

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

General Pharmaceutical Council, One Cabot Square, Canary Wharf, London E14 4QJ

28 November 2023

Registrant name: Chioma Cynthia Uzoma

Registration number: 2212749

Part of the register: Pharmacist

Type of Case: Misconduct

Committee Members: Peter Watkin Jones (Chair)

Pat North (Registrant member)

Wendy Golding (Lay member)

Secretary: Zainab Mohamad

Registrant: Present and represented by Martin Hadley

General Pharmaceutical Council: Represented by Yesim Hall, Case Presenter

Order being reviewed: Suspension, 6 months

Fitness to practise: Not impaired

Outcome: Order to lapse on expiry

1. This is the first Principal Hearing Review (“PHR”) regarding Ms Chioma Uzoma (“the Registrant”), a pharmacist first registered with the General Pharmaceutical Council (“the Council”) under registration number 2212749.

2. The PHR procedure is governed by The Pharmacy Order 2010 (“the Order”) and the General Pharmaceutical Council (Fitness to Practice and Disqualification ect. Rules) Order of Council 2010 (“the Rules”).
3. The Principal Hearing for this matter was held from 2nd - 3rd May 2023. The allegations were found proved on admissions made by the Registrant. Misconduct was found and the Committee found the Registrant was impaired at the time of the hearing. She was sanctioned to 6 months suspension with a review to be held towards the end of that period. Today’s hearing is that review. The Council was represented by its case presenter, and the Registrant by Mr Hadley of VHS Fletchers Solicitors.

Relevant Legislation

4. The Committee’s powers regarding this PHR are contained within Article 54(3)(a) of the Order which provides that a committee may:
 - Where the entry in the Register of the person concerned is suspended, give direction that-
 - the entry be removed from the Register,
 - 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,
 - the entry be suspended indefinitely, if the suspension has already been in force throughout a period of at least two years,
 - in the case of an indefinite suspension, terminate the suspension, provided that the review takes place in the circumstances provided for in paragraph (4) or
 - 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 a 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.

Background Facts

5. The Council's investigation stems from a concern raised on 24th May 2021 by Ms 1, Head of Services: Medicines Optimisation and Individual Funding Requests for Arden &GEM CSU. Ms 1 raised concerns about the Registrant's honesty and integrity following disciplinary proceedings where the Registrant had been summarily dismissed from Arden & GEM CSU.
6. The evidence at the Principal Hearing was to the effect that in March 2021, Miss Uzoma applied for and accepted a position as a Medicines Optimisation Support Pharmacist for Arden & GEM CSU. This was a full-time position, commencing on 6th April 2021 for 37.5 hours a week, Monday to Friday from 9:00am to 5:00pm. The Registrant was expected to work from home and not on site.
7. Whilst applying for this job, Miss Uzoma completed a mandatory 'NHS Employment Check Standards questionnaire', where she confirmed:
 - This was going to be her only job; and
 - If appointed to this role, this would NOT lead to any possible conflict of interest e.g. with another NHS employer.
8. In April 2021 Ms 1 received an email from the Registrant's line manager Mr 1 to raise concerns about the Registrant's performance and contact with other members of her team, namely that:
 - Missed calls: The Registrant would often not answer calls with her colleagues and would take a while to return unanswered calls. When checked, the Registrant had no conflicting diarised meetings at this time.
 - On 22nd April 2021, the Registrant engaged in a video call with Mr 1, during which time he became suspicious due to the 'office style ceiling 'and people walking in the background. At this time, the Registrant did not have access to any Arden & GEM offices and therefore it was presumed she was working from home.
 - The Registrant would often complain of connection issues, particularly on Friday 23rd April 2021.
 - The Registrant was not completing her work. She failed to complete a single review of 30 drugs that were allocated to her over a two-week period.

