

PUBLIC RECORD

Dr Ali successfully appealed decisions of this Tribunal. On 09/09/24, the High Court quashed the sanction of erasure. In respect of the review matter relating to the dangerous driving conviction, the High Court upheld the decision of the Tribunal that Dr Ali's fitness to practise continues to be impaired by reason of conviction. In respect of the new matter relating to the dishonesty allegation, the High Court upheld the findings of the Tribunal in respect of allegations 1, 2 and 3.

The High Court directed that the case be remitted to a Medical Practitioners Tribunal for re-consideration of allegation 4, impairment and what sanction, if any, to impose. It also directed that a review hearing shall be listed together with the remitted hearing of the dishonesty allegation to be determined in accordance with the procedure in paragraph 21A of the General Medical Council (Fitness to Practise) Rules 2004.

Dr Ali's registration remained suspended until the conclusion of the remitted matters.

The judgment can be found [here](#).

The remittal Tribunal's decision on the re-consideration of allegation 4, impairment and sanction are set out below.

Please also see the record of determinations from Dr Ali's appealed hearing which concluded on 28/02/2024 and can be found [here](#).

Dates: 08/04/2025 - 29/04/2025

Doctor:	Dr Shah ALI
GMC reference number:	7284246
Primary medical qualification:	MB BS 2013 University of East Anglia

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

Review - Conviction

Summary of outcome

Erasure

Tribunal:

Legally Qualified Chair	Miss Gillian Temple-Bone
Lay Tribunal Member:	Mr Paul Hepworth
Registrant Tribunal Member:	Mr Ian Crighton

Tribunal Clerk:	Mr Michael Murphy
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Attendance and Representation:

Doctor:	Present, not represented Present, represented (9 April 2025 only)
Doctor's Representative:	Mr Rad Kohanzad, Counsel (9 April 2025 only)
GMC Representative:	Mr Ian Brook, Counsel

Attendance of Press / Public

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

Overarching Objective

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

Determination on Facts - 16/04/2025

1. This matter was considered by a previous Tribunal, which concluded on 28 February 2024. That Tribunal found all matters in the allegation against Dr Ali proved. It found Dr Ali's fitness to practise to be impaired and directed to erase his name from the medical register. Dr Ali appealed that decision to the High Court which dismissed the appeal against paragraphs 1, 2 and 3 of the Allegation but upheld the appeal concerning paragraphs 4(a) and 4(b). The High Court quashed the Tribunal's sanction of erasure and directed that the case be remitted back to a Medical Practitioners Tribunal (MPT) for re-consideration of allegation 4, impairment and what sanction, if any, to impose. This factual determination is confined to consideration of paragraph 4 of the Allegation.

Background

2. Dr Ali qualified in 2013 at Norwich School of Medicine in the University of East Anglia. Dr Ali worked as a junior doctor in vascular surgery and general medicine in Birmingham. He has also worked as a Senior House Officer in Obstetrics and Gynaecology and as a senior administrator in Birmingham.

3. An incident occurred on 22 August 2018 which led to a charge of dangerous driving against Dr Ali. On 12 December 2019 at Birmingham Crown Court, Dr Ali was convicted of dangerous driving. On 23 April 2020, he received a sentence of nine months imprisonment, suspended for 24 months with a requirement of 180 hours unpaid work. He was also disqualified from driving for 18 months.

4. Dr Ali was referred to the GMC by the police on 20 March 2019. The Police informed the GMC that they were investigating an allegation of dangerous driving. Dr Ali also self-referred by email on 11 April 2019. On 19 December 2019, Dr Ali informed the GMC of the fact of his conviction.

5. During the Covid-19 pandemic, NHS England implemented a 'Bringing Back Staff' Programme ('BBS'). Dr Ali filled in a preliminary questionnaire for that programme as a first step for him to return to work. At that time he was registered on the medical register but he had conditions on his registration.

6. The circumstances that led to this hearing arose from a statement (the Declaration) which Dr Ali made in June 2020 in answer to a question on a Disclosure and Barring Service Declaration Form (the Form). The Declaration was made as part of Dr Ali's enquiry to the

Bringing Back Staff (BBS) programme. The BBS programme sought to return staff to the NHS to address the consequences of the Covid-19 pandemic. On 7 June 2020, Dr Ali returned the Form to Ms C who had been seconded to that programme.

7. Dr Ali answered “yes” to question 7 on the Form which asked:

“Are you currently subject to a fitness to practise investigation and/or proceedings of any nature by a regulatory or licensing body, which may have a bearing on your suitability for the position you are applying for?”

8. The Form said: “If you have ticked YES, please provide the reasons given for the investigation and (where applicable) the details of any warnings, conditions or sanctions (including limitations, suspension or any other restrictions) that apply to your professional registration and, the name and address of the regulatory or licensing body concerned”

9. Dr Ali ticked YES, and then in the space provided for that information Dr Ali said:

“I am not subject to any current/new fitness to practice investigations and/or proceedings. I am subject to ongoing GMC Conditions for 24 months, this is after non-specific GMC investigation and Performance Assessment that led to a prior 6-month suspension. Please see MPTS listings including attached conditions.”

10. The second sentence of that answer referred to the conditions imposed as a result of Dr Ali’s earlier dealings with an MPT. This case against Dr Ali relates to the first sentence set out in paragraph 9 above. The GMC contend that what Dr Ali said there was untrue and dishonest because he was subject to an investigation arising out of the dangerous driving conviction and sentence. Further, the GMC alleged that where Dr Ali had signed the Declaration stating that the contents of the Form were true to the best of his knowledge and belief, he knew that the Declaration was untrue and having made it with that knowledge, he was acting dishonestly.

11. Dr Ali dated his signed Declaration and Form, 6 June 2020. He attached it to an email to Ms C dated 7 June 2020. Ms C was an administrator who had been redeployed to NHS England to work in part as a Programme manager. It was her responsibility, with others, to speak to those who completed a survey offering their services to the NHS. Her task was to elicit their preferred roles and to ask them to complete several forms including the Form and Declaration. Dr A became involved because when Ms C was concerned about Dr Ali’s

circumstances, she asked Dr A for advice. On 19 January 2021, Dr Ali was referred to the GMC by Dr A of NHS England (NHSE).

The Outcome of Applications Made during the Facts Stage

12. The Tribunal granted the GMC's applications, made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit additional evidence.

13. The Tribunal granted Dr Ali's application made pursuant to Rule 34(1) of the General Medical Council (Fitness to Practise Rules) 2004 as amended ('the Rules'), to admit additional evidence and to un-redact documents already filed. The Tribunal confirmed to Dr Ali that the findings of fact which were not remitted would remain unopened. The Tribunal's full decision on the applications is included at Annex A.

14. The Tribunal granted a further application from Dr Ali, made pursuant to Rule 34(1) of the Rules, that, a defence bundle should be replaced with the original version he had provided. The Tribunal's full decision on the application is included at Annex B.

The Allegation and the Doctor's Response

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

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

1. On an NHS England Disclosure Barring Service application declaration form dated 6 June 2020 ('the Form'), which you submitted to NHS Improvement England, you: Amended under Rule 17(6)

a. stated on the Form "I am not subject to any current/new fitness to practise investigations and/or proceedings"; **Determined and found proved on 24/10/23**

b. signed the Form to confirm your agreement to the statement "I declare that the information I have provided in this form and in any accompanying documentation, is true to the best of my knowledge and belief". **Determined and found proved on 24/10/23**

2. The statement you made as set out in paragraph:
 - a. 1a above included information which was untrue;
Determined and found proved on 24/10/23
 - b. 1b was untrue. **Determined and found proved on 24/10/23**
3. At the time of your actions at paragraph 1 you knew:
 - a. you were subject to an ongoing General Medical Council fitness to practise investigation; **Determined and found proved on 24/10/23**
 - b. the statement you made as set out in paragraph 1a above included information which was untrue; **Determined and found proved on 24/10/23**
 - c. the statement as set out in paragraph 1b was untrue.
Determined and found proved on 24/10/23
4. Your actions as described at:
 - a. paragraphs 1a and 2a were dishonest by reason of paragraphs 3a and 3b; **To be determined**
 - b. paragraphs 1b and 2b were dishonest by reason of paragraphs 3a and 3c. **To be determined**

Witness Evidence

16. The Tribunal received oral evidence on behalf of the GMC from the following witnesses:

- Ms C, Workforce Planning and Capacity Manager for NHS Improvement England;
- Dr A, GP for the Homeless Health Exchange and Associate Medical Director for NHSE.

17. Dr Ali provided his own witness statements, dated February 2025 and 9 April 2025. Dr Ali was not represented during the hearing, save for cross examination of Ms C and closing

submissions where Mr Kohanzad represented him. Dr Ali also gave oral evidence at the hearing.

Documentary Evidence

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

- Certificate of Conviction, dated 12 December 2019;
- Testimonial from Dr V, dated 31 December 2019;
- MPTS Record of Determination, dated 17 January 2020;
- Dr Ali's updated brief disclosure statement dated spring 2020;
- Dr Ali's timeline and chronology;
- Ms C's emails to Dr Ali dated 26 March 2020 and 30 March 2020;
- Dr Ali's emails to Ms C dated 26 March 2020, 30 March 2020 and 7 June 2020;
- DBS declaration Form A, dated 6 June 2020;
- Dr Ali's updated brief disclosure statement for winter 2020;
- Letter from NHSE to Dr Ali, dated 21 January 2021, a copy of which was received by Dr Ali on 27 September 2021;
- Email from GMC to NHSE regarding Dr Ali's referral, dated 3 February 2021;
- Shadow Appraisals for 2020-2021 and 2022;
- MPTS Record of Determination, dated 17 November 2022;
- Dr Ali's brief disclosure statement for May 2023;
- MPTS Transcript of Ms C's evidence, dated 11 October 2023;
- MPTS Transcript of Dr A's evidence, dated 12 October 2023.
- MPTS Record of Determination, dated 28 February 2024;
- Judgement of Mr Justice Eyre for Dr Ali's Section 40 Appeal against erasure, dated 9 September 2024;
- Sealed High Court Order of Mr Justice Eyre dated 9 September 2024;
- Dr Ali's updated brief disclosure statement for January 2025.

The Tribunal's Approach

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

20. In relation to dishonesty, the Tribunal had regard to the Supreme Court judgment in the case of *Ivey v Genting Casinos (UK) Limited* [2017] UKSC 67, in which Lord Hughes set out the correct test for dishonesty, which is as follows:

‘When dishonesty is in question the fact-finding tribunal must first ascertain (subjectively) the actual state of the individual’s knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the (objective) standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest.’

21. The Tribunal had regard to the significant passage of time between the date of the allegation in 2020 and these proceedings, and the importance of making allowances for the fact that from an accused person’s point of view, the longer the time since an alleged incident, the more difficult it may be for him to answer it. If the Tribunal considered that Dr Ali had been placed at a real disadvantage in putting forward his case by reason of the passage of time, the Tribunal should take that into account in his favour when deciding if the GMC has satisfied it that the charges, or any of them, are proved.

The Tribunal’s Analysis of the Evidence and Findings

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

Paragraph 4(a) of the Allegation

23. In considering whether Dr Ali was dishonest by stating on the Form “I am not subject to any current/new fitness to practise investigations and/or proceedings” which was untrue, the Tribunal had regard to all the evidence received.

24. The Tribunal noted the findings which were made by the previous Tribunal, namely that, Dr Ali stated on the Form ‘I am not subject to any current/new fitness to practise

investigations and/or proceedings’ which was untrue and which he knew to be untrue. Those findings were upheld by the High Court Judge on appeal.

25. The Tribunal therefore had regard to the evidence as to whether Dr Ali’s actions in stating what he did on the Form were dishonest. The key dates are the date Dr Ali signed the form 6 June 2020, and the date he emailed it as an attachment to Ms C on 7 June 2020.

26. The Tribunal took into consideration the principle articulated in *R v Lucas* [1981] QB 720 which established that a witness who is shown to have lied on one matter is not automatically unreliable on all matters, which was included in the written submissions on behalf of Dr Ali, made by Mr Kohanzad.

27. The Programme circulated an online survey to health professionals who might be willing to return to work for the NHS. Once a professional had completed the survey, they were advised by email that they should complete three forms and then receive a call from a Placement Manager the next day. The forms were: a DBS self-assessed form to complete and keep safe; an Occupational Health form to complete and keep safe; and a Declaration [Honesty form], to complete and return after the telephone call.

28. Dr Ali having completed the survey, received an email from Ms C on Thursday 26 March 2020, advising him to expect a call the next day. He replied explaining he was short of time to complete the forms overnight but would ask for time off to speak to someone the following day. Ms C offered to call him, instead, on Saturday 28 March 2020. The intention of the BBS Programme was to ‘fast track’ practitioners, often retired, back into practice as soon as possible. Dr Ali’s situation was unlike most of those who had expressed an interest in the BBS Programme.

29. Ms C and Dr Ali spoke on the telephone on 28 March 2020. Their recollections about some aspects of their conversation differ.

30. Ms C stated that it was a lengthy conversation of up to 45 minutes. She stated that Dr Ali did not tell her he was awaiting sentence for a driving conviction. He was very guarded in that conversation. The information about his conviction came from a Google search she made after the conversation. She stated she was really confident about her recollections. When asked to confirm that he told her that he had conditions on his registration and that the GMC was involved, she replied, ‘No, definitely not.’ Mr Kohanzad asked whether it was conceivable that Dr Ali told her he was convicted with a pending court case, awaiting

sentence. Ms C asked to refer to her statement, concerned as to her recollection, and explained that she did not understand the distinction between the terms ‘pending conviction’, ‘pending sentence’ and ‘awaiting sentence’ sufficiently. She said, ‘Well, whether it was awaiting sentence I don’t know, it was like splitting hairs.’ It was clear that whilst Ms C did her best to assist the Tribunal, her knowledge of the distinction between the words ‘conviction’, ‘sentence’, ‘pending sentence’ or ‘pending conviction’ was limited. She stated:

‘What stuck with me was a doctor with a pending court case which he didn’t tell me about and what came through on the Google searches was the nature of the offence. I was concerned that there was a more serious conviction that hadn’t been disclosed.’

