

**General Pharmaceutical Council**

**Fitness to Practise Committee**

**Principal Hearing**

2 Stratford Place, London, E20 1EJ

**Tuesday 25 – Thursday 27 April 2023**

<b>Registrant name:</b>	Bashir, Adal
<b>Registration number:</b>	2204034
<b>Part of the register:</b>	Pharmacist
<b>Type of Case:</b>	Misconduct
<b>Committee Members:</b>	David Bleiman (Chair) Surinder Bassan (Registrant member) Claire Bonnet (Lay member)
<b>Legal Adviser:</b>	Ralph Shipway
<b>Secretary:</b>	Adam Hern
<b>Registrant:</b>	Present and represented by Martin Hadley on behalf of VHS Fletchers
<b>General Pharmaceutical Council:</b>	Represented by Matthew Corrie, Case Presenter
<b>Facts proved by admission:</b>	1-4
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	Suspension (3 months)

This decision including any finding of facts, impairment and sanction is an appealable decision under our rules. Therefore, this decision will not take effect until 26 May 2023 or, if an appeal is lodged, once that appeal has been concluded.

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## Introduction

1. This is a principal hearing before the Fitness to Practise Committee of the General Pharmaceutical Council ("the Council") in respect of Mr Adal Bashir ("the Registrant"), a pharmacist with registration number 2204034. It is alleged that the Registrant's fitness to practise is impaired by reason of his misconduct.
2. We followed the procedure for principal hearings set out in Rule 31 of the Council's *Fitness to Practise and Disqualification etc. Rules Order of Council 2010* ("the Rules").
3. The Council was represented by Matthew Corrie of Counsel. Mr Bashir attended and was represented by Martin Hadley of VHS Fletchers, solicitors. We were assisted by a legal adviser.
4. We received the Council's hearing bundle (121 pages), a combined statement of case and skeleton argument on behalf of the Council (13 pages), Mr Bashir's hearing bundle (33 pages) and statement of case and skeleton argument on behalf of Mr Bashir (5 pages).

### Preliminary matters

5. Mr Hadley asked that we admit into evidence a supplementary registrant's bundle comprising 6 pages. Mr Corrie had no objection. Having accepted legal advice we admitted the bundle into evidence. At a later stage in the hearing Mr Hadley provided signed copies of certain testimonials and, Mr Corrie having no objection, we admitted these, replacing pages 6 to 15 of the registrant's bundle with pages which we numbered 6A to 15A respectively.
6. Having heard an application from Mr Hadley to which Mr Corrie had no objection and having accepted legal advice, we determined that this hearing and determination should be partly in private. In order to protect the privacy of Mr Bashir and, in particular, of third party family members, we considered it necessary that any references to health or other private and domestic matters be heard in private. This would only affect a small part of these proceedings.

### Allegations

7. The Committee secretary read the allegations, as follows:

*You, a registered pharmacist:*

1. *On 9 February 2019, while working at Tesco Instore Pharmacy, Ellesmere Shopping Centre, Bolton Road Worsley, Manchester, M28 3BT (“the pharmacy”):*

*1.1. You emailed to your personal email account confidential patient information and/or personal data which included:*

- a. names; and/or*
- b. dates of birth; and/or*
- c. NHS numbers; and/or*
- d. addresses; and/or*
- e. telephone numbers; and/or*
- f. email addresses; and/or*
- g. GP details.*

*1.2. Your actions at 1.1 above were dishonest in that you intended to use the information for your own personal and/or financial purposes*

- 2. You accessed information at 1.1 above in circumstances where there was no clinical justification or need.*
- 3. On 15 February 2019, when first questioned by Adrian Price, Superintendent Pharmacist for Tesco Stores Ltd, about the incident detailed in 1.1 above, denied any involvement in it.*
- 4. Your actions at 3 above were dishonest in that you knew that you had sent the spreadsheet to your personal email address on 9 February 2019.*

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

#### **Facts found proved by way of admission**

- 8. The Chair clarified that the allegation of impairment by reason of misconduct was not to be dealt with at the facts stage of the case. Mr Hadley then confirmed that the factual allegations 1 to 4 inclusive, as listed above, were admitted in their entirety by Mr Bashir.