9. On 30th April 2021 at 09:15am, Mr 1 contacted the Registrant and asked if she was well. The Registrant replied at 10:53am and stated that she was not well and 'had a bad tummy'. She said she 'couldn't call in 'and she had 'been in the toilet all morning.'
10. Further to this, on 4th May 2021 the Registrant completed a sickness self-certificate. This stated the reason for her absence was due to a 'stomach upset'. She signed and dated the declaration on this form which stated: 'I certify that the information given is, to the best of my knowledge, correct and I understand that the giving of false/incorrect information could result in the loss of sick pay benefits and/or disciplinary action. This action may, depending on circumstances to be treated as gross misconduct and result in summary dismissal.'
11. On 5th May 2021 the Registrant completed a 'return to work interview record form 'where she stated the reason for her absence on 30th April 2021 was due to an 'upset stomach'.
12. In light of the above concerns, Ms 1 checked the Registrant's LinkedIn profile. She noted that the Registrant detailed her active employment as 'Medicines Optimisation Pharmacist, Arden & GEM CSU April 2021 – Present 'and 'Lead Medicine Information and Hospital Pharmacist, Peterborough City Hospital (PCH), October 2019- Present.'
13. On 4th May 2021, Ms 1 contacted Mr 2, Chief Pharmacist at PCH. Mr 2 notified Ms 1 that the Registrant had been employed at PCH via a locum agency to work Thursdays and Fridays. Mr 2 indicated to Ms 1 during this conversation that the Registrant was on site at PCH on 30th April 2021 and seemed in 'good health.'
14. Temporary Worker Timesheets provided by PCH which have been signed by the Registrant confirm that she worked at the hospital on:
 - Tuesday 6th April 2021;
 - Thursday 15th April 2021;
 - Friday 16th April 2021;
 - Monday 19th April 2021;
 - Thursday 22nd April 2021;
 - Friday 23rd April 2021;

- Thursday 29th April 2021;
 - Friday 30th April 2021.
15. The Registrant was paid by Northwest Anglia NHS Foundation Trust on behalf of PCH for her work on the above dates.
 16. In light of this evidence, on 4th May 2021 the Registrant attended a meeting with Ms 1 and the Senior HR Business Manager at Arden & GEM CSU. During this meeting the Registrant admitted that she had been working for both Arden & GEM CSU and PCH, and that neither employers were aware of this. The Registrant also confirmed she had been paid by Arden & GEM CSU in remuneration for her work on the above dates, when she was in fact, working at PCH.
 17. At the same meeting, the Registrant explained that she had been working throughout the night to complete her work.
 18. Following this meeting, the Registrant notified Arden & GEM CSU by way of email that she wished to terminate her contact of employment with them. On 5th May 2021, Ms 1 informed the Registrant that this request had been rejected.
 19. On 14th May 2021 a letter was sent to Miss Uzoma confirming in line with Arden & GEM's Disciplinary Proceedings, she had been summarily dismissed with effect from 11th May 2021.

Principal Hearing on 2nd - 3rd May 2023

20. During the Principal Hearing, the Registrant admitted to the alleged facts in full. She provided the Committee with various references and testimonials and submitted that she was not currently impaired. She also provided a reflective statement and evidence of CPD. The Committee considered her statement dated 25th April 2023 and reflective statement of the same date where the Registrant confirmed that her 'behaviour is wrong and should not have happened at all'. She regretted her behaviour.

21. The Committee found that in accordance with the Council's guidance: Standards for pharmacy professions issued May 2017, the Registrant had breached standard 5, 6 and 9. In their decision, they noted that 'the most significant and serious breach (is) however that of standard 6 which requires pharmacy professional to be trustworthy and act with honesty and integrity...The Committee is in no doubt that the Registrant's dishonest action amounts to misconduct'.
22. Despite her submissions to the contrary, the Committee found that the Registrant was currently impaired at the time of the hearing. While the Committee noted the Registrant's 'remorse, embarrassment and regret', which they describe as 'genuine', paragraphs 49 (a)-(e) detailed the concerns the Committee had regarding the 'quality and consistency of her evidence in these proceedings. The Committee considered the evidence of the Registrant when she said that "if such (a) situation arises again, I will make the right decision by ensuring that I do not have to work simultaneously for two organisations in any circumstances". The Committee did not consider that this evidence addressed the issue of why the Registrant had acted dishonestly and without integrity in the first place.
23. The Committee found that the Registrant had not sufficiently remediated her misconduct. They were therefore unable to conclude that her dishonesty and lack of integrity was highly unlikely to be repeated, especially if the Registrant found herself in similar stressful circumstances. The Committee considered that in such circumstances, the Registrant was at risk of being unable to resist a repetition of the dishonesty.
24. The Committee decided to suspend the Registrant from practise for a 6-month period. The Committee determined that this significant period of suspension was 'appropriate and proportionate given the context of the Registrant's misconduct and the need to mark the public interest including protecting the public, maintaining public confidence in the profession and maintaining proper standards of behaviour.'
25. The Committee suggested that any reviewing Committee may be assisted by the following in relation to the Registrant:

