

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

Remote videolink hearing

9 November 2023

Registrant name:	Abid Hussain
Registration number:	2039541
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Angela Black (Chair) Bukky Giwa (Registrant member) Stephen Greep (Lay member)
Committee Secretary:	Chelsea Smith
Registrant:	Not present or represented
General Pharmaceutical Council:	Represented by Gareth Thomas, Case Presenter
Order being reviewed:	Suspension (9 months)
Fitness to practise:	Impaired
Outcome:	Suspension for 9 months with a review
Interim Measures:	Suspended

This decision is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until 8 December 2023 or, if an appeal is lodged, once that appeal has been concluded. However, the interim suspension set out in the decision takes effect immediately and will lapse when the decision takes effect or once any appeal is concluded.

Documentation

Document 1 – Proof of Service bundle

Document 2 – Proceeding in Absence bundle

Document 3 – Council’s hearing bundle

Document 4 – Council’s skeleton argument

Witnesses

None

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. The hearing is governed by *The Pharmacy Order 2010* ("the Order") and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ("the Rules").
3. The statutory overarching objectives for these regulatory proceedings are:
 - a. To protect, promote and maintain the health, safety and well-being of the public;
 - b. To promote and maintain public confidence in the professions regulated by the Council; and
 - c. To promote and maintain proper professional standards and conduct for members of those professions.
4. The Committee also has regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and sanction guidance* as revised March 2017.
5. The purpose of a Principal Review Hearing is to review directions issued by the Committee under Article 54(2)(d) or (e) of the Pharmacy Order 2010.

Service of Notice of Hearing

6. The Committee has seen a letter dated 20 September 2023 from the Council headed 'Notice of Review Hearing' addressed to the Registrant. The Committee was satisfied that there had been good service of the Notice in accordance with Rules 3 and 16.

Application to proceed in the absence of the Registrant

7. The Registrant was not in attendance at this hearing, nor was someone attending on his behalf. The Committee heard Mr Thomas' submissions to the effect that the Committee should proceed with the hearing in the absence of the Registrant, pursuant to Rule 25.
8. The Committee noted the correspondence between the Registrant and the Council in which the Registrant advised that he would not be attending the hearing on grounds of ill health. The Registrant had also earlier told the Council's paralegal on 27 October 2023 that he did not feel he could attend the hearing due to his ill health. He confirmed to the paralegal that he had received Mr Thomas' documentation in readiness for the hearing. He was told he could submit evidence for the Committee's consideration but has not done so. The Registrant was informed by Mr Thomas that the Council would ask that the hearing proceed in his absence.
9. The Committee decided to proceed in the absence of the Registrant for the following reasons:
 - The Committee has found good service of the notice of this hearing.
 - The Registrant is aware of this hearing and, from his attendance at previous review hearings, of the issues to be decided by this Committee. He has been provided with the Council's skeleton argument and bundle. He is, or ought to be, aware of the potential outcomes of this hearing.
 - The Registrant has been invited to submit evidence and/or submissions for the Committee's consideration but has not done so.
 - The Registrant has cited ill health as the reason for his absence but the evidence he has produced is not contemporaneous; nor does it state that his health conditions are such that he would not be able to participate meaningfully in these proceedings. He has voluntarily waived his entitlement to attend.
 - The Registrant has not sought an adjournment of this hearing. A reasonable inference to be drawn from his correspondence and telephone conversation with the Council is that he expects the hearing to proceed in his absence.

- If this hearing were to be adjourned, the resumed hearing must take place before 23 November 2023 when the current order of suspension expires. There is no information to suggest an adjournment would result in the Registrant’s attendance at a resumed hearing within that timeframe.
- There is a public interest in the expeditious disposal of this case.