9. The Chair, having heard legal advice, announced that the facts alleged were found proved by way of admission. We would therefore proceed to consider whether the allegations found proved amounted to misconduct and, if so, whether Mr Bashir's fitness to practise is impaired.

### **Summary of factual background**

10. This is a public hearing and determination so that, although the facts have been admitted and are well known to the parties, it is necessary for us to provide a succinct summary here. This draws on the account in witness statements obtained by the Council and which are not contested by Mr Bashir.
11. At the time of the incidents, Mr Bashir was working as Duty Pharmacy Manager based at Tesco Walkden Extra, Manchester. He was also at the same time the Superintendent of an online pharmacy company called Pharmadirect, FTP Healthcare Ltd. GPhC records show that he held this position from 4 June 2018 to 19 February 2019.
12. On the 15 February 2019 the Tesco Data Leak Prevention tool ("DLP") identified a transfer of bulk data on the 9 February 2019 from an internal Tesco email address to an external email address. The data transferred contained personal information including individuals' names, addresses, dates of birth and NHS numbers. The DLP identified that the data was transferred by way of an excel spreadsheet containing approximately 100,000 lines of data. Once the duplicates had been removed, the spreadsheet contained approximately 83,000 separate lines of information.
13. The personal data was sent from Mr Bashir's Tesco email address to a personal email address. He had downloaded a 'patient list' from the internal pharmacy management system RxWeb. This is the Patient Medication Record ("PMR") used by Tesco. Having logged in using his work login details, accessed RxWeb and obtained the patient list, the information was transferred to an Excel spreadsheet and sent to his personal email address.
14. On 15 February 2019 Adrian Price ("Mr Price"), Superintendent for Tesco Stores Ltd, telephoned Mr Bashir to discuss the data breach. Mr Bashir's first response was to deny involvement in the data breach stating that it would be 'of no benefit' to him.
15. However, later the same evening Mr Bashir sent an email to Mr Price stating that he had '*inadvertently transferred patient data via my Tesco e-mail address to my personal e-mail address*'. He said that he had done this to '*focus recruitment by highlighting patients who are not using the services on a regular basis*' and then realised the grave nature of actions and immediately destroyed the data.

16. On 19 February 2019 Mr Bashir attended a disciplinary interview and accepted emailing the patient list from his Tesco account to his personal account as he thought this could be a good way to *'grow the business'*. He explained that he intended to identify patients who were already *'nominated patients'*. Nominated patients are patients who have their repeat prescriptions automatically sent to the pharmacy. He said that his intention was to *'compare each patient with the nominated list'* and then delete the nominated patients from that list. This would provide a list without patients who had signed up to *'regular repeat prescriptions'*.
17. Mr Bashir said that once he had transferred the patient list he immediately *'deleted everything'* and *'scrapped the idea'*.
18. In his response dated 20 December 2019 to a Council enquiry at the investigation stage, Mr Bashir admitted and apologised for his actions. However, at this stage he refuted the allegation of dishonesty and gave an assurance that his intentions were never to use the data for personal gain.
19. By admission of the factual allegations today, Mr Bashir now admits that he intended to use the information for his own personal and/or financial purposes. He admits that his actions in transferring the information were dishonest. He also admits that his first response denying any involvement in the incident was dishonest.

## **Misconduct and impairment stage**

### **Evidence**

20. Mr Bashir provided a witness statement and gave oral evidence. His bundle of evidence included a five-page witness statement, which he signed and dated 25 April 2023.
21. In his statement Mr Bashir describes his family history, educational and professional background. He worked for Tesco during a pre-registration year 2014/15, qualified in 2015 and took up full time employment with Tesco. He describes his dissatisfaction with the training, career progression, support and staffing levels he experienced while working for Tesco. He says that, due to his upset with the way he was overlooked by Tesco, he had the idea that he could use the information in the patient list at Pharmadirect. However, having sent the patient list to his personal email, he immediately thought about what he had done, knew that what he did was wrong and deleted the information from his personal account without using it in any way.
22. Mr Bashir outlines his pharmacy practice since resigning from Tesco in March 2019, which is supported by testimonials which we summarise below. He describes his ongoing remediation efforts. He has done courses on GDPR (12 December 2019), safeguarding vulnerable adults, probity and ethics (5 March 2023), how to prevent

similar mistakes from occurring again (4 April 2023) and often reflected on his actions to try to bring about embedded change.