It was put to Ms C that during the conversation Dr Ali had told her about: his being a whistleblower to the GMC in 2015; his being blacklisted; his driving conviction; that he was awaiting sentence; that there were conditions on his registration; that the GMC were involved and were investigating. Ms C stated that was not her memory and she did not accept any of those assertions.

31. Ms C did accept that on 7 June 2020 when Dr Ali sent the three forms to her with a long email, that she then knew fully about the conviction, sentence and conditions. When asked if she thought Dr Ali was trying to mislead her on 7 June she said she didn’t know. Ms C’s focus was whether Dr Ali would be suitable for the BBS programme. Thereafter Ms C took advice as to Dr Ali’s suitability from Dr A.

32. In the previous Tribunal hearing Ms C had indicated that she had not said that her team would not be concerned about the potential for a GMC investigation, nor that it would be irrelevant. Additionally she had denied that she had said ‘Fuck the GMC’ at any point in the conversation. Mr Kohanzad in cross-examination suggested that Ms C had told him that if he was not doing doctor’s work it would have been irrelevant to the GMC about the conviction. Ms C replied ‘No, I wouldn’t have said that.’ Mr Kohanzad said ‘You said ‘Fuck the GMC?’ Ms C replied ‘We didn’t even get in to that...’

33. The Tribunal was impressed that Ms C in oral evidence did her best to be fair in her recollections. Despite the passage of five years, the Tribunal was satisfied that on the significant matters she did remember Dr Ali’s case. It considered her evidence to have been credible and noted that her witness statement supported her oral evidence. Asked about the first telephone call, she stated that she could not actually remember the sequence of the conversation but she described the format the conversations usually took. Of the hundreds

of people who expressed an interest in the Programme, less than 10 presented with some difficulties and Dr Ali was one Ms C personally dealt with that was different.

34. Dr Ali did not have the information ready to return the forms on 28 March 2020 and explained that he was awaiting a hearing on a matter at court in April and would contact Ms C after that. Dr Ali's evidence was that it was a lengthy discussion during which he referred to himself as a whistleblower, and awaiting sentence on a criminal matter which was known to the GMC.

35. Dr Ali contended in his oral and written evidence that when he had spoken to Ms C on Saturday 28 March 2020 they had had a long conversation of considerably more than 45 minutes, during which he had been impressed by the sympathy Ms C had for his situation and his difficulties with the GMC. Dr Ali asserted that Ms C had indicated that any matters concerning ongoing disciplinary proceedings would be irrelevant for the appointment of non-clinical positions. Further he indicated that at one point Ms C had said 'Fuck the GMC.' Dr Ali asserted that he had informed Ms C of his driving conviction, the conditions placed upon his practice and the investigation the GMC would have regarding his driving conviction. In an email dated 30 March 2020 Dr Ali had written 'I have prepared two of the three documents below, the third is dependent on the court outcome this Wednesday.'

36. Their difference in recollections is significant because, had Dr Ali told her of the prospect of a GMC investigation in March, then he would have been open with the BBS team from the outset. Additionally had Ms C given Dr Ali the impression that any ongoing disciplinary proceedings were irrelevant, it might have influenced the way Dr Ali completed the Form in June 2020. There was almost no cross-examination on this point by Mr Kohanzad on behalf of Dr Ali during this hearing. His focus was on the issue of Dr Ali's state of mind on June 7 2020.

37. The Tribunal took into consideration the submissions made on Dr Ali's behalf, by Mr Kohanzad, that being untruthful on one matter does not necessarily mean that a witness is untruthful on other matters. Dr Ali's oral and written evidence lacked clarity and was at times difficult to follow. He was respectful but also confused. He presented as a chaotic thinker, unable to prioritise the most significant issues. What seemed to be pivotal in Dr Ali's mind was that if anything, he had over-disclosed in the information he sent to Ms C on 7 June 2020. He had attached to the Form a list of his conditions and details of his criminal conviction and sentence for dangerous driving and other historical matters that he considered significant.

38. The Tribunal has had regard to the evidence given at the previous Tribunal hearing and this Tribunal's assessment of the oral evidence of Dr Ali and Ms C in this hearing. The Tribunal found that the assertion by Dr Ali that he told Ms C of the potential GMC investigation for the driving conviction in the 28 March 2020 telephone conversation was not true. The Tribunal found that the assertions by Dr Ali that Ms C said 'fuck the GMC' and that any potential GMC investigation would be irrelevant to the BBS Programme, were also untrue. The Tribunal did not accept Dr Ali's evidence that in the 28 March 2020 telephone conversation he had informed Ms C of all those matters set out in paragraph 30 above. If Dr Ali had alerted Ms C to all those matters, she would not have conducted a Google search, nor would she have sought the advice of Dr A following Dr Ali's email and attachments of 7 June 2020. The Tribunal found Dr Ali's evidence unreliable.

39. Both Ms C and Dr A's evidence indicated that Dr Ali had not declared any information about the GMC investigation. They were also both in agreement that Dr Ali's case was a difficult one. Where accounts of what happened differed between Ms C and Dr Ali, the Tribunal preferred the account of Ms C.

40. Based on Dr Ali's evidence, the Tribunal took the view that he was passionate about being a doctor. It noted his submission that just because he lied once doesn't mean that he will always lie. Dr Ali asserted that he did not know in June 2020 that there was an ongoing investigation by the GMC arising from his driving conviction and that in any event he was seeking non-clinical positions and not a doctor's role. Due to his not knowing there was a formal GMC investigation, his failure to disclose it could not be dishonest. Dr Ali's appeal in regard to his not knowing about an investigation by the GMC was dismissed in the High Court, as was his assertion that he was seeking a non-clinical position.

41. Mr Kohanzad on behalf of Dr Ali urged the Tribunal to consider Dr Ali's state of mind, that he had not been formally informed that the GMC had an open investigation regarding his driving conviction, in June 2020. The Tribunal noted the factual background set out in the judgement of Eyre J, that on 11 April 2019, Ms D of GMC's fitness to practise team telephoned Dr Ali and sent an attendance note of their conversation. In her attendance note Ms D said:

"I called Dr Ali to advise that we had been contacted by West Midlands Police who had told us that they were investigating him for dangerous driving. I advised that I would e mail him a letter to confirm that there was a GMC investigation open and that he

needed to provide details of his employers. He confirmed that he was not working as he had been suspended by the GMC...”

42. In the email Ms D said: “I attach a letter advising of the investigation...”

43. The attached letter consisted of a brief covering letter accompanied by five pages of standard information. In the covering letter Ms D said that the letter that was referred to in accompanying information which set out details ‘about the investigation’ and stated that she was ‘managing the investigation’. The attached information was headed ‘About the Investigation’ and included sections entitled ‘what we’re investigating’, ‘what to expect during the investigation’, ‘representation during an investigation’, and ‘revalidation during the investigation’.

44. Dr Ali was convicted on 12th December 2019 and on 19th December 2019 he emailed Ms D informing her of the conviction. Ms D replied on 7th January 2020 saying:

“Thank you very much for sending me this information I will add this to the case file as, even though you are not currently practising, our investigation is still ongoing. I would be grateful if you could let me know as soon as you have a sentencing date. We will await the outcome of the sentencing before we complete our investigation”

45. In an email to Ms C, dated 7 June 2020, Dr Ali stated:

‘I wanted to take this opportunity to provide some further details relating to conditions attached to my GMC registration and a criminal conviction for a single driving offence as attached in a draft disclosure statement...

...If successful, I would appreciate an ‘offer of employment’ so I can inform the GMC prior to any change of NHS employment.’

46. In the email dated 30 March 2020, Dr Ali wrote ‘I understand I have been returned to the pool of doctors till Wednesday when my future will hopefully be clearer.’ These emails led the Tribunal to be satisfied that Dr Ali completed the Form to obtain employment and that his state of mind was to seek a return to work as a doctor. It noted that Dr Ali made no reference to the ongoing GMC investigation in any of his emails to Ms C. The Tribunal was satisfied that the emails support Ms C’s oral evidence was that she was not provided with any details regarding the GMC investigation against Dr Ali, arising from his dangerous driving

conviction. The Tribunal was satisfied that Dr Ali's foremost wish was to secure a role as a doctor and not a non-clinical role in June 2020, as set out in the judgement of Mr Justice Eyre.

47. Bearing all the evidence in mind, the Tribunal took the view that Dr Ali genuinely knew he was subject to a GMC investigation but purposefully omitted this from the Form to improve his prospects of gaining employment through the BBS Programme as a doctor. He only included details of the conditions on his practice, his conviction and sentence, all of which were publicly available. The omission of the 'ongoing GMC investigation' was significant because it was the only matter he omitted, which was not publicly available.

48. The Tribunal next applied the objective standards of ordinary decent people to Dr Ali's conduct. An ordinary decent person may have been impressed by Dr Ali's disclosure of the conditions on his practice, his conviction and sentence. However, they would have known that his failure to declare an ongoing GMC investigation was dishonest. Based on the evidence received, it was satisfied that a fully informed member of the public would consider Dr Ali's actions to have been dishonest as he was clearly aware of what he stated on the Form.

49. The Tribunal took the view that Dr Ali should have volunteered the information that he was subject to a current GMC investigation. The question in Box 7 on the Form would have prompted him to consider it. Dr Ali's assertion that he had merely copied and pasted it from another form and had not intended to mislead was not accepted by the Tribunal. Dr Ali asserted that because the sentence included forward slashes which required the person completing the form to delete parts of the sentence, that demonstrated he simply hadn't completed it properly. The relevant sentence he was referring to was 'I am not subject to any current/new fitness to practice investigations and/or proceedings'. The Tribunal did not accept such an interpretation. It noted that the witness evidence of Ms C and Dr A supported the proposition that he knew his omission was dishonest.

50. The Tribunal was satisfied, on the balance of probabilities, that Dr Ali knew he had not declared the ongoing GMC investigation. It considered his actions to have been dishonest.

51. The Tribunal therefore found paragraph 4(a) of the Allegation proved.

Paragraph 4(b) of the Allegation

52. The Tribunal next considered whether Dr Ali was dishonest by signing the Form to confirm his agreement to the statement ‘I declare that the information I have provided in this form and in any accompanying documentation, is true to the best of my knowledge and belief’ which was untrue.

53. The Tribunal noted that Dr Ali made the decision to sign the declaration on the Form which contained information that was untrue and dated it 6 June 2020. In signing a Declaration, he knew to be untrue, which was a separate and additional step to the completion of Box 7 on the Form, the Tribunal was satisfied that his signing of the Form was dishonest.

54. The Tribunal concluded that a fully informed member of the public would find Dr Ali’s actions in signing the declaration to have been dishonest as he provided information on the Form that was untrue.

55. The Tribunal therefore found paragraph 4(b) of the Allegation proved.

The Tribunal’s Overall Determination on the Facts

56. The Tribunal has determined the facts as follows:

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

1. On an NHS England Disclosure Barring Service application declaration form dated 6 June 2020 (‘the Form’), which you submitted to NHS Improvement England, you: Amended under Rule 17(6)

a. stated on the Form “I am not subject to any current/new fitness to practise investigations and/or proceedings”; **Determined and found proved on 24/10/23**

b. signed the Form to confirm your agreement to the statement “I declare that the information I have provided in this form and in any accompanying documentation, is true to the best of my knowledge and belief”. **Determined and found proved on 24/10/23**

2. The statement you made as set out in paragraph:
 - a. 1a above included information which was untrue;
Determined and found proved on 24/10/23
 - b. 1b was untrue. **Determined and found proved on 24/10/23**
3. At the time of your actions at paragraph 1 you knew:
 - a. you were subject to an ongoing General Medical Council fitness to practise investigation; **Determined and found proved on 24/10/23**
 - b. the statement you made as set out in paragraph 1a above included information which was untrue; **Determined and found proved on 24/10/23**
 - c. the statement as set out in paragraph 1b was untrue.
Determined and found proved on 24/10/23
4. Your actions as described at:
 - a. paragraphs 1a and 2a were dishonest by reason of paragraphs 3a and 3b; **Determined and found proved**
 - b. paragraphs 1b and 2b were dishonest by reason of paragraphs 3a and 3c. **Determined and found proved**

Determination on Impairment - 24/04/2025

1. The Tribunal now has to decide in accordance with Rule 17(2)(I) of the Rules whether:
 - (i) on the basis of the facts which it has found proved as set out before, and of the facts found proved by the Tribunal on 28 February 2024, Dr Ali's fitness to practise is impaired by reason of misconduct;
 - (ii) at this 2nd review hearing arising from Dr Ali's criminal conviction for dangerous driving on 12 December 2019, Dr Ali's fitness to practise is currently impaired by reason of his conviction.

The Evidence

2. The Tribunal has taken into account all the evidence received during the facts stage of the hearing, both oral and documentary. In addition, it took into account further evidence received, which included but was not limited to:
 - Judgment of HHJ Mithani KC, dated 29 September 2023;
 - Appraisal Summary for Dr Ali [self-appraisal], dated October 2023;
 - Shadow Appraisal for 2024;
 - Public Interest Reflections for Dangerous Driving Conviction 2019, dated October 2023;
 - Record of Determination, dated 26 May 2021;
 - Record of Determination, dated 17 December 2021;
 - Record of Determination, dated 12-22 December 2022 & 18 March 2023;
 - Record of Transcript, dated 19 December 2022;
 - Record of Transcript dated 20 December 2022;
 - Record of Determination 9-31 October 2023 and 26- 28 February 2024;
 - Letter sent from GMC to Dr Ali - MPT info request 28 January 2025;
 - Email correspondence between Dr Ali and the GMC dated 21 February 2025 – 28 January 2025;
 - Current Impairment Witness statement of Dr Ali dated February 2025.
3. Dr Ali gave further oral evidence at the hearing and provided written submissions.
4. The Tribunal also received four testimonials from Dr Ali's colleagues, all of which it has read, namely:
 - Testimonial from Dr E, GP Principal and Dr Ali's employer, 7 October 2023; and
 - Professor F, BMA Council Chair, undated, which confirmed that Dr Ali took up a post as a representative for the West Midlands following the close of the BMA's annual M188 representative meeting on 29 June 2022 and had since attended eight BMA council meetings held between July 2022 and October 2023;
 - Testimonial from Ms R the office manager and line manager to Dr Ali at the GP practice where he works dated 23 January 2024;
 - Testimonial from the manager of the Homeless Trust where Dr Ali regularly volunteers dated 18 February 2024.