Background

10. At all material times the Registrant was the owner and Superintendent Pharmacist at SK Pharmacy Ltd, 278 Harnall Lane Est, Coventry, CV1 5AX (“the pharmacy”).
11. In summary, a series of inspections of the pharmacy revealed deficiencies in the management of stock at the pharmacy.
12. On 23 May 2018 a Council inspector, Mr 1, conducted a routine inspection of the pharmacy. His evidence is that the controlled drug entries at the pharmacy were not up to date and the balances were, in two cases, inaccurate in that they did not reflect the medication on the premises. Mr 1 found the pharmacy to be untidy. He noted two bottles of methadone in the dispensary; they remained there in the absence of the pharmacist (the Registrant). He considered the Registrant, the responsible pharmacist on the date of the visit, had not kept on top of record-keeping. As a result of this inspection an action plan was prepared for the Registrant.
13. On 2 July 2018 a follow-up visit was undertaken at the pharmacy by Mr 1 and another Council inspector, Ms 2. Some progress was noted in that entries had been made into the methadone register. However, it was noted that a prescription and receipt, both relating to Zomorph, had not been entered into the controlled drugs register. The inspectors noted a significant quantity of expired controlled drugs at the pharmacy and the Registrant was given advice on this.
14. A further follow-up inspection was conducted by Mr 1 and Ms 2 on 7 August 2018. Considerable improvements were noted. However, they stated there were discrepancies in that the stock level did not match the balances recorded in the controlled drug register. The exact nature of the discrepancies is not stated by either

inspector in their evidence, save that they relate to particular drugs. The Registrant was given advice and strategies to improve. The action plan was signed off as completed. The pharmacy's risk rating was revised to amber.

15. On 17 December 2018 Ms 2 attended the pharmacy with the Controlled Drugs Liaison Officer ("CDLO") for the area. It was noted that the premises were cluttered and the standard of hygiene was inappropriate. There continued to be issues with record keeping of controlled drugs in that there were discrepancies between the record and stock levels. Also no controlled drugs audit had been completed since August 2018; no entries had been made in the methadone register since December 2018.
16. The pharmacy was visited on 20 February 2020 by an assistant contract manager at NHS England and a clinical adviser. A number of issues were identified: controlled drug balance checks were not conducted regularly, as required; there were a number of out-of-date medications present and there were out of date drugs in the controlled drugs cabinet which had not been separated from other drugs.

The Principal Hearing

17. At the principal hearing held between 26 and 29 October 2020 the Committee found the following amended allegation proved following full admissions by the Registrant:

"You, a registered pharmacist, owner of and superintendent pharmacist for SK Pharmacy Limited, 278 Harnall Lane East, Coventry, CV1 5AX ("the pharmacy"):

1. Between 20 September 2017 and 23 May 2018, did not ensure that controlled drug entries were accurate and up to date in that:

a. There were no recorded entries in the methadone register between 21 September 2017 and 23 May 2018.

b. The Zomorph 10mg capsules were found on the dispensing software for supplies in February and March 2018 but these were not recorded in the register.

c. An invoice for Sevredol 10mg tablets was dated 18 May 2018 and had not been entered in the register.

d. The balance for Sevredol 10mg was incorrect in that the register showed 68 tablets when the actual balance was 72 tablets.

e. The balance for Zomorph 10mg was incorrect in that the register showed a balance of 4 capsules when the actual balance was 12 capsules.

2. On 23 May 2018:

a. Did not ensure the pharmacy was kept tidy in that dispensing baskets and papers were scattered across the dispensing benches.

b. Allowed 2 bottles of methadone to remain next to the sink in the dispensary whilst you left the dispensary to serve patients.

3. Did not ensure that controlled drug entries were up to date in that on 2 July 2018:

a. A prescription for Zomorph 10mg dated 30 June 2018 had not been entered in the register.

b. A receipt for Zomorph from a wholesaler had not been entered in the register.

4. On 7 August 2018 did not ensure that controlled drug registers were accurate in that there were discrepancies in respect of the following drugs:

a. Zomorph 30mg capsules.

b. [withdrawn by the Council and therefore deleted]

c. Methylphenidate.