23. Mr Bashir has provided a number of updated reflective documents. A three-page journal entry is headed *Gaining insight and taking action to improve professional conduct* and relates to a course completed on probity and ethics, specifically reflecting on the section on insight. The reflection includes an acknowledgement that his behaviour was unprofessional and could have had serious consequences for patients, their families and the wider healthcare community. A ten-point action plan is set out, to demonstrate Mr Bashir's commitment to improving his professional conduct and preventing similar incidents from happening in the future. In oral evidence Mr Bashir explained that his reflective statement had been revised and updated as his reflection process continued. He was unable to give precise dates but said that the latest version before us had been prepared in the last couple of months.
24. A three-page reflective document describes *a template to assess data security in pharmacy* and is prompted by the data security incident in Tesco and the installation of a new PMR system called Titan. In oral evidence Mr Bashir said that this was at *5 health solutions*, one of his current employers. Twelve risk management strategies are proposed to minimise the risk of data breaches and protect patient data. Strategy 4, relating to access control, proposes various ways of limiting access to sensitive data to only authorised personnel and Mr Bashir specifically relates this to his own actions, saying: *This will limit impulsive and reckless decision making like I did when I sent the data to myself for personal gain*. In oral evidence Mr Bashir said that this reflection had been written in April 2023.
25. A five-page journal entry reflects on the pharmacy standards which Mr Bashir considers that he broke when sending 100,000 lines of confidential patient data to himself. This includes a detailed analysis of the risk of harm to patient safety and trust caused by the transfer of data without clinical justification and need. Mr Bashir expresses shame and remorse and sets out the actions he is taking to prevent a recurrence. He sets out the standards of the pharmacy profession and explains why, on his own analysis, he has breached or failed to uphold almost all of these standards. This includes a statement that he had lied to Mr Price when initially confronted. In oral evidence Mr Bashir stated that this version of the journal entry dated from April 2023.
26. Mr Bashir provides a 52-week step plan towards developing probity and ethics, reflection and remediation. In oral evidence Mr Bashir said that he had prepared this with Mr Naqvi, his mentor, over a year ago.
27. Certificates are provided relating to courses/CPD activity undertaken on GDPR (12 December 2019), probity and ethics (5 March 2023) and how to ensure a similar mistake or misconduct will not be repeated (4 April 2023).

28. Mr Bashir provides a number of testimonials.
29. Khurshid-ul-Hassain Hussain provided a testimonial signed on 5 February 2023. In a further signed document he confirms having read the allegations. He is the owner/operator of the pharmacy chain Superpharm Ltd. He describes Mr Bashir as being very forthcoming regarding the allegations, showing remorse and handling the responsibility of handling and dealing with confidential data with integrity. Mr Bashir shared his learning, reflection and remediation with the team at Superpharm and there were no issues in his working practice.
30. Ali Naqvi is the superintendent/owner of 5 health solutions Ltd. In a signed undated statement he says that Mr Bashir has worked for his pharmacies for the past 2 years. Mr Bashir had informed him of the fitness to practise case and later asked Mr Naqvi to be his mentor. As mentor, Mr Naqvi has met regularly with Mr Bashir. He reports that Mr Bashir has shown a willingness to learn and grow from the experience, demonstrating exceptional insight and reflection on his current and past professional practice. He has made significant contributions to the pharmacy's operations, including data handling and GDPR practice relating to protecting patient data and regulatory compliance. He has expressed remorse and regret for his actions and, with his mentor, put in place plans to prevent recurrence. Mr Naqvi provided a signed copy of the particulars of misconduct in this case.
31. Khashif Naeem provides an unsigned, undated testimonial but has signed a copy of the allegations. He is a registered pharmacist who has known Mr Bashir for 7 years. Over the past 3 years Mr Bashir has worked for him periodically at Asda Longsight. He reports that Mr Bashir was upfront and honest about the allegations and has always acted professionally and with integrity while working for Mr Naeem. Mr Naeem has moved on to work as an independent prescriber so that he has not recently worked with Mr Bashir in a professional setting.
32. Dr Syed MB Naqvi is a GP Trainer and Partner at Parkside Medical Centre, Longsight. In a signed letter dated 1 September 2021 Dr Naqvi states that he had agreed to be Mr Bashir's clinical supervisor for his independent prescribing course at Salford University. Mr Bashir had put the course on hold due to the current matter. He had explained the circumstances and Dr Naqvi understood from the conversation that he had insight into his mistake and was willing to make amends. Dr Naqvi expresses a willingness to support any further remedial training needs should these be felt necessary. In a separate signed document, Dr Naqvi adds a note to a copy of the allegations confirming that Mr Bashir has made him aware of these allegations.
33. In a signed letter dated 2 August 2021, Councillor Rabnawaz Akbar, Manchester City Council, says that Mr Bashir has been honest and forthcoming with him regarding the allegations and fully understands the severity. He describes Mr Bashir as being honest over the many years that he has known him and considers this lapse in his high standards to be totally out of character. Having spoken to Mr Bashir at length

