons why they believed Dr Ali was a medical practitioner who was qualified to practise medicine in the UK. Mr E described how he directly asked Dr Ali about his qualifications and whether he had worked in the NHS. His evidence was that Dr Ali had confirmed both and explained to Mr E that he had left the NHS so that he could treat people with cancer. Mr E explained in oral evidence that he had asked Dr Ali these questions as he believed that as a doctor he would know more, and so would be able to attach more weight to what he was told about being able to treat his wife's cancer. Patient A's oral evidence was also that his belief that Dr Ali was a doctor was a *'very important factor'* in his decision making and made him confident in what he was saying.

321. The Flyers recovered from the premises of Dr Ali in August 2019, are also indicative of the fact that Dr Ali was holding himself out as a medical practitioner to both Patient A and Patient B.

322. The Tribunal also reminded itself of Dr Ali's assertion to the GMC that he was only providing therapeutic and herbal therapy, for which he did not require a licence to practise.

323. The Tribunal found that both Patient A and Patient B were led to believe that Dr Ali was a doctor who could cure cancer and had previously worked in the NHS. Having regard to the evidence in the round, the Tribunal determined on the balance of probabilities that Dr Ali was providing medical services and purported cancer treatment to both patients in his capacity as a doctor irrespective of whether some of the treatments were alternative or complementary.

324. In addition the Tribunal had regard to the evidence of Mr E that Dr Ali had administered Sodium Bicarbonate to Patient B through her PICC line. It noted that Sodium Bicarbonate is a prescription only medicine and that a quantity of the same had been recovered from the premises of Dr Ali in August 2019. The Tribunal accepted that this was on a date after Patient B had stopped having treatment with Dr Ali. However, Mr E gave consistent evidence that Dr Ali had told him that one of the substances Dr Ali gave to Patient B intravenously was Sodium Bicarbonate. Mr E told the Tribunal in oral evidence that he questioned Dr Ali about this as he only knew of sodium bicarbonate being used in baking. He explained that Dr Ali had told him that it was very rare that they used Sodium Bicarbonate and they would only use it in extreme cases. He had told Mr E that it would attack the cancer cells at once and it would physically target the cancer cells from different directions.

325. The Tribunal had regard to the evidence of the Expert who explained that in medicine the main use of Sodium Bicarbonate was to correct metabolic acidosis that should really only be used after all other attempts at resuscitation had failed. The Tribunal was persuaded by Mr E's recollection of this account especially as it had resonated with Mr E as he knew it was used in baking. It determined on the balance of probabilities that Dr Ali had administered Sodium Bicarbonate (a prescription only drug) to Patient B and in doing so carried out a regulated medical activity as described in the CQC guidance.

326. For the reasons set out above the Tribunal determined that, on the balance of probabilities, it was more likely than not that between the periods of January and September 2018 Dr Ali provided medical services to Patients A and B for which a licence to practise was

required because he provided the treatment in his capacity as a doctor. Dr Ali also advised patients not to undergo evidence-based treatment on the NHS and the Tribunal concluded that his activities clearly went beyond therapeutic and fell within the remit of a registered doctor with a licence to practise (which he did not have) who was treating patients in this capacity.

327. Accordingly, the Tribunal found paragraph 30 of the Allegation proved.

Paragraph 31

31(a)

328. For the reasons set out above in paragraphs 34 to 38 and having regard to the evidence of Dr G, the Tribunal was satisfied that a licence to practise is required in order to carry out medical activities and treat patients as a doctor.

329. Therefore, at the material times Dr Ali was unable to undertake medical activities as his licence to practise had been withdrawn.

330. Accordingly, the Tribunal found this paragraph of the Allegation proved.

31(b)

331. In making its finding that Dr Ali knew or ought to have known that he did not have a licence to practise the Tribunal had regard to the written witness statement of Ms J the Revalidation Team Manager of the GMC. Her written evidence is supported with documentary evidence setting out communications with Dr Ali prior to his licence to practise being withdrawn. It had regard to the note of a telephone call from Dr Ali of 13 October 2014, which records:

“Dr called about his revalidation. He is working privately in his own clinic involving Islamic traditional medicine with spiritual healing, nutrition & herbal remedies. I advised on completing annual submission form as no DB and to return with evidence. I referred Dr to notice email with link to form. Dr has not had appraisals in last 5 years and was unable to work in UK for several years due to visa restrictions. I advised to check whether LTP required for current work and re mind to withdraw LTP if Dr unable to engage with revalidation. Dr has no insurance.”

332. In a letter dated 25 October 2014, Dr Ali was advised that his licence to practise was at risk as no recommendation about his revalidation had been received by 14 October 2014. Dr Ali was given 28 days to make representations about the proposed withdrawal of his licence to practise. Dr Ali was advised that if no written response to the letter was received within 28 days, his licence would be withdrawn 56 days from the date of the letter.

333. On 4 December 2014 Dr Ali was advised of the decision to withdraw his licence by the Assistant Registrar. Dr Ali did not exercise his notified right to appeal this decision and his licence to practise was subsequently withdrawn on 13 January 2015, due to a failure to revalidate.

334. The Tribunal was satisfied that the GMC had communicated with Dr Ali at the address provided to the GMC by him; that there was evidence that he had received communication at that address and that he had neither applied for revalidation nor exercised his right to appeal the decision to withdraw his licence. In the circumstances, the Tribunal was satisfied on the balance of probabilities that Dr Ali knew or ought to have known that, at the material times, he did not have a licence to practise at the material times set out in the Allegation at paragraph 29.

335. Accordingly, the Tribunal found this paragraph of the Allegation proved.

The Tribunal's Overall Determination on the Facts

336. The Tribunal has determined the facts as follows:

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

Patient A

1. Between July and September 2018 ('the Treatment Period') on more than one occasion you consulted with Patient A who presented to you with prostate cancer, and you:
 - a. told Patient A:
 - i. 'your cancer can be easily cured' or words to that effect;

Determined and found proved

- ii. 'prostate cancer was easy to cure' or words to that effect;
Determined and found proved
 - iii. 'curing prostate cancer was so easy that you would give them a money back guarantee' or words to that effect;
Determined and found proved
 - iv. 'not to listen to the doctors at the hospital as they were just trying to make money from chemotherapy and radiotherapy' or words to that effect. **Determined and found proved**
 - b. charged Patient A up to £15,000 for treatment; **Determined and found proved**
 - c. entered into a money back guarantee with Patient A if the treatment you provided was unsuccessful in curing their cancer. **Not proved**
- 2. When you acted in manner described at paragraph 1 you knew that the treatments and/or treatment plan you offered to Patient A could not cure their cancer. **Determined and found proved**
- 3. On one or more occasion during the Treatment Period you ~~injected~~ **intravenously administered** Patient A with a substance and you failed to: **Amended under Rule 17(6)**
 - a. advise them of:
 - i. what the product was; **Determined and found proved**
 - ii. the reason for it being injected; **Determined and found proved**
 - iii. the risks and benefits of the product; **Determined and found proved**
 - iv. the details of the procedure that would take place to administer the product; **Determined and found proved**
 - v. side effects of the product to expect immediately after administration; **Determined and found proved**

- b. follow aseptic procedures causing high risk of cross contamination and/or high risk of transmissible infectious disease. **Determined and found proved**
4. On one or more occasion during the Treatment Period you provided Ozone therapy to Patient A, and you inappropriately:
 - a. administered it via a cannula which is not a clinically recognised method of administration; **Determined and found proved**
 - b. led Patient A to believe it was part of a treatment plan which would cure his cancer. **Determined and found proved**
5. When you acted in the manner described at paragraph 4b, you knew that Ozone Therapy was not an evidence-based treatment to cure cancer. **Determined and found proved**
6. On one or more occasion during the Treatment Period you provided intravenous infusions to Patient A which was inappropriate and had the potential to cause harm to them in that:
 - a. the liquids were ~~directly administered intravenously to Patient A from gallons~~ **stored and/or transferred from non-aseptic commercial gallon containers; Amended under Rule 17(6), Determined and found proved**
 - b. the gallons **containers** referred to at paragraph 6a were unlabelled with the details of the liquids': **Amended under Rule 17(6)**
 - v. content; **Determined and found proved**
 - vi. potency; **Determined and found proved**
 - vii. expiry dates; **Determined and found proved**
 - viii. method of storage. **Determined and found proved**
7. On one or more occasion during the Treatment Period:
 - a) you ~~injected~~ **intravenously administered** Patient A with a substance which you led him to believe was 'Vitamin C'; **Amended under Rule 17(6), Determined and found proved**

- b) ~~and~~ you led Patient A to believe **the substance you referred to as ‘Vitamin C’** was part of a treatment plan which would cure his cancer. **Amended under Rule 17(6), Determined and found proved**
8. When you acted in the manner described at paragraph 7 you knew that **the substance referred to as ‘Vitamin C’** was not an evidenced based treatment to cure cancer. **Amended under Rule 17(6), Determined and found proved**
9. On one or more occasion during the Treatment Period:
- a) you **administered intravenously** ~~injected~~ Patient A with **a substance which you led him to believe was ‘Garlic Oil’;** ~~and~~ **Amended under Rule 17(6), Determined and found proved**
- b) you led Patient A to believe **the substance referred to as ‘Garlic Oil’** was part of a treatment plan which would cure his cancer. **Amended under Rule 17(6), Determined and found proved**
10. When you acted in the manner described at paragraph 9 you knew that **the substance referred to as ‘Garlic Oil’** was not an evidenced based treatment to cure cancer. **Amended under Rule 17(6), Determined and found proved**
11. On one or more occasion during the Treatment Period you gave Patient A tablets to take and you failed to:
- a. give details of the name of the product; **Determined and found proved**
- b. advise on the reason for being given it; **Determined and found proved**
- c. advise of the risks and benefits of the product; **Determined and found proved**
- d. advise on the side effects of the product; **Determined and found proved**
- e. make sure the product had quality assurance. **Not proved**
12. On more than one occasion during the Treatment Period you re-used an intravenous bag which was inappropriate as it may have exposed Patient A to infectious diseases **Determined and found proved**