5. On 17 December 2018 did not ensure that:

a. The pharmacy was tidy and hygienic.

b. Controlled drugs entries were accurate and up to date in that:

i. 4 Medikinet 10mg tablets were entered in the register but could not be accounted for.

ii. There were 10 patches of Fencino 12mcg in the controlled drugs cabinet, but none were entered in the register.

iii. There were 5 patches of Fencino 25mcg patches in the cabinet but the balance in the register was zero.

iv. No controlled drugs audit had been completed since 7 August 2018 for any drugs within the cabinet.

v. No entries had been made in respect of methadone since 13 December 2018

6. Between 7 July 2018 and 20 February 2019 did not carry out regular balance checks of controlled drugs.

7. On 20 February 2019:

a. [withdrawn by the Council and therefore deleted]

b. Had not removed 29 out of date medicines from the shelves.

c. Had not removed or separated, Oxynorm 5mg which had expired on 06/17 and Zomorph 30mg which had expired on 02/19.

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

18. On the issue of current impairment, the Committee took into account the Registrant’s evidence that he was under considerable financial and personal stress at material times but that his personal and business circumstances had since changed such that he was then fit to practise safely: in summary, he had employed a dispenser and was able to hire a locum as required to give himself a break. Furthermore, he had his financial situation under control and family health concerns had stabilised. The Committee acknowledged the existence of some insight but found there was a risk of repetition because the Registrant’s evidence was vague and confused in some respects. It found that if the Registrant’s personal circumstances were to deteriorate again for any reason, there is a significant risk that this would

have a deleterious effect on his practice, as had occurred in the past. The Registrant did not appear to have:

“identified a long-term strategy to address the adverse impact of the specific triggers which led to the misconduct. While his personal circumstances have improved, this is due in part to his having taken out a loan to support his business; that loan will need to be repaid in due course and thus financial relief might be temporary. He was unable to identify to the Committee any strategies created to ensure compliance with Regulations and SOPs. He did not refer, for example, to a diary system for balance checks or any other process or reminder to ensure these are not overlooked. The entries in his methadone CD register indicate irregular balance checks on occasions. When asked about the reason for a 6-week gap in checking the methadone balance, he stated “It seemed like two or three weeks”.

19. The Committee found:

“The Registrant is genuinely remorseful and, indeed, ashamed of the deficiencies in his practice. However, the Committee is not satisfied that he has sufficiently reflected on his poor performance during that period such that he has identified and put in place sufficient procedures to ensure he meets the standards required of him as a pharmacist. While he attributes past failings to his personal circumstances, the Committee is not confident that, were his personal circumstances to be challenging in the future, the misconduct would not be repeated.”

20. The Committee directed that conditions of practice be imposed on the Registrant’s registration for a period of 18 months.

First Principal Review Hearing

21. An early review of the order of conditions was sought by the Council due to concerns about the Registrant’s compliance with conditions and a review hearing took place on 23 March 2022. Prior to that hearing, the Council’s monitoring team had been in

correspondence with the Registrant to establish whether he had been complaint with conditions. The Council, having been notified of the name of the Registrant's purported supervisor, had been told by the supervisor that he had not been informed by the Registrant of the full extent of the supervisory requirements and therefore had not been monitoring the Registrant. The supervisor had told the Council he felt misled by the Registrant because he had not been given all the requisite information from the outset. The supervisor had summarised his limited role at the pharmacy where the Registrant was working; he had only attended once a week since October 2020.

22. The Registrant attended the hearing; he was not represented. On the issue of compliance, the Committee was *"seriously concerned that the registrant had complied with barely any of the conditions during the approximately 15 months since the Principal Hearing"*. The Committee expressed its concern at

"the whole tenor of the Registrant's oral evidence in that he did not demonstrate before it any real or focused understanding of what was required of him by the conditions, nor had he made any attempt to get clarification or assistance from the Council's Monitoring Team over the many months since they were put in place at the Principal Hearing ... The Registrant had not, all in all, provided any insight at today's hearing into the seriousness of the findings made against him nor shown how he was acting differently now to ensure no further risk of repetition".