regarding the matter, Councillor Akbar believes that he has reflected on his actions, realised his errors and learnt from the unfortunate episode. In a further document, signed and dated 18 April 2023, Councillor Akbar confirms that he is aware of the allegations.

34. In his oral evidence, including in response to cross-examination and questions from the Committee, Mr Bashir explained in further detail his thinking at the time of the incidents and his process of reflection and remediation.
35. Mr Bashir said that he initially thought that he could use the data for Tesco but closer to the time he thought “you know what, I could use this at Pharmadirect as well”. He said “it was just an impulsive thought process driven by emotion and anger... a lot of anxiety as well.” Nobody at Pharmadirect had asked for the data or offered to pay him. On the day, he remembered an anxious feeling that he should not be doing this, but he persisted, not reflecting but acting impulsively.
36. Mr Bashir said that he deleted the data straightaway, within one or two minutes. However, he should have behaved appropriately when things go wrong, he should have contacted the Superintendent and the Regional Manager. He should have thought about the public and the impact on the healthcare professions. He had only been thinking of himself. He said that it was important to be open and honest, you have to take responsibility and show that you are trying to be honest, this was one step towards remediation.
37. Mr Bashir described himself as having been, at the time, an impulsive person. He had really worked on his emotional intelligence, was able now to think from “a third [party] perspective” and to recognise all the rules he had broken and try to bring about embedded change in his behaviours. Discussion with his mentor had been helpful as his mentor had given him harsh feedback on his first drafts of insight.
38. Mr Bashir explained the potential harms arising from his actions in some detail. He explained the importance of patient data for healthcare and the potential damage, including worse disease outcomes, should patients lose trust in the use of their data. He described the potential loss of trust in the pharmacy profession and healthcare as a whole. He described the potential impact on the reputation of Tesco and the potential for fraudulent use of the data.



39. Mr Bashir expressed remorse. He said that it had been a difficult process accepting accountability but that the process had been beneficial as it had allowed him to do early work on his shortcomings. He might otherwise have worked as a pharmacist for many years without addressing these.
40. Mr Bashir was challenged by Mr Corrie as to when he had formed the primary motivation to use the data for Pharmadirect rather than for Tesco. He accepted that at the time of sending the data, his primary motivation was to use it for Pharmadirect. He did not accept that the data would have been useless for Tesco, saying that his motivation, if using the data for Tesco, was to pursue his career at Tesco.
41. Mr Bashir accepted that his rapid deletion of the data was to conceal his action, admitting that “in essence I was probably trying to hide it”. He accepted that his use of the word “inadvertently” in his response to Mr Price on 15 February 2019 was to minimise the seriousness of his actions and had been untrue. When asked how he would now categorise his transfer of the data he said that it was theft.
42. Mr Bashir accepted that his response to the Council at the investigation stage of the case on 20 December 2019 had been incorrect and that saying that he never intended to use the information for personal gain was “not fully truthful”.
43. Mr Bashir said that the support he had in place for the future included his ongoing process of reflection, keeping his mentor in place, being collaborative with the wider healthcare community, regular appraisals, being open and honest with colleagues and having a focused action plan. He said that “it all helps minimise the chance of recurrence” and described this as an ongoing process for the rest of his life. He said “I need to be open and take responsibility.”
44. Mr Bashir went into some detail in his written and oral evidence about his family background and domestic circumstances and responsibilities. We do not consider it necessary to include a private part of this determination. It is sufficient to record the most important circumstance which is that Mr Bashir is the sole breadwinner, responsible for a five-person household including himself.