13. During the Treatment Period you failed to obtain informed consent from Patient A before administering any of the treatments as described at paragraphs 2-12 above. **Determined and found proved**
14. In or around July 2018, you advised Patient A that the PSA levels rising was 'normal' when prostate cancer was being treated and would settle in 4-6 weeks or words to that effect, which was inappropriate because;
 - a. a rising PSA is not 'normal' during cancer treatment; **Determined and found proved**
 - b. a rising PSA can be an indication that the cancer is progressing and/or the current treatment is not working. **Determined and found proved**
15. During the Treatment Period you failed to make any adequate medical records for the treatment provided to Patient A. **Determined and found proved**
16. During the Treatment Period your communication with Patient A was inappropriate in that you:
 - a. failed to answer direct questions posed to you by Patient A about their treatment; **Determined and found proved**
 - b. boasted your ability to cure cancer using medicines which are not evidence based as a treatment to cure cancer; **Determined and found proved**
 - c. deprived Patient A of making an informed decision on the treatments being offered by failing to provide details of the risks and benefits of the treatments being offered. **Determined and found proved**
17. When you acted in the manner described at paragraph 1(a) and 1(c), 4, 7, 9, 14, 16 you caused a delay in Patient A obtaining appropriate treatment for their cancer. **Amended under Rule 17(6), Determined and found proved except in respect of 1(c)**
18. When the treatment you provided did not cure Patient A's cancer, you:
 - a. failed to return the money as originally agreed by way of the money back guarantee; **Not proved**

- b. said 'we do not treat cancer' or words to that effect. **Determined and found proved**
19. Your actions at paragraphs:
- a. 1 were dishonest by reason of paragraph 2; **Determined and found proved**
 - b. 4b were dishonest by reason of paragraph 5; **Determined and found proved**
 - c. 7 were dishonest by reason of paragraph 8; **Determined and found proved**
 - d. 9 were dishonest by reason of paragraph 10. **Determined and found proved**

Patient B

20. Between January and April 2018, on one or more occasion, you consulted with Patient B who presented to you with advanced ovarian cancer and you:
- a. gave assurances to Patient B that you could cure their cancer; **Determined and found proved**
 - b. took payment of between £10,000 and £12,000 from Patient B for treatment assuring them that the treatment you provided would cure their cancer. **Determined and found proved**
21. Your actions at paragraph 20 were inappropriate as Patient B had Stage 4 cancer that was not curable. **Determined and found proved**
22. Between January and April 2018, you administered **one or more of the substances, which you led Patient B to believe were the** substances listed at Schedule 1 through Patient B's PICC line which was inappropriate in that: **Amended under Rule 17(6), Determined and found proved**
- a. there was no evidence that these substances administered through a PICC line would have cured Patient B's cancer; **Determined and found proved**

- b. there were no controlled robustly conducted clinical trials published in peer reviewed journals that suggest benefit from this treatment in stage 4 patients refractory to standard treatments; **Determined and found proved**
 - c. you were not trained to administer drugs/products through the PICC line. **Not proved**
23. You failed to make any adequate medical records for any treatment provided to Patient B. **Determined and found proved**
24. You failed to obtain informed consent from Patient B before administering any of the treatments as described at paragraph 22. **Determined and found proved**
25. When you acted in the manner described at paragraphs 20 you knew that the treatments you offered to Patient B were not evidence based treatments to cure ovarian cancer. **Determined and found proved**
26. Your actions as described paragraph 20 were dishonest by reason of paragraph 25. **Determined and found proved**

Flyers

27. Between 2013-2019 you produced or caused to be produced flyers to advertise your services:
- a. in which you advertised yourself as a **doctor with GP experience**, when you did not have a licence to practise which was misleading; **Amended under Rule 17(6), Determined and found proved**
 - b. which stated you could ‘achieve over 90% cure rate in the most challenging illnesses e.g. cancer (malignant tumours)’ which was misleading. **Determined and found proved**

Premises

28. During the treatment of Patients A and B as described above the premises used for treatment:

- a. was inappropriate because:
- i. it was unregistered for clinical work and treatment of patients; **Determined and found proved**
 - ii. ~~the area it was used as a residential property~~ **used for clinical activity was also used as a residential living area; Amended under Rule 17(6), Determined and found proved**
 - iii. it had a converted shed that was used as the treatment room; **Not proved**
 - iv. it had large volumes of drugs in an unlicensed premises; **Not proved**
 - v. you had out-of-date medication; **Not proved**
 - vi. the medication stored was unlabelled; **Not proved**
 - vii. there were large volumes of prescription only drugs without patient identifiers; **Not proved**
- b. posed a risk to patient safety because:
- i. medication was stored in a ~~residential~~ **domestic** fridge; **Amended under Rule 17(6), Not proved**
 - ii. it was dirty and unhygienic; **Determined and found proved**
 - iii. it was **non-aseptic; Amended under Rule 17(6), Determined and found proved**
 - iv. the syringes and needles were uncovered **Not proved**
 - v. the sharps bins were uncovered and inadequately stored; **Not proved**
 - vi. you failed to ensure safeguarding of all that entered the premises due to your failure to follow guidelines on disposing of needles; **Not proved**

Licence to Practise

29. On 13 ~~February~~ **January** 2015 your licence to practise medicine was withdrawn. **Amended under Rule 17(6), Determined and found proved**
30. Between January- September 2018 you provided medical services to Patients A and B as outlined above for which a licence to practise was required because you provided the treatment in your capacity as a doctor. **Determined and found proved**
31. At all material times as a result of your licence to practise being withdrawn as outlined at paragraph 29, you:
 - a. were unable to undertake medical activities without a licence to practise; **Determined and found proved**
 - b. knew/ought to have known that you did not have a licence to practise medicine. **Determined and found proved**

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

Determination on Impairment - 23/04/2026

1. The Tribunal now has to decide in accordance with Rule 17(2)(l) of the Rules whether, on the basis of the facts admitted and found proved, Dr Ali's fitness to practise is impaired by reason of misconduct.

The evidence

2. The Tribunal has reviewed its findings of fact. No further evidence was adduced at this stage of the proceedings.

Submissions

On behalf of the GMC

3. Ms Bucklow, Counsel, submitted that the allegations found proved in this case amount to serious misconduct and that Dr Ali's fitness to practise is currently impaired by reason of that misconduct.

4. Ms Bucklow reminded the Tribunal of the statutory overarching objective set out in section 1 of the Medical Act 1983, namely to protect, promote and maintain the health, safety and wellbeing 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. Ms Bucklow submitted that the findings made by the Tribunal in respect of Dr Ali engage all three limbs of that objective.

5. Ms Bucklow submitted that, when considering impairment, the Tribunal must assess whether Dr Ali is currently impaired. She submitted that the purpose of the proceedings is not to punish Dr Ali for past failings, but to determine whether his fitness to practise is currently impaired and, if so, what action, if any, is required in order to meet the overarching objective.

6. Ms Bucklow submitted that Dr Ali's conduct breached the following paragraphs of Good Medical Practice (2013):

***16** In providing clinical care you must:*

a prescribe drugs or treatment, including repeat prescriptions, only when you have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs.

b provide effective treatments based on the best available evidence

c take all possible steps to alleviate pain and distress whether or not a cure may be possible

...

f check that the care or treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed over-the-counter medications

...

***17** You must be satisfied that you have consent or other valid authority before you carry out any examination or investigation, provide treatment or involve patients or volunteers in teaching or research.*

***19** Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.*

20 *You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.*

21 *Clinical records should include:*

- a relevant clinical findings*
- b the decisions made and actions agreed, and who is making the decisions and agreeing the actions*
- c the information given to patients*
- d any drugs prescribed or other investigation or treatment*
- e who is making the record and when.*

44 *You must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means you must:*

- a share all relevant information with colleagues involved in your patients' care within and outside the team, including when you hand over care as you go off duty, and when you delegate care or refer patients to other health or social care providers,*
- b check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.*

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

66 *You must always be honest about your experience, qualifications and current role.*

68 *You must be honest and trustworthy in all your communication with patients and colleagues. This means you must make clear the limits of your knowledge and make reasonable checks to make sure any information you give is accurate.*

70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.'

7. Ms Bucklow submitted that, whilst there is no statutory definition of impairment, the Tribunal would be assisted by the guidance provided by Dame Janet Smith in the Fifth Shipman Report, as adopted in *Grant v NMC [2011] EWHC 927 (Admin)*, namely whether Dr Ali has in the past acted, and/or is liable in the future to act, so as to put a patient or patients at unwarranted risk of harm; has in the past brought, and/or is liable in the future to bring, the profession into disrepute; has in the past breached, and/or is liable in the future to breach, one of the fundamental tenets of the profession; and, if applicable on the Tribunal's findings, has in the past acted dishonestly and/or is liable to act dishonestly in the future.

8. Ms Bucklow submitted that the Tribunal could properly find impairment on the basis of misconduct. She reminded the Tribunal that misconduct is a matter for its judgment and referred to *Roylance v GMC [1999] UKPC 16*, in which it was said that misconduct involves an act or omission which falls short of what would be proper in the circumstances, judged by reference to the standards ordinarily required of a medical practitioner, and that such misconduct must be serious. She submitted that Dr Ali's conduct represented a serious departure from the standards expected of a doctor and from the standards set out in Good Medical Practice 2013, which was the applicable guidance at the relevant time.

9. Ms Bucklow submitted that the facts found proved demonstrate a clear and serious pattern of behaviour by Dr Ali in his capacity as a doctor, and that this conduct falls far below the standards reasonably expected of a member of the profession. She submitted that the case lies at the higher end of the spectrum of seriousness. Although Dr Ali did not hold a licence to practise at the relevant time, the Tribunal had found that he was providing medical services to Patient A and Patient B which required him to hold such a licence. His misconduct arose in the context of treating patients, presenting himself as a doctor, and misleading those patients as to the nature and efficacy of the treatment being provided. Ms Bucklow submitted that, in so doing, Dr Ali abused his status as a registered doctor, breached a fundamental tenet of the profession, and put patient safety at risk.