23. The Committee concluded that the Registrant's fitness to practise remained impaired and it replaced the order of conditions with an order of suspension for a period of 5 months, with a review before the end of that period.

Second Principal Review Hearing

24. This took place on 6 September 2022 with the Registrant in attendance. He was not represented.

25. The Committee was again troubled by the Registrant’s failure to comply with the majority of his conditions. Having heard the Registrant give oral evidence, the Committee *“formed the impression that he has not really focussed his mind on what he would do differently, in the long term, to ensure that the misconduct was not repeated”*. The Committee found there remained a risk of repetition and that the Registrant’s fitness to practise remained impaired. It extended the period of suspension for four months to *“allow the Registrant time to formulate a proper plan as to how he will be able to return to practice, so that there is no repetition of the misconduct”* with a review before the end of that period.

Third Principal Review Hearing

26. On 26 January 2023 the third Principal Review Hearing took place.
27. Prior to the hearing, the Registrant had emailed the Committee in the following terms:

“I am hoping to return to practice but due to ill health I am unable to work. [PRIVATE]. I am waiting for the hospital to get back to me, but I’ve heard nothing at the moment. I would like to carry on working as a locum pharmacist and continue professional development. I had to close my company as I was unable to sell it. I feel there’s still a few years let me [sic] and would like to carry on working once I am fit.”

28. The Registrant attended the hearing and gave oral evidence. The Committee identified the underlying concern and risk as the Registrant failing to “adequately understand the detailed requirements as regards the full and effective management of CDs and the associated recording-keeping [sic] and reporting requirements”. The Committee was not persuaded that, if he were to come under pressure again, the Registrant would meet the necessary standards. It also considered the Registrant had not demonstrated to the Committee that he had thought through in a structured way to prepare for and manage the various challenges he was likely to face in CD management if returning to work as a locum (which would bring its own challenges).

The Committee concluded there remained a real risk of repetition and, as a result, the Registrant's fitness to practise remained impaired both on grounds of public safety and on the grounds of the wider public interest, in particular to ensure that the public's confidence in the profession is maintained.

29. The Committee concluded that a further period of suspension of 9 months was proportionate to allow the Registrant adequate time to formulate an effective plan to show how he would be able safely to return to practice (as and when health allowed) and ensure that there was no repetition of the misconduct. It directed that a review be held prior to the end of the period of suspension. It also indicated that a future reviewing Committee might be assisted by the following:

A written return-to-practice plan which includes:

- a. Details demonstrating how he has maintained his skills and knowledge to ensure a return to safe practise [sic], particularly as regards CD management and record-keeping, along with detail of what courses he has undertaken for example, a 'Return to Practice' courses [sic] or guidance obtained from bodies such as the Royal Pharmaceutical Society, Centre for Pharmacy Postgraduate Education, or Pharmacy Support, or any volunteering or work shadowing undertaken in a pharmacy setting or mentoring support received. And
- b. Explanations of the challenges and potential risk he has identified that there might be in working as a locum pharmacist, in light of his previous failings in CD management, and given the elapse of time since he last worked in a pharmacy other than his own, and since working in a locum capacity, and how he intends to manage and mitigate these risks to ensure a safe return to practise.

Following the Third Principal Review Hearing

30. At the third review hearing the Committee was informed that, while the Registrant's pharmacy had been closed for several months, CDs remained on the premises because the Registrant did not know what to do about it. As a result of the Committee's concern, the Council made contact with the local Controlled Drugs

Liaison Officer (“CDLO”) through its inspector. The Council was later informed that on 16 February 2023 the CDLO attended the pharmacy with the Registrant and cleared all relevant medications from the premises for destruction. The CDLO found that the Registrant’s CD registers were in order.

