

**GENERAL PHARMACEUTICAL COUNCIL**

**FITNESS TO PRACTISE COMMITTEE**

**PRINCIPAL HEARING**

25 Canada Square, London E14 5LQ

Monday 9 January 2017

Chairman: Mr Peter Wrench

Committee Members: Ms Melissa D'Mello  
Mrs Patricia North

Legal Adviser: Mr Jon Whitfield QC

Committee Secretary: Mr Mark Mallinson

CASE OF:

**CHANA, Kuldip Singh**  
**(Registration Number 2022811)**

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MISS SARAH DAVIES, Case Presenter, appeared on behalf of the General  
Pharmaceutical Council

MR KULDIP CHANA was neither present nor represented

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Transcript from the Stenograph notes of T A Reed & Co Ltd  
Tel No: 01793 764614

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## **INDEX**

Page

Determination on proceeding in absence

1

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## DETERMINATION

We have decided that we should proceed in the absence of the registrant. It is clear from the emails that he has sent to the Council that he is fully aware of the proceedings and their timing. He has made clear that he has no wish to take part in these proceedings. He has declined the opportunity to participate remotely and has not sought an adjournment. Accordingly, if we were to adjourn at this point, there is no real prospect that he would be likely to attend on a rearranged date.

Inevitably there is some prejudice to the registrant in his not being here, but he has made his choice. You cited *Adeogba* as case law, Miss Davies. Against that background, we find that fairness to the regulator and to the public interest clearly point us in the direction of proceeding today.

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**GENERAL PHARMACEUTICAL COUNCIL**

**FITNESS TO PRACTISE COMMITTEE**

**PRINCIPAL HEARING**

25 Canada Square, London E14 5LQ

Wednesday 11 January 2017

Chairman: Mr Peter Wrench

Committee Members: Ms Melissa D'Mello  
Mrs Patricia North

Legal Adviser: Mr Jon Whitfield QC

Committee Secretary: Mr Mark Mallinson

CASE OF:

**CHANA, Kuldip Singh**  
**(Registration Number 2022811)**

(DAY THREE)

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MISS SARAH DAVIES, Case Presenter, appeared on behalf of the General  
Pharmaceutical Council

MR CHANA was neither present nor represented

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## INDEX

	<u>Page</u>
Determination on facts	1

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(The Committee continued to deliberate in camera  
and returned into open session at 12.07 pm)

DETERMINATION

THE CHAIRMAN: This is our determination on the facts.

This is a Principal Hearing in respect of Kuldip Singh Chana, a pharmacist who was first registered with the Royal Pharmaceutical Society in 1977 and subsequently with the General Pharmaceutical Council, under registration number 2022811. Mr Chana is not present and is not represented. Miss Davies is representing the Council.

At the start of the hearing we decided to proceed in the registrant's absence and gave our reasons at that time. At the start of the hearing we also made a minor amendment to the allegation against the registrant to correct a typographical error. This was in particular 3, where we deleted the word "pharmacy", where it appeared for the third time, and replaced it with "surgery". We were satisfied that this would not in any way prejudice the fairness of the proceedings.

As amended, the allegation against the registrant is as follows:

You were first registered as a pharmacist on 15 September 1977.

You were employed as the Pharmacy Manager at Westlake Pharmacy, 1318 Greenford Road, Greenford UB6 0HL, ('the Pharmacy') between November 2005 until on or around 2 January 2014.

- 1) Between 1 February 2010 and 2 January 2014 you removed the sum of approximately £10,899.55 in cash from the Pharmacy;
- 2) Your actions at paragraph 1 above were dishonest in that you:
  - (i) Removed money from the Pharmacy that did not belong to you;
  - (ii) Did not have the permission of the Pharmacy Owner to remove the money;

- (iii) Intended to conceal from the Pharmacy Owner that you removed the money.
  
- 3) You did not inform the Pharmacy Owner and/or the Pharmacy's Accountants that you had an arrangement in place with Elm Tree Surgery, 2A Horsenden Lane, Greenford, Middlesex, UB6 0PA, ('the Surgery') to supply goods to the Surgery in return for payment.
  
- 4) You deliberately failed to save any written records at the Pharmacy of the sale of goods to the Surgery.
  
