

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

Remote videolink hearing

04 January 2024

Registrant name:	Ismail Patel
Registration number:	2071207
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Louise Price (Chair) Raj Parekh (Registrant member) Isobel Leaviss (Lay member)
Secretary:	Chelsea Smith
Registrant:	Present and represented by Paul Summerfield, Pharmaceutical Defence Association
General Pharmaceutical Council:	Represented by Zahra Ahmed, Case Presenter
Sanction being reviewed:	Suspension for 10 months, with a review
Outcome:	Not impaired, suspension to expire at the end of 13 January 2024

Introduction

1. This is the first Principal Hearing Review ('PHR') regarding Ismail Mohamed Amin Patel ('the Registrant'), a Pharmacist first registered on 4 August 2009, with the Royal Pharmaceutical Society of Great Britain whose registration later transferred to the General Pharmaceutical Council ('the Council'). The Registrant's registration number is 2071207.

The procedural background

2. The Principal Hearing ('PH') was heard between 6 to 9 February 2023. The Particulars of Allegations were admitted in full and were proved by admissions from the Registrant. Current impairment was found, and the Registrant was sanctioned to a period of ten months suspension with a review. The current suspension is due to expire on 13 January 2024.
3. At the PH it was alleged that the Registrant worked for Instant E-Care Limited in his capacity as an Independent Prescriber Pharmacist ("PIP") between 5 September and 18 October 2019. Instant E-Care Limited ("the pharmacy") operated an online pharmacy and prescribing service from two registered premises in the same building.
4. On 1 October 2019, a Chief Pharmaceutical Officer's Clinical Fellow, attended to assist with the inspection carried out by a team of the Council's inspectors. He made findings that the process at the pharmacy did not safeguard vulnerable patients because it did not provide the appropriate level of governance for the supply of medicines which are liable to abuse or misuse such as weak opioids or z-drugs. In particular:
 - a. Patients were able to choose medicines, strength and quantity before a consultation took place;

- b. The pharmacy did not ensure that sufficient information was being elicited via the pharmacy questionnaires forms to ensure the prescribing was clinically appropriate and justified;
- c. The patient questionnaires were built on the assumption that a prescription would be provided with only one free text box to discuss symptoms and medical history;
- d. The diagnosis given by the patient was taken at “face value”, and no contact was made with the patients’ GPs to ensure that patients seeking medicines liable to abuse such as opioids or z-drugs were indeed providing the pharmacy with accurate information;
- e. The Registrant was unable to provide evidence that he was competent to prescribe for majority of medicines available via the pharmacy;
- f. The prescribing process was not peer-reviewed therefore the prescribers could not discuss or consult on the more difficult cases.
- g. The Chief Pharmaceutical Officer’s Clinical Fellow’s opinion was that *“the competency of the Registrant to manage the wide range of conditions is deemed insufficient and will have a negative impact of the safety and effectiveness of care delivered to patients”*;
- h. The Chief Pharmaceutical Officer’s Clinical Fellow noted that there was a serious risk of harm to patients, where PIPs issued prescriptions for high-risk medications without having the required knowledge about these conditions, as the lack of competency would affect safety and effectiveness of treatment;
- i. The GPs were unaware of the prescribing by the pharmacy as patients were approaching the pharmacy independently, which hindered continuity of care;
- j. The PIPs, including the Registrant, could not access patients’ medical records and as such, they could not assess patients fully; and
- k. The Chief Pharmaceutical Officer’s Clinical Fellow acknowledged that some of the courses completed by the Registrant after the inspection were aimed at a

pharmacists at a prescriber level. However, they were not, on their own, extensive enough to extend the Registrant's scope of practice.

5. On 10 October 2019, the Council received a concern internally from the Council's inspector. The inspector informed the Council that following a pharmacy inspection on 1 October 2019, an enforcement panel decided to impose conditions on the pharmacy, as it was found that serious systemic weaknesses at the pharmacy presented significant patient safety risks. By e-mail dated 14 October 2019, the inspector further explained that large amounts of high-risk medications were issued at the pharmacy to patients, even though there were insufficient safeguards in place to ensure that medicines were supplied safely and appropriately. The Registrant's role was to prescribe this type of high-risk medication to numerous patients without adequate checks and patient assessments being in place.

Findings at the PH

6. At the PH the Registrant was found by the Committee to have had whilst working at E-Care an attitude towards his role that was 'purely transactional'. The Registrant was the gatekeeper of potentially dangerous medications which are well known to be liable to abuse and had a professional responsibility to ensure for himself that the drugs he prescribed were suitable for the alleged conditions and medical histories of the patients who sought them. The Committee observed that he did not do, thereby creating real and significant patient safety risk. The Registrant appeared to have demonstrated no apparent concern for his patients' safety and wellbeing'.
7. The committee at the PH accepted that the Registrant had shown remorse. The Registrant acknowledged that when he left *"it was the right thing to do of course, it should have been done straight away"*. At the time of taking on the role he *"didn't really know what to expect"*.