5. The Tribunal noted and acknowledged the four positive testimonials it had received. Ms R stated that she had worked with him for 5 years. She found him very reliable, caring, diligent with a strong work ethic. She had had no issues or concerns with his professionalism and probity. These were the same testimonials as were presented to the Tribunal in 2024. It was not clear if any of the authors were aware of the findings made against Dr Ali, which were before this Tribunal.
6. The GMC provided written opening and closing submissions.

Submissions

On behalf of the GMC

In relation to the proven paragraphs of the Allegation

7. Mr Brook, on behalf of the GMC referred to Good Medical Practice (2013) (GMP) and relevant case law. He stated that the GMC disagreed with much of the evidence submitted by Dr Ali on his behalf. He did not cross-examine Dr Ali in oral evidence.
8. Mr Brook submitted that Dr Ali had shown no insight into his dishonesty in relation to the Form and that there is a presumption of impairment. Mr Brook submitted that Dr Ali had not provided evidence of remediation regarding his dishonest declaration on the Form. Mr Brook stated that Dr Ali had committed acts of dishonesty which amounted to serious misconduct. He stated that Dr Ali had breached paragraphs 1, 65, 71a and 71b of GMP.
9. Mr Brook stated that due to Dr Ali's lack of remediation there was a risk of repetition and that, having regard to the overarching objective, Dr Ali's current fitness to practise is impaired.

In relation to the Review hearing

10. Mr Brook submitted that Dr Ali's fitness to practise remains impaired by reason of his conviction.
11. The GMC disagreed with much of the evidence submitted by Dr Ali on his behalf. He did not cross-examine Dr Ali's oral evidence. Mr Brook submitted that much of Dr Ali's

evidence reinforced his entrenched, serious attitudinal issues and lack of significant and meaningful insight.

12. Mr Brook submitted that Dr Ali paid lip service to the seriousness of the conviction. Dr Ali had brought the profession into disrepute, breached a fundamental tenet of the profession and failed to follow the law. He had failed to promote and maintain public confidence in the profession. Dr Ali, he stated, was unable to engage with consideration of the impact of the incident on Mr P, or the witnesses to the offence. Instead, his acknowledgement of fault centred around him bringing the profession into disrepute.
13. Mr Brook submitted that there had been no change in the doctor's attitude and reflections. Dr Ali had listed ten bullet points where he disparaged Mr P, the victim, the other witnesses, the Judge, the GMC, the MPTS and the LQC at the 2021 Tribunal.
14. Mr Brook acknowledged that Dr Ali had done what was reasonably expected of him, to keep his knowledge and skills up to date. His insight remained significantly limited, given his entrenched reluctance to accept responsibility for his criminal behaviour. Therefore, the Tribunal could not have confidence that it would be highly unlikely that his behaviour would be repeated. Dr Ali's fitness to practise is currently impaired.
15. Dr Ali's conduct brought the profession into disrepute, breached a fundamental tenet of the profession, and he had failed to follow the law. Dr Ali had failed to promote and maintain public confidence in the medical profession, and proper professional standards and conduct for members of the profession.
16. Dr Ali's reflection does little to address prior concerns and demonstrate insight. It repeats many of Dr Ali's entrenched views and fails to address Mr P other than in a blaming way, as before. Of the 7 Strategies which Dr Ali drew to the Tribunal's attention to minimise a risk of recurrence, Mr Brook submitted they were mainly a regurgitation of the familiar themes, criticisms and conspiracy theories.
17. Mr Brook submitted that Dr Ali's fitness to practise remains impaired.

Dr Ali's submissions

18. Dr Ali provided a witness statement dated February 2025 and giving affirmed oral evidence confirmed the contents were true to the best of his knowledge and belief. He

relied on it as well as his oral evidence. In his written submissions Dr Ali addressed the issue of his dishonesty *‘by omission of significant material information.’* He submitted that the Tribunal needed to consider the gravity of his omission in the context of the disclosure he had provided of his criminal conviction and the conditions which were at that time placed upon his practice.

19. Dr Ali submitted that it was a single act of omission in the context of other *‘extensive over-disclosures,’* made to Locum agencies, to solicitors, to HMCTS staff, to the Probation Service, in emails and documents. In oral evidence Dr Ali stated: *‘while I maintain I did not intend to deceive I recognise the facts that you have adopted regarding both matters. I’m aware that the dishonesty matter is serious, having made that finding. I have highlighted my reflections.’* He asserted that both the second and third limbs of the overarching objective were engaged. Having had the opportunity to explore and look at insight he relied upon the reflections in his Shadow Appraisal dated 15 October 2024. He acknowledged that the Tribunal has very little choice but to find his Fitness to Practise at that time was impaired.
20. Dr Ali stated, *‘Honesty is really important, how you act, and patients need to have confidence in the person they’re seeing.’*
21. Dr Ali referred to his Shadow Appraisal of 2024 which contained a record of the Continuing Professional Development (CPD) he had acquired through attendance at training throughout 2024. The courses included on 5, 12, and 14 February 2025, and in particular 7 hours training on disability and autism on 1 February 2025. He undertook a GP refresher course of 10 hours on 20 June 2024. He had attended a probity and ethics and a Practice with Integrity course on 23 January 2024 lasting 10 hours. In February 2024, he attended a series of 12 lectures on the topic of how to avoid probity and dishonesty.
22. Dr Ali asserted that his reflections are that it is important to be as honest as you can and to highlight your problems and if there are pending issues for example, conviction, that you highlight it and do not hide it.
23. Dr Ali had prepared four shadow appraisals which included evidence of the CPD he had attended, and which had attendance certificates attached to them, accessible online. Some of the courses were done collectively and some individually. The last shadow appraisal concluded during the last three months of 2024. The purpose of those

documents was to show the Tribunal evidence of his insight, support, supervision, and attendance at the clinical meeting groups at the GP Practice, and how he had kept up to date with CPD. He had done 190 hours up to February 2025 in his last appraisal. Dr Ali also submitted Personal Development Plans. Dr Ali attended an Oliver McGowan training involving a 6-hour face to face interaction regarding disability and autism. He had received support for his volunteer work at a Homeless Shelter and from the BMA. Dr Ali had tried to demonstrate professional development.

24. Dr Ali stated that he had done safeguarding training in the past and has maintained his knowledge and skills, having completed Safeguarding level 2 for adults and children, on 12 January 2025. He considered that it is important to note the characteristics to look for the vulnerable people whom the GMC describe, which is his role in a GP practice as a safeguarding administrator.
25. He has contributed to the community by volunteering at a homeless shelter, a food bank, and in providing overnight accommodation. Here he saw the needs of people and could advocate for them.
26. He had received extra support from friends and family and constructed a support network. Whereas he had accepted professional support from a unit in London, it had XXX 3 and a half years ago. He has continued to have XXX, and he submitted evidence of that last year, but this Tribunal received no new evidence in this regard.
27. He had looked at what has happened in the past, what is happening in the present and what may happen in the future.
28. He had never had a complaint against him from a patient.
29. Dr Ali submitted that since his conviction in December 2020, he has always admitted the dangerous driving offence, and that it is serious. He admitted his fitness to practise was impaired at the first tribunal hearing in 2021 and sought a short suspension of 3 months. The risk of repetition he asserts is virtually zero, using strategies such as lifelong learning which he is continually developing because they are dynamic.
30. He had considered Mr P from several perspectives, from the fragile Mr P from the GMC's perspective, the stoic Mr P from the Judge's perspective and the drunken Mr P that he sees regularly. He has considered the impact on other witnesses. He agreed that the

Original and Review Tribunals were right in treating the conviction seriously. He still maintained his innocence.

31. He highlighted the CPD that he has done and the strategies he has put in place. He asked the Tribunal to bear in mind the index incident was 7 years ago, and he was sentenced 5 years ago.
32. He gave his definition of insight, using a dictionary as advised by the GMC. Having considered and looked at matters from a professional perspective as well as a criminal perspective you need:
 - self-awareness;
 - intellectual readiness to explore things;
 - being emotionally ready;
 - Explore – reflect upon that; how would you change things;
 - Reflection on your thoughts;
 - Actions you have taken;
 - Behaviour – how you behaved at the time and how your behaviour has changed.
33. To show current fitness to practise he needs to show he has thought about his conviction and that is why it does matter.
34. The time between HHJ Mithani KC's judgement and the Tribunal in 2023 was only 3 weeks, since then he has had more time to reflect. He referred the Tribunal to a public interest reflection which sets out that the matters are serious, and he submitted it as part of his reflection. It was initially prepared for the 2023 October Tribunal hearing. Subsequently he submitted an updated document.
35. He has used a number of strategies and in 2025 he had re-highlighted the strategies he has explored, to avoid recurrence. Those strategies used titles from *'Probation, Offending Reduction Strategies.'* The section on *'Driving Safely and driving incidence avoidance'* was relevant to the conviction. Dr Ali indicated that he had sold his car, now cycles, uses a dashcam and has attended advanced driving lessons. Regarding the conviction included under that strategy heading, and sub-heading *'Past,'* Dr Ali recorded, *'I did not cause harm and the conviction was not for harm.'*

36. Dr Ali said that the COVID pandemic was a contextual factor. He said that the passage of time since these events was a mitigating factor, that he had satisfactorily completed his probation. He said that XXX has helped him manage his actions in the way he now deals with challenging scenarios and that he uses an open and positive body language. Dr Ali said that in terms of driving, there was a low risk of repetition and that, in relation to public confidence, the passage of time does help. He said that in respect of the Courts and the Probation service these matters finished several years ago. He accepted however that this still did not excuse his actions in respect of public confidence. Dr Ali took the Tribunal through, in detail, the seven dynamic strategies he had developed.
37. Dr Ali stated that he had previously submitted a reflection verbatim, based on the last paragraph of the judgement of HHJ Mithani KC which he had re-written for this hearing. It is entitled '*Public Interest Reflections for the Driving Dangerously Conviction.*' It sets out that the conviction was serious; he regretted it; he understood the importance of maintaining public trust in the profession which requires doctors to uphold high standards; dangerous driving erodes the public's confidence. He submitted it as part of his reflection, prepared for the October 2023 hearing, subsequently updated.

The Relevant Legal Principles

38. The Tribunal 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.
39. The LQC advised the Tribunal that at this stage of proceedings, in respect of the findings made by the Tribunal relating to the 'misconduct' matter, within which dishonest conduct was found proved, it has to decide whether Dr Ali's fitness to practise is impaired. There is no burden or standard of proof in respect of that, the decision of impairment is a matter for the Tribunal's judgement alone.
40. The LQC advised the Tribunal that it is also conducting a review. She stated that the persuasive burden is on Dr Ali to show he is no longer impaired by reason of his criminal conviction. The previous reviewing Tribunals have set out matters that a future Tribunal may be assisted by, including evidence that Dr Ali has developed insight and evidence that he has kept his knowledge and skills up to date.

41. In approaching the decision on impairment in respect of the ‘misconduct’ matter, the Tribunal was reminded of the two-stage process to be adopted: first whether the facts as found proved, amounted to misconduct, and that the misconduct was serious; secondly whether the finding of that misconduct which was serious, could lead to a finding of impairment.
42. The LQC referred to the guidance in the case of *Roylance v GMC [1999] Lloyds Rep. Med. 139* in which Lord Justice Clyde stated: *‘Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a medical practitioner in the particular circumstances.’*
43. The LQC advised that guidance on the issue of misconduct has been provided in the judgment of *Elias LJ in The Queen (on the application of Remedy UK Ltd) -v- General Medical Council [2010] EWHC 1245 (Admin)*, in which his Lordship concluded that a number of principles could be derived from an overview of the existing authorities, including:

‘Misconduct is of two principal kinds.

First, it may involve sufficiently serious misconduct in the exercise of professional practise such that it can properly be described as misconduct going to fitness to practise.

Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outside the course of professional practise itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession’

44. The LQC advised that the Tribunal is entitled to have regard to GMP and only when the Tribunal has determined that there was misconduct, and that it was serious misconduct, should the Tribunal proceed to consider the second stage of their deliberations, namely, whether Dr Ali’s fitness to practise is currently impaired.
45. The guidance and questions to be considered in determining whether a doctor’s fitness to practise is impaired, were provided by Dame Janet Smith in the Fifth Shipman Report

which was adopted by Mrs Justice Cox in the High Court case of *CHRE v NMC and Paula Grant [2011] EWHC 297 Admin.* where she stated ‘Do our findings of fact in respect of the doctor's misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:

- (a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or*
- (b) has in the past brought and/or is liable in the future to bring the medical profession into disrepute; and/or;*
- (c) has in the past committed a breach (other than one which is trivial) of one of the fundamental tenets of the medical profession and/or is liable to do so in the future; and/or*
- (d) has in the past acted dishonestly and/or is liable to act dishonestly in the future.*

46. The LQC advised that other relevant questions which the Tribunal may consider helpful to ask itself, on the authorities, are:

- a. What insight does Dr Ali demonstrate of the conduct found proven?
- b. Is the conduct remediable?
- c. Has it been remedied?
- d. What is the likelihood of repetition?

