

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

22-23 January 2024

Registrant name:	Rita Mehmi
Registration number:	5010492
Part of the register:	Pharmacy Technician
Type of Case:	Misconduct/Conviction
Committee Members:	Sarah Hamilton (Chair) Bukky Giwa (Registrant member) Carolyn Tetlow (Lay member)
Committee Secretary:	Adam Hern
Registrant:	Present and represented by Tariq Rashid
General Pharmaceutical Council:	Represented by David Sadeh, Case Presenter
Facts proved by admission:	1 and 2
Fitness to practise:	Impaired
Outcome:	Removal

This decision including any finding of facts, impairment and sanction 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 21 February 2024 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.

Particulars of Allegation

“You, a registered pharmacy technician

1. On 2 February 2022, were convicted at Walsall Magistrates’ Court of theft by an employee.

2. Between 1 August 2019 and 29 May 2020, during the course of your employment at Swanpool Pharmacy, Swanpool Medical Centre, St Marks Road, Tipton, DY4 0SZ breached patient confidentiality by storing prescriptions in the boot of your car.

By reason of matters set out above, your fitness to practise is impaired by reason of your conviction and or/ misconduct.”

Documentation

Document 1- GPhC hearing bundle (110 pages)

Document 2- GPhC skeleton argument (13 pages)

Document 3- Registrant’s bundle (22 pages)

Document 4 - Registrant’s skeleton argument (4 pages)

Witnesses

WITNESS A, Director and owner of Swanpool Pharmacy, gave evidence at the impairment stage

Mr WITNESS B, Case Manager at the GPhC - witness statement read into the record

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee of 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. A Principal Hearing has up to three stages:
 - Stage 1. Findings of Fact – the Committee determines any disputed facts.

Stage 2. Findings of statutory grounds and impairment – the Committee determines whether, on the facts as proved, a statutory ground for impairment is established and, if so, whether the Registrant’s fitness to practise is currently impaired.

Stage 3. Sanction – the Committee considers what, if any, sanction should be applied if the Registrant’s fitness to practise is found to be impaired.

Service of Notice of Hearing

6. The Committee has seen a letter dated 8 December 2023 from the Council headed “Notice of 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.

Registrant’s response to Particulars of allegation

7. The Registrant admitted the entire Allegation. In light of this, and by the application of Rule 31(6) of the Rules, the admitted factual particulars were found proved.
8. The Committee went on to consider whether the Registrant’s fitness to practise is currently impaired, which is a matter for the Committee’s judgement.

Background

9. The Registrant, Rita Mehmi (also known as Rita Mehmi Kauldhar), started working as a Pharmacy Technician at Swanpool Pharmacy (“the Pharmacy”) in July 2019. The Superintendent Pharmacist and owner of the Pharmacy is Mr WITNESS A. Within several months of the Registrant starting work at the Pharmacy, Mr WITNESS A. noticed an excess of Aviva Test strips being ordered. These are strips which diabetic patients use to test their blood sugar level. Mr WITNESS A. also noticed that his costs

at the Pharmacy had risen since the Registrant had started working for him. Mr WITNESS A. spoke to a friend about the situation at the Pharmacy and they made a “joke” that the Registrant may be selling diabetic strips from the Pharmacy on eBay. Mr WITNESS A. input the Registrant’s postcode into eBay and asked if anyone was selling diabetic test strips. A response was received from user SARB 900, which was the Registrant’s husband’s account.

10. Mr WITNESS A. asked his cousin to buy a box of these strips which he did on 3 May 2020. When the box arrived, Mr WITNESS A. noted that the batch number on the box matched the batch he had received from Lexon UK wholesalers as part of a delivery to the Pharmacy. He also recognised the handwriting on the jiffy bag from the eBay order as that of the Registrant. He reported the matter to the police and used CCTV in his Pharmacy to capture more evidence against the Registrant.
11. On 29 May 2020, Mr WITNESS A. rang the police when he had a suspicion that the Registrant was taking stock. The police officers attended and found thousands of prescriptions in the boot of the Registrant’s car, together with a box of Aviva test strips. WITNESS A. was present when this happened.
12. The Registrant was interviewed under caution on 27 February 2021 and 29 May 2021. During the initial interview, she admitted that she had sold diabetic test strips from her husband’s eBay account SARB 900, and said that these strips came from the Pharmacy’s clinical waste bin, having been returned to the Pharmacy by patients. The Registrant stated that she resold these items on less than 10 occasions as they would not be re-dispensed and she considered them to be “*rubbish*”.
13. In relation to the prescriptions, the Registrant said that she intended to take them home to sort out as she had “*a lot of workload*” that she could not get done as part of her daily duties. She had not told WITNESS A that she was doing this. She said that she then brought them back to the Pharmacy so that payment could be claimed for them.

14. During her police interview (some nine months after the police found the items in her vehicle), the Registrant denied that she had ordered any of the test strips, and repeatedly said that she simply took these from the clinical waste bins, as customers and members of the public had returned unused and unwanted boxes of strips. The box which the police found in the Registrant's car was sealed. The Registrant said that she had put the box of new test strips in her car on the day the police were called because it was cluttering up the premises and obstructing the fire exit; she said that it was simply a coincidence that these were the same test strips which she had taken from the clinical waste bins on other occasions. In her police interview the Registrant admitted taking the unwanted test strips without telling Mr WITNESS A, but said that she did not consider this to be stealing as he would already have been paid for these by his patients.

15. The Registrant initially entered a not guilty plea in the Magistrates Court on 7 December 2021 but she then changed her plea to guilty prior to the Crown Court hearing on 2 March 2022. She was convicted of one charge of theft by an employee. The basis of plea was that she stole items to the value of £10,000 from the Pharmacy and sold them on, but that they were patient returns which were unused, sealed and in date. The Registrant accepted that the items did not belong to her, and she did not have permission to take them. The Registrant accepted that the items she took from the Pharmacy amounted to theft.

16. The Registrant's case was sent to Wolverhampton Crown Court on 13 April 2022, where she was sentenced to two years imprisonment suspended for two years, 20 days of rehabilitation activity, and 90 hours of unpaid work. The Committee has seen the certificate of conviction and the Judge's sentencing remarks, where he refers to the Registrant's conduct as "*disgraceful and dishonest*".

Witness evidence

17. Mr WITNESS A gave oral evidence under oath at this hearing. He gave detailed evidence about the prescriptions which Mr Rashid did not challenge, and which the

Committee found to be reliable and credible. He said that he took a video of the contents of the Registrant's boot on the day he called the police, and recalled that there was at least one carrier bag containing thousands of prescriptions, both green FP10 prescriptions and white "token" electronic prescriptions which had been printed out. Mr WITNESS A said that when the police searched the Registrant's house they found another bag of 2,068 prescriptions, which were out of date (so he could not claim payment for them). The prescriptions contained patients' personal data including their name, address, date of birth, NHS number and the medication they had been prescribed. All of his staff, including the Registrant, had been trained that the prescriptions should never be taken "off site", away from the Pharmacy. There were Standard Operating Procedures in place covering this (Data Protection and GDPR), which the Registrant had read. She would have carried out data protection training as a Pharmacy Technician, and was also required to undertake data protection training as part of her Accredited Checking Technician ("ACT") qualification which she was studying for.

18. In her interviews with the police, the Registrant had said that she did not have time to sort through the prescriptions at work so she took them home to do this and then returned them to the Pharmacy. In her written response to the Council she said that members of staff failed to sort the prescriptions into different categories, which meant that it