

## MEDICO-LEGAL CURRICULUM VITAE

### Mr Ased Ali BSc(Hons), MBChB, PhD, FRCS (Urol)

*Consultant Urological Surgeon (NHS) / Senior Director, Global Medical Affairs & Clinical Development (MedTech)*

#### Contact for medico-legal instructions

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**Base:** Wakefield / Leeds (UK)

#### Professional details

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**Nationality:** British

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### Professional Profile

Clinician-scientist and Consultant Urological Surgeon with subspecialty practice in female and functional urology, neuro-urology (including spinal cord injury and neurological disease), continence, and post-cancer pelvic reconstruction. Alongside an active NHS role, I hold a senior global MedTech leadership post overseeing medical affairs and clinical development programmes, with extensive experience in evidence generation, post-market surveillance, product safety, human factors, and regulatory interactions (UK/EU/US). This dual perspective supports clear, balanced and defensible opinions in both personal injury and clinical negligence cases, particularly where complex urological dysfunction intersects with neurological injury, catheterisation, devices, infection, and long-term outcomes.

### Specialist Areas of Urological Expertise

- Neuro-urology: spinal cord injury, cauda equina syndrome, traumatic brain injury-related voiding dysfunction, multiple sclerosis, Parkinson's disease.
- Female and functional urology: overactive bladder, urgency urinary incontinence, voiding dysfunction, recurrent UTI, bladder pain syndrome / interstitial cystitis.
- Continence and pelvic floor surgery: sacral neuromodulation; autologous fascial sling surgery; complex incontinence pathways, complications and follow-up.
- Urological consequences of trauma: pelvic fracture and lower urinary tract injuries; erectile/sexual dysfunction; incontinence and catheter dependence.
- Iatrogenic urinary tract injuries and complications: bladder and ureteric injury; catheter-related injury; long-term indwelling catheter complications.
- Reconstructive urology after cancer treatment and pelvic surgery; complex pelvic floor dysfunction.

### Medico-legal Instructions Accepted

- **Personal injury:** urological and sexual consequences of trauma & neurological injury; prognosis and care needs.
- **Clinical negligence:** breach of duty, causation, condition and prognosis; treatment options and future management.
- **Claimant, Defendant and Single Joint Expert instructions** (subject to conflicts of interest checks).
- **Reports:** Paper-based review; examination appointments where required; remote video assessments where appropriate.

I understand the duties of an expert witness and will comply with Civil Procedure Rules Part 35 and Practice Direction 35, as well as the Protocol for the Instruction of Experts to Give Evidence in Civil Claims.

## Key Differentiators

- Subspecialty depth in functional and neuro-urology with regional tertiary referral experience (including spinal injuries work).
- Evidence-led approach: senior investigator in multicentre clinical trials and extensive peer-reviewed outputs and national consensus guidance.
- Strong written analysis and governance experience: chaired clinical governance, risk reviews and serious incident learning; accustomed to transparent reasoning and documentation.
- MedTech leadership relevant to device-related litigation: life-cycle evidence strategies, vigilance, benefit–risk and quality-system interfaces; experience supporting CE/UKCA and FDA 510(k) evidence packages.
- Regular national and international speaking and teaching roles; able to explain complex clinical pathways and probabilities clearly.

## Clinical Governance & Service Leadership (relevant to expert work)

- Clinical Lead (Urology) 2019–2021: governance, service improvement and training oversight.
- Led governance review & serious incident learning; accustomed to record scrutiny & contemporaneous reasoning.
- Experience designing and auditing pathways for recurrent UTI / catheter complications / continence care.
- Established specialist services in functional & neuro-urology – deep familiarity with escalation thresholds, complications and expected outcomes.

## Regulatory, Safety and Medical Device Expertise (relevant to litigation)

- Deputy PRRC (EU MDR Art. 15) experience with clinical evaluation, PMCF/PMS planning, vigilance and Notified Body engagement.
- Experience authoring/overseeing benefit–risk documentation, CAPA and safety signal reviews, including software/AI change control.
- NICE interface: contributor to NICE Scientific Advice (including confidential input on protocol design in UTI) and HTA-related expert input.
- Experience collaborating with patient groups and charities, supporting patient-centred outcomes and communication.

## Current Appointments

- **Consultant Urological Surgeon** (Female, Functional and Neuro-urology), The Mid Yorkshire Teaching NHS Trust (2016–present).
- **Senior Director, Global Medical Affairs & Clinical Development** (Continence & Infusion Care; external innovation), Convatec (2021–present).

## Previous Appointments

- **NIHR Clinical Lecturer / Wellcome Trust Fellow / Specialist Registrar in Urology**, Newcastle University and Yorkshire & Northern Deaneries (2006–2016).
- **House Officer and Senior House Officer**, Yorkshire & Northwest Deaneries (2002–2006).

## Qualifications

- CCT in Urology, General Medical Council (2016).
- FRCS (Urol), Royal College of Surgeons of England (2014).
- PhD (Immunology), Newcastle University (2013).
- MBChB (2002); BSc(Hons) Immunology & Oncology (1999), University of Manchester.

## Clinical Trials and Evidence Generation (selected)

- ALTAR trial (NIHR; BMJ 2022): Co-Principal Investigator – alternatives to prophylactic antibiotics for recurrent UTI.
- CAUTI trial (NIHR): Local PI – antimicrobial-impregnated urinary catheters for long-term indwelling catheter users.
- ExPEC9V vaccine study (industry): Local PI – complicated UTI/pyelonephritis-related programme.
- Industry-sponsored trials in bladder pain syndrome & neurogenic detrusor overactivity (local PI).
- Multiple MedTech RWE/PMCF programmes in continence and infusion care (Medical Director).

## National, Professional and Editorial Roles (selected)

- BAUS Section of Female, Neurological and Urodynamic Urology – Executive Committee Member (2020–2024) and co-author of multiple consensus statements.
- Academy of Medical Royal Colleges / NHS England Evidence-Based Interventions programme – contributor (recurrent UTI pathway).
- Getting it Right First Time (GIRFT) working group – functional & reconstructive urology / urogynaecology service improvement.
- Bladder Health UK – Medical Advisory Board member; Urostomy Association (Yorkshire) – President.
- Editorial roles: Therapeutic Advances in Urology (Editorial Review Board); Frontiers in Cellular & Infection Microbiology (Associate Editor).

## Publications and Guidance

I have published extensively in functional urology, infection, biomaterials and device-related evidence generation. Selected outputs relevant to medico-legal work include national BAUS consensus documents on female voiding dysfunction, bladder and ureteric injury, and complications of long-term indwelling catheters, alongside recurrent UTI trial work. A full publications list is available via <https://orcid.org/0000-0001-9576-9047>

## Independence & Conflicts of Interest

I maintain independence in all expert work and recognise that my overriding duty is to the Court. I currently hold a senior medical leadership role within the MedTech industry. Any potential conflicts (including device manufacturers, products or competitors) will be declared at instruction stage and managed appropriately. Where a material conflict is identified, I will decline the instruction.

## Practicalities

- Consultations: Wakefield/Leeds area and wider Yorkshire by arrangement; remote video appointments available where appropriate.
- Service levels: appointment availability and report turnaround can be confirmed at instruction; expedited reports may be possible by agreement.
- Reporting: structured format with clear reasoning; addresses breach of duty, causation and prognosis where required; includes relevant literature and guideline context.