10. Ms Bucklow submitted that there were a number of aggravating features which increased the seriousness of the case. She invited the Tribunal to note the repetition across both Patient A and Patient B in the representations made by Dr Ali, the way in which each patient was sold treatment as a cure for cancer, the way in which those treatments were

stored and administered, and the unhygienic and dirty state of the premises from which Dr Ali practised. She submitted that the evidence in respect of both patients demonstrated a consistent pattern in Dr Ali's conduct and approach.

11. Ms Bucklow submitted that Dr Ali misled both Patient A and Patient B by informing them that he could cure their cancer through alternative or non-conventional treatment, when he knew that the treatment he offered would not and could not cure their cancer. Ms Bucklow submitted that he did so in exchange for very substantial sums of money, charging Patient A up to £15,000 and Patient B between £10,000 and £12,000, and that in doing so he exploited their vulnerability, fear and desperation as cancer patients for his own financial gain.

12. Ms Bucklow submitted that whilst not specifically identified as being vulnerable, both patients had been diagnosed with cancer and she reminded the Tribunal of the evidence of the Expert who had explained '*Sadly dealing with a cancer diagnosis is one of the most difficult times of one's lives. Patients are often overcome by a turmoil of emotions, questions and inability to make decision. They form a very vulnerable group as they are mentally very agile due to the devastating diagnosis. It is at this time that patients are looking up to their doctors/specialists to advise them what is the best treatment option for them that will allow their cancer to be cured.*' Ms Bucklow submitted that Dr Ali exploited precisely that vulnerability.

13. Ms Bucklow further reminded the Tribunal of its finding that Dr Ali had advertised himself as a doctor who could cure serious illnesses, including cancer, despite having no licence to practise. She referred to the flyer which the Tribunal had found he produced, advertising himself as a doctor with GP experience and claiming to aim for a cure rate of over 90% for challenging illnesses, including cancer. She submitted that this was false and misleading advertising. She also submitted that, although not separately alleged, it was relevant that section 4 of the Cancer Act 1939 prohibits advertisements offering to treat cancer, and that this was an aggravating feature of Dr Ali's conduct.

14. Ms Bucklow submitted that both patients placed weight and confidence in what Dr Ali told them because they believed he was a doctor who had previously worked in the NHS. She submitted that this was a clear abuse of his professional status and position, and that his conduct could properly be described as predatory, in that he used his status as a doctor to gain their trust and confidence for his own personal gain.

15. Ms Bucklow submitted that, whilst both patients were led to believe they were being treated with substances such as Vitamin C, ozone therapy and garlic oil intravenously, it was in fact impossible to know what had been administered to them. She submitted that neither patient gave informed consent, because neither was provided with accurate information about what the treatment could achieve, nor were they properly advised about risks or side effects.

16. Ms Bucklow submitted that Dr Ali provided these treatments from an unregistered clinic in his home which was described by the Expert and witnesses as squalid, and posed a clear risk to patient safety because of the absence of hygiene and aseptic practice. She referred to the evidence of Patient A and Mr E, which she submitted had marked similarities and was consistent with the police body-worn footage from the search in August 2019. She also relied on the expert's description of the treatment area as '*squalid, unprofessional, unhygienic, neglected and highly inappropriate*'. She submitted that, because the premises were unregistered, there was no CQC oversight, no inspection regime, and no regulatory safeguards to ensure the safety and quality of the clinical activity being undertaken.

17. Ms Bucklow submitted that it could properly be inferred that Dr Ali knew that what he was doing was wrong and knew that there was no prospect of the treatments he used curing either patient's cancer, particularly given that he had later denied telling patients that he could cure or treat cancer.

18. Turning to Patient A, Ms Bucklow submitted that at the time he commenced treatment with Dr Ali, he had a good prognosis but was fearful of the side effects associated with conventional treatment, especially the proposed surgery. She submitted that Patient A's evidence was that throughout his treatment Dr Ali discouraged him from pursuing NHS treatment, both because of the side effects and because, according to Dr Ali, the NHS did not want patients to get better due to the money made from drugs. She submitted that Dr Ali thereby played on Patient A's fears and discouraged him from listening to NHS clinicians and from accepting evidence-based treatment.

19. Ms Bucklow submitted that when Patient A raised concerns about a rising PSA level, Dr Ali inappropriately told him that this was normal during treatment, when in fact it indicated progression of the cancer and/or lack of response to treatment. She submitted that Dr Ali did so knowing that what he was providing was not an evidence-based treatment for prostate cancer. In support of this submission Ms Bucklow referred the Tribunal to the medical record made by Mr L of the Royal Marsden Hospital dated 11 September 2018,

which recorded that Patient A was “banking on prayer and dietary advice and has got unshakeable faith in this”. In that record Mr L further noted:

‘I have made a strong case as I can that he needs to use traditional methods and complimentary methods in parallel rather than in series. Waiting to see how his management goes before embarking on traditional treatment, I think, is unwise...

He is keen to have another MRI scan which I will arrange if the PSA has progressed to see whether we have passed the moment of treatment or not. I think it will help him embrace the situation as to whether the past few months of lifestyle modification has impacted on things.’

20. Ms Bucklow submitted that this record clearly demonstrated the impact that Dr Ali had on Patient A’s decision-making. She submitted that Dr Ali deprived Patient A of the opportunity to make an informed decision about the treatment options available to him and caused delay in his obtaining appropriate treatment for his cancer. Ms Bucklow submitted that this was a serious breach of trust which placed Patient A’s health at risk. Ms Bucklow further submitted that the methods used by Dr Ali to administer treatment to Patient A also exposed him to direct physical harm and to the risk of infection. In support of this submission she reminded the Tribunal of its findings that there had been reuse of IV bags and the administration of unknown substances from an unlabelled, unsealed container stored in a non-aseptic manner. She relied on the expert evidence describing this as extremely dangerous and highly inappropriate because of the risk of transmission of blood-borne infection.

21. Turning to Patient B, Ms Bucklow reminded the Tribunal that Patient B had received a diagnosis of terminal ovarian cancer and had already been told by NHS specialists that her cancer could not be cured. Ms Bucklow accepted that Dr Ali did not cause Patient B to delay curative NHS treatment, however she submitted that Dr Ali led Patient B and her husband to believe her cancer could be cured, because he had assured them that it could and told them that he had cured other terminally ill cancer patients with the same treatment. Ms Bucklow submitted that Dr Ali knew that there was no prospect of Patient B’s cancer being cured by the treatments he used and he had exploited Patient B’s desperation and hope for a cure in exchange for large sums of money paid in cash. She reminded the Tribunal of the evidence concerning the emotional predicament this placed Patient B’s husband in, in circumstances where he had doubts about Dr Ali’s claims but did not want his wife to think he was unwilling to pay for treatment she believed might save her.

22. Ms Bucklow further reminded the Tribunal that, in the final stages of Patient B's life, Patient B and her husband uprooted their lives and moved closer to Dr Ali's clinic on his advice. She submitted that this illustrated the level of desperation they felt and the faith they placed in his promises. She invited the Tribunal to consider the foreseeable psychological harm caused to the family in learning that Patient B had been exploited in this way in the final stage of her life, instead of spending that time with family and focusing on palliative care. She also referred to Mr E's evidence about the discomfort and side effects Patient B experienced when receiving some of the treatments.

23. Ms Bucklow then addressed relevant context and submitted that there was no evidence of any aspect of Dr Ali's working environment, role, or personal circumstances which contributed to his conduct in a way that now reduced the risk he poses. On the contrary, she submitted that Dr Ali was operating entirely outside any appropriate regulatory framework. He did not hold a licence to practise, yet held himself out as a doctor and provided private treatment from an unregistered clinic in his home. There was no employer oversight, no GMC revalidation process, and no CQC regulation. Ms Bucklow submitted that this demonstrated a complete disregard for the regulatory safeguards designed to protect patients, and reflected a reckless disregard for patient safety.

24. Ms Bucklow then turned to Dr Ali's response. She submitted that he disengaged from the GMC's investigation at an early stage, did not formally respond to the final allegations, did not engage with the MPT hearing, and had not responded to the Tribunal's findings of fact. She submitted that the Tribunal had only limited responses from Dr Ali during the early stages of the investigation. Ms Bucklow referred to an email dated 17 September 2019 in which Dr Ali stated that he carried out naturopathic work, including cupping therapy and nutrition, and denied claiming that he could cure any medical condition. She referred also to his response to the allegations made by Patient A, in which he suggested that Patient A was blackmailing him for £15,000, he criticised the GMC, and indicated that he wished to apply for voluntary erasure. She submitted that in later emails dated 1 April 2019 and 23 April 2020 he again stated that he no longer wished to remain on the GMC register.

25. Ms Bucklow also referred the Tribunal to the summary of Dr Ali's police interview, in which he accepted that he did not hold a licence to practise but asserted that he did not need one because the treatment he provided was therapeutic and natural. He denied telling patients that he could cure their cancer and said that patients had signed paperwork to that effect. He also suggested that any prescription medications found by police at the clinic had

been brought there by patients. Ms Bucklow submitted that Dr Ali had provided no evidence of insight or remediation. She submitted that insight does not require a full admission of the allegations, but does require some recognition of wrongdoing and of the impact on patients. She submitted that Dr Ali had demonstrated no such understanding. He had not reflected on the seriousness of his conduct, the exploitation of vulnerable patients, the harm caused, or what he should have done differently.