31. [PRIVATE]
32. In an email dated 1 November 2023, in which the Registrant notified he would not be attending the hearing due to ill health, he informed the Council that [PRIVATE] he was not sure whether he would be able to continue his career as a pharmacist.

Submissions

33. For the Council, Mr Thomas adopted his skeleton argument and submitted that previous Committees had identified a risk of repetition of the misconduct with a consequent risk of harm to patients and to public confidence in the profession. The previous Committee had provided recommendations as to where the Registrant could provide reassurance. The Registrant had not provided the recommended documentation to demonstrate remediation of his practice. He had not been working and had been unwell. He had not made progress towards his intention of working 1-2 days a week as a locum. Poor health did not explain the Registrant’s having failed to undertake the written work suggested by the previous Committee. The Registrant had not discharged the persuasive burden that he was fit to practise. Given his past failure to comply, there was no reason to conclude that conditions of practice would be appropriate. A further period of suspension was the proportionate sanction. He proposed a period of 6-9 months.
34. The Registrant has made no written submissions but the Committee has noted his current ill health, [PRIVATE] and the Registrant’s comment in his email to the Council of 1 November 2023 that he was *“not sure whether [he] will be able to continue [his] career as a pharmacist”*.

Decision on Impairment

35. This Committee has been convened today to conduct a review of the order of suspension. The powers of a Committee on a review are set out in Article 54(3) of the Pharmacy Order 2010, which provides, in its relevant parts:

“(3) Where the Fitness to Practise Committee has given a direction under this article, other than a direction that the entry in the Register of the person concerned be removed, it may, if it thinks fit, following a review –

(a) where the entry in the Register of the person concerned is suspended, give a direction that–

- (i) the entry be removed from the Register,
- (ii) the suspension of the entry be extended for such further period not exceeding 12 months as may be specified in the direction, starting from the time when the period of suspension would otherwise expire,
- (iii) the entry be suspended indefinitely, if the suspension has already been in force throughout a period of at least two years,
- (iv) ...
- (v) on expiry or termination of the period of suspension (including a period of suspension that was expressed to be indefinite), the entry be conditional upon that person complying, during such period not exceeding 3 years as may be specified in the direction, with such requirements specified in the direction as the Committee thinks fit to impose for the protection of the public or otherwise in the public interest or in the interests of the person concerned, ...

(7) If the Fitness to Practise Committee determines under this article that a person’s fitness to practise is impaired solely by reason of adverse physical or

mental health, it may not give a direction under paragraph (2)(c), (3)(a)(i) or (3)(b)(iv) that the entry in the Register in respect of that person be removed.”

36. In addition to the powers set out in Article 54(3) of the Order, the Committee may take no action, and allow the direction to lapse on the expiry of the period of the suspension imposed. The Registrant would then be entitled to resume unrestricted practice.
37. Rule 34(6) sets out the procedure to be followed at a review hearing. That process entails consideration by this Committee as to whether the Registrant’s fitness to practise remains impaired today. If it is not, there can be no direction under Article 54(3).
38. The findings of the Committee at the principal hearing in October 2020 remain unchanged. Whether or not the finding of impairment remains is a matter of judgment for this Committee. However, in **Abrahaem v GMC [2008] EWHC 183 (Admin)**, Blake J said:

“In my judgment, the statutory context for the rule relating to reviews must mean that the review has to consider whether all the concerns raised in the original finding of impairment through misconduct have been sufficiently addressed to the Panel’s satisfaction. In practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past performance was deficient, that through insight, application, education, supervision or other achievement has sufficiently addressed the past impairments.”

39. This Committee therefore examined the background and findings of the previous Committees and events since that date. It has borne in mind the allegation found proved, as set out above. It has also borne in mind the findings of previous Committees that the Registrant’s fitness to practise was impaired by reason of his misconduct.