- “Evidence to demonstrate her past impairment has been addressed, such as a reflective statement on this Committee’s findings and how the Registrant has accepted responsibility for her self-serving dishonesty, being honest with herself about her motivation for it. It may be helpful to have specific examples of instances which demonstrate full insight into remediation.
 - Evidence such as testimonial, from any person with whom she has engaged in a position of trust and who is aware of the findings of this Committee and the outcome of these proceedings.
 - Evidence of targeted CPD and other study outside pharmacy which addresses the concerns of this Committee;
 - Up-to-date evidence/testimonials from any work, paid or unpaid, undertaken prior to the review hearing. The authors should indicate whether or not they are aware of these proceedings and findings.
 - Any other material the Registrant considers appropriate to demonstrate she has reflected on the root cause of her dishonesty and taken responsibility for it.”
26. Interim measures were imposed on the basis that it was necessary both in the interests of public protection and otherwise in the public interest. This was in light of the Committee’s concerns that the Registrant had failed to demonstrate sufficient remediation or insight. Nor had she satisfied the Committee that the risk of repetition of misconduct was low.

Compliance with order of suspension

27. The Council lodged a statement for the purposes of this hearing confirming that this is no suggestion that the Registrant has been non-compliant with her suspension.

Issues to be considered at this Principal Hearing Review.

28. The case of Abrahaem v General Medical Council [2008] EWHC 183 (Admin) states that the Committee must consider whether the concerns raised in the initial hearing have been addressed and also, whether the Registrant is able to persuade the panel that they have the insight and understanding into their actions so as to assure a committee that they are no longer currently impaired. Blake J stated at paragraph 23:

“In my judgement, the statutory context for the rule relating to reviews must mean 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 professional performance was deficient, that insight, application, education, supervision, or other achievement sufficiently addressed past impairment.”

29. The Committee was also referred to the case of *Azzam v General Medical Council* [2008] EWHC 2711 (admin) where McCombe J stated at paragraph 44:

“it must behove a FTP Panel to consider facts material to the practitioner’s fitness to practice looking forward and for that purpose to take into account evidence as to his present skills or lack of them and any steps taken, since the conduct criticised, to remedy any defects in skill...The panel must consider that evidence (in the same manner as any other evidence received) and weigh it up, decide whether to accept it and then to determine whether, in the light of the further evidence that it does accept...the practitioner’s fitness to practice is impaired.”

30. In *Cheatle v General Medical Council* [2009] EWHC 645 (Admin) Cranston J stated at paragraphs 21-22:

“There is clear authority that in determining impairment of fitness to practice at the time of the hearing regard must be had to the way the person has acted or failed to act in the past.” As Sir Anthony Clarke MR put it in *Meadow v General Medical Council* [2006] EWCA Civ 1390; [2007] 1 QB 462;

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

In my judgement this means that the context of the doctor’s behaviour must be examined. In circumstances where there is misconduct at a particular time, the issue becomes whether that misconduct, in the context of the doctor’s behaviour both before the misconduct and to the present time, is such as to mean that his or her fitness to practice is impaired. The doctor’s misconduct at a

particular time may be so egregious that, looking forward, a panel is persuaded that the doctor is simply not fit to practice medicine without restrictions, or maybe at all. On the other hand, the doctor's misconduct may be such that, seen within the context of an otherwise unblemished record, a Fitness to Practice Panel could conclude that, looking forward, his or her fitness to practice is not impaired, despite the misconduct."

31. The Council referred the Committee to the case of Yeong v GCM [2009] where Mr Justice Sales explained at paragraph 21:

"It is a corollary of the test to be applied and of the principle that a FFTP is required to look forward rather than backward that a finding of misconduct in the past does not necessarily mean that there is impairment of fitness to practice -a point emphasised in Cohen and Zygmunt...In looking forward, the FFTP is required to take account of such matters as the insight of the practitioner into the source of his misconduct, and any remedial steps which have been taken and the risk of recurrence of such misconduct. It is required to have regard to evidence about these matters which has arisen since the alleged misconduct occurred."