## **Submissions**

45. Mr Corrie submitted, and Mr Hadley conceded that Mr Bashir’s actions were sufficiently serious as to amount to misconduct. Mr Corrie submitted that the transfer of an extremely large amount of confidential patient data for Mr Bashir’s own dishonest interests was so serious that a finding of impairment was required in the wider public interest. Mr Hadley conceded that such a finding was likely in respect of Mr Bashir having breached fundamental principles of the pharmacy profession and the potential for bringing the profession into disrepute.
46. Mr Corrie submitted that Mr Bashir remained a risk to patients and the public and that his integrity could not be relied upon. He said that there was not much independent verifiable evidence that Mr Bashir had learned the lessons he asserted that he had.

Mr Bashir's reflections and CPD had not addressed the fact that he knew at the time that what he was doing was wrong and went ahead anyway. Mr Corrie pointed to a pattern of denial and minimisation over the timeline from 9 February 2019 to date. The first time that Mr Bashir had mentioned his motivation to use the data for Pharmadirect was in his witness statement dated 25 April 2023, a very late stage. Mr Bashir had acted impulsively, out of resentment. He submitted that we could not be satisfied that Mr Bashir had sufficiently completed his journey of remediation.

47. Mr Corrie invited us to consider what weight we could give to the testimonial evidence. None of the persons concerned had attended to give evidence nor had they seen Mr Bashir's witness statement.
48. Mr Hadley submitted that Mr Bashir was no longer a risk to patients or the public and that his integrity could now be relied upon. He summarised Mr Bashir's evidence and that of his referees, saying that we could cross-reference Mr Bashir's statements in his own evidence with what was evidenced in the written testimonials. He submitted that the dishonest actions occurred over a short period in February 2019, within an 8 year pharmacy career with no other concerns. No actual harm to patients had arisen from the transfer of data. Mr Bashir had sufficiently remediated by way of his remorse, his admissions, his significant insight, the understanding of the serious impact of his actions, his CPD and training and the development of reflection with the support of his mentor.

### **Legal advice**

49. We accepted legal advice on the tests for misconduct and impairment of fitness to practise and the two-stage process in which we should engage. We were advised on the requirements of Rule 5(2) of the Rules.

### **Determination**

50. We first considered the evidence before us. Mr Bashir was a credible witness who was careful and reflective, giving full and detailed answers in the course of his evidence in chief and under cross-examination. He made a number of concessions under cross-examination. In the main, he did not seek to minimise the gravity of his actions. For example, when invited by Mr Corrie to characterise his actions in transferring the Tesco data to his own email address, an open-ended question, Mr Bashir responded that this was "theft". Much of Mr Bashir's evidence was highly self-critical and he showed himself as someone who had given a great deal of thought to his inadequacies as a pharmacist up to and including the time of the admitted allegations.
51. We gave considerable weight to the written testimonials. At first sight of the registrant's bundle we had been concerned about the lack of signatures on some of the testimonials. This was largely corrected in the course of the hearing by the location of signed originals. The testimonials came from healthcare professionals and a local Councillor, all of whom knew Mr Bashir and including two employers, one of whom had been acting as his mentor. Although the authors were not available to have

their evidence tested in the hearing, their written evidence is consistent with the written and oral evidence of Mr Bashir and this enhances the credibility of his evidence.