26. Instead, Ms Bucklow submitted, Dr Ali had sought to cast himself as the victim, including by suggesting that Patient A had blackmailed him. She submitted that this was particularly troubling in circumstances where Patient A had simply been seeking the return of very large sums paid for sham cancer treatment that had been mis-sold and had delayed proper treatment. She submitted that this showed a profound lack of insight and an absence of remorse. Ms Bucklow further reminded the Tribunal of the fact that Dr Ali had left the country, and had so far avoided accountability in respect of the police investigation or any potential prosecution, and had failed to co-operate with his regulator. She submitted that, in the absence of any evidence of insight or remediation, there remained a significant risk of repetition. Ms Bucklow submitted that the current and ongoing risk to public protection posed by Dr Ali is high. She submitted that the allegations found proved are extremely serious and lie at the higher end of the spectrum of seriousness, and that there is no evidence of insight or remediation capable of reducing that risk.

27. Ms Bucklow submitted that Dr Ali poses a direct risk to patient safety. He mis-led vulnerable cancer patients into paying substantial sums of money for treatments which he knew had no evidential basis and no prospect of curing their disease. In Patient A's case, he delayed the patient's access to appropriate cancer treatment, thereby exposing him to a direct risk of harm and a worsening prognosis. Both patients were treated in a squalid, unhygienic and unsafe environment which itself put their health and safety at risk. Ms Bucklow also submitted that Dr Ali's conduct seriously undermines public confidence in the profession. She stated that Dr Ali abused his status as a doctor to exploit vulnerable patients for personal gain. To the extent that the Tribunal found dishonesty proved, she submitted that such dishonesty lies at the most serious end of probity concerns because it related directly to patient care and exposed patients to a risk of significant harm. She submitted that a finding of impairment is necessary to maintain public confidence in the profession.

28. Ms Bucklow further submitted that a finding of impairment is necessary to maintain proper professional standards and to send a clear signal to the wider profession that conduct of this nature will result in a finding of impairment and robust regulatory action. Accordingly,

Ms Bucklow submitted that Dr Ali's fitness to practise is currently impaired by reason of his misconduct.

The relevant legal principles

29. The Tribunal accepted the advice of the LQC which emphasised that throughout its deliberations, the Tribunal should bear in mind the statutory overarching objective which is referred to in the MPTS Guidance as public protection.

30. 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 judgement alone.

31. The Tribunal should 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 legal basis advanced by the GMC is misconduct. 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.

32. In approaching the decision, the Tribunal was reminded of the two-stage process to be adopted at this stage: first to determine whether the facts found proved are sufficiently serious as to amount to misconduct and second, to determine whether as a result of that misconduct, the doctor's fitness to practise is currently impaired in that he poses a current and ongoing risk to public protection requiring restrictive action.

33. It noted Paragraph 11 of *Part B: stage two - impairment* of the MPTS 2025 Guidance which provides a description as to what may constitute misconduct which is behaviour committed or omitted within or outside a clinical setting which includes failing to act appropriately or demonstrates behaviour that falls short of what can be reasonably expected. The behaviour will amount to misconduct if it is a serious departure from the professional standards set out in the relevant GMP Guide.

34. The Tribunal was further reminded that misconduct has been defined by the Privy Council in the case of *Roylance v GMC (No.2)* [2000] 1 AC 311 as ‘a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances.’ In that case, the Privy Council went on to say that ‘The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.’

35. In reaching a determination on impairment, the Tribunal was advised to consider the 2025 Guidance to assess whether Dr Ali poses any current and ongoing risk to public protection which may require restrictive action in response. In doing so, the Tribunal should:

- determine the level of seriousness of the allegation based on the nature of it. (Identify nature of the seriousness, identify any features that increase or decrease the level of seriousness and confirm where on the spectrum of seriousness the allegation lies based on the proven facts)
- identify if there is any relevant context, such as the doctor’s working environment, role and experience or personal context. It should then consider if the context directly or indirectly affected the doctor’s behaviour and determine whether it is appropriate to take that context into account and confirm what impact it has on the level of risk
- then go on to determine any relevant information about the doctor and their working environment (the doctor’s role, working environment, what issues if any affected the doctor’s behaviour and if it is appropriate to take such issues into account and what impact this had on the level of risk involved)
- assess how the doctor has responded to the allegations (in terms of insight, remediation and efforts to keep skills and knowledge up to date)

36. The Tribunal was reminded that it must determine whether Dr Ali’s fitness to practise is impaired today, taking into account his conduct at the time of the events and any relevant factors since then such as whether the matters are remediable, have been remedied and any likelihood of repetition. It should also consider whether a finding of impairment is required in the public interest.

The Tribunal's determination on impairment

Is there a legal basis for considering impairment?

37. The Tribunal first considered whether there is a legal basis for considering whether Dr Ali's fitness to practise is impaired.

38. The Tribunal was satisfied that the legal basis is made out by reason of misconduct. Misconduct is a matter for the Tribunal's judgment. The Tribunal bore in mind that misconduct must represent a serious departure from the standards reasonably to be expected of a registered medical practitioner. In reaching that conclusion, the Tribunal had regard to the Tribunal's findings of fact, the relevant provisions of Good Medical Practice (2013) as set out above, and the submissions made by Ms Bucklow on behalf of the GMC.

39. The Tribunal had found, that although registered with the GMC, Dr Ali did not hold a licence to practise, and was therefore not allowed to practise medicine at the time he was treating Patient A and Patient B. Knowing that he was not licenced to practise medicine at that time, he held himself out as a doctor with GP experience, advertised that he could achieve over a 90% cure rate in challenging illnesses including cancer, and provided treatment to both patients which it found amounted to regulated practice. The Tribunal found that he misled both patients into believing that he was a doctor who could cure their cancer and took from them large sums of money knowing that the treatment he gave them was not evidenced based treatment for cancer and could not cure it. The circumstances in which these treatments were administered exposed the patients to a high risk of harm and were carried out in squalid unregistered premises without any regulatory oversight. The Tribunal also found that he failed to obtain informed consent, failed to provide adequate information about treatment, risks and side effects, failed to keep adequate medical records. The Tribunal also found his conduct to be dishonest.

40. In the Tribunal's judgment, these facts amount to serious misconduct. They were not isolated or inadvertent failings. Rather, they demonstrated a pattern of deliberate and sustained conduct, closely linked to Dr Ali's professional status as a doctor, which fell far short of the standards expected of a registered medical practitioner.

41. In considering the standards breached, the Tribunal had regard to the paragraphs of Good Medical Practice (2013) identified by Ms Bucklow, namely paragraphs 16, 17, 19, 20,

21, 44, 65, 66, 68, and 70, and also to the further paragraphs engaged on the Tribunal's own assessment, namely 1, 11, 12, 31, 32 and 49(a):

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

11. You must be familiar with guidelines and developments that affect your work.

12. You must keep up to date with, and follow, the law, our guidance and other regulations relevant to your work.

31 You must listen to patients, take account of their views, and respond honestly to their questions.

32 You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.

49 You must work in partnership with patients, sharing with them the information they will need to make decisions about their care, including:

a their condition, its likely progression and the options for treatment, including associated risks and uncertainties...'

42. The Tribunal was satisfied that Dr Ali's conduct represented serious departures from those standards on multiple occasions and in multiple respects and determined it to be misconduct.

43. Accordingly, the Tribunal determined that there is a legal basis for considering impairment by reason of misconduct.

Where on the spectrum of seriousness does the allegation lie?

44. The Tribunal determined that the misconduct in this case lies at the higher end of the spectrum of seriousness. In reaching that conclusion, the Tribunal had regard to both the nature of the misconduct itself and the aggravating features present in this case. The misconduct involved dishonesty; misleading and exploiting vulnerable patients about Dr Ali's professional status and the efficacy of the treatment he gave; practising as a doctor without a licence; unsafe clinical practice in an unregulated setting; and conduct which exposed patients to risk of serious harm.

45. The Tribunal found a number of features which were capable of significantly increasing the seriousness of the misconduct.

46. The Tribunal found that over the period of time Dr Ali was treating Patient A and Patient B, his conduct was persistent and repeated and directed towards patients with a particular vulnerability. Patient A had been diagnosed with stage 3 prostate cancer and was fearful of the side effects of conventional treatment. Dr Ali's false promises of a cure and the pressure he placed on Patient A to reject conventional treatment had resulted in a delay in the proper treatment of his cancer and a progression in the disease. Patient B had untreatable ovarian cancer and had been told by her NHS doctors that there was nothing more that could be done. The Tribunal accepted the GMC expert's evidence, that patients dealing with a cancer diagnosis are often in an extremely vulnerable position, looking to doctors for advice as to the best treatment option and susceptible to influence through hope and desperation. Both of these patients had turned to Dr Ali because they were desperate, Patient A to avoid the non-nerve saving surgery that he was told he needed and Patient B to find a way of being able to have more time with her children.

47. The Tribunal found Dr Ali's conduct to be predatory in nature. It found that Dr Ali used his status as a doctor, and the confidence that status inspired, to gain the trust of Patients A and B and to persuade them to undergo and pay substantial sums for purported cancer treatment which he knew had no evidential basis for curing cancer. Dr Ali thereby abused his professional position for personal financial gain. The Tribunal was satisfied that both patients placed weight on the fact that he presented himself as a doctor who had worked in the NHS.

48. The Tribunal found that Dr Ali's conduct showed a reckless disregard for patient safety and professional standards. The premises in which he administered treatment were

unregistered, squalid, unhygienic and non-aseptic. The Tribunal had found that Dr Ali had administered substances by intravenous infusion using IV bags that had already been used and the substances administered were not sterile and had been inadequately labelled and stored. The lack of asepsis exposed already compromised patients to a high risk of serious infection and the lack of registration meant that there could be no oversight of practise within it by the CQC. Dr Ali had refused or failed to provide appropriate information to both patients, kept little or no record of his treatment of them and failed to obtain informed consent.