The Decision

40. In reaching its decision, this Committee considered the evidence which has been produced at this review hearing together with the submissions for the Council and the limited information provided by the Registrant.
41. The Committee has borne in mind, in considering whether the Registrant's fitness to practise is currently impaired, Rule 5 which provides that the Committee must have regard to the criteria specified at paragraph 5(2) and (3). That paragraph provides:
- “(2) In relation to evidence about the conduct or behaviour of the Registrant which might cast doubt on whether the requirements as to fitness to practise are met in relation to the Registrant, the Committee must have regard to whether or not that conduct or behaviour—*
- (a) presents an actual or potential risk to patients or to the public;*
- (b) has brought, or might bring, the profession of pharmacy into disrepute;*
- (c) has breached one of the fundamental principles of the profession of pharmacy; or*
- (d) shows that the integrity of the Registrant can no longer be relied upon.*
42. Also relevant is the guidance of Mr Justice Silber in **Cohen v. GMC [2008] EWHC 581 (Admin)**:
- “[65]..... It must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.”*
43. According to the Council's Monitoring team, there is no evidence the Registrant has practised as a pharmacist since the suspension was imposed on his registration. The Registrant has himself confirmed this and the Committee accepts it to be the case.
44. The Committee finds, as have previous Committees, that the misconduct which led to the finding of impairment by the original Committee is remediable in principle.

45. Unlike earlier Committees which had the benefit of the Registrant's oral evidence, this Committee has not been provided with any significant evidence by the Registrant save that it has been informed [PRIVATE].
46. There is no medical evidence which justifies or explains the failure of the Registrant to produce the material suggested by the last reviewing Committee on 26 January 2023. While the Committee does not doubt the Registrant is in poor health this does not explain his lack of engagement with these proceedings since the last suspension was imposed. The Registrant could have put his mind, in that time, to the matters which the last Committee considered might assist this Committee. There is no evidence, for example, of mental impairment or reduced cognitive function. Rather the lack of engagement with these proceedings suggests the Registrant has lost focus on his pharmacy career and these proceedings.
47. In the absence of any evidence to demonstrate the Registrant has addressed the issues of concern to previous Committees, this Committee concludes that the Registrant has not gained insight or remediated his misconduct such that there is highly unlikely to be a repetition of the misconduct. The misconduct related to the management of controlled drugs ("CDs"). While the Committee notes that the CDLO found that the Registrant's CD registers were in order at the time the police visited his pharmacy premises in February 2023, this is not sufficient to demonstrate the Registrant has changed his behaviour in the management of CDs generally or that he would do so on return to practice. The mismanagement of CDs gives rise to a potential risk to patients and the public; it can cause serious harm to patients and the public.
48. For these reasons, the Committee finds that the Registrant has not demonstrated there is no longer a risk or potential risk of harm to patients and/or the public (Rule 5(2)(a)).
49. Furthermore, the Registrant has not demonstrated he might again bring the profession of pharmacy into disrepute (Rule 5(2)(b)). The management of CDs is a core function for a registered pharmacist. The mismanagement gives rise to potential

breaches of regulations and one or more fundamental principles of the profession of pharmacy, as occurred between 2017 and 2019.

50. In all the circumstances, the Committee is satisfied that the Registrant's fitness to practise remains currently impaired on grounds of his misconduct. Not only does there remain a risk to patient safety but also to the wider public interest. Informed members of the public would be shocked if the Registrant were to return to practise in circumstances where he had not yet demonstrated full insight and remediation of his misconduct despite being given guidance by previous Committees as to how he might do so. His unrestricted return to practice would undermine public confidence in the profession and damage its reputation.
51. The Committee went on to consider the appropriate and proportionate direction in these circumstances. In so doing it has borne in mind the submissions for the Council and the information provided by the Registrant to the Council.
52. The Committee has had regard to the Council's *Good Decision Making: Fitness to Practise Hearings and Sanctions Guidance* revised in March 2017.
53. The Committee did not consider that conditions could be formulated to address its concerns given the Registrant's limited engagement with the recommendations of earlier Committees. His failure to engage with those recommendations suggests he may not comply with conditions if they were imposed on his practice. This would be consistent with his having failed to do so when conditions of practice were imposed on his registration by the original Committee. This Committee has no confidence he would adhere to conditions of practice.
54. The Committee turned to the option of further suspension of his registration. For similar reasons to those formulated by previous Committees, it has determined that this is the most appropriate and proportionate course. The Committee bears in mind the Registrant's misconduct is remediable. He is currently unable to practise due to health reasons unrelated to the misconduct. The Registrant stated previously that he intended to return to practice as a locum pharmacist in due course once his health