52. The admitted actions of Mr Bashir in transferring a vast amount of confidential patient data to his own personal email address and lying about it when first confronted, are extremely serious and clearly, in our view, amount to misconduct.
53. We considered whether Mr Bashir had breached any of the fundamental principles of the profession. These are customarily drawn from the Council's *Standards for Pharmacy Professionals*, May 2017 ("the Standards"). We find that Mr Bashir has breached Standards 5, 6, 7 & 8. Standard 5 requires pharmacists to make the care of the person their first concern, whereas Mr Bashir placed his own interests first, when transferring the patient data without clinical need or other justification. Standard 6 requires honesty and integrity. Mr Bashir acted dishonestly. Standard 7 requires pharmacists to maintain patient confidentiality and manage information responsibly and securely. This was clearly breached by Mr Bashir. Standard 8 is about speaking up, being open and honest when things go wrong. Mr Bashir did not openly report his actions and was dishonest when first confronted.
54. In relation to the question of impairment of fitness to practise, we find that Mr Bashir does not present an actual or potential risk to patients or the public and that his integrity can now be relied upon. In this case, the risk to patients was of a repetition of a dishonest action, so that these two aspects boil down to the question of whether Mr Bashir has sufficiently remediated his misconduct, including his dishonesty. Is he now highly unlikely to repeat his misconduct? Is he highly unlikely to act dishonestly in the future?
55. It is now four years since the misconduct took place. Mr Bashir has been working as a pharmacist and has supplied highly positive references. Mr Bashir has been engaged in a process of reflection, with support of a mentor, and has engaged in CPD and training. This process has taken time and his remediation was partial until recently. He attended a course on GDPR in December 2019, but it was not until March and April of this year that he undertook further training related to probity and ethics and actions to avoid the recurrence of misconduct. His approach to reflection involved composing undated documents which he updated as his reflection progressed. While it was difficult for us to establish the precise timeline, we find that it was only recently that Mr Bashir has come to the point of fully admitting the extent of his dishonesty. Nonetheless, we are satisfied that he has now sufficiently done so.
56. Mr Bashir has now provided in his written and oral evidence, a comprehensive analysis of what he did wrong, what he should have done, his character faults at the time of the allegations (including impulsive behaviour and excessive confidence with an unwillingness to consult healthcare colleagues), his falling short of the Standards and the potential impact of his actions. This has included a full explanation of how patient trust in the use of their data could be undermined, with negative health

consequences, as well as the wider impact on Tesco and the pharmacy and wider healthcare professions.

57. One particularly impressive example of remediation is that Mr Bashir assisted 5 *health solutions* by identifying twelve risk management strategies to minimise the risks of data breaches and protect patient data associated with the installation of a new PMR system called Titan. Mr Bashir specifically applied and referenced his own knowledge of risks by frankly stating: *This will limit impulsive and reckless decision making like I did when I sent the data to myself for personal gain.*
58. We find that Mr Bashir's misconduct was serious and breached fundamental principles of the profession. It brought the profession of pharmacy into disrepute. Rule 5 (2) (b) and (c) are engaged.
59. In summary, we find that Mr Bashir's fitness to practise is impaired on grounds of the wider public interest only.

### **Submissions and legal advice**

60. No further evidence was adduced by either party at the sanctions stage. We heard submissions from Mr Corrie and Mr Hadley. Both encouraged us to have regard to the Council's *Good decision making: Fitness to practise hearings and sanctions guidance*, March 2017, ("the Guidance"). They identified what they each regarded as aggravating and mitigating features of the case.
61. Mr Corrie submitted that a warning would be inadequate to mark the gravity of the dishonesty in this case. Conditions, he submitted, would be inappropriate and impracticable as we had identified no defect in pharmacy practice nor risk to patients. In any event, he submitted that conditions would be insufficient to mark the seriousness of the public interest concerns in this case. The Council considered suspension to be the appropriate and proportionate sanction and sought a suspension of 9 months. As we had found Mr Bashir was not a risk to patients or the public, the Council saw no value in a review of the suspension.
62. Mr Hadley encouraged us to consider the lower level of sanctions as potentially being sufficient in all the circumstances of the case. This included a submission that a warning was a viable option and that conditions involving notification of employers should not be discounted as an option. Were we to consider suspension to be necessary, this should be for the shortest meaningful period and he agreed with Mr Corrie that no review would be necessary.

63. In private session, we heard further detail of Mr Bashir's financial circumstances, so that we could take the potential impact of particular sanctions into account in our deliberations.

64. We accepted legal advice on the approach to be adopted at the sanctions stage, including that we should have regard to the Guidance.