47. The Tribunal must determine whether Dr Ali's fitness to practise is impaired today, taking into account his conduct at the time of the events.

48. The LQC referred to the following passage from the case of *Meadow v GMC [2006] EWCA Civ 1390*:

‘In short the purpose of [fitness to practise] proceedings is not to punish the practitioner for past misdoings, but to protect the public against the acts and omissions of those who are not fit to practise. The FPP thus looks forward, not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.’

49. The LQC invited the Tribunal to have regard for the guidance of Mr Justice Silber in *Cohen -v- GMC [2008] EWHC 581 Admin*, that any approach to the issue of whether a Doctor's fitness to practise is to be regarded as "impaired" must take account of the need to give substantial weight to the public interest, including the protection of patients, the maintenance of public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.

The Tribunal's Determination on Impairment

Misconduct

50. In its deliberations, the Tribunal considered Dr Ali's conduct in line with the principles set out in the case of *Grant*.
51. The Tribunal has concluded that Dr Ali's conduct fell so far short of the standards of conduct reasonably to be expected of a doctor as to amount to misconduct.

Impairment

52. The Tribunal having found that the facts found proved amounted to misconduct went on to consider whether, as a result of that misconduct, Dr Ali's fitness to practise is currently impaired.
53. The Tribunal took into consideration, throughout, that Dr Ali was not legally represented for most of the hearing, save for written submissions on dishonesty and the cross-examination of Ms C.
54. The Tribunal referred to GMP (2013) and in particular paragraphs 71a and b:

'You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.'

a. You must take all reasonable steps to check the information is correct

b. You must not deliberately leave out relevant information'

55. Having regard to paragraph 71a and b of GMP, Dr Ali was not honest when he completed the Form, or in signing the Declaration. His actions departed significantly from GMP. It amounted to serious misconduct in the exercise of professional practice because the information he wrote omitted a significant concern ie: that there was an ongoing GMC investigation regarding his conviction for dangerous driving. The Tribunal has found that he did deliberately omit that relevant information.
56. His conduct brought the medical profession into disrepute, and he breached a fundamental tenet through behaving dishonestly.
57. The Tribunal considered whether his conduct is remediable. Dishonesty is difficult to remediate because unlike deficient performance which can be shown to have improved, it is harder to show that Dr Ali has learned from his misconduct. Nonetheless, the Tribunal considered his conduct to be remediable.
58. The Tribunal had regard to the evidence of reflections which Dr Ali had submitted. In those he highlights the need to be honest in all disclosures and he has attended two courses on Probity and Ethics. Dr Ali has recorded the use of mindfulness, seeking feedback and peer review, creating a culture of self-reflection to develop his personal and professional growth.
59. The Tribunal were concerned about Dr Ali's references which sought to minimise the dishonesty. In spite of having his appeal dismissed regarding his assertion that there was no formal investigation proceeding at that time, and that his omission was irrelevant because he was applying for a non-clinical position, he persisted with those claims. He accentuated his disclosure of the facts of his criminal conviction, sentence and the conditions then placed upon his registration as illustrative of his 'over-disclosure.' Dr Ali has not to date shown how he has learned from his misconduct. His focus was on the malicious intent of the GMC, MPTS, and Dr A, suggesting his misconduct arose from his being 'entrapped' are all indications that he continues to externalise the blame for his misconduct.
60. Although Dr Ali accepted that dishonesty is serious, he was found to have a low level of insight. The Tribunal found that his misconduct has not been remedied and will not be unless Dr Ali recognises the fundamental problem is his own unwillingness to accept responsibility for his conduct. Ordinarily a person found to be dishonest would learn

from their mistake, make admissions and reflect upon it. Dr Ali retains a huge sense of injustice and grievance against the GMC, MPTS.

61. This Tribunal has read in excess of 1,000 pages of documents which Dr Ali has submitted. It included research documents and Case law much of which was irrelevant. Many of the documents are difficult to read. Each Shadow Appraisal has in excess of 100 pages each of which sets out in detail the CPD which Dr Ali has completed and his reflections upon it. The contents however demonstrate little focus on the issues before this Tribunal. Dr Ali's focus continues to be that the GMC is not fit for purpose. Dr Ali repeatedly records his opinion that he was blacklisted and a whistle blower which has prompted the Allegation against him.
62. The Tribunal noted Dr Ali's submission that the gravity of his conduct should be regarded in the context of his 'over-disclosure' at that time. It accepted that Dr Ali did indeed disclose the conviction, sentence and conditions upon his registration. The failure to disclose the ongoing GMC proceedings against him, arising from the conviction has been considered in that context. It is less grave than had he failed to declare one or more of the other pertinent matters. Those other disclosures do not diminish the dishonesty but the Tribunal considered that his dishonesty is at the lower end of the spectrum.
63. Having regard to the risk of repetition the Tribunal found there to be a low risk of repetition, given that the dishonesty relates to 2020, there have been no subsequent reports of dishonesty, and at the time Dr Ali did disclose his criminal conviction, sentence and the conditions on his registration. Of the overarching objective, the second and third limbs are engaged. Dr Ali's misconduct breached the second and third limbs to maintain public confidence in the profession and the declaring and upholding of proper standards of conduct and behaviour. Dr Ali himself acknowledges that dishonesty is serious and erodes public confidence in the profession.
64. The Tribunal has therefore determined that Dr Ali's fitness to practise is impaired by reason of misconduct.

Review – Impairment in relation to conviction

Background

65. On 22 August 2018 Dr Ali was behind the wheel of his vehicle in the car park of Highbury Park in Moseley. As he was about to leave the car park, Mr P, the victim, drove along the access road and was about to turn right into the car park. Dr Ali's vehicle approached Mr P's vehicle head-on. Both vehicles stopped nose to nose. Dr Ali lost control of his temper when Mr P's vehicle did not move despite Dr Ali gesturing that he should.
66. In his sentencing remarks the trial Judge described the incident which gave rise to Dr Ali's conviction as, '*a clear case of road rage*'. The Judge described how Dr Ali shouted offensive language at Mr P as he got out of his car. Mr P attempted to tell Dr Ali that he was going to park in one of the two spaces available in the car park. However, Dr Ali refused to listen and continued to shout using offensive language. The Judge described the language used by Dr Ali, which was heard by a member of the public, as '*absolutely disgusting*'.
67. Mr P got back into his vehicle and then got out again to pacify his dog who was yelping in the back. Dr Ali became angry again, revved his engine, reversed slightly and then drove in the direction of Mr P who was standing by his open, front car door. Dr Ali drove his vehicle in a curve as if to drive around Mr P's car and then changed the angle so that he could side swipe Mr P so that he would hit the front corner or the side of the car.
68. Dr Ali's car wing mirror struck Mr P, and he fell to the ground. Mr P, who was 83 or 84 years old at the time of the incident, suffered relatively minor injuries, including a cut to his wrist that was bleeding, bruising to his right hand and swelling of his wrist. Dr Ali then left the scene.
69. Dr Ali pleaded not guilty at Birmingham Crown Court. He was convicted following a trial. Whilst he accepted being convicted of an offence, he has maintained his innocence throughout these proceedings.
70. Dr Ali was convicted on 12 December 2019 at Birmingham Crown Court, of dangerous driving. On 23 April 2020, Dr Ali was sentenced to 9 months imprisonment suspended for 24 months, 15 days rehabilitation activity requirement, 180 hours of unpaid work and given a financial penalty. He was also disqualified from driving for 18 months.

71. Dr Ali notified the GMC of a potential criminal charge by email on 11 April 2019. He updated the GMC on the progress of criminal proceedings against him from time to time. On 19 December 2019, Dr Ali informed the GMC of the fact of his conviction and on 25 April 2020, Dr Ali informed the GMC of his sentence. Dr Ali has cooperated throughout the GMC's investigation.
72. On 17 December 2021, the Tribunal ('The 2021 Tribunal') determined that, by his criminal conviction, Dr Ali had brought the medical profession into disrepute. His conviction, and the facts underlying it as described by the trial Judge, demonstrated that his offence was serious.
73. The 2021 Tribunal noted that Dr Ali acknowledged how his conviction affected the wider public interest and apologised for his actions. The 2021 Tribunal had regard to the fact that Dr Ali had complied and engaged with the requirements of his sentence. The 2021 Tribunal noted that Dr Ali's probation officer described him as 'very compliant', 'respectful' and 'polite'. Dr Ali also made payment of court costs and compensation sooner than required. The 2021 Tribunal bore in mind that Dr Ali had no previous convictions or cautions. That Tribunal noted that Dr Ali had engaged in voluntary community work and had gone some way to completing his 180 hours of community work despite the impact of the pandemic.
74. The 2021 Tribunal concluded that Dr Ali's insight was limited, given his stance on his conviction, maintaining his innocence throughout. The 2021 Tribunal determined the risk of repetition of Dr Ali's offending behaviour to be low, rather than very low given Dr Ali's engagement with the rehabilitation service and his work with XXX to help him understand various aspects of his behaviour.
75. The 2021 Tribunal determined that a finding of impairment was necessary to promote and maintain public confidence in the medical profession, and to promote and maintain proper professional standards and conduct for members of the medical profession.
76. The 2021 Tribunal accepted that the behaviour leading to Dr Ali's conviction, namely losing his temper whilst driving a vehicle, appeared out of character. However, Dr Ali's lack of insight and remediation remained a concern. The 2021 Tribunal was not wholly reassured that Dr Ali had developed and put in place strategies which would prevent a reoccurrence should he find himself in a similar situation again. The 2021 Tribunal noted

Dr Ali's acknowledgement of fault centred around him bringing the profession into disrepute, but he did not address the personal impact of his actions on the victim or witnesses to the offence.

77. The 2021 Tribunal determined a period of suspension would serve to uphold the overarching objective and mark the seriousness of Dr Ali's actions. The 2021 Tribunal determined that a 6 month period of suspension would reflect the seriousness of the offending conduct and enable Dr Ali to develop insight into his behaviour.
78. The 2021 Tribunal determined to direct a review of Dr Ali's case and recommended Dr Ali provide the following to assist the reviewing Tribunal:
- Evidence that he has continued to keep his medical knowledge and skills up to date;
 - Evidence of strategies he has developed to minimise the risk of recurrence;
 - Any other information that Dr Ali considers might assist a reviewing Tribunal.

December 2022 and March 2023 Tribunal

79. The finding of impairment in 2021 was reviewed during the course of two hearings in December 2022 and 18 March 2023 (the first Review Hearing), when a further 6 months suspension was imposed. On 18 March 2023 that Tribunal noted that the events occurred in 2018 and there has been no repetition of his offending since. Dr Ali satisfactorily completed his sentence. Dr Ali had subsequently undertaken a large number of CPD hours, finding that he had done all that could reasonably be expected of him to keep his knowledge and skills up to date. That Tribunal were told that Dr Ali had undergone some XXX sessions, but there was no independent supporting evidence regarding the nature and focus of such XXX. It was not persuaded that Dr Ali had demonstrated how he had addressed his behaviour when faced with conflict and confrontation. Dr Ali had not demonstrated an understanding of the impact on of the incident on Mr P. It concluded that Dr Ali's insight remained significantly limited. It found his fitness to practise remained impaired.
80. That Tribunal considered a period of 12 months suspension was appropriate but reduced it to six months, because the hearing had been adjourned and the period of suspension extended for six months prior to the imposition of a sanction. Consequently, the Tribunal imposed a six month suspension on 18 March 2023.

81. The delays during the hearings and between them have arisen from several applications and appeals made by Dr Ali. Dr Ali appealed the decisions of the second tribunal in December 2022 and in March 2023. Those appeals were dismissed by HHJ Mithani KC sitting as a High Court Judge on 29 September 2023. Due to Dr Ali's appeal, that suspension did not take effect until September 2023.

October 2023 and March 2024 Tribunal

82. The finding of impairment was reviewed in October 2023. It quoted Dr Ali's Document of Reflections. That Tribunal was unable to find any signs on the part of Dr Ali, of a meaningful recognition or acceptance of the seriousness of the circumstances that led to the conviction. Dr Ali sought to minimise the gravity of the circumstances, showed no insight or acknowledgement of the gravity of the situation. That Tribunal found that Dr Ali had not allayed the concerns of the previous reviewing Tribunal. Dr Ali had shown an entrenched lack of insight and attitudinal issues which had worsened and were deep seated. That Tribunal found Dr Ali's fitness to practise remained impaired.

Impairment by reason of conviction

83. The Tribunal bore in mind the persuasive burden on Dr Ali to demonstrate why he was no longer impaired. It evaluated the evidence to identify what steps had been taken by Dr Ali to allay the concerns of the previous Tribunals on the issues of insight, remediation and the risk of repetition.
84. The Tribunal bore in mind throughout that Dr Ali was not legally represented and therefore did not have the benefit of legal advice to focus his submissions and evidence. It also bore in mind that he was fully entitled to maintain his innocence in respect of the criminal conviction and was entitled to defend himself.
85. The Tribunal recognised that the offence was committed in 2018, Dr Ali had complied with and engaged with the requirements of his sentence. There has been no repeat offending since then. Dr Ali had no previous convictions or cautions, and he paid the compensation and costs sooner than required.
86. The Tribunal sought to enable Dr Ali to focus on the key issues regarding this review given there is a persuasive burden on the doctor to demonstrate he is no longer impaired. The last paragraph of the Judgement of HHJ Mithani KC setting out one

additional matter, was read to him:

‘Rather than raise issues of the type he raised before the Original and Review Tribunals and this court, the Appellant (Dr Ali) might use the time between now and the next review date to demonstrate real insight into his offending and persuade the Review Tribunal that, even though he denies the offence: (a) he accepts that the circumstances relating to his misconduct that were found proved in the Crown Court were serious; (b) he accepts that he and the Review Tribunal are bound by those findings despite the fact that he denies them; (c) he agrees that the Original and Review Tribunals were right in treating them seriously; (d) through insight, application, education, supervision or by other means, he has sufficiently addressed the concerns of the Respondent and the Review Tribunal; (e) he has put in place the necessary strategies to avoid conduct of that type if it arises in the future and to respond in a way that is reasonable and proportionate; and (f) he can demonstrate what those strategies are. If he can do this, it should be possible for the suspension to be lifted, though, of course, this will ultimately be a matter for the Review Tribunal to determine on the material before it and on the oral submissions of the parties.’