issues have been resolved. That intention is now in doubt [PRIVATE]. As a previous Committee has noted, such a role could bring additional pressures to bear on the Registrant who has been out of practice since March 2022. The Registrant stated at the principal hearing that financial and personal stress were contributory factors to the misconduct. At that time, the Committee found the Registrant had not identified a long-term strategy to address the adverse impact of the specific triggers which led to the misconduct. That remains the case today. A period of further suspension would give the Registrant another opportunity to prepare for a return to practice and to put himself in the best position to demonstrate he could practise safely. The Committee finds it disappointing that the Registrant, who has been told on many occasions what steps might assist him with a return to practise, appears to have ignored those pointers completely. He will not be fit to return to practise without considerable effort on his part.

55. The Committee determines that the Registrant's registration be suspended for a further period of 9 months with a review before the end of that period. The Committee acknowledges that this period is significant [PRIVATE]. While there is no evidence on this, the Committee anticipates the Registrant will need a significant time [PRIVATE] to embark on preparing for the review hearing which would be required before the end of the period of suspension. The Committee gives weight to the Registrant's evidence that his health conditions prevent him from engaging with these proceedings; [PRIVATE].

56. While this Committee cannot, and does not seek to, fetter the reviewing Committee it considers that the reviewing Committee may be assisted by the Registrant providing the following (as was recommended by the last Committee):

A written return-to-practice plan which includes:

- a. Details demonstrating how he has maintained his skills and knowledge to ensure a return to safe practise [sic], particularly as regards CD management and record-keeping, along with detail of what courses he has undertaken for example, a 'Return to Practice' courses [sic] or guidance obtained from bodies such as the

Royal Pharmaceutical Society, Centre for Pharmacy Postgraduate Education, or Pharmacy Support, or any volunteering or work shadowing undertaken in a pharmacy setting or mentoring support received. And

- b. Explanations of the challenges and potential risk he has identified that there might be in working as a locum pharmacist, in light of his previous failings in CD management, and given the elapse of time since he last worked in a pharmacy other than his own, and since working in a locum capacity, and how he intends to manage and mitigate these risks to ensure a safe return to practise.
57. In conclusion, the Committee directs that the Registrant's name continues to be suspended from the Register for a further period of 9 months, with a review before the end of that period.

Interim Measures

58. Mr Thomas has applied for an interim measure to be imposed pursuant to Article 60 of the Pharmacy Order 2010.
59. The decision of this Committee is an appealable one under Article 58. There will therefore be a period of 28 days before the Committee's direction comes into effect. It will come into effect after the current period of suspension expires on 23 November 2023. During that 28-day period the Registrant could lodge an appeal and, if he did so, the Committee's substantive direction would not take effect until the appeal proceedings were concluded.
60. This is a case where the original Committee identified public protection concerns. This Committee has found that the misconduct has not been fully remediated and there remains a risk of repetition. It is also in the wider public interest for the order of suspension to continue: the public would be concerned if the Registrant were free to practise without restriction given the background to this case and the course of these proceedings. It is in the interests of public protection and the wider public interest for the Registrant's registration to remain suspended during the interim period before this Committee's direction comes into effect.

61. The Committee has therefore determined that the Registrant's registration remain suspended by way of interim measure from today's date.