- 5) Your actions at paragraph 4 above were dishonest in that you:
  - (i) Knew that you should keep a written record of the financial transactions between the Pharmacy and the Surgery;
  
  - (ii) Intended to conceal that there were any financial transactions involving the Pharmacy receiving payment by cheque from the Surgery in return for goods the Pharmacy supplied;
  
  - (iii) Intended for the money received from the Surgery to hide the fact that you were stealing the same amount of money from the Pharmacy in cash.
  
- 6) As the Pharmacy Manager you were responsible for preparing the daily and monthly cash sheets detailing the Pharmacy's takings and submitting them to the Pharmacy's Accountants.
  
- 7) On each of the following dates you submitted the daily cash sheets and monthly cash sheets referred to below, to the Pharmacy's Accountants:
  - a) 22 February 2010 cash sheet for February 2010;
  
  - b) 2 November 2010 cash sheet for October 2010;

- c) 5 January 2011 cash sheet for December 2010;
  - d) 4 April 2011 cash sheet for March 2011;
  - e) 1 September 2011 cash sheet for August 2011;
  - f) 4 November 2011 cash sheet for October 2011;
  - g) 5 December 2011 cash sheet for November 2011;
  - h) 5 November 2012 cash sheet for October 2012;
  - i) 7 January 2013 cash sheet for December 2012;
  - j) 5 April 2013 cash sheet for March 2013;
  - k) 8 May 2013 cash sheet for April 2013;
  - l) 4 October 2013 for September 2013;
- 8) You deliberately omitted to record in the daily & monthly cash sheets referred to in paragraphs 7a) to 7l) above, the cheques received by the Pharmacy from the Surgery representing payment for goods the Pharmacy supplied to the Surgery.
- 9) Your actions described in paragraph 8 above were dishonest in that you:
- i) Intended to conceal that cheques had been received from the Surgery;
  - ii) Intended to mislead others reviewing the cash sheets into believing that no cheques had been received from the Surgery;
  - iii) Knew that once a cheque was received it should be entered into both the daily and monthly cash sheets;



AND by reason of the matters set out above, your fitness to practise is impaired by reason of misconduct.

The registrant has not specifically admitted any of the detailed allegations against him. The Committee has seen documents apparently signed by the registrant at the time when the matters set out in the allegation came to light, which make some admissions to his then employer about his actions. We have also seen two emails sent to the Council by the registrant in June and December 2016, where he says variously that he is “not disputing the financial allegations against me” and that he acknowledges that “taking money was very wrong”. However, he has not specifically admitted dishonesty or all the detailed facts alleged. Miss Davies rightly started by making clear that, in these circumstances, it is for the Council to prove all the matters in the allegation on the balance of probabilities.

We will summarise the background to the case before setting out the details of the evidence we have heard, because although, as we will make clear later, there have been some inconsistencies in the evidence we have seen and heard, the material facts seem clear.

The registrant worked full-time as the pharmacy manager at the Westlake Pharmacy in Greenford, from November 2005 to December 2013. The superintendent pharmacist was Bhinder Purewal, a director of Pro Med Pharma Limited, the company which owns the Greenford pharmacy and also another pharmacy in Hounslow. Early in January 2014, Mr Purewal replaced the registrant as the pharmacy manager in Greenford with Kishore Mandava. The registrant continued to work for Pro Med Pharma after that point, as a locum at the Hounslow branch and also continuing to cover at the Greenford branch on Wednesdays and Saturdays.

On Mr Mandava’s first day as manager he took a telephone call from Rashmi Bathia, the practice manager at a nearby GP practice, Elm Tree Surgery. She wanted to order some items from the pharmacy for the practice and said she had done so before. Mr Mandava took the order, but was then unable to find an invoice book at the pharmacy to write out an invoice to accompany the ordered goods when they were delivered. Mr Mandava arranged for a new invoice book to be purchased and wrote out a bill for the goods that

had been ordered by the surgery, using this book. He used the book on this occasion and then on subsequent occasions in the following weeks.