87. Following the reading of that paragraph, Dr Ali stated that he has always admitted the dangerous driving offence since his conviction in December 2020, and that it is serious. He had admitted impairment at the first tribunal hearing. He submitted that the risk of repetition is virtually zero because of his application of strategies learned. Additionally, he had considered the fragility of Mr P and the impact on other witnesses. Dr Ali wrongly quoted HHJ Mithani KC as saying, *‘He has sufficiently addressed the concerns of the respondent and the Review Tribunal.’* The misquote of HHJ Mithani KC arises from omitting the words which came before and after as set out above. In contrast to Dr Ali’s assertion, HHJ Mithani KC dismissed Dr Ali’s appeals against the findings and determinations of the Tribunals of 2022, 2023 and 2024. HHJ Mithani KC stated : *‘There is in my judgement no basis to impugn any of the findings or decisions of the Review Tribunal.’*

88. HHJ Mithani KC in his judgement endorsed the observation by the GMC at paragraph 93:

‘the MPTs found that Dr Ali could have shown insight through reflection on the Original Tribunal’s findings and acknowledgement of the seriousness and consequences of the conviction (whilst maintaining his innocence). He could have

complied with the Original Tribunal's recommendation by identifying general steps to minimise the risks of confrontation and to de-escalate when they arise (without admitting that he was guilty of the specific offence for which he was convicted). Instead, he launched into a personal attack upon the victim, the Crown Court Judge, the Respondent and the MPT, and rather than address the finding of lack of insight, sought to blame the disciplinary process for his troubles.'

89. The Tribunal considered that Dr Ali's level of insight which had been found to be limited in the 2021 Tribunals was further described in the 2022 and 2023 Tribunals as an *'entrenched lack of insight.'* The Tribunals in 2023 and 2024 found that Dr Ali continued to hold an entrenched lack of insight and that his attitudinal issues had worsened.
90. The Tribunal accepted the previous Tribunal's finding that the conviction is remediable. The key issue to Dr Ali's remediation is his insight, evidence of which was sought by the first and subsequent tribunals. Before this Tribunal, Dr Ali referred to and relied upon as demonstrative of his insight, the document *'Public Interest Reflections for the Dangerous Driving Conviction.'* He stated it had been updated since the last Tribunal. It is an undated document which has been updated since the last Tribunal and contains his reflections:

'Public Interest Reflections for the Dangerous Driving Conviction'

Acceptance of Conviction and Responsibility

91. *I have a criminal conviction for dangerous driving and acknowledge its seriousness. Although I maintain my innocence, I respect the findings of the Crown Court, the DVSA, the DBS and I am grateful for the supportive HMCTS Probation services. I fully understand the conviction and completed delayed sentence. Which included a suspended sentence never enacted, over-completed community service, paid a significant fine early, and completed rehabilitation activity requirement, they are binding and reflect the severity of the offence and Judge Bond's application of justice.*
92. *The 2019 jury made only a single finding, they were unaware of my profession at the direction of the Judge whom imposed restrictions throughout the hearing and evidence, due to the GMC probity factoid 2019 and registration-suspension. Judge Bond was aware of GMC suspension but not whistleblowing, as such he made additional judgements and directions, then at the end of the trial disclosed my previous profession, registration-*

suspension and my family address under Public Interest. Given the wider implication I understand why this poses public interest concern. Previous submission shows consequences to myself, family and community.

93. *I recognise the broader implications of this conviction and understand why it raises concerns for public interest, but also professional trust, and confidence in the medical profession. In particular due to the GMC's own research [SSAXXX] which is insightful. Clearly not the case here, but the GMC research shows patient protection requires significant sanctions when there is morbidity or mortality in a conviction whilst, history shows a failure to do this is dependent on race. Despite split-disagreement with the Crown courts use of GMC suspension and factoid-finding of dishonesty which is also very serious and the finding itself not denied despite being impossible; differentiating the two, unlike the GMC-repeatedly, I have complied fully with the Court Orders and acknowledge the importance of accountability as a doctor despite then not allowed to give a professional opinion of a dog-bite photograph which was not directly linked to the jury-decision the GMC negligently (new evidence) goes behind the conviction with. Despite not working as a doctor, I have also participated in more onerous GMC processes at significant expense to myself whilst I still comply with repeated additional GMC punishments. The public, profession and I, believe the GMC should not undermine the court's remit but should consider aspects not-considered by the courts, like professional standards (was considered), medical evidence like the dog-bite as evidence of the harm to a victim and the GMC withholding evidence. It is only then, when it can be said the GMC's limited remit has been satisfactorily fulfilled.*

Insight and Reflection on Misconduct

94. *I understand that maintaining public trust in the medical profession requires doctors to uphold high standards both inside and outside the workplace. Dangerous driving, even outside of clinical practice, can understandably erode public confidence. I deeply regret the circumstances that led to this incident and acknowledge that the perception of harm and misconduct, irrespective of intent, warrants serious reflection.*
95. *Addressing this, I have undertaken extensive efforts to reflect on how such a situation could have been handled differently, even if maintaining my innocence. I have identified strategies to prevent confrontation & de-escalate tense situations, such as:*

- *Remaining calm and composed in high-stress environments: Recognising the importance of avoiding reactive decisions and being in tune with emotions.*
- *Seeking external support when conflicts arise: Committing to contacting authorities and seeking third-party intervention rather than handling disputes independently as was demonstrated at a private parking ticket encounter.*
- *Continuous learning and training: Engaging in safeguarding training and community initiatives to reinforce conflict resolution skills. Having seen consequences of MVTA and speaking to families of victims I am aware of consequences and have always had annual advance driving lessons and checks to prevent bad habits, this continues.*

96. *These steps along with the 7 detailed strategies to minimise reoccurrence [SSAXXX], demonstrate my commitment to ensuring that a similar situation does not arise in the future and both professional and public confidence in myself is enhanced.*

Maintenances of Fitness to Practice and Professional Development

97. *Despite being unable to work as a doctor with effective suspension for life, I have actively maintained my professional knowledge and skills. This includes:*

- *Completing annual shadow portfolios since 2018 and undergoing two GMC Performance Assessment, which found me fit to practice in 2022;*
- *Applying transferable skills in NHS and voluntary roles and contributing to safeguarding administration & public protection;*
- *Actively participating in community service and health initiatives during the pandemic.*

98. *Exploring the public perception of doctors with criminal convictions through research, including the GMC's "Promoting and Maintaining Public Confidence in the Medical Profession" report and even media articles. I understand that public trust is influenced by whether misconduct suggests dishonesty, recklessness, or harm to others. I have taken steps to demonstrate that I pose no risk to patients or the public.*

99. *Although, 'the research suggests that the public does not automatically expect the GMC to have involvement where a doctor commits a criminal offence outside of the workplace.' The overarching issues for clinical errors, professional boundary issues or unrelated (to workplace) criminal acts, was:*

1. *The act needs be intentional, deliberate or reckless.*

2. The effect needs to be an outcome of grave and lasting harm or death.

100. The 'act' and the 'effect' had been acted upon by the CPS and court. As the charge sheet demonstrates there were originally two charges and the CPS conceded the effect was not grave in the worst-case narrative, to the extent they did offer an alternative conviction of Careless Driving. Probation service addressed Public Interest. However, this does not fully address patient/limited-Public Interest in relation to our profession, as it has potential to make a lasting impact on the public thus, patient confidence in the profession. Although time shows it has not, that is due to my individual action having taken responsibility despite maintaining my innocence.

Impact on professional practice

101. The conviction has prolonged my absence from professional practice despite competence being illustrated by the GMC during the suspended sentence. The underlying reason for absence from professional practice is whistleblowing in the public interest, this with a weaponised GMC has led for multiple split complaints which is partly beyond the scope of this reflection, despite being related and means that there is an absence before and after from practice but, not representation.

102. The above GMC commissioned document does highlight there is a public expectation in criminal acts other than those relating to clinical errors, that the GMC should be involved if 'the doctor has intentionally harmed another individual.' As in, causing (serious) harm or death, 'participants expected the GMC to take action. Like me, some felt that 'do no harm'/ 'primum non nocere' is a central tenet of medical practice, and as such, it applies to a doctor's life outside of work too.' I do agree, yet maintain my innocence in relation to this case, I had no intention of causing harm driving away but I was speeding despite the low 12mph speed and Judge Bond's sentencing remarks highlights possible minor injuries, the GMC have provided images but refuse to forensically examine as expected of a medical body. In this research, 'there is more divided opinion on the extent to which professionalism from doctors is expected outside of the workplace' as this occurred outside the workplace and registration. Judge Bond clearly makes his opinion known in the delayed sentencing report exacerbated by highlighting the other road-rage driver has already made multiple claims for compensation. I would highlight, the CPS did consider harm, but the jury were directed to only consider from evidence available (including my 12mph speeding admission in an almost empty carpark) if, the level of my driving was far below that expected of a competent and careful driver. The GMC research actually

attempts to scale the differences in conviction types. I am aware given the suspended sentence and the nature of conviction, this research (Fig.17, Pg.50) may look favourable upon me but the GMC process is adversarial and is at all costs despite complying with all GMC directions regardless of the reality of effectively been suspended for the foreseeable future. Although this should be considered in relation to FtP, history shows it will only be used if it can be negatively applied.

103.I have compared my Dangerous Driving case to that of several doctors at various points of the perceived spectrum. [Dr T] whom caused harm to a police officer also at a low speed. At the opposite end, as highlighted to the 2022 review tribunal, I have listened to relatives whom lost their loved ones to another speeding doctor on the wrong side of the road. The effect on them was horrific and they have significant anger at the GMC for not acting in the Public Interest when there is serious harm/death. Those that I have discussed Dangerous driving considered internal factors and similar to GMC research felt only those that caused death should be sanctioned or erased and thus were perplexed with my case until GMC Politics and right-wing press highlighted. Public comforting factors were that I do not do misuse drugs, and I am teetotal, that I accept the need to be vigilant and not fall into bad driving habits. Historically highlighted by continuing annual advance driving lessons after passing. This is due to seeing and treating victims in hospital over 25+year NHS career, the effects of speeding is potentially deadly which is why I stick to 20mph speed limits when applicable. Sharing the learning brings comfort to the Public.

104.Although I can change and maintain my behaviour, I cannot always do that of others and organisations like the GMC MPT conflating matters or the GMC being deceitful.

105.Given above, the local police have confidence in me and the medical profession, that is despite our PCSO colleague being killed 2025 by a speeding dangerous driver. None of us have confidence in the private-GMC to act appropriately in non-medical matters, but we do have confidence in the public justice system.

106.A helpful paragraph from the GMC ‘Promoting and maintaining public confidence in the medical profession’ research as it highlights, I understand an evidence-based panel ‘would’ consider on the basis of the conviction and sentence, is:

“When considering scenarios where doctors have committed potentially criminal acts in a non-work context, the more ‘relaxed’ view of the behaviours was more frequently expressed. As well as considering whether the doctor has harmed another person, it is

expected that the GMC should base its response on whether the criminal behaviour had the potential to affect the doctor's ability to practise safely and effectively, whether there was a pattern of criminal behaviour, or whether the behaviour suggested the doctor was dishonest, aggressive or deceitful in character. A conviction and sentence had no more of an effect on public expectations of regulatory action than the criminal act and the circumstances surrounding it."

107. There is no danger to patient care from this conviction. Given the circumstances, there is little chance of repetition. The risks of another Dangerous Driving conviction throughout every GMC review over the last several years have been kept at near 0% for the fact I deliberately have not regained my licence despite being told I am ready by my driving instructor. I had also continued to drive until 2020 and with other incidences of other drivers, I uploaded dashcam footage. If something similar was to occur again I would stay in my car and call the police about a drunk driver whom attempted a head-on collision, I am unlikely to drive away without calling the police first which is what I did with unregistered clumper on a public road in 2021. However, throughout the whole ordeal I have continued to use the public roads as a cyclist and despite navigating regularly to work through one of the highest driving insurances and claims areas in the world, I have not been involved in any further incidences and that is despite knives, guns and being knocked over. Understanding the wider implications of criminal activities and related training like 'protect' has led to currently working on community initiatives with the police around crime and health awareness in my work area. I still apologise and regret how my conviction incident came about; there is no denying I am sincerely sorry about this. I appreciate that this is disappointing to the profession and sincerely apologise. The profession appears to accept my apology and with full disclosure of ongoing GMC difficulties, nationally elected me to represent almost 200,000 doctors.

108. Commitment to rehabilitation and preventative measures I have fully complied with all aspects of the conviction and requirements of the suspended sentence. Despite the pandemic, I have done a Foundation of Rehabilitation course for the Rehabilitation Activity Requirement, despite enthusiasm for other courses (like anger management) Probation services whom I had at least monthly supervision with, decided not to utilise all 15 days, given low risks and insight.

109. I have participated in community service which due to the pandemic and fear of the GMC I had done more additional hours than needed. I had fully paid the fine early. I have had regular supervision and have sought to integrate rehabilitation aspects proactively into

personal CPDs and growth. Probation services were pleased to hear how through the safeguarding learning I had further developed policies and procedures in the practice. Probation services and the courts were satisfied and discharged me in April 2022. If the risk was not negligible or very low, probation services would not have hesitated to return my case to Judge Bond as directed, rather than allowing the conviction to lapse.