8. At that stage, the committee also considered the Registrant's witness and reflective statement. In relation to the Registrant's insight into his failings, the committee at the PH gave credit for the Registrant unequivocal admissions of all the facts alleged, and also for his admissions in relation to breaches of the professional standards and his appreciation, as submitted on his behalf by the Registrant's legal representative, that the committee might well conclude that his conduct amounted to misconduct and impairment.
9. Current impairment was found on the basis that the Registrant presented an actual or potential risk to patients or to the public and that the Registrant's misconduct had brought the profession of pharmacy into disrepute and that the Registrant had breached one or more fundamental principles of the profession, namely, to act in the best interests of the public and to uphold professional standards and confidence in the profession.
10. However, the committee at the PH also found that the Registrant had demonstrated insight and also genuine and deep-felt remorse for his misconduct, both by way of his written reflections and in oral evidence. The committee at that point, determined that the Registrant had sufficiently remediated his failings such that there would be no risk of repetition if he were to return to independent prescribing. The committee gave the Registrant credit for his unequivocal admission throughout the process that he was not at the relevant time, and was not yet, competent to work as an independent prescriber, and of his intentions to undertake a significant period of shadowing and mentoring before doing so in future.
11. Although not in any way binding upon this Committee, at the time of the PH, the committee suggested that the following may assist when the matter was reviewed;
(a) evidence of CPD or other study undertaken during the period of suspension; (b) An update from the Registrant with details of any training and/or mentoring he intended to complete should he be allowed to return to practice as a

PIP; and (c) any other documentation the Registrant considers would be helpful at that stage, for example testimonials in relation to paid or unpaid work; or evidence of further learning in relation to the risks of on-line prescribing, if he undertakes any.

The current position

12. A Case Administrator from the Council provided a witness statement signed and dated 27 November 2023. It explained that the Registrant confirmed by an email dated 26 October 2023, that he had been complaint with the suspension. No concerns have been received to suggest that the Registrant has been working as a registered pharmacist whilst suspended from the Register.

13. The Committee considered the bundle of documents provided by both the Council and the Registrant; the skeleton argument produced by the Council; the submissions made on behalf of both parties and the oral evidence of the Registrant. In forming its decision it also took into account the relevant parts of the Good Decision Making Guidance produced by the Council dated March 2017.

Legal Framework

14. The Committee were referred to the decision of *Abrahaem v General Medical Council* [2008] EWHC 183 (Admin). This guides a Committee to 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 said at paragraph 23:

“In my judgment, 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.”

Decision

15. The Committee were impressed with the Registrant's attitude towards the profession and learning from his misconduct. In his evidence before the Committee he demonstrated remorse and a positive attitude towards learning from the errors he made in this matter. He told the Committee he understood the way to prevent this was to 'never prescribe outside my scope' (of practise) and that he had learned 'to know my limits and to when to say no'. The Committee accepted the Registrant's evidence that he would 'always stay within my scope of practise' in future. In his statement he accepted that 'I did place the public at an unacceptable risk of potential harm' and he spoke clearly in his evidence about his learning regarding professional boundaries and saying no to any employer who asked him to prescribe out of scope.
16. This was echoed in the reflective statement and case studies that he provided to the Committee. Given this, the Committee found that the Registrant had insight. He understood why his actions were wrong, the risks they presented and why he was culpable.
17. The Committee took into account the training that the Registrant had undergone since the PH and indeed even before that. The Committee decided that this was relevant and focused training and that the Registrant had the clinical knowledge necessary to return to practise and meet the standard that was expected of him as a pharmacist. He had trained in risk to patients from anaphylaxis, weight management, NDTMS data capture, care of people who misuse drugs and alcohol, maternal anaemia, sexual and reproductive health, alcohol facts, sleep difficulties, mental health in adolescents, improving the nation's health, pain management, substance misuse. In particular, the Committee noted that CPD undertaken (which

was provided by Health Education England) addressed the issues raised by the allegations. Specifically, addressing where he had not prescribed within the scope of his practise, particularly in the area of addiction. The Registrant mentioned his intention to undertake the Advanced Clinical Practitioner Course to build and improve his knowledge and skills in prescribing.

18. Additionally, the Registrant had spent time whilst suspended, shadowing a GP prescriber which he told the Committee he found 'very helpful' and did in order to improve his knowledge of prescribing. He was given case studies to write up and reflect on by this GP. He did this and he told the Committee he found useful as they ensured he 'gained experience in different areas of prescribing'. He provided the Committee with written reflections on his learning from this experience. The Committee considered this evidenced the work done by the Registrant to improve his skills during his suspension and also demonstrated his commitment to the profession. The Committee noted that the Registrant was continuing to shadow the GP prescriber and had done so throughout December 2023.

19. The Committee also considered that the testimonials provided by the Registrant not only added weight to the Registrant's own evidence in respect of his insight, but also provided evidence that the Registrant was committed to the profession and was capable of providing a good service to the public. In particular the Committee took account of the GP prescriber's opinion. He stated that the Registrant has shown an 'exemplary commitment to learning and professional growth to the time spent' with him. He also states that in his view the Registrant cares for patient's wellbeing and has expressed genuine remorse for his mistakes.

20. In addition, the Registrant also undertook one full day per week working voluntarily in a community pharmacy throughout his suspension, which would have both helped him maintain and improve his professional skills. The pharmacist he had worked for also provided a testimonial. This again described the Registrant in very positive terms. Including describing him as 'very competent' and a 'caring individual' who is

the 'epitome of what a pharmacist should be' and 'it would be a great loss to the pharmacy profession' if he were not to be allowed to recommence his practise.

21. The Committee considered that the public interest in this matter had been met by the period of suspension already imposed and that this would have given great reassurance to the public and other members of the profession regarding the standards that are required and ought to be demonstrated by Pharmacists. In addition the Registrant's good insight and positives steps taken to enhance his skills would also provide reassurance to the public.

22. For these reasons, the Committee did not consider that the Registrant's current fitness to practise was impaired. Therefore, when the current suspension order lapses, no further order is necessary. However, the Committee do wish to emphasise to the Registrant the importance of continuing with the learning, mentoring, and maintaining a network of peer support he has undertaken and has told the Committee in evidence he will continue to undertake. This will help him build his professional confidence in order to be able to manage the demands of a professional prescribing practise in which the Registrant will have to be able to maintain his professional boundaries in what may be stressful and challenging situations.