At some point, in March 2014, the surgery provided a cheque in payment for some of the goods ordered through Mr Mandava and invoiced by him in this way. He was unsure how to process the cheque and the dispenser at the pharmacy, Shweta Sheth, did not know either. Mr Mandava contacted Pritpal Singh Anand, who was then an assistant accountant at the pharmacy's head office. Mr Anand advised on how the cheque should be recorded in the pharmacy's cash sheets and then banked. But Mr Anand noted that he had not been aware of the pharmacy banking cheques before, even though Mr Mandava had been told that Elm Tree Surgery had a previous history of ordering from the pharmacy. This led Mr Anand to check the financial records more closely and, at his request, the pharmacy obtained details from the surgery of previous cheques they had provided to pay for previous orders. In the course of the Council's subsequent investigation, the surgery's copies of relevant invoices from the pharmacy were also supplied and are before us.

This research revealed that between December 2009 and October 2013 the surgery had received a total of 46 invoices from the pharmacy, numbered sequentially from 9 to 54. The surgery had paid a total of £10,941.19, which had been billed for in this way by means of twelve separate cheques, payable to the pharmacy and written between February 2010 and November 2013. However, only one of these cheques had been recorded in the pharmacy's daily and monthly cash sheets, although they had all been banked in the pharmacy's bank account.

There was no discrepancy between the balance in the pharmacy's bank account and the amount suggested by the cash sheets. Mr Anand therefore concluded that an amount of cash equal to the value of the unrecorded cheques must have been removed from the pharmacy's takings before they were banked. The one cheque from the surgery which had been entered in the pharmacy's cash sheets (on 23 December 2013, prior to it being recorded as banked in the pharmacy's bank statement on 7 January 2014) was for £41.64 and had been signed on 11 November 2013. All this meant there was a total discrepancy of some £10,899.55 between the amounts the surgery had paid to the pharmacy and what was recorded as cheques received in the pharmacy's cash sheets over the period. This

was the amount Mr Anand concluded must have been removed from the pharmacy in cash.

Mr Anand informed Mr Purewal of his findings. Mr Purewal arranged a meeting with the registrant on 2 April 2014, which was also attended by Mr Anand and Jatinder Rai, a business associate of Mr Purewal, who had previously been a director of Pro Med Pharma Limited and also did occasional shifts as a pharmacist at the Greenford pharmacy. The meeting began with a general discussion, led by Mr Anand, about how sales were recorded at the pharmacy. We were told by Mr Purewal that the registrant was very clear about how he would treat and record cash, cheque and card payments which the pharmacy received. Mr Anand confirmed that the registrant showed a good understanding of how to handle incoming payments. The registrant was then asked about Elm Tree Surgery and explicitly denied that he had supplied any stock to, or received any payments from, the surgery. The registrant was then shown the pharmacy's cash sheets and bank statements and was asked to explain the discrepancies identified by Mr Anand. He did not provide an explanation.

Mr Purewal then had a private discussion with the registrant. After Mr Anand and Mr Rai rejoined them a short time later, the registrant said that he had taken the money. At Mr Purewal's request, the registrant then wrote and signed a short statement saying that, "the cheques in question were cashed by me prior to banking". A slightly fuller statement, dictated by Mr Purewal, was then written and signed by the registrant. It says that he "cashed the cheques for goods provided to the Elm Tree Surgery". It went on to say "I admit to the mistake and apologise for it", and said that he was "willing to pay the amount in instalments".

After the registrant had left the meeting, Mr Purewal asked Mr Rai to draft a more formal letter, the contents of which Mr Purewal specified, that the registrant would then be invited to sign. We have seen a letter dated 3 April 2014, which the registrant appears to have signed and which says much more explicitly that the registrant intentionally did not disclose sales to the surgery, banked their cheques, and took an equivalent amount of cash from the pharmacy safe. The registrant went on to undertake to repay a total of £10,899.55, taken in this way. This sum would partly be recovered from locum fees owed to him by Pro Med Pharma. Two cheques signed by Mrs TK Chana covered the rest

of the amount, one for £2,000, dated 4 April 2014, and a second for £5,645.63, dated 30 May 2014.

To summarise, over £10,000 was taken from the pharmacy without consent and this loss was concealed by the banking of cheques from Elm Tree Surgery in payment for sales, which were never recorded in the pharmacy's business records. Having been confronted with the evidence, the registrant repaid the missing money in full. He has made broad admissions to the Council without explicitly conceding that his actions were dishonest. However, we note that although he has seen the terms of the Council's allegation against him and has had a copy of their bundle, the registrant has not sought to dispute the allegations of dishonesty which are contained in them.