110.Despite doing the best that I can, the biggest punishment for me has been the guilt of being unable to work as doctor whilst seeing people die and suffer during the pandemic, as I am effectively suspended. Through the perpetual GMC punishments for this conviction, I have done another Performance Assessment and was in January 2022 found Fit to Practice which just adds more guilt. The conviction and far-reaching consequences have let myself, my family and my community down and, I wholeheartedly apologies.

111.Key preventive strategies I have implemented include:

- *Adherence to processes; Such as calling for external support;*
- *Public Interest exploration and action; Understanding and respecting people, having clear boundaries of right and wrong but like in practice, if conflict occurs, remain calm and objective, use advance communication methods including (irony) open-body language to de-escalate matters;*
- *Standing up for fairness and justice; Respect and acknowledge the findings of the court and those that act with legitimacy, challenge appropriately when wrong such as GMC false accusation of being arrested;*
- *Driving Safety; Continuing to prioritise established safe driving practices, including adhering to speed limits and maintaining vigilance on the road. Not to re-obtain a license whilst GMC retribution is ongoing, updated dashcams;*
- *Acting to protect the public; Discuss concerns and when serious and repeated take action, like whistleblowing against the GMC, legal action against the GMC to protect patient safety from quacks;*
- *Safeguarding; Updated and implementing training which the local police I work with, state is the most effective strategy to reduce harm, maintain public confidence and adhere to generic professional standards;*
- *Over-disclosure of information; demonstrates candour, self-awareness and accountability for the Dangerous Driving Conviction and lifelong GMC problem;*
- *Ongoing Reflection; Engaging in regular self-reflection and discussions with peers (and strangers) to reinforce lessons learned. Overall, I have done everything possible given circumstances to keep my fitness to practice up to date. I have learnt from*

reflecting on this freak incident in 2018, 7-years ago and there is support from various testimonial evidence. I clearly accept, I have a single dangerous driving conviction, despite GMC false allegations it is repeatedly proven I have declared the Dangerous Driving conviction to employers and potential employers even when just enquiring to volunteer. I am aware of lifelong GMC difficulties and feel it is wrong that this plays a bigger part than the actual conviction. This is something I am trying to change in my nationally elected role on the mandate the GMC is unfit for purpose.

112. *I sincerely regret the circumstances that led to my conviction and the impact it has had on public confidence in the medical profession. I understand the gravity of the situation and have taken substantial steps to demonstrate insight, accountability, and a commitment to preventing similar incidents in the future. I remain dedicated to upholding the highest standards of professionalism and ensuring that I am a safe, competent, and trustworthy member of the medical community.'*

113. This document contains some new material alongside a repetition of parts of a previously submitted document. Some of the sub-headings demonstrate Dr Ali's recognition of the aspects of insight expected of him such as 'Acceptance of Conviction and Responsibility' and 'Insight and Reflection on Misconduct.' He sets out that his sentence reflects the severity of the offence. He records his acceptance of the conviction and the gravity of it, and he apologises to the profession. Under the heading 'Insight and Reflection' there is no consideration of the impact of his behaviour on the victim nor other witnesses to the driving conviction. The reflections are not an acceptance by Dr Ali of his responsibility although Dr Ali asserts that his conduct no longer diminishes public confidence in the profession because he has taken responsibility despite maintaining his innocence. Dr Ali minimises the effects on the victim with his reference to 'possible minor injuries' which contrasts with Judge Bond's sentencing remarks:

'I find that you drove your vehicle deliberately at Mr P and you intended to hit him. When you used your vehicle as a weapon in this way you were putting Mr P's life in danger. It was only because he had time to get out of the direct path of your vehicle that he escaped with relatively minor injuries. You could so easily have killed this old man or inflicted lifechanging injuries upon him.'

114. There appears to have been little change to Dr Ali's pre-occupation with perceiving himself as a victim of the GMC's deceitful behaviour towards him and it being unfit for purpose.

115. The Tribunal considered whether there was a risk of repetition. The first Tribunal found the risk to be low. The offence was committed seven years ago and there has been no subsequent serious driving offence reported. Although Dr Ali's account of the circumstances continue to differ markedly from those described by the sentencing Judge, there have been no reports of his loss of temper since December 2018. Dr Ali has never appealed either the conviction or sentence. The risk of repetition calculated by the 2021 Tribunal has not increased. This Tribunal finds the risk of repetition to be low, whilst still asserting Dr Ali's poor insight, and failure to fully remediate.

116. The Tribunal noted the virtual courses attended and certificates which Dr Ali has acquired and his shadow appraisals continuing to the present time. He has fulfilled a considerable number of hours of CPD annually, 190 hours in his most recent Shadow Appraisal. They demonstrate that Dr Ali has done as much as he could under the circumstances to maintain his knowledge and keep it up to date.

117. The Tribunal determined that the greatest obstacle to Dr Ali moving on is his lack of insight. He continues to be pre-occupied with the faults he finds in the GMC, the MPTS, the Judges and HMCTS. He persists with references to the victim of his conviction as 'the other road rage driver' or the 'drunk driver.' He continues to assert that he is suspended as a result of his whistle blowing and a weaponised GMC. In those assertions, Dr Ali is offering a counter truth and counter allegations. These matters collectively prevent him from focussing on the issues concerning the conviction, regarding which he still has a limited insight.

118. The Tribunal therefore determined that Dr Ali's fitness to practise is impaired by reason of conviction.

Determination on Sanction - 29/04/2025

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

The Evidence

2. The Tribunal has taken into account evidence received during the earlier stages of the hearing, where relevant, in reaching a decision on sanction.
3. The Tribunal received further evidence from the GMC which included:
 - Written closing submissions;
 - *Giele v GMC [2005] EWHC 2143 (Admin)*;
 - *Manzur v GMC Privy Council appeal number 24 of 2001*.
4. The Tribunal received further evidence on behalf of Dr Ali including:
 - Written submissions relating to the Public Interest Disclosure Act 1998 (PIDA);
 - Full Research Report for the GMC on Promoting and maintaining public confidence in the medical profession, dated January 2019;
 - *Ahmedsowida v General Medical Council [2021] EWHC 3466*;
 - *Sawati v General Medical Council [2022] EWHC 283*;
 - *Karim vs GMC [2018] ET 3332128*;
 - *Bawa-Garba vs GMC [2018] EWCA Civ 1879*;
 - *Bolton v Law Society [1994] 1 WLR 512*;
 - *B (Children) [2008] UKHL 35*;
 - *B (application of Bijl) v GMC [2001] UKPC 41*;
 - *R (On the Application of Ruscillo) v CRHC & GMC [2004] EWCA Civ 1356 [2005]*.

GMC Submissions

5. On behalf of the GMC, Mr Brook submitted that the appropriate and proportionate sanction is one of erasure. He referred the Tribunal to the Sanctions Guidance (5th February 2024) ('the SG') and its own determination on Impairment.
6. Mr Brook submitted that the dangerous driving offence was committed in 2018, that Dr Ali had complied and engaged with the requirements of his sentence. There had been no repeat offending since then and he had had no previous conviction or cautions. Additionally Dr Ali paid the compensation costs sooner than required. Whilst Dr Ali accepted that his conviction was serious, he has failed to demonstrate insight into the seriousness of the circumstances of the conviction. He submitted that Dr Ali's poor insight and failure to fully remediate has little prospect of changing.

7. Mr Brook stated that the Tribunal has found that Dr Ali deliberately omitted the relevant information on the Form and was dishonest. He noted the Tribunal's finding that Dr Ali's focus was on the malicious intent of the GMC, MPTS and Dr A and that he continued to externalise the blame for his misconduct. Mr Brook stated the GMC agrees that Dr Ali's focus continues to be that the GMC is not fit for purpose.
8. Mr Brook went on to submit that, standing in isolation, neither Dr Ali's conviction nor his dishonesty would put this case into erasure territory. However, he submitted that Dr Ali has little, if any, insight into the seriousness of the circumstances leading to his conviction. He agreed with the Tribunal's view that an ordinary person found to be dishonest would learn from their mistake, make admissions and reflect upon it. Mr Brook stated that Dr Ali has retained a sense of injustice and grievance against the GMC, MPTS, and developed an entrapment theory which goes further than merely denying the dishonesty.
9. Mr Brook submitted that, when considering both cases together, the appropriate and proportionate sanction is one of erasure as the remitted matters are aggravated by the previous dishonesty case and Dr Ali has displayed a persistent lack of insight.
10. Mr Brook in his written submissions began by drawing the Tribunal's attention to paragraph 8 of SG. Dr Ali questioned the relevance of that paragraph. Mr Brook explained it is a standard paragraph included in closing submissions on behalf of the GMC. The Tribunal note that it concerns the publishing of sanctions to other organisations following the imposition of a sanction upon a doctor's registration.

Dr Ali's submissions

11. Dr Ali submitted that sanctions should be proportionate, fair and consistent, and highlighted paragraphs 6, 16, and 20 in the SG. He suggested that sex offenders tend to get a more pleasant walk through the GMC processes than others who make a mistake. The whistle-blowing was relevant and he has followed the advice of the previous Tribunal. He found that either Tribunal's moved the goalposts or they used the same goalposts but then did not accept his evidence.
12. Dr Ali stated that originally he had to do three things: update and maintain his knowledge; continue to develop insight, remediate, and provide strategies to reduce

repetition. The Tribunal on the 20 December 2022 did not acknowledge what he had done. He has submitted four appraisals covering five years which demonstrate how he has kept up to date and put strategies in place.

13. Dr Ali wanted to ask Judge Mithani KC what percentage of the dangerous driving conviction was the task of the GMC to protect the public and what percentage is for the courts to protect the public. One of the crucial parts is how will the sanctions better protect the public and patients. Protecting the public lies with the courts not with the GMC. He did not consider that the GMC have looked at all the information they should have done for both probity and conviction.
14. Of particular concern to Dr Ali was the history of the GMC not providing disclosures. In his view the GMC had an agenda they were pursuing, and that's not really fairness. That's not justice.
15. Dr Ali submitted that no tribunal has said to stop him from volunteering and currently he works with more vulnerable people than he ever did as a doctor. He works with members of the public and doctors with mental health problems, suicidal doctors.
16. Dr Ali accepted that probity was an issue and he fully accepted that he did not highlight the GMC investigation in the GMC letter, the subject of the misconduct finding.
17. Dr Ali invited the Tribunal to consider how it would promote public interest, highlighting the guidelines on the expiry of convictions, noting his was already spent [he thought], 5 years after sentencing. Paragraphs 116 and 119 of the SG are relevant. He paid his fine early; there was no patient complaint; there was no Trust complaint.
18. When the GMC highlighted paragraphs 8 and 46 of the SG, Dr Ali questioned the relevance of paragraph 8 which is about publishing sanctions. Dr Ali believed that the GMC has 17 to 18 pending GMC matters about him whereas Mr Brook said there is no pending investigation.
19. Dr Ali considers it is unfair that black and Asian doctors have to highlight issues and white doctors do not.
20. Of the overarching objectives, Dr Ali submitted that there was no suggestion that he posed a risk to the public or to patient safety. He accepted that the two principles

engaged due to his conviction and misconduct, are the second and third limbs of the overarching objective, to maintain public confidence, and the upholding of professional standards for the profession.

21. Dr Ali submitted that the Covid Guidelines are entirely relevant, but they have been overlooked or excluded when it's in the public interest for that context to be considered. Dr Ali highlighted that the email from Dame Clare Marx to practitioners inviting them to help with Covid, included a reassurance that the GMC would be flexible and understand the pressures during that period. The GMC have shown themselves to be neither. Dr Ali has not held himself out as a doctor during this time and is fully aware the GMC will pursue him for the rest of his life.
22. In answer to questions from the LQC, Dr Ali stated that he is still working at the XXX and has done for the last six years. He teaches less than before, but teaches the administrative and clerical staff on coding, and how to use the IT systems. He still volunteers weekly with the Homeless Shelter, staying overnight during the winter months. He explained that many of the homeless have had little access to medical care and can present with bad ulcerations. He can show them how to improve their self-care and register at GP practices. As a medical secretary he is able to make appointments for them. Helping at a food bank is part of that work. He also volunteers at a Good Samaritans Centre on an ad hoc basis. He is an elected national representative at the BMA for a 4 year term which will end next year.
23. In answer to questions from Mr Hepworth, about aggravating and mitigating circumstances, Dr Ali stated:

'A lack of insight is an aggravating factor. I contend there are multiple issues to be concerned with. If the courts are satisfied with my insight, I don't see it is relevant. I don't think I lack insight. You'd have to have someone with a schizophrenic personality. I have one view and the GMC has another..... I'm inundated with 100s of doctors who have no confidence in the GMC. Mitigating factors include that the profession supports me. I understand the GMC perspective that remorse has to be shown but legally it is remorse and rehabilitation. The GMC don't like black or Asian doctors persisting with their views

24. When asked about the finding of dishonesty, Dr Ali said *'the circumstances around the incident include the outcome of not receiving the application is the same outcome as if I'd written what I should have written on the form.'*

‘Mitigating factors are maintaining my knowledge; the lapse of time since the conviction; what I have done for the community since then, working with the police and getting other doctors and local MPs together; I have done several driving courses levels 1 to 4.