49. The Tribunal concluded that Dr Ali's misconduct undermined systems designed to protect the public. Dr Ali was operating outside proper regulatory oversight: without a licence to practise, outside any regulated employer setting, without CQC registration, and without the safeguards ordinarily associated with clinical treatment. The Tribunal considered this a serious aggravating feature because it demonstrated a deliberate disregard for the framework intended to ensure patient safety.

50. The Tribunal was satisfied that Dr Ali's conduct was premeditated and repeated. It was not a momentary lapse. It involved a pattern of behaviour extending over time in relation to more than one patient, supported by misleading flyers, repeated false representations, repeated administration of unsafe treatment, and the systematic use of an inappropriate residential setting for clinical activity.

51. The Tribunal considered that Dr Ali put his own interests before those of patients. He charged Patient A up to £15,000 and Patient B between £10,000 and £12,000, in circumstances where he knew the treatments offered were not evidence-based cures for cancer. In Patient A's case, the Tribunal found that his conduct caused delay in obtaining appropriate treatment. In Patient B's case, he fostered false hope in the final stages of her illness, with distressing consequences for her and her family.

52. The Tribunal therefore concluded that the misconduct is properly characterised as being at the highest end of seriousness within the higher range.

What is the impact of any relevant context known about Dr Ali and/or their working environment?

53. The Tribunal found no relevant contextual factor which materially explained, mitigated or reduced the seriousness of Dr Ali's misconduct. There was no evidence of any

personal circumstances, workplace pressures, systemic failings, or other environmental factors contributing to his conduct. Nor was there evidence of any context that would reduce the present level of risk.

54. On the contrary, as set out above, Dr Ali chose to operate from his home in an unregistered clinic, without oversight by an employer, outside the revalidation process, and outside CQC regulation.

55. The Tribunal therefore concluded that there was no relevant context which reduces either the seriousness of the misconduct or the current risk posed by Dr Ali.

How has Dr Ali responded to the allegations?

56. In considering how Dr Ali had responded to the allegations, the Tribunal considered whether he had shown insight, remorse, remediation, or evidence of keeping his knowledge and skills up to date.

57. The Tribunal found that Dr Ali's response gives rise to very serious concern.

58. Dr Ali denied the allegations in his limited correspondence with the GMC and in the summary provided of his police interview. He maintained that he carried out naturopathic or therapeutic work, denied claiming that he could cure cancer, denied needing a licence to practise, and suggested that Patient A was attempting to blackmail him. Dr Ali later disengaged from the regulatory process, did not respond formally to the final allegations, did not engage with the hearing, and did not respond to the Tribunal's findings of fact at Stage 1 of these proceedings which had been sent to him.

59. The Tribunal accepted that a doctor is entitled to advance a defence and is not required to admit allegations in order to demonstrate insight. However, there was no evidence to show that Dr Ali had reflected on how he came to be charged with these allegations or the impact that his conduct had on Patient A and Patient B. He has not acknowledged the risk of harm caused, understood the distress and false hope caused to Patients A and B and their families, or accepted that what he had done was wrong. There has been no apology, no remorse, and no recognition of the abuse of trust inherent in his conduct.

60. The Tribunal found that there was also no evidence of remediation. The misconduct involved dishonesty, exploitation of vulnerable patients, unsafe clinical practice and disregard of basic professional obligations. While the Tribunal recognised that dishonesty is not necessarily incapable of remediation in every case, it is often particularly difficult to remediate. Here, there was no evidence of any steps taken by Dr Ali to remediate his conduct, reflect on ethical obligations, undertake retraining, or demonstrate changed behaviour. There was also no evidence that he had kept his medical knowledge or skills up to date.

61. The Tribunal also considered it significant that Dr Ali did not appeal the withdrawal of his licence to practise. Dr Ali chose instead to continue holding himself out as a doctor, and, on the material before the Tribunal, has since left the country and avoided engagement with both his regulator and the police.

62. In those circumstances, the Tribunal found that Dr Ali has demonstrated no insight, no remorse and no remediation, and that his response materially increases the risk of repetition.

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

63. Having regard to its conclusions, the Tribunal then considered whether Dr Ali poses any current and ongoing risk to public protection.

64. The Tribunal determined that Dr Ali poses a high and ongoing risk to public protection and that his fitness to practise is therefore currently impaired by reason of misconduct.

65. In relation to the first limb of the public protection, the Tribunal was satisfied that Dr Ali poses a continuing risk to the health, safety and wellbeing of the public. The Tribunal had already found that he misled vulnerable cancer patients into paying substantial sums for non-evidenced based treatment, practised without a licence, used unsafe and unhygienic premises, failed to obtain informed consent, failed to provide adequate information about treatment, risks and side effects, failed to keep adequate records, and in Patient A's case caused delay in obtaining appropriate evidence-based treatment. These findings demonstrate a direct and significant risk of harm to patients.

66. The Tribunal was also satisfied that Dr Ali's conduct has in the past brought, and would in the future be liable to bring, the profession into serious disrepute. He exploited the trust inherent in his position as a registered doctor, falsely advertised cancer cure claims, misled patients about his licence status and about treatment, and used his professional standing to obtain money from vulnerable patients. Such conduct would profoundly damage public confidence in the profession if a finding of impairment were not made.

67. The Tribunal further found that Dr Ali breached fundamental tenets of the profession, including honesty, integrity, patient-centred care, informed consent, safe prescribing and administration, clear record keeping, and maintaining trust.

68. The Tribunal found that Dr Ali's dishonesty, which was directly connected to patient care and exposed patients to risk of significant harm, lay at the upper end of the scale of dishonesty and without remediation would pose the highest level of current and ongoing risk to public protection.

69. In deciding current impairment, the Tribunal had regard to the absence of any mitigating context, and the complete lack of insight, remorse or remediation. There is nothing before the Tribunal to suggest that the risk has reduced over time. On the contrary, the absence of engagement, the lack of insight, and the failure to demonstrate any reflection or remediation demonstrates that the risk remains at the highest end.

70. The Tribunal therefore concluded that Dr Ali's fitness to practise is currently impaired by reason of misconduct. A finding of impairment is necessary to protect the public, to maintain public confidence in the medical profession, and to uphold proper professional standards and conduct.

Determination on Sanction - 24/04/2026

1. Having determined that Dr Ali's fitness to practise is impaired by reason of his misconduct, the Tribunal now has to decide, in accordance with Rule 17(2)(n) of the Rules, the appropriate sanction, if any, to impose for public protection.

Submissions

On behalf of the GMC

2. Ms Bucklow, submitted that the appropriate sanction in this case is one of erasure. She submitted that this is the minimum sanction required to meet all three limbs of the overarching objective.
3. Ms Bucklow referred the Tribunal to the relevant sections of the Guidance and submitted that the Tribunal should impose the least restrictive sanction necessary to achieve public protection. She reminded the Tribunal that the need to protect the public always outweighs the interests of any individual medical professional. Ms Bucklow submitted that the purpose of a sanction is not to discipline a doctor or punish them for past failings, however the necessary sanction may have a punitive effect.
4. Ms Bucklow submitted that there are no exceptional circumstances in this case that would justify taking no action on Dr Ali's registration. She further submitted that an order of conditions would be wholly insufficient in this case and would not provide a level of restriction that would adequately protect the public. Ms Bucklow submitted that conditions require insight and co-operation by the doctor concerned to make them workable. Dr Ali has disengaged with his regulator in the early stages of the GMC's investigation and indicated that he has no interest in maintaining his GMC registration.
5. Ms Bucklow submitted that Dr Ali has shown a blatant disregard for not only the principles set out in Good Medical Practice, but the regulatory requirements of practising medicine and providing medical treatment in the UK. She stated that Dr Ali conducted himself entirely outside of any regulatory oversight which is there to ensure proper professional standards and protect the safety of patients. Ms Bucklow submitted that Dr Ali presented himself as a doctor who could treat cancer and provided treatment to patients despite not holding a current licence to practise. She stated that Dr Ali produced flyers that were misleading but also incompatible with the law in relation to advertising treatment for cancer, which is wholly prohibited by reason of the Cancer Act 1939.
6. Ms Bucklow submitted that Dr Ali provided medical treatment from a clinic within his home that was not registered to carry out regulated activity and without the basic clinical hygiene / aseptic conditions in place. She submitted that the lack of registration with the CQC meant they had no oversight of the clinic or the activities that were being carried out, and

the clinic was not subject to any inspection or monitoring to ensure patients were treated in a safe environment.

7. Ms Bucklow submitted that Dr Ali would not have any regard for conditions imposed by this Tribunal, and they would be meaningless in terms of maintaining patient safety. She submitted that public confidence would also be significantly undermined by the imposition of conditions on a doctor who has already demonstrated he has no intention of complying with his regulatory requirements.

8. Ms Bucklow submitted that suspension is inappropriate in the case of Dr Ali. She submitted that there is an absence of any indication that Dr Ali intends to work on developing his insight, undertake any remediation, or co-operate with his regulator in order to demonstrate his fitness to practise at some point in the future. Ms Bucklow submitted that Dr Ali's failings are broad in nature and represent a departure from a significant number of the principles set out in GMP (2013). She submitted that, in light of the seriousness of the findings made in respect of Dr Ali, and the Tribunal's assessment that he poses a high risk to public protection, an order of suspension would be wholly inadequate in terms of maintaining public confidence or maintaining proper professional standards.

9. Ms Bucklow submitted that erasure is the only appropriate sanction in this case, in the absence of workable conditions and where an order of suspension is not sufficient to protect the public. She submitted that Dr Ali's conduct is fundamentally incompatible with maintaining registration with the GMC. Ms Bucklow submitted there are several aggravating factors in this case. She submitted that the dishonesty found proven is at the highest end of the spectrum as it arose directly within the context of Dr Ali's profession as a doctor and his treatment of patients. She stated that this has an impact on public confidence.