At this hearing we have heard live evidence from seven witnesses: Pritpal Singh Anand, the accountant; Kishore Mandava, the current pharmacy manager; Bhinder Purewal, the business owner and superintendent pharmacist; Rashmi Bathia, the surgery's practice manager; Jatinder Rai, who was Mr Purewal's business associate; Shweta Sheth, a dispenser at the pharmacy; and Lawrence Lui, a Council caseworker who prepared this case and liaised with the pharmacy's bank to obtain copies of relevant cheques.

As well as hearing from these witnesses, we have seen an extensive bundle of evidence which contains, in addition to the witness statements, copies of cash sheets, invoices, bank statements, cheques and extracts from the pharmacy's responsible pharmacist log. There was an extensive paper trail which first Mr Anand, then Mr Lui and now we have tracked through. Having done so, we note that there are points where tables in witness statements have reproduced dates incorrectly or other minor errors have been made. However, we are satisfied that the necessary documentary evidence has been provided and that it entirely supports the summary of the material facts which we have set out above. Over £10,000 was received from the surgery and banked in the pharmacy's bank account without being recorded in the pharmacy's takings. Since there was no corresponding surplus in the bank account, the inevitable conclusion is that the money was taken in cash from the pharmacy.

We turn now to the live evidence.

We start by saying that Mr Lui is a professional witness who gave a clear and reliable account of what he had learnt, avoiding any speculation about points of which he did not have direct knowledge.

We found the other witnesses gave generally credible accounts of what they had done and what they knew. It is now over three years since the registrant was replaced as the pharmacy manager and memories of events at that time and earlier will inevitably have faded somewhat. We also noted a dynamic in the relationships between Mr Purewal and his colleagues. He is clearly a strong leader to whom colleagues in the business will defer. He presented himself to us as having been quite hands-off in his oversight of the pharmacy during the registrant's tenure as its manager. We accept that he would have had a particular relationship with the registrant, whom he had known since childhood, and that confronting the registrant with the evidence of the missing money would not have been easy, but we find that once this had happened Mr Purewal clearly took charge in orchestrating the written statements signed by the registrant. All our witnesses were at pains to emphasise that no pressure was put upon the registrant to sign these statements. However, given that the questions of whether Mr Purewal was going to report these matters to the police and the Council remained (as Mr Purewal told us) open at that point, this was hardly a pressure-free situation for the registrant.

The penultimate paragraph of the letter which the registrant signed on 3 April 2014 was, essentially, a form of non-disclosure clause. If any public criticism were to be made of the registrant's former employers, the evidence which had been collected would be presented to the Council and the police. The registrant was undertaking to get out, pay up and keep quiet, with an implied threat there if he did not. We are not suggesting that this was improper or that it led the registrant to admit to things which he had not done, but it is important to be aware of the circumstances in which these documents were prepared.

There were some inconsistencies in the details of what we heard from the witnesses, including in what Ms Sheth and Ms Bathia told us about the mechanics of how invoices and cheques were conveyed from the surgery to the pharmacy and in what Mr Purewal, Mr Rai and Mr Anand told us about the process for the preparation of the letter of 3 April. We are satisfied, however, that any inconsistencies – which might be attributable to fading memories, or to concerns to play down personal involvement, or to avoid stepping

on the boss's toes – have not led to any significant distortion of the underlying picture which we have been given.

We turn now to the detailed particulars of the allegation, applying the civil burden and standard of proof in our consideration of each of them.

Particular 1 is:

“Between 1 February 2010 and 2 January 2014 you removed the sum of approximately £10,899.55 in cash from the Pharmacy.”

There is a clear paper trail which shows that this sum was unaccounted for and which supports the unavoidable conclusion that has been reached that the sum must have been taken from the pharmacy in cash. The registrant has admitted that he was responsible for taking this cash and, having been found out, repaid this sum. We are satisfied that this particular has been proved.

Particular 2 is:

“Your actions at paragraph 1 above were dishonest in that you:

- (i) Removed money from the Pharmacy that did not belong to you;
- (ii) Did not have the permission of the Pharmacy Owner to remove the money;
- (iii) Intended to conceal from the Pharmacy Owner that you removed the money.”