25. Dr Ali accepted that the dangerous driving conviction is serious. He submitted that he hasn't tried to undermine the Crown Court. He hasn't added anything, embellished or tried to change the conviction. He acknowledged that doctors have a duty to be honest and to be seen as honest.
26. Asked about the relevance of 'whistle-blowing' Dr Ali stated: *‘ever since 2014, the GMC have been searching for reasons and concerns and have provided objective evidence of that...the GMC and I are not getting along and I have suggested mediation and they have refused.’*
27. Dr Ali acknowledged that not everything had arisen from his poor relationship with the GMC. The driving conviction did not, but he considered the GMC has misused the outcome. Regarding the probity issue, Dr Ali stated he in part admitted and part denied the allegation because it was partly his responsibility to have checked the form. He has some responsibility for the probity finding. There are things about which he can make changes. He has taken the conviction seriously.
28. Asked about possible sanctions by the LQC, Dr Ali stated that conditions would be an appropriate sanction because HMCTS is well run and has helped him with his remediation because they asked him how he was progressing and changing. He identified that someone can create circumstances where someone named in the GMC can look at developing issues around any outstanding concerns. He has never been clear what more he has needed to do apart from being told *‘you lack insight.’* His conviction related to non-clinical matters and a sanction of conditions would be workable to address this. He also informed the Tribunal that due to misconduct he was suspended from practice in 2017 but, he was found fit to practise in 2022.
29. Dr Ali indicated that a short suspension of less than three months would be an appropriate sanction, ideally 28 days, to prevent the review process. Dr Ali noted that of the review process *‘you have to pay lip service’* and it doesn't provide genuine better patient service. Dr Ali stated he had been in eight years of regulatory purgatory and the last five years has had repeated punishment by the GMC.

30. Regarding erasure, Dr Ali invited the Tribunal to consider the judgement of Mr Justice Eyre, where he sees it as disproportionate. Dr Ali questioned how erasure would improve patient safety.
31. Dr Ali submitted that the Tribunal should take into consideration natural justice, equality of arms, his PIDA application, and the Human Rights Act 1998. In particular this case does not concern clinical issues nor are there issues of patient or public harm. He invited the Tribunal not to sacrifice the career of a competent doctor.
32. Dr Ali in his written submissions set out for the Tribunal to take into consideration, the following:

‘Mitigating Circumstances given PIDA since my 2014 whistleblowing against the GMC and NHS England (then deanery), now acting as complainants & prosecutors. The concerns raised then have since emerged as systemic issues nationally. Despite multiple [XXX] reports confirming my [XXX] fitness and independent refusals to medicalise whistleblowing; the GMC continues to misuse whistleblowing; in stage 2 the GMC now dismiss deaths as conspiracy theories. Related, includes disregarding your own Sarndra Horsfall Report on suicides among doctors under FtP investigation.

Object to Aggravating circumstances of Race and conflated-insight. The GMC address ‘their perspective’ at the start of every stage. This tribunal should reject and refuse to interpret GMC subjective ‘attitude issue’ conflation to a lack of insight. Any such conclusions should be objectively evidence-based and Equality Act 2010 compliant; particularly given my nationally elected public office with gained mandate from the medical profession and your own GMC Fair to Refer report.’

33. Dr Ali submitted that the Tribunal should start with the least restrictive sanction in order to maintain public protection and that patient safety has not been engaged in this case. He submitted that a short sanction would be appropriate for his misconduct and that he has acknowledged his errors, shown progression with CPD and tried to address everything possible as evidenced by his appraisals. He stated that no clinical misconduct has been raised, nor have there been any patient or employer complaints. There is no ongoing risk to patients.

34. Dr Ali submitted that structured conditions would be appropriate to address his conviction or a brief 28-day suspension with no review, with anything further being disproportionate. He also submitted that any sanction imposed should be proportionate and in line with the overarching objective.

The Tribunal's Determination on Sanction

35. The decision as to the appropriate sanction to impose, if any, is a matter for this Tribunal exercising its own judgement.
36. In reaching its decision, the Tribunal has taken account of the SG and GMP. It has borne in mind that the purpose of a sanction is not to be punitive, but to protect patients, maintain proper professional standards, and the wider public interest, although it may have a punitive effect.
37. Throughout its deliberations, the Tribunal applied the principle of proportionality, balancing Dr Ali's interests with the public interest. The Tribunal has already given a detailed determination on impairment and has taken those matters into account during its deliberations on sanction. In deciding what sanction, if any, to direct, the Tribunal reminded itself that it must consider each of the sanctions available, starting with the least restrictive, to establish which sanction is appropriate and proportionate.

Aggravating and mitigating factors

38. The Tribunal considered the aggravating factors in this case. It took the view that Dr Ali:
- was convicted of a dangerous driving offence committed in 2018, which resulted in actual harm to an elderly man;
 - has been found to have acted dishonestly in 2020;
 - demonstrated a lack of true insight, blaming others for what has happened, whilst maintaining a view that the GMC is not fit for purpose.
39. It noted that Dr Ali cannot overcome his view of the GMC. He already plans to appeal this Tribunal's decision, even before the proceedings have concluded.
40. The Tribunal then considered the mitigating factors in this case and noted:
- the lapse of time since Dr Ali's conviction of seven years;

- the lapse of time since the misconduct of five years;
- acceptance of the criminal conviction and its seriousness;
- none of his actions, including dishonesty, have been repeated, subsequently and he had no prior convictions before this offence;
- his recognition of the importance of honesty and attendance on courses for probity and ethics;
- his acknowledgement that it was partly his responsibility to check the Form;
- no patient harm occurred;
- he has made genuine efforts to keep his clinical knowledge up to date, going above and beyond what was required of him, including preparing and completing annual shadow appraisals;
- he has engaged with the regulatory process;
- he has demonstrated remorse by apologising for his behaviour;
- he has stated that he now has strategies in place to cope with stressful situations including remaining calm and composed in high stress environments and seeking external support if required;
- he is a community volunteer at a Homeless Shelter, a food bank, and volunteered with the Samaritans and local police;
- he has provided positive testimonials from his line manager and employer, for whom he has worked and continues to work for over 6 years.

41. The Tribunal considered the gravity relating to each matter. The conviction was serious and the sentence reflected that. In the subsequent seven years, Dr Ali has attended before four different tribunals between 2021 and 2025. At each tribunal his insight has been identified as the reason why he has not remediated. The misconduct involving dishonesty was a matter which until today, 28 April 2025, Dr Ali had not accepted, but had provided a number of alternative explanations, locating responsibility elsewhere than himself.

42. The Tribunal has accepted throughout that Dr Ali is fully entitled to maintain his innocence. What is more troubling are the counter allegations made by Dr Ali to explain the findings made against him, in particular when it included accusations against institutions such as the GMC and MPTS.

43. The Tribunal accepts Dr Ali's oral evidence that as an elected representative to the BMA, he receives frequent complaints against the GMC, from other doctors. This may have exacerbated his own mistrust of the GMC.

44. The ‘application’ for Public Interest Disclosure, in reliance on PIDA 1998, is an example of Dr Ali’s misdirection. He sought at the start of Stage 3 to apply to the Tribunal to offer him protection from negative treatment or unfair dismissal, such as might occur to a ‘whistle-blower’ in the context of an employer, and/or before an employment tribunal. Dr Ali submitted before submissions at the sanction stage, that whistleblowing is central to the ‘dishonesty’ finding. Neither of the two matters which are the subject of this Tribunal’s consideration, involve whistle-blowing. Dr Ali himself acknowledges that it is not relevant to the driving conviction. On 28 April Dr Ali submitted that he accepted that he was dishonest in completing a form for the GMC, which is the basis of the misconduct finding. Neither concern whistle-blowing nor employment in a work context where he has either lost his employment or his employer is taking punitive action against him. Both matters concern his voluntary acts, and neither took place in the context of employment. Accordingly, as asserted by Mr Brook on behalf of the GMC, it is not an application relevant to these proceedings.
45. The Tribunal has considered whether Covid Guidelines should be applied to the context of the misconduct. The events occurred during the Covid Pandemic and insofar as that was the context in which the letter from Dame Clare Marx was sent to all health professionals, the Tribunal has taken that into account.

No action

46. In reaching its decision as to the appropriate sanction, if any, to impose in this case, the Tribunal first considered whether to conclude by taking no action.
47. The Tribunal determined that there were no exceptional circumstances to justify taking no action in this case and that taking no action would not uphold the overarching objective to maintain public confidence and to uphold proper standards of conduct for members of the medical profession.

Conditions

48. The Tribunal next considered whether it would be appropriate to impose conditions on Dr Ali’s registration. It bore in mind that any conditions imposed should be appropriate, proportionate, workable and measurable. Consideration was given to paragraph 81 SG as

to when conditions might be appropriate. None of the four listed circumstances applied to Dr Ali's case. Regard was had to paragraph 82 of the SG which states:

'Conditions are likely to be workable where:

a the doctor has insight'

49. The Tribunal took the view that Dr Ali demonstrated a lack of insight, was combative throughout his evidence and submissions and sought to place the blame externally for his behaviour on either the administrators for the GMC during Covid, and/or upon the racist attitude of the GMC, generally. He stated he considered the views of others such as the GMC and the Judge who sentenced him, but in fact he struggled to consider other's viewpoints. The Tribunal did not consider any retraining or supervision was likely to address Dr Ali's lack of insight and counter allegations. It was not satisfied that Dr Ali had the potential to positively respond to remediation. The Tribunal could not identify any suitable conditions that would be appropriate in this case.
50. The Tribunal therefore concluded that conditions would be insufficient to meet the public interest or to maintain proper professional standards of conduct for the members of the profession.

Suspension

51. The Tribunal then went on to consider whether imposing a period of suspension on Dr Ali's registration would be appropriate and proportionate. In doing so, it had regard to paragraph 116 of the SG which states:

'The purpose of the hearing is not to punish the doctor a second time for the offences they were found guilty of. The purpose is to consider whether the doctor's fitness to practise is impaired as a result. If so, the tribunal then needs to consider whether to restrict the doctor's registration to protect the public (who might come to the doctor as patients) and to maintain the high standards and good reputation of the profession. The tribunal should take account of paragraphs 81–85 of Good medical practice regarding the need to be honest and trustworthy, and to act with integrity.'

52. The Tribunal considered a suspension to be appropriate if there was an acknowledgement of fault from the doctor and if the behaviours were unlikely to be

repeated. It took the view that Dr Ali has found it impossible to move on from his perception that he was victimised by the GMC. The Tribunal delivered its determination on impairment at 09:34 on 24 April 2025. When asked by the LQC at the Sanction stage, whether he had read the Tribunal's Determination on Impairment, having adjourned the previous day at his request, save for two hours, Dr Ali said he'd only been able to skim read it. Offered more time to read it, he declined.

53. The strategies to which Dr Ali refers do not include an account of empathy for anyone else affected by his conviction and/or his misconduct but focus upon himself:

'STRATEGY 1

EVIDENCE OF STRATEGIES DEVELOPED TO MINIMISE REOCCURANCE

Various legal processes expected and unexpected by the public

PAST

- *Notified driving insurance company and followed directions*
- *Notified Medical Protection Society given racist medical council*
- *Notified employers and notified them of each and every GMC call/abusive case thus, employ and are supportive of me*
- *Followed instructions including from Judge Bond not to disclose to the July I am a disability doctor. Also notified Judge of GMC findings and punishments which had an adverse effect despite the GMC actually being deceitful*
- *Complied with DBS and DVSA investigations – no action.*
- *Notified probation services of the evil nature of the GMC and they would split / have multiple cases is a suspended sentence is given due to race and GMC past behaviour with others*
- *Unlike spiteful GMC suspension /punishments that has nothing in reality to do with Public interest, no public protection and only spiteful persecution sent out a clear race message to the profession. The suspended sentence had regular positively engaged with Probation officers thus positive feedback (negligently ignored by GMC) and belief in Dr Ali on engagement and reflection, which led to them not using all 'up to 15 RAR days' as 3 full days were used.*
- *Completed all aspects of sentence in 2022*

PRESENT

- *Highlight GMC repeatedly trying to circumvent processes*
- *Due to above – current employers, DBS, DVSA take no action*

- *Taking GMC-FOI refusals to General Regulatory Chamber*
- *GMC spitefully perpetually punish and undermine the courts and other bodies, as publicly directed by [Ms K] they must erase doctor to protect the corporate interest of the GMC, which undermines fairness, justice and human rights.*

FUTURE

- *Follow process to a 5th High Court Appeal then Court of Appeal*
- *Probation service highlighted past actions were satisfactory.'*

54. In a single strategy (Dr Ali submitted seven, each covering an A4 page of paper), Dr Ali referred to the GMC as, spiteful (twice), negligent, racist, and deceitful. The '*strategy to minimise the risk of recurrence*' which should have focussed on ways for himself to minimise a recurrence of his criminal conviction, were presented as a critique of what he had done and would do to highlight the unfair, unjust and spiteful processes of the GMC. It appeared to the Tribunal to demonstrate Dr Ali's all-consuming fight with the GMC. Dr Ali repeatedly asserted that he had asked for a definition of 'insight' from the GMC but they had chosen not to give him one.
55. In the Judgement of HHJ Mithani KC, concerning Dr Ali's appeal against the previous two tribunals, at paragraph 63 he states '*Insight* (or lack of it applies) whatever the risk of repetition. Its purpose is to allow that risk (however low) to be recognised and to be avoided.' Later at paragraph 72 he states '*The Appellant could have demonstrated insight, without admitting guilt, by acknowledging how serious the findings made against him were and how, even though the allegations were denied, he had put in place the necessary strategies to recognise the conduct complained of against him, how to prevent it and how to respond to it if it arose in the future in a way that was both reasonable and proportionate.*'
56. The Tribunal was satisfied that Dr Ali has not provided adequate evidence to show that there is no risk of repetition of the road rage or of his dishonesty.
57. The Tribunal considered how a fully informed member of the public would perceive Dr Ali being suspended from practice, given that the conviction was over seven years ago and he has not posed a risk to patients. It took the view that Dr Ali's dishonesty was linked with his conviction and his failure to learn from past mistakes. Dr Ali has now accepted that how he acted was wrong and has admitted dishonesty. The Tribunal noted that a member of the public may be satisfied with a short suspension in these

circumstances but took the view that a suspension with a review hearing would serve no purpose in this case, given Dr Ali's lack of insight and inability to move on.

58. Dr Ali has had the opportunity to demonstrate insight and the application of strategies to prevent recurrence during the last three years, since a suspension was first imposed. Regrettably he has repeatedly failed to do so at the last two tribunals. It had regard to paragraph 97(e) of the SG which states:

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

...

e No evidence that demonstrates remediation is unlikely to be successful, eg because of previous unsuccessful attempts or a doctor's unwillingness to engage.'