10. Ms Bucklow referred the Tribunal to the case of *Rehan Ahmed Khan v General Medical Council [2015] EWHC 301 Admin* and submitted that no sanction short of erasure is likely to be appropriate where proven dishonesty is combined with a lack of insight. She submitted that the remaining allegations found proven in this case form part of continuing course of predatory conduct where the patients were exploited by Dr Ali for his own financial gain, in a manner that exposed them to harm and put patient safety at risk. Ms Bucklow submitted that Dr Ali misled vulnerable and desperate patients, telling them that he could treat and cure their cancer using alternative and non-conventional treatments, which he knew were not evidence-based treatments for cancer. In this respect Dr Ali's conduct represents a significant departure from paragraphs 65 -70 of GMP 2013.

11. Ms Bucklow submitted in relation to Patient A, that he was actively deterred by Dr Ali from engaging with the appropriate and evidence-based treatments that were being offered to him by NHS specialists, and with that delay, came a worsening prognosis and direct harm. She stated that the treatment or substances that Dr Ali provided to both patients were not effective treatments and were not serving the patient's needs, nor, was there any evidence that he checked the treatments were compatible with either of the patients treatment with the NHS. Dr Ali did not obtain informed consent from either patient, they were not informed of the risks or benefits of the treatment. She submitted that it was still not clear what had been administered to each patient intravenously. This she submitted engaged paragraphs 16 and 17 of GMP 2013.

12. Ms Bucklow submitted that there is an absence of medical records in respect of either patient which represents a significant departure from the requirements of paragraphs 19-21 of GMP 2013. She stated that there was no evidence to suggest that Dr Ali did not understand what was required of him in terms of record keeping. Ms Bucklow submitted that the Tribunal may consider that the failure to keep adequate records was part of a wider effort by Dr Ali to conceal his actions or avoid a paper trail as he knew what he was doing was wrong. She submitted that the Tribunal heard witness evidence that Dr Ali refused to note anything down in writing, even when asked to do so. She reminded the Tribunal that a number of consent forms retrieved from Dr Ali's address had the treatment of cancer crossed out and replaced by something else. Ms Bucklow submitted that it is unlikely that remediation, such as undertaking a course in medical record keeping, would address the mischief that underpinned these failings.

13. Ms Bucklow submitted that Dr Ali has not provided any evidence of insight or remediation in the years since the index events occurred. She submitted that Dr Ali has had ample time and opportunity since then to reflect, show remorse and apologise where appropriate but had not done so. She reminded the Tribunal that at the impairment stage it had found that Dr Ali's lack of engagement, lack of insight and the failure to demonstrate any reflection or remediation demonstrates that the risk he poses is at the highest end. Ms Bucklow submitted that it is not the case that Dr Ali had a genuinely held or misplaced belief that he was helping either Patient A or Patient B in treating their cancer, as this is shown by his flat denial of the allegations. Dr Ali left the country after the police investigation commenced and has not returned. She submitted that Dr Ali's behaviour was premeditated, and he simply did not care for the wellbeing of either patient. Dr Ali has shown no remorse

for the harm that has been caused to either patient, whether that be psychological, physical or financial.

14. Ms Bucklow submitted that the nature and seriousness of the conduct found proven in this case would be difficult to remedy. She stated that dishonesty itself is a behavioural issue, and the Tribunal may consider that all of the allegations found proven in this case arise from an entrenched and attitudinal behaviours, where Dr Ali does not have regard to many of the principles set out in GMP and the regulatory requirements. She submitted that Dr Ali had used his status as a doctor to exploit vulnerable people and that a member of the public that was fully informed of the findings in this case would be shocked and appalled at Dr Ali's conduct. Public confidence in the profession and the regulatory system would be significantly undermined if Dr Ali continued to hold registration and was not removed from the register.

15. Ms Bucklow submitted that the Guidance provides that the indicative banding for cases of dishonesty where there is a higher level of risk to public protection is one of suspension for 9 months to erasure. She submitted that the seriousness of the allegations and the level of risk posed to public protection should be used to inform the Tribunal of where in the banding the case falls.

16. Ms Bucklow submitted that, for the reasons outlined above, the GMC submit that Dr Ali's conduct falls at the top end of the indicative banding and requires an order of erasure.

The Tribunal's Approach

17. The Tribunal had regard to the relevant sections of the MPTS Guidance.

18. In making its decision on sanction the Tribunal has to consider what in light of its findings of impairment is the proportionate response, needed to protect the public. The Tribunal had determined that all three aspects of public protection were engaged in this case, and it has now to consider what regulatory actions, if any is needed to protect the public. The Tribunal referred to the sanctions banding(s) as set out in Part C of the MPTS Guidance and considered the level of current and ongoing risk the doctor poses to public protection. It also considered the impact of any specific sanction type, where applicable, and any other relevant factors or information that would inform its decision.

19. The Tribunal noted that the decision as to the appropriate sanction, if any, to impose was a matter for its independent judgement which it must exercise fairly, transparently and

proportionately. The purpose of a sanction is not to punish the doctor, although any sanction imposed may have a punitive effect. However, case law makes clear that the reputation of the medical profession as a whole is more important than the interests of an individual doctor: *Bolton v Law Society [1993] EWCA Civ 32* and reflected in paragraph 72 of the Guidance.

20. The Tribunal reminded itself that, in determining whether to impose a sanction, it should have regard to the principle of proportionality and should start by considering the least restrictive option and impose a sanction that is no more restrictive than necessary for public protection.

21. Throughout its deliberations, the Tribunal had regard to the three limbs of the overarching objective to protect the public as set out in Section 1 of the Medical Act. It has also applied the principle of proportionality, balancing Dr Ali's interests with the public interest.

The Tribunal's Determination on Sanction

22. The Tribunal has had regard to the submissions of Ms Bucklow and its decision on impairment as to the level of current and ongoing risk Dr Ali poses to public protection. It further noted the sanctions bandings set out in the Guidance. The sanctions banding where there is a high level of risk in cases of dishonesty and a high level of risk to the public provides a starting point of nine months suspension to erasure. The Tribunal bore in mind that the further conduct found proven, which it found to be serious, does not fit seamlessly in the sanctions banding. It noted that this case includes a multitude of breaches of Good Medical Practice (2013), each of which fall within the upper end on the spectrum of seriousness. The Tribunal had found at the impairment stage that there were no factors that reduced the level of seriousness or risk and it had not been provided with any additional evidence to demonstrate any developing insight or remediation on the part of Dr Ali. It reminded itself that Dr Ali had completely disengaged from these proceedings and left the country. The Tribunal determined that this was a case that engaged all three limbs of public protection and there remained a high ongoing risk to public protection.

23. The Tribunal considered each of the available sanctions in turn, starting with the least restrictive.

No Action

24. The Tribunal first considered whether to conclude the case by taking no action. It considered paragraphs 13 – 16 of Section 3 of the MPTS Guidance which relate to consideration of ‘Taking no action’. It noted paragraph 13 in particular which states:

‘Where a doctor’s fitness to practise is impaired, it will usually be necessary for the MPT to restrict the doctor’s registration to achieve public protection. But there may be exceptional circumstances to justify an MPT taking no action. Exceptional circumstances are unusual, special, or uncommon, so such cases are likely to be very rare.’

25. The Tribunal determined that, there are no exceptional circumstances which would warrant the taking of no action in the context of the facts found proved and the Tribunal’s determination on impairment. It considered that the taking of no action would not be proportionate, or sufficient to protect the public.

Conditions

26. The Tribunal next considered whether to impose conditions on Dr Ali’s registration. It bore in mind that any conditions imposed would need to be appropriate, workable, measurable and proportionate.

27. The Tribunal considered that the sanctions bandings for cases where there is a high level of risk to public protection and noted that it does not indicate that conditions would be sufficient to meet the high level of risk identified in this case.

28. The Tribunal had regard to paragraphs 17 to 30 of the relevant section of the MPTS Guidance which provide an indication of cases where conditions are likely to be suitable. It reminded itself of its earlier findings that Dr Ali had breached fundamental tenets of the profession. In addition to the high level of risk identified in this case the Tribunal concluded that Dr Ali’s misconduct could not be addressed by conditions on his registration. The Tribunal determined that it was not possible to formulate conditions to address the risk of harm associated with Dr Ali’s misconduct and there was no material before the Tribunal to reassure it that Dr Ali would comply with conditions. Given the seriousness of Dr Ali’s conduct, and lack of any insight or intention to remediate, the Tribunal do not consider the

imposition of conditions would be a proportionate or appropriate response to meet public protection.

Suspension

29. The Tribunal then considered whether imposing a period of suspension on Dr Ali's registration would be appropriate and proportionate. The Tribunal reminded itself of Ms Bucklow's submission that the purpose of suspension is to remove a doctor from practice, to manage the current and ongoing risk they pose to public protection with the aim they should be able to return safely to unrestricted practice. Suspension can have a deterrent effect and be used to send a signal to the individual doctor, the profession and public about what is regarded as behaviour unbecoming a registered doctor.

30. The Tribunal bore in mind that the sanctions banding table at paragraph 62 the Guidance which indicates that a lengthy period of suspension or erasure may be the appropriate and proportionate outcome in most cases involving serious misconduct where the ongoing risk is high.

31. The Tribunal further noted paragraph 45 of the relevant section of the MPTS Guidance, which provides:

'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.'

32. The Tribunal noted its findings that Dr Ali's misconduct involved actual harm to patients and therefore lay at the high end of the spectrum of seriousness and that Dr Ali's misconduct poses a high level of risk to public protection. Dr Ali has shown no insight or intention to remediate and has disengaged with this process. The Tribunal has received no

testimonials or references on behalf of Dr Ali and note that he has deliberately absented himself from proceedings.

33. The Tribunal concluded that a period of suspension would not be sufficient to protect the public, promote and maintain public confidence in the profession or promote and maintain standards of conduct for the medical profession.

Erasure

34. The Tribunal, having concluded that an order of suspension would be insufficient to protect the public, determined that the appropriate and proportionate sanction is erasure.

35. The Tribunal had regard to the paragraphs 55 to 57 of the relevant section of the MPTS 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.'