These three limbs have been clearly established by the evidence we have seen and heard. Mr Purewal was very clear that the registrant had no permission to help himself to money. The registrant has admitted that he took the money and that he intended to conceal that he had done so. We received full advice from Miss Davies and our Legal Adviser on the test we need to apply in deciding whether the registrant has been dishonest. We have no

hesitation in saying that, whether one looks at the standards of ordinary and honest members of the profession or the standards of ordinary and honest members of the public, there can only be one conclusion. We are satisfied that this would be seen as dishonest behaviour.

The next question is whether the registrant realised what he was doing was dishonest. Again, we are satisfied that he did. He was an experienced and respected professional. He sought to conceal what he was doing. He has been remorseful in making his admissions. He clearly knew that what he was doing would be seen as dishonest and so particular 2 has been proved.

Particular 3 is:

“You did not inform the Pharmacy Owner and/or the Pharmacy’s Accountants that you had an arrangement in place with Elm Tree Surgery, 2A Horsenden Lane, Greenford, Middlesex, UB6 0PA, (‘the Surgery’) to supply goods to the Surgery in return for payment.”

It is indisputable that an arrangement was in place with the surgery. Also, we have been given clear evidence that the owner and accountant did not know about that arrangement. At the start of the meeting on 2 April 2014, the registrant was still denying to them that any such arrangement existed. Particular 3 is therefore proved.

Particular 4 is:

“You deliberately failed to save any written records at the Pharmacy of the sale of goods to the Surgery.”

There is clear evidence that the invoices were not properly processed and there is nothing about the relevant transactions with the surgery in the pharmacy’s records. We note that the registrant must have retained, at least until late 2013, the invoice book which he was using to bill the surgery. There was some suggestion in Ms Sheth’s evidence that she might have seen an invoice book in the pharmacy safe prior to Mr Mandava’s arrival, but she was not entirely clear and there is nothing to corroborate this; and, even if the

registrant physically had this invoice book at the pharmacy at some times, he cannot be said to have “saved any written record” when none could subsequently be found in the pharmacy’s records. Particular 4 is therefore proved.

Particular 5 is:

“Your actions at paragraph 4 above were dishonest in that you:

- (i) Knew that you should keep a written record of the financial transactions between the Pharmacy and the Surgery;
- (ii) Intended to conceal that there were any financial transactions involving the Pharmacy receiving payment by cheque from the Surgery in return for goods the Pharmacy supplied;
- (iii) Intended for the money received from the Surgery to hide the fact that you were stealing the same amount of money from the Pharmacy in cash.”

The three limbs have been established by the registrant’s admissions and by the evidence. He clearly knew how to maintain the pharmacy’s financial records and, with the exception of these cheques from the surgery, seems to have done so diligently and accurately. He was deliberately failing to keep any accessible record of the transactions so that he could take cash from the pharmacy without detection. Once again, the two-stage test for dishonesty is clearly met and particular 5 is proved.

Particular 6 is:

“As the Pharmacy Manager you were responsible for preparing the daily and monthly cash sheets detailing the Pharmacy’s takings and submitting them to the Pharmacy’s Accountants.”

We note that other members of staff at the pharmacy cashed up each evening and recorded the day’s takings, but the evidence clearly shows that the registrant had overall



responsibility for the preparation of the cash sheets and it was his job to send them to the accountant each month. Particular 6 is proved.

Particular 7 is:

“On each of the following dates you submitted the daily cash sheets and monthly cash sheets referred to below, to the Pharmacy’s Accountants:

- a) 22 February 2010 cash sheet for February 2010;
- b) 2 November 2010 cash sheet for October 2010;
- c) 5 January 2011 cash sheet for December 2010;
- d) 4 April 2011 cash sheet for March 2011;
- e) 1 September 2011 cash sheet for August 2011;
- f) 4 November 2011 cash sheet for October 2011;
- g) 5 December 2011 cash sheet for November 2011;
- h) 5 November 2012 cash sheet for October 2012;
- i) 7 January 2013 cash sheet for December 2012;
- j) 5 April 2013 cash sheet for March 2013;
- k) 8 May 2013 cash sheet for April 2013;
- l) 4 October 2013 for September 2013”

There is a paper trail to show that the cash sheets were submitted on the relevant dates and we have found proved that it was the registrant’s responsibility to make the

submissions. An email account was used to which we have heard only he had access. We note that the submission at particular 7(f) is less well evidenced than the remainder because we have not seen an entry from the pharmacy's Responsible Pharmacist log to show that the registrant was working on the relevant day. We have seen such entries for the other dates. On the balance of probabilities, however, we accept that it is more likely than not that the registrant made the return on 4 November 2011 in the same way as he had made all the other listed returns. Particular 7 is proved.