32. At the Principal Hearing, the Registrant attempted to demonstrate that she had insight into her misconduct. However, the Committee were not persuaded that this was the case stating: "The Registrant says she put the needs of others ahead of her own in attending work at PCH on 30 April but this is not consistent with her attending a face to face meeting with a pregnant colleague while suffering from a gastro-intestinal condition at the time such that she needed to absent herself frequently in the course of the day to use the bathroom. She knew her colleague was pregnant, and, in such circumstances, it is arguable she did not put her colleague's interests above her own."
33. The Committee at the Principal Hearing also stated that: '...the Registrant has shown some insight into the impact of misconduct: she acknowledges the impact on public confidence and professional colleagues; she recognises her actions could have caused a risk of harm to patients. However, she has not sufficiently identified or addressed the root cause of her actions or explained satisfactorily why they occurred. Nor has she sufficiently acknowledged the impact of her dishonesty in pharmacy practice".

34. As outlined by the caselaw quoted above, the burden is on the Registrant to demonstrate that she is no longer impaired. The Council was neutral in its submissions as to whether or not the Registrant remained currently impaired. The Registrant submitted that she was not currently impaired and gave evidence at the hearing.

35. Additionally, the Registrant had prepared a bundle of evidence which included the following:

- A reflective statement of 7 pages, which she discussed in her oral evidence. In this evidence, the Registrant explained that at the time of her misconduct, she had lost perspective in that she had wished to enhance her work experience (unnecessarily as she now realises) with the two roles which she was offered, and that her ambition to improve her CV had blinded her to her primary obligation to her patients. She accepted that she had put patients at risk, and had been dishonest. She stated in evidence that honesty and integrity were fundamental tenets of the profession, and that colleagues, patients and the public had to be sure that a Registrant could be taken at her word. The Registrant gave evidence that her ambition was now at the bottom of her priority list, and that her realisation of the gravity of what she had done had led her to re-assess her priorities.
- A statement from Mr 3, the owner of Princes pharmacy, Hull. This statement was made by Mr 3, a registrant, in full knowledge of the misconduct by the Registrant, and the circumstances surrounding it. The Registrant described Mr 3 as someone who was her mentor in her early career, and someone upon whom she can rely as having a high moral compass. The Registrant, if allowed to practise, has been offered weekend locum positions at Princes pharmacy, and the Registrant intends to continue to use Mr 3 as a mentor. She much regretted not having contacted him during the period of her misconduct, but her evidence was that she now has a much better support mechanism in place, to include Mr 3. She also has family support in relation to the raising of her young family. His evidence was that "I am confident that the Registrant has demonstrated full insight in taking full responsibility for her actions."
- A statement from Mrs 2, a senior pharmacist colleague and friend of the Registrant, made in full knowledge of the circumstances surrounding the suspension. This statement confirmed the

Registrant's competence as a pharmacist and states that "I have no doubt she will uphold the values and ethics of our profession from now onwards."

- A statement from the Reverend 1 of the Victory Bible Church, made with full knowledge of the circumstances surrounding the suspension. This testimonial confirms that the Registrant has undertaken a Lay Minister's academy training, which is a requisite for leadership appointments in the church, where the Registrant attends and supports others. Reverend 1 stated that the Registrant "is a person that has truly taken full ownership of her wrong doings and learnt the lessons from her past misconducts."
- Certificates of professional development dated October 2023 confirming the completion of courses on insight; probity and ethics; remediation.

Determination

36. The Committee considered all the evidence before it. The Committee also had particular regard to the suggestions made at the Principal Hearing as to matters which would assist this hearing in the consideration of remediation of the past misconduct and dishonesty.
37. The Committee considered that the Registrant has demonstrated that she has addressed her past impairment, and had a deeper insight into her past failings, and the reason that the acts of dishonesty and lack of integrity occurred. Her evidence was persuasive that she understands that honesty and integrity are at the heart of her profession, and that her past misconduct had broken the trust of her patients and the public in her, and in the profession more generally. The Committee considered that it was highly unlikely, given the support mechanisms in place, and the developed insight of the Registrant, that there would be a repetition of her past misconduct. The Committee noted that she has provided persuasive testimonial evidence, all of which was provided in full knowledge of the suspension, and the reasons for it. The Committee considered that the Registrant had undertaken targeted CPD, as suggested which had contributed to her insight.

38. The Committee did not therefore consider the Registrant to be currently impaired. The Committee did not consider that there were further steps that the Registrant could valuably take beyond those evidenced for the purposes of this hearing, and to find current impairment, and to impose a further period of suspension as suggested by the Council in the event of a finding of current impairment, would serve no purpose, and would be punitive.

39. The suspension currently in place will therefore end on its date of expiry.