59. The Tribunal concluded from the history and evidence that remediation is unlikely to be successful, because of previous unsuccessful attempts to engage Dr Ali in developing insight. This Tribunal found that a further suspension would serve no useful purpose.
60. The Tribunal concluded that a sanction of suspension would undermine the overarching objective because Dr Ali has not demonstrated true insight nor has he convinced the Tribunal that he is capable of addressing the underlying causes for his misconduct.
61. For these reasons, the Tribunal determined that suspension would not be an appropriate sanction to maintain public confidence in the medical profession or to maintain proper standards of conduct.

Erasure

62. In considering erasure, the Tribunal noted that a doctor does not have to pose a risk to patient safety to be erased. In its deliberations, it had regard to paragraph 109 of the SG which states:

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

a A particularly serious departure from the principles set out in Good medical practice where the behaviour is difficult to remediate.

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

...

g Offences involving violence.

h Dishonesty, especially where persistent and/or covered up (see guidance below at paragraphs 120–128).

...

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

63. The Tribunal considered Dr Ali's conviction and dishonesty to be serious and reckless departures from GMP. It noted that his conviction involved violence by using his vehicle as a weapon. Despite successive tribunals finding that the conviction was remediable and providing Dr Ali with the time whilst suspended to demonstrate remediation, his insight remains limited and therefore he has not remediated. This Tribunal found that his dishonesty in the misconduct was similarly remediable. However, even during this fact finding, Dr Ali resorted to highlighting causative factors previously argued and dismissed by the previous Tribunal and on appeal to the High Court. Whereas Dr Ali is entitled to continue to deny the allegation, it is his counter allegations against others, notably Ms C and Dr A, as well as the GMC, which displays his inability to develop the necessary insight. Without the necessary insight, the public confidence in the profession will continue to be eroded. Without the necessary insight, it would not be in the public interest for Dr Ali's registration to continue.
64. It is with some reluctance that the Tribunal has reached this conclusion. Dr Ali is clearly highly regarded in his current work in a GP's practice. Patients need good doctors and it is in the public interest to restore doctors to practice wherever possible. Nonetheless the issue of Dr Ali's insight has been at the forefront of successive tribunal decisions, since he was suspended on 5 July 2022. Sadly, during those intervening years, his recognition of his responsibility, his failings, and his need to demonstrate how he plans to ensure there is no repetition of such dishonesty and aggression, has not been foremost in his presentation to tribunals. This is the insight that is still absent. The Tribunal was not

persuaded that Dr Ali had developed sufficient insight whilst his primary focus was to persistently locate blame elsewhere for the events which have brought him before the MPT.

65. This has led the Tribunal to conclude that erasure is the only appropriate and proportionate sanction.
66. The Tribunal concluded that erasure is the only means of maintaining public confidence in the profession and declaring and upholding proper standards of conduct. The Tribunal therefore directed for Dr Ali's name to be erased from the Medical Register.
67. Unless Dr Ali exercises his right of appeal, his name will be erased from the Medical Register 28 days from the date on which written notice of this decision is deemed to have been served upon him. A note explaining his right of appeal will be sent to him.

Determination on Immediate Order - 29/04/2025

1. Having determined to erase Dr Ali's name 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

2. On behalf of the GMC, Mr Brook submitted that an immediate order of suspension is necessary in this case in the public interest and to protect public confidence in the medical profession. He relied upon paragraph 172 and 173 of the SG which state:

'172 The tribunal may impose an immediate order if it determines that it is necessary to protect members of the public, or is otherwise in the public interest, or is in the best interests of the doctor. The interests of the doctor include avoiding putting them in a position where they may come under pressure from patients, and/or may repeat the misconduct, particularly where this may also put them at risk of committing a criminal offence. Tribunals should balance these factors against other interests of the doctor, which may be to return to work pending the appeal, and against the wider public interest, which may require an immediate order.'

173 An immediate order might be particularly appropriate in cases where the doctor poses a risk to patient safety. For example, where they have provided poor clinical care or abused a doctor's special position of trust, or where immediate action must be taken to protect public confidence in the medical profession.'

3. Mr Brook submitted that an immediate order of suspension is not necessary for the protection of the public. It is not in the public interest that Dr Ali should return to practise with such attitudinal issues. An immediate order puts him in the same position that he has been in for some time now.
4. Whereas Dr Ali asserts that the GMC is merely being spiteful, it is not. It is important that the public have confidence in the regulatory process.
5. Mr Brook informed the Tribunal that the previous substantive suspension will expire at the end of these proceedings which would result in Dr Ali being able to practise without restrictions until the erasure decision becomes effective.
6. Dr Ali submitted that there is no risk to patients in this case and that the Tribunal should reject the GMC's application for an immediate order. He submitted that the Tribunal should consider common sense and that the imposition of an immediate order would be spiteful.
7. Dr Ali submitted that he works and continues to work with the most vulnerable people in society. The Tribunal has objective evidence of shadow appraisals over the last five years. He has had lots of opportunities to work as a doctor and has not taken them. He has provided current disclosure to both the call centre and homeless shelter where he volunteers. He has also surrendered his licence to practise. He stated there was no realistic prospect for him to practice unless outside the GMC's jurisdiction. An immediate order would be disproportionate and professionally damaging to him. That is not the purpose of immediate orders. It is an abuse of his human rights and he invited the Tribunal to reject the GMC's application.

The Tribunal's Determination

8. In its deliberations the Tribunal had regard to paragraphs 172 and 173 of the SG, it also had regard to paragraph 177 which states:

‘.....Where the tribunal has directed suspension or erasure as the substantive outcome of the case, it may impose an immediate order to suspend registration.’

9. The Tribunal has considered the facts of this case and in particular its decision to erase Dr Ali’s name from the medical register. Dr Ali has been suspended from practice since July 2022. In considering the balance between the public interest and Dr Ali’s own interests, an immediate order for suspension is a continuation of the sanction currently in place until this Tribunal has reached its conclusion.
10. The Tribunal therefore determined to impose an immediate order of suspension.
11. This means that Dr Ali’s registration will be suspended from today. 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.
12. That concludes the case.

ANNEX A – 08/04/2025

Applications for evidence to be admitted, for certain redacted documents to be unredacted and for the facts stage not to be reopened

1. The General Medical Council (GMC), made an application for the Tribunal to:
 - (i) Admit paragraphs 32 to 34 of Ms C's witness statement dated 28 September 2021, which had been omitted from the bundle in error, in preparation for this hearing;
 - (ii) Admit the High Court Order of Eyre J dated 11 September 2024, in a redacted form.
2. Dr Ali made an application for the Tribunal to admit into evidence unredacted versions of the following documents:
 - (i) the High Court Order of Eyre J dated 11 September 2024;
 - (ii) the witness statement of Ms U, probation officer;
 - (iii) the Pre-Sentence Report prepared in criminal proceedings concerning Dr Ali's conviction for dangerous driving;
 - (iv) Dr Ali's witness statement dated February 2025.
3. Dr Ali made a further application, following his appeal to the High Court in which paragraphs 4(a) and 4(b) of the Allegation were remitted for consideration by a Tribunal, that those facts found proved in the allegation in the hearing ending 24 October 2023, should not be reopened.

Submissions

Submissions on behalf of the GMC

4. Mr Brook submitted that he was unable to discern any application regarding the facts stage being reopened, as Dr Ali's submissions seem to be limited to generalised submissions and complaints. He stated that if Dr Ali's application was to seek leave to re-open paragraphs 1 to 3 of the Allegation found proved by the 2024 Tribunal, when those findings were upheld on Appeal, this would be impermissible.

5. Mr Brook submitted he understood the application to admit new evidence related to Dr Ali's perception that the GMC objects to him placing a number of documents before the Tribunal. He informed the Tribunal that the extent of the GMC's objections related to some redactions in Dr Ali's witness statement and some documents that the GMC did not consider relevant to the facts stage; such as Ms U's witness statement and Dr Ali's pre-sentence report. He stated that further redactions were applied to Dr Ali's addendum comment, dated June 2021, and his third statement, dated February/March 2022, and that these should be provided unredacted at the impairment stage.
6. Mr Brook submitted that a bundle of documents has been provided by Dr Ali and that the majority of this was irrelevant. However, he stated that the GMC has not sought to exclude this bundle of documents in its entirety, leaving it to Dr Ali. He was mindful that Dr Ali may place material before this Tribunal that was not before the 2024 Tribunal. Mr Brook went on to submit that the GMC has not sought to rely on any new evidence at this hearing.
7. Mr Brook submitted that the named evidence should be placed before the Tribunal and that whilst the GMC doesn't support the redactions being removed it will accept them. He stated that the redactions were proposed to protect Dr Ali and to remove irrelevant material from evidence.

Dr Ali's submissions

8. Dr Ali submitted that the High Court Order does not restrict the addition of new evidence, and that the Tribunal should allow it. He stated that it is legitimate, fair and proper for the Tribunal to consider new information which has come to light that has not been considered by a Tribunal rather than due to High Court appeals and remittals. Dr Ali stated that this case relates to a vexatious non-medical matter which was heard at an MPT hearing and did not engage with all three limbs of the overarching objective. Dr Ali stated that the GMC was wrong not to provide full and timely disclosures and to prevent the admission of documents.
9. Dr Ali urged the Tribunal to uphold its duty to act fairly and impartially, ensuring that no party benefited from procedural manipulation at the expense of justice. He submitted that the GMC changed the facts of previous hearings, and that the facts stage should not be reopened. However, he went on to submit that if the facts stage were reopened then it should be done equally.

10. Dr Ali submitted that the GMC are attempting to reopen facts in violation of established legal principles. He stated that there was no GMC investigation into his conviction and that discussions concerning his legal status led to the giving and rescinding of his good character reference. Dr Ali submitted that the GMC made repeated attempts to reopen the findings around his conviction to impose further punishment. He submitted that this was improper.

11. Dr Ali submitted that there was inconsistency and hypocrisy in the GMC's approach:

'GMC...having altered facts then maintained the finding of fact from the first FTP investigation regarding alleged dishonesty for not declaring a GMC investigation in 2016 — despite that investigation only commencing in 2017 (and majority of accusations not upheld). This ruling was made in a context of racial bias and is contested, with logic and that I used Disclosure Statements to highlight whistleblowing and pending lifelong GMC pending prosecutions with no then-current FtP investigation in 2016. The GMC's logic is flawed; you cannot declare an investigation that has not yet begun without engaging in deception or being entrapped in a constructed case.'

12. Dr Ali went on to submit that the fitness to practise complaint made against him had been persistently misrepresented despite evidence of his over-performance including a satisfactory GMC Performance Assessment. He stated that there is a five-year time limit for examining factual allegations and that any argument these findings cannot be revisited due to time constraints is untenable. Dr Ali submitted that if the findings of fact are to be reopened then this must not be done selectively to disadvantage him whilst allowing the GMC to revise history to serve its interest.

13. Dr Ali, having previously opposed the application of the GMC, then agreed to paragraphs 32-34 of Ms C's statement being added to her witness statement. Dr Ali also agreed to the inclusion of the High Court Order of Eyre J, unredacted.

14. Dr Ali submitted that all documentation should be provided to the Tribunal without redactions. He stated that the High Court Order shouldn't be redacted and neither should Ms C's witness statement. Dr Ali submitted that the redactions in the High Court Order show the bad behaviour of the GMC and show the GMC in a bad light.

The Tribunal's Approach

15. In its deliberations the Tribunal had regard to Rule 34(1) which states:

'The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law'

The Tribunal's decision

16. The Tribunal considered whether it would be fair and relevant to admit paragraphs 32 to 34 of Ms C's witness statement and an unredacted versions of the High Court Order, Dr Ali's witness statement, Ms U's witness statement and the pre-sentence report into evidence.

17. The evidence sought to be admitted was not prejudicial to the GMC. The Tribunal noted that Dr Ali had no legal representation. In the absence of such assistance, where Dr Ali regarded the exclusion of evidence as unfair, and prejudicial towards himself, and that it allowed the GMC to withhold relevant evidence, it was important that the Tribunal did not exclude evidence. It took the view that it would be fair to admit all the documents into evidence, unredacted.

18. The Tribunal agreed with Dr Ali that the facts which were not remitted to this Tribunal for adjudication will remain found proved, and not re-opened.

19. The Tribunal therefore determined to grant both the GMC's and Dr Ali's applications for new evidence to be admitted, for the named documents to be unredacted and for the facts stage to remain unopened.

ANNEX B – 08/04/2025

Application for new evidence to be admitted

1. Dr Ali made an application for the Tribunal to replace the current defence bundle D2 with the original bundle he provided to the Tribunal Service earlier in 2025.

Submissions

Dr Ali's submissions

2. Dr Ali submitted that the Tribunal should have regard to Rule 34 of the Rules in considering his application. He stated that the current document labelled as D2 should be replaced with the original bundle he provided to the GMC which consisted of 1241 pages.

Submissions on behalf of the GMC

3. Mr Brook submitted that Dr Ali was free to deploy any fresh evidence to the Tribunal and that this was at Dr Ali's discretion, providing the evidence was relevant and admissible. He stated that there was no objection to Dr Ali's application.

The Tribunal's Approach

4. In its deliberations the Tribunal had regard to Rule 34(1) which states:

'The Committee or a Tribunal may admit any evidence they consider fair and relevant to the case before them, whether or not such evidence would be admissible in a court of law'

The Tribunal's decision

5. The Tribunal noted that there was no disagreement between Dr Ali and the GMC in Dr Ali providing the Tribunal with his original bundle of documents, most of which were already admitted in the D2 bundle the Tribunal had read. The Tribunal concluded that the defence bundle could be replaced without any injustice to either party and that it would be in the interests of fairness to Dr Ali to allow this change.
6. The Tribunal therefore determined to grant Dr Ali's applications for the new defence bundle to replace the previous one.