Particular 8 is:

“You deliberately omitted to record in the daily & monthly cash sheets referred to in paragraphs 7a) to 7l) above, the cheques received by the Pharmacy from the Surgery representing payment for goods the Pharmacy supplied to the Surgery.”

We find this proved for the same reasons as we have given in relation to particular 4. The registrant deliberately avoided there being any accessible record of his dealings with the surgery.

Particular 9 is:

“Your actions described in paragraph 8 above were dishonest in that you:

- i) Intended to conceal that cheques had been received from the Surgery;
- ii) Intended to mislead others reviewing the cash sheets into believing that no cheques had been received from the Surgery;
- iii) Knew that once a cheque was received it should be entered into both the daily and monthly cash sheets”

We have already made findings relevant to the first two limbs. The registrant was clearly intending to conceal his dealings with the surgery and to mislead anyone reviewing the cash sheets. We were told by Mr Purewal that at the meeting on 2 April 2014 the

registrant demonstrated his knowledge of the correct procedure for recording cheques received. We also note that there is a clearly labelled column for cheques on the cash sheets and that, immediately before the registrant's replacement as pharmacy manager, one cheque was indeed recorded in a cash sheet. We are satisfied on the balance of probabilities that all three limbs have been established. Once again, we are satisfied that the two limbs of the dishonesty test are satisfied here. This deliberate concealment would inevitably be seen as dishonest and the registrant must have known that his actions were dishonest.

That concludes our determination. The allegation is proved in its entirety.

**GENERAL PHARMACEUTICAL COUNCIL**

**FITNESS TO PRACTISE COMMITTEE**

**PRINCIPAL HEARING**

25 Canada Square, London E14 5LQ

Thursday 12 January 2017

Chairman: Mr Peter Wrench  
Ms Mellisa D'Mello  
Ms Patricia North

Committee Secretary: Mr Mark Mallinson

CASE OF:

**CHANA, Kuldip Singh**  
**(Registration No 2022811)**

**(DAY FOUR)**

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MISS SARAH DAVIES, Solicitor Advocate, appeared on behalf of the General  
Pharmaceutical Council.

MR CHANA was neither present nor represented.

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Transcript of the Stenograph Notes of T. A. Reed & Co Ltd  
Tel No: 01793 764614

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## INDEX

	<u>Page</u>
Determination on impairment	1
Determination on sanction	3
Determination on interim measures	6

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DETERMINATION ON IMPAIRMENT

THE CHAIRMAN: Yesterday we found the allegation against the registrant proved.

This was an experienced and respected pharmacy manager who, over a period of nearly four years, took over £10,000 in cash from the pharmacy without permission. He concealed this by making a series of sales to a nearby GP practice, which were not recorded in the pharmacy's business records. Cheques from the surgery were paid into the pharmacy's bank account, and the registrant took an equivalent amount of money from the pharmacy safe.

He sought to conceal all this from the owner of the business and his accountant. He denied having had any business dealings with the surgery, even at the very point that he was confronted with evidence of what had been going on.

To his credit, the registrant then made some admissions to his former employer, and subsequently to the Council, which we described in our earlier determination.

He has repaid in full the money which he took, and has expressed some regret for his actions. He has told the Council that he retired from working as a pharmacist in June 2015 for health reasons. He applied to the Council for voluntary removal from the register, but this application was rejected, since the current proceedings were underway.

The Committee has heard submissions from Miss Davies on misconduct and impairment of fitness to practise. She has provided a full statement of the relevant case law in her skeleton argument. She argued that the taking of the money and concealment of its removal was a serious breach of trust which amounted to misconduct under Article 51 of the Pharmacy Order. She said that this misconduct meant that the registrant's fitness to practise is currently impaired. She accepted that this was not a case involving any risk to patients or the public, but she argued that the remaining three of the four limbs of the fitness to practise criteria, which are set out in Rule 5(2) of the Fitness to Practise Rules, are engaged by the allegations which had been proved.

A | Miss Davies argued that dishonesty is more difficult to remediate than some other matters, because it involves an attitudinal shortcoming. She invited the Committee to find that the registrant's fitness to practise is currently impaired.

B | Our Legal Adviser confirmed the steps we need to go through in reaching our decision on impairment.

C | The first stage is to consider whether the matters in the allegation amount to misconduct. When we made our findings of dishonesty against the registrant, we considered how his actions would be viewed by his fellow professionals and by members of the public. We have no doubt that other pharmacists and the public generally would find it deplorable for a pharmacist to take over £10,000 from the safe for his own purposes. We also have no doubt that they would find it deplorable for him to conceal what he was doing from his employer and accountant and to lie to them, denying that he had had any business  
D | dealings with the surgery. This is serious dishonesty which could well have led to criminal charges, if it had been reported to the police.

E | As Miss Davis said, this was both serious misconduct in the exercise of professional practice, and also conduct of a morally culpable kind which, wherever it took place, would bring disgrace on a pharmacist and thereby prejudice the reputation of the profession. We therefore find that this was indeed misconduct, for the purposes of Article 51(A) of the Pharmacy Order.

F | Our next step was to consider whether this misconduct means that the registrant's fitness to practise is currently impaired. Miss Davies brought out for us the case law to the effect that matters involving dishonesty are less easy to remedy than matters of deficient professional performance, and all the allegations here are rooted in dishonesty.

G | We are satisfied that the allegations raise serious doubts about the registrant's integrity. If his behaviour had become public knowledge, it would undoubtedly have brought the profession of pharmacy into disrepute, and through that dishonesty he has also breached fundamental principles of the profession. It may well be a statement of the obvious, but

H | Standard 6 of the Council's Standards of Conducts, Ethics and Performance clearly

A enjoins registrants to “be honest and trustworthy”. Pharmacists must “act with honesty and integrity to maintain public trust and confidence in your profession”. Manifestly this registrant has fallen well short of this standard.

B Putting all this together, the Committee is satisfied that the need to uphold proper standards and to maintain public confidence in the profession requires a finding of impairment of fitness to practise, and it must be a finding of current impairment.

C The simple passage of time since the matters involved in the allegation cannot itself make them less serious, or less potentially damaging to public confidence; nor can the fact that the money that was taken has now been paid back. The registrant maintained his deception right up to the initial stages of the meeting at which he was confronted with the evidence of what he had been doing. He only owned up and made restitution when there was no other alternative.

D We have noted that the registrant is not present at this hearing. We have had no evidence or argument from him which could have fleshed out the limited expressions of insight and remorse he has made, and which we have already noted.

E But whatever he might have said to us today, it is very difficult to see how that could have outweighed the unavoidable and very serious facts of his sustained dishonesty. Both the public and the profession would expect action by the regulator to mark the seriousness of these matters, and to ensure that proper standards are upheld. To conclude, we find  
F that the registrant’s fitness to practise is currently impaired.

That is our determination.

G DETERMINATION ON SANCTION

H THE CHAIRMAN: This is our decision on sanction. Our earlier determination set out the background to this case. Briefly, this was an experienced and respected pharmacy manager who, over a period of nearly four years, took over £10,000 in cash from the



A | pharmacy without permission. He sought to conceal what he was doing and lied about his actions to his employer.

B | We have heard submissions from Miss Davies at this stage of the proceedings, and have had the benefit of legal advice from our Legal Adviser.

C | Miss Davies suggested to the Committee that removal from the register is required in this case. She said that a warning would be insufficient, and no appropriate conditions could be devised – and, in any event, the registrant is not currently practising.

D | In essence, as Miss Davies suggested, the key question for the Committee has indeed been: is removal required, or would suspension suffice? However, we have considered all the options available to us in ascending order, as we are required to do, and we will touch on them all in due course.

E | Miss Davies helpfully took us through the relevant case law as set out in the Council’s skeleton argument. She drew our attention to the much quoted case of *Bolton v Law Society* [1993], where it was held that:

“The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price.”

F | The Committee considers the following were aggravating factors in this case: repeated dishonesty over a long period; taking a large amount of money; abuse of trust; the fact that the actions were repeated; abuse of position as a Responsible Pharmacist and pharmacy manager; blatant disregard for the *Standards of Conduct, Ethics and Performance*, published by the Council.

G | We have been very conscious that the registrant is not present nor represented, and Miss Davies has helpfully drawn out points that could be taken in his favour. He is clearly an experienced and well-respected professional, whose contribution has been valued by colleagues and patients. He has made some admissions, albeit when he had no

A | practical alternative, and he has shown some remorse and limited insight. We note that the registrant is otherwise of good character. His only earlier involvement with the Council resulted in unrelated warnings for dispensing errors more than ten years ago.

B | The registrant said that he was in financial difficulties at the time he took the money from the pharmacy. He has said that he now has health problems. He has told the Council that he retired from the profession for health reasons in June 2015. The registrant said that he would not be attending the current hearing, because he could not afford to do so, and would find it too stressful.

C | We have looked very carefully at the Council's *Good Decision Making* guidance of July 2015, as well as considering the submissions that have been made and the evidence before us. The Council's latest guidance adjusts its presentation of dishonesty issues. It says explicitly that although dishonesty is always serious, there is not a presumption of removal in all cases. The Committee has to balance all the relevant issues and understand the context. The guidance includes intentionally defrauding an employer as a specific example of the sort of acts of dishonesty for which removal may be the only proportionate and appropriate sanction.

D | We emphasise at this point, as is customary, that the prime purpose of sanction is not to punish the registrant, although a sanction may be punitive in its effect. The purpose of a sanction is to protect and further the public interest, protecting the safety of the public, in maintaining the reputation of the profession in the eyes of the public, and in maintaining proper standards of conduct and behaviour by members of the profession. The public interest is paramount, and we are entitled to give greater weight to that public interest and the need to maintain public confidence than to the consequences to the registrant from imposing the sanction. However, we must take account of the registrant's interests.

E | The sanction must be fair, reasonable and proportionate, imposing no greater restriction on the pharmacist's right to practice than is absolutely necessary to achieve its objective.

F | There are four sanctions available to us. In order of severity, at the bottom of the list is a warning. Then there comes the imposition of conditions. Above that is suspension for a

A | maximum period of 12 months, and then the ultimate sanction of removal from the register. We are obliged to consider sanction in that ascending order of gravity.

B | As we have said, the Council's submission is that this is too serious a matter to be dealt with by a warning and that the imposition of conditions would not be appropriate, given the need to address sustained dishonesty, and furthermore the registrant is not the practising at present.

C | The Committee accepts the Council's view that neither a warning nor conditions could be appropriate.

D | The next level of severity is suspension, and we have considered very carefully whether that could be sufficient to meet the public interest, or whether removal is required. After that careful consideration, the Committee cannot be satisfied that public interest would be properly protected by suspension.

E | We find that the issues here, taken together, are so serious that there is no alternative to removal from the register. We are satisfied that this was sustained behaviour which is indeed fundamentally incompatible with being a registered professional. The registrant repeatedly took significant amounts of money from the safe, covered up what he was doing and lied to his employer. His actions were premeditated and sustained, and were a flagrant breach of trust. The requirements for the maintenance of proper standards in the profession, and maintenance of public confidence in that profession and its regulator, can only be met by removal. The Committee is not convinced that suspension for 12 months would meet these public interest requirements.

F | The registrant has said that he has retired. Should his plans change, he will not now be able to seek to return to practise for at least five years. We are satisfied that this is a proportionate outcome in the circumstances. No lesser sanction will do. That is our decision.

H | DETERMINATION ON INTERIM MEASURES

A THE CHAIRMAN: As I said, we did consider this when we were looking at sanction,  
and we are satisfied that it would be in the public interest to make interim measures in  
this case. We note that this is not an automatic thing to do, but in the particular  
B circumstances, where we have set out that there is no alternative to removal from the  
register, we think that the public would be surprised if somebody were allowed to practise  
pending a possible appeal, so we agree to interim suspension pending any appeal.

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