## **Determination**

65. Our starting point was to review our own findings of fact and the basis on which we had found Mr Bashir's fitness to practise to be impaired. He does not pose a risk to patients or the public, so that the purpose of any sanction in this case is to declare and uphold the Standards and to maintain public confidence in the pharmacy profession.

66. We considered where Mr Bashir's misconduct fell on the spectrum of cases of dishonesty. As no patient or member of the public suffered actual loss or harm, the data having been deleted by Mr Bashir before any misuse or loss of data occurred, and as the allegations span a short period of time, the dishonesty falls towards the lower end of the spectrum. However, it is not simply a matter of a linear analysis. The misappropriation of a large volume of confidential patient data from a pharmacy setting has particularly severe consequences in terms of potential for damaging public confidence in the security of their health information. Mr Bashir himself has described this potential impact of his misconduct in a clear and forthright manner and we agree with his analysis. So that we have to treat this as a serious case.

67. We identified the following as aggravating features of this case:

- The dishonest conduct occurred in a pharmacy setting, involving a breach of trust
- Mr Bashir abused his privileged access to a database of confidential patient data
- There was an element of planning
- Once transferred from a secure environment, the data was exposed to further risk of misuse
- The transfer of the data was with the intention of personal or financial gain (albeit this intention was not carried through)
- There is no indication that Mr Bashir would have disclosed his actions, had they not been identified by a data loss prevention tool
- The sheer quantity of confidential data involved

68. We identified the following as mitigating features:

- Mr Bashir has no previous fitness to practise history
- The allegations date from 2019, since when Mr Bashir has been free to work as a pharmacist without restriction and has done so, providing highly positive testimonials
- There have been no concerns about his practise since the date of the allegations
- He has embedded his learning in his practice, evidenced by his development of governance and security arrangements to protect patient data for one of his employers
- Mr Bashir has cooperated with the Council throughout the fitness to practise process
- He has made full admissions
- There is nothing to suggest that any actual harm to patients or the public resulted
- There is nothing to contradict his account that he deleted the data from his personal email account within a few minutes
- Mr Bashir has demonstrated a high level of insight and remediation in his written and oral evidence before us
- Mr Bashir has expressed regret, remorse and apology for his actions.

69. We found this case to be too serious for no action to be taken. We deliberated over whether a warning would suffice or whether conditions would be more appropriate to reflect the gravity of the matter. We considered that conditions would not be suitable and it would be difficult to develop conditions which adequately declared and upheld the Standards.

70. We next considered whether suspension would be the appropriate sanction, with a warning as the most realistic alternative. This was not an easy matter, as Mr Bashir is a competent pharmacist who clearly makes a valuable contribution in community pharmacy and removing him from practice will deprive the public of his services as well as causing him some financial difficulties. Against that, we had to balance the particular nature of the misconduct in this case and its potentially very serious impact on public confidence in the security of confidential data shared with their pharmacy.

71. We concluded that a warning would be insufficient, conditions unsuitable and insufficient, and that a period of suspension would be proportionate and appropriate to mark the seriousness of the case. We have particularly in mind that while Mr Bashir has reflected over a number of years since the incident and has a good understanding of the importance of the Standards he breached, a sanction must be sufficient to alert and remind the wider professional community of the importance of upholding these fundamental principles of the profession so that the public can trust pharmacists with their confidential information.

72. We considered whether Mr Bashir should be removed from the Council's register. This would be completely inappropriate and unnecessary as Mr Bashir is working as a pharmacist without concern or risk to patients and should be able to resume his career at the earliest opportunity after a period of suspension.
73. Suspension is a very serious sanction and, taking into account Mr Bashir's high level of insight and remediation, we considered that a 3 month suspension would suffice to uphold the Standards and public confidence in the profession. This will, to an extent, mitigate the financial and career impact of the suspension on Mr Bashir. It will, we hope, allow his employers and mentor to maintain contact with him with a view to his resuming pharmacy employment at the end of the suspension. It will mitigate the impact on the public of losing the services of a competent community pharmacist.
74. There is no need for a review of this suspension before it lapses. Mr Bashir is safe to return to practise thereafter.
75. This suspension will come into effect 28 days after service of this decision on Mr Bashir. We hope that this will allow him to inform his employers and for them to make advance arrangements to cover his prospective temporary absence without undue impact on patient services in the community.