36. The Tribunal was of the view that paragraphs 57 (a), (b), (c) and (d) of the MPTS Guidance applied in this case. It was satisfied that Dr Ali's conduct was fundamentally incompatible with his continued registration as a doctor and that the level of current and ongoing risk he poses to public protection is so significant that erasure is the only sanction proportionate to the current and ongoing risk he poses to all three parts of the overarching objective of public protection, including promoting and maintaining public confidence in the medical profession.

37. The Tribunal was satisfied that given the seriousness of the facts proven, there was an ongoing risk to public protection. The Tribunal was of the view that, if Dr Ali's was to continue to hold registration, it would not only put patients at risk of harm, but would seriously undermine public confidence in the profession.

38. The Tribunal considered that the appropriate sanction in this case was one of erasure given that Dr Ali's misconduct was so serious and fundamentally incompatible with continued registration.

39. The Tribunal then took a step back and considered whether erasure was the proportionate sanction in all the circumstances of this case. It determined that whilst this sanction would impact on Dr Ali, there was no other sanction sufficient to uphold public protection. The most serious sanction was necessary in this case as the only appropriate and proportionate sanction capable of fulfilling the need to protect the public and the wider public interest.

40. The Tribunal therefore determined to erase Dr Ali's name from the medical register.

Determination on Immediate Order - 24/04/2026

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

Submissions

On behalf of the GMC

2. Ms Bucklow referred the Tribunal to the relevant paragraphs of the MPTS Guidance when considering an interim order. She stated that this is not a case where an immediate order is necessary in the interest of the doctor, but one is necessary in the interest of patient safety, public protection and public confidence.

3. Ms Bucklow submitted that Dr Ali is not here to make any representations on the effect that an immediate order would have on him. She submitted that Dr Ali is not currently in or practising within the UK, and that an immediate order would therefore not restrict his ability to work in this country. Ms Bucklow submitted that an immediate order is necessary because of the seriousness of the findings in this case and the high risk that Dr Ali poses, particularly to patient safety. She further submitted that public confidence would be significantly undermined if an immediate order was not made.

4. Ms Bucklow informed the Tribunal that Dr Ali is currently subject to an interim order of suspension. She stated that if the Tribunal were to impose an immediate order of suspension, it should revoke the interim order and replace it with the immediate order. She stated that this would be more suitable in respect of protecting the interests of the public should Dr Ali make an appeal.

The Tribunal's Determination

5. 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.

6. The Tribunal had regard to the paragraphs 83 and 84 of the MPTS 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”*

7. The Tribunal considered its findings at previous stages in relation to Dr Ali’s misconduct and impairment. It noted that Dr Ali poses a high risk to patient safety. The Tribunal assessed the level of current and ongoing risk posed to public protection to be high in relation to all three parts of public protection as defined by s.1 of the Medical Act (1983).

8. The Tribunal considered that an immediate order is necessary both to protect the public and in the public interest. It further determined that all sub-paragraphs of paragraph 84 were engaged in this case.

9. The Tribunal therefore determined to impose an immediate order of suspension on Dr Ali’s registration.

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

11. The interim order currently in place on Dr Ali’s registration will be revoked when service of this decision is deemed to have been effected.

12. That concludes this case.

ANNEX A – 14/01/2026

Service and proceeding in absence

Service

1. Dr Ali was not present or 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.

2. The Tribunal was provided a Proof of Service bundle which included the following documents regarding service of the notice of hearing:

- A screenshot of Dr Ali's registered contact details, including postal address and email address;
- Email to Dr Ali with Notice of Allegation ('NOA'), dated 20 October 2025;
- Letter Posted to Dr Ali's registered Address with NOA and Rule 34(9) Letter;
- Dr Ali proof of posting of documents from Royal Mail;
- Dr Ali Notice of Hearing ('NOH') email, sent 21 October 2025;
- Dr Ali NOH letter sent by first class post, dated 21 October 2025;
- Dr Ali NOH letter sent via special delivery, dated 21 October 2025;
- Chaser NOH email to Dr Ali, dated 22 October 2025;
- Dr Ali proof of posting of NOH special delivery letter from Royal Mail.

3. Ms Bucklow submitted that service had been effected in accordance with Rule 40 of the Rules by reason of the documents set out above.

4. The Tribunal had regard to the documents before it and the submissions made by Ms Bucklow. It was satisfied that notice of this hearing has been served in accordance with Rule 40 of the Rules and paragraph 8 of Schedule 4 of the Medical Act 1983.

Proceeding in Absence

5. Having been satisfied that notice was properly served upon Dr Ali, the Tribunal then considered whether to proceed with this hearing in his absence, in accordance with 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 utmost care and caution, balancing the interests of the doctor with the wider public interest.

Submissions

6. Ms Bucklow submitted that the Tribunal could be satisfied that all reasonable efforts had been made to serve Dr Ali with the notice of hearing, and that it was fair to proceed in his absence.

7. Ms Bucklow submitted that Dr Ali had voluntarily absented himself from these proceedings and after providing an initial response to the concerns and indicating that he was instructing a solicitor, had not engaged with the GMC about the investigation for a number of years. She submitted that Dr Ali has not requested an adjournment, that there was no indication that an adjournment would secure Dr Ali's attendance at a future date and therefore nothing would be achieved by adjourning proceedings.

8. Ms Bucklow submitted that the Tribunal would consider the extent of any disadvantage to Dr Ali of proceeding in his absence, but that he had chosen not to engage or attend and the Tribunal was independent and would ensure that the evidence was tested and heard fairly in his absence.

9. Ms Bucklow submitted that there were particularly serious fitness to practise allegations in the case, involving exploitation of vulnerable patients, the provision of medical treatment without the appropriate licence to do so, and providing that treatment in an unsafe manner which put patients at significant risk. She submitted that it was in the public interest and the regulator's interest for this case to proceed.

The Tribunal's Determination

10. In reaching its decision the Tribunal noted that within the document bundle provided to it were a number of emails from Dr Ali to the GMC, dated April 2020, where he stated that:

"I am not interested in any reviews, in fact I would be grateful if you help me in actioning complete erasure of my name from the GMC register."

and:

“Yes I confirm receiving this and all previous communication and I confirm I am not interested to be on the GMC register. Furthermore I would be grateful if this matter is brought to a close especially by stopping any emails sent to me from the GMC or any of it's affiliates.”

11. The Tribunal also noted evidence that the Police, who had opened an investigation into Dr Ali, had determined that Dr Ali had left the country.
12. The Tribunal was satisfied that Dr Ali had voluntarily absented himself from these proceedings and that he had stopped engaging with his regulator in relation to the investigation and these proceedings.
13. The Tribunal considered that Dr Ali had not requested an adjournment and that there was no evidence that were it to adjourn, Dr Ali would engage or attend at any future date.
14. In determining whether to proceed in Dr Ali’s absence, the Tribunal bore in mind that witnesses had been scheduled to attend to give evidence and that there were serious allegations against Dr Ali and a potential risk to patient safety and public protection.
15. The Tribunal concluded that in balancing the interests of Dr Ali, the GMC and the public interest, it would be appropriate for the hearing to proceed as scheduled, and that any potential disadvantage to Dr Ali could be satisfactorily addressed by the proper testing and analysis of the witnesses and evidence in this case.
16. The Tribunal therefore determined to proceed in Dr Ali’s absence.

ANNEX B – 14/01/2026

Application to anonymise witnesses

1. This determination will be handed down in private due to the confidential nature of matters discussed. However, as this case concerns Dr Ali’s alleged misconduct a redacted version will be published at the close of the hearing.

2. Ms Bucklow, counsel, on behalf of the GMC made applications, pursuant to Rule 35(4) of the of the GMC (Fitness to Practise Rules) 2004 as amended ('the Rules'), to anonymise Patient A, Patient B and three witnesses throughout proceedings.

Submissions

3. Ms Bucklow submitted that Patient A, XXX, wished to be anonymised within the proceedings. Ms Bucklow submitted that he was a patient in this case and that his evidence would involve discussing personal and private health matters in relation to his treatment for prostate cancer. She submitted that as this was a hearing being held in public, he sought anonymity so that he was not identifiable and that the personal health matters discussed were not linked back to him or identifiably attributed to him going forward.

4. Ms Bucklow submitted that she wished to make the same application in relation to Patient A's wife, Ms C, who was not a live witness, but had provided a written witness statement and was likely to be referred to during proceedings.

5. Ms Bucklow also applied to anonymise Mr D, who is Patient A's brother. She submitted that he has provided a written witness statement and attended one of the appointments of relevance, and was likely to be referred to during proceedings.

6. Ms Bucklow submitted that these applications were being made to avoid Patient A being identified through the piecing together of the information from those two witnesses. She submitted that granting anonymity would assist with the witnesses in giving their best evidence where they could be confident that they could discuss Patient A's confidential health matters without it being attributable to them or Patient A being identified within the public domain.

7. Ms Bucklow also applied for Patient B, XXX, who is now deceased, and her husband, Mr E, to be anonymised throughout proceedings. She submitted that in respect of Patient B, personal and private health matters in relation to her treatment of ovarian cancer would be discussed.

8. Ms Bucklow submitted that Mr E would like both Patient B and himself to be anonymised to prevent the jigsaw identification of her. She submitted that his concerns about the possible identification of Patient B in the public domain could affect the quality of his witness evidence if he were not to be granted anonymity.

The Tribunal's Determination

9. Rule 35(4) of the Rules states:

35

...

(4) The Committee or Tribunal may, upon the application of a party, agree that the identity of a witness should not be revealed in public.

10. The Tribunal considered that granting anonymity to Patient A would allow him to give his best evidence, and that he would be discussing matters of a personal nature and relating to his health.

11. The Tribunal also took into account that there were witnesses that could possibly identify him or that he could be identified by their individual names, as they were direct family relatives.

12. The Tribunal was satisfied that it was fair and reasonable to grant the applications in respect of Patient A, Ms C and Mr D.

13. It concluded that this would be fair in the circumstances, would allow Patient A to give evidence without fear of identification, and would not be unjust to Dr Ali.

14. In respect of Patient B and Mr E the Tribunal considered that a similar rationale applied. Whilst Patient B had passed away, Mr E was requesting that she remain anonymised and that he also be anonymised to prevent jigsaw identification of Patient B and to allow him to give his best evidence.

15. The Tribunal noted that whilst Mr E was not a vulnerable witness, he had nonetheless been through a traumatic experience in the loss of his wife.

16. The Tribunal was satisfied that it was fair and reasonable in the circumstances to grant the applications in respect of Patient B and Mr E, that this would allow Mr E to give his best evidence, and would not be unjust to Dr Ali.

17. Accordingly, the Tribunal determined to grant Ms Bucklow’s applications in respect of Patient A, Patient B, Ms C, Mr D and Mr E.

18. These witnesses will therefore be anonymised throughout proceedings and their names redacted from any public record or determination. Throughout these proceedings, XXX will be referred to as Ms C, XXX will be referred to as Mr D and XXX will be referred to as Mr E.

ANNEX C – 14/01/2026

Application to amend the Allegation under Rule 17(6)

1. Ms Bucklow, counsel, on behalf of the GMC made applications, pursuant to Rule 17(6) of the of the GMC (Fitness to Practise Rules) 2004 as amended (‘the Rules’), to amend the Allegation.

The first application

2. Ms Bucklow applied to make the following amendments to paragraphs 28(b)(i), 28(b)(iii) and 29 of the Allegation.

28.

...

(b) posed a risk to patient safety because:

(i) medication was stored in a ~~residential~~ domestic fridge;

...

*(iii) it was **non-aseptic**;*

29. On 13 ~~February~~ **January** 2015 your licence to practise medicine was withdrawn.

3. Ms Bucklow submitted that she was seeking to amend the word “residential” with “domestic”, in line with the phrasing used in the Public Health England (‘PHE’) report, following a query on this discrepancy from the Tribunal.
4. Ms Bucklow submitted that she was seeking to amend “aseptic” to “**non-aseptic**” to accurately reflect the allegation that the premises were not aseptic, following the Tribunal raising this paragraph of the Allegation and seeking clarity on this point.
5. Ms Bucklow submitted that she also sought to correct a typographical error regarding the date that Dr Ali’s licence was withdrawn, following the Tribunal raising this discrepancy with her.
6. Ms Bucklow submitted that these amendments would accurately reflect the evidence in this case, would correct typographical errors in the original wording of the Allegation, and could be made without injustice or unfairness to Dr Ali.

The Tribunal’s Determination

7. Rule 17(6) of the Rules states:

17.

...

(6) Where, at any time, it appears to the Medical Practitioners Tribunal that— (a) the allegation or the facts upon which it is based and of which the practitioner has been notified under rule 15, should be amended; and (b) the amendment can be made without injustice, it may, after hearing the parties, amend the allegation in appropriate terms.

8. The Tribunal considered that these amendments would correct inaccuracies in the wording of the Allegation and accurately reflect the evidence and allegations made by the GMC in respect of Dr Ali.
9. It was satisfied that the amendments could be made without injustice and determined to grant Ms Bucklow’s application.

The second application

10. Ms Bucklow made a further application to amend paragraphs 3, 6(a), 6(b), 7(a), 7(b), 8, 9, 10, 17, 22, 27(a) and 28(a)(ii) of the Allegation as follows:

3. On one or more occasion during the Treatment Period you ~~injected~~ **administered** Patient A with a substance and you failed to:

...

6. ...

(a) the liquids were ~~directly administered intravenously to Patient A from gallons~~ **stored and/or transferred from non-aseptic commercial gallon containers;**

(b) the gallons ~~containers~~ referred to at paragraph 6a were unlabelled with the details of the liquids’:

7. ...

(a) you ~~injected~~ **administered** Patient A with **a substance which you led him to believe was ‘Vitamin C’;**

(b) ~~and~~ you led Patient A to believe **the substance you referred to as ‘Vitamin C’** was part of a treatment plan which would cure his cancer.

8. When you acted in the manner described at paragraph 7 you knew that **the substance referred to as ‘Vitamin C’** was not an evidenced based treatment to cure cancer.

9. On one or more occasion during the Treatment Period:

(a) you **administered intravenously** ~~injected~~ Patient A with **a substance which you led him to believe was ‘Garlic Oil’;** ~~and~~

(b) you led Patient A to believe **the substance referred to as ‘Garlic Oil’** was part of a treatment plan which would cure his cancer.

10. When you acted in the manner described at paragraph 9 you knew that **the substance referred to as ‘Garlic Oil’** was not an evidenced based treatment to cure cancer.

17. When you acted in the manner described at paragraph **1(a) and 1(c)**, 4, 7, 9, 14, 16 you caused a delay in Patient A obtaining appropriate treatment for their cancer.

22. Between January and April 2018, you administered **one or more of the substances, which you led Patient B to believe were the** substances listed at Schedule 1 through Patient B’s PICC line which was inappropriate in that:

...

27. Between 2013-2019 you produced or caused to be produced flyers to advertise your services:

(a) in which you advertised yourself as a **doctor with GP experience**, when you did not have a licence to practise which was misleading;

...

28. ...

(a)...

(ii) the area it was used as a residential property used for clinical activity was also used as a residential living area;

11. Ms Bucklow submitted that in respect of paragraph 3, changing *“injected”* to *“intravenously administered”* would more appropriately reflect the type of administration of the substances to Patient A, as he described it as going through an intravenous (‘IV’) line into a cannula rather than an *‘injection’*, which could have the meaning to a layperson that he had been injected into the subcutaneous tissue with a needle.

12. Ms Bucklow submitted that in relation to paragraph 6(a), the Allegation originally stated that the liquids were directly administered intravenously to Patient A from the gallons and then went on to say that the gallons referred to were unlabelled with the details of the liquids. She submitted that, having heard the evidence of Dr G and Patient A, the alleged failing that arises is not that the liquids were directly administered to patients intravenously from the gallons, but because of the storage of the liquids in the commercial gallons and then being transferred to the patients. She submitted that reading Patient A’s original statement, one could have the impression that there was a tube directly from the gallon to the

patient and that is reflected in the how the allegation was originally drafted and that is not what Patient A actually described. She submitted that the amendment would make it clear that the liquids given to Patient A were stored and transferred from those gallon containers.

13. Ms Bucklow submitted that similarly for paragraph 6(b), the addition of the word “*containers*” would make it clear that they were gallon containers and that the liquids given to Patient A were stored and/or transferred from those.

14. Ms Bucklow submitted that in respect of paragraph 7(a) the same rationale applied as for paragraph 3 in changing “*injected*” to “*intravenously administered*”. She submitted that none of the evidence heard had established that it was in fact Vitamin C that Patient A was injected with and so the correct wording of the allegation should be: *with a substance which you led him to believe was ‘Vitamin C’*

15. Ms Bucklow submitted that in respect of paragraph 7(b) the proposed amendment would similarly clarify that Dr Ali led Patient A to believe the substance was Vitamin C, although whether or not the substance was Vitamin C was not established.

16. Ms Bucklow submitted that the proposed amendment to paragraph 8 would reflect that although this liquid was referred to as Vitamin C and that Patient A understood it to be Vitamin C, it is not confirmed as to what the substance actually was.

17. Ms Bucklow submitted that the same rationale as set out above applies in respect of paragraph 9, in that the proposed amendments would reflect intravenous administration as described by the witness and clarify that Dr Ali referred to the substance as “*Garlic Oil*” although the actual nature of the substance had not and could not be confirmed.

18. Ms Bucklow submitted that this would then carry through to paragraph 10, where the proposed amendment would clarify that the substance was *referred* to as “*Garlic Oil*”.

19. Ms Bucklow submitted that the proposed amendment to paragraph 17 was simply to clarify that paragraph 1(b) of the Allegation, that Dr Ali charged Patient A up to £15,000 for treatment is not something that could be said to have caused a delay in a Patient A obtaining appropriate treatment.

20. Ms Bucklow submitted that the proposed amendment to paragraph 22 would ensure consistency and reflect that Patient B was led to believe that the substances listed at

Schedule 1 were used, but that there had been no confirmation or testing to confirm the true nature of the substances.

21. Ms Bucklow submitted that in respect of paragraph 27(a) of the Allegation, it initially stated that between 2013 and 2019 Dr Ali produced or caused to be produced flyers to advertise services in which he advertised himself as a GP when he did not have a licence to practise. She submitted that this wording was originally taken from the expert report and evidence. However on going back and looking at the flyer itself this is not accurate and it is important that the Allegation actually reflects exactly what is stated on the flyer and not someone's interpretation of what it says. She submitted that the leaflets do not advertise Dr Ali as a GP, it describes him as a doctor with GP experience and therefore the amendment was sought to more accurately reflect this.

22. Ms Bucklow submitted that paragraph 28(a)(ii) originally alleged that the premises were inappropriate because it was used as a residential property, but that following the evidence of Dr G, it was apparent that the fact it was a residential property was not the issue in itself, that some people do run clinics or private clinics from a residential property. The issue was that the area used for clinical treatments and activity was also used as a residential living area. The concern was the cross purpose use of the treatment area, rather than the fact that it happened to be within a residential property. She submitted that the amendment was sought to accurately reflect Dr G's evidence on the potential issue with the nature of the premises.

The Tribunal's Determination

23. The Tribunal considered that these amendments would correct inaccuracies in the wording of the Allegation and accurately reflect the evidence and allegations made by the GMC in respect of Dr Ali.

24. It was satisfied that the amendments could be made without injustice and determined to grant Ms Bucklow's application.

SCHEDULE 1

Vitamin C
Oxygenated Water
Ozone Treatment
Sodium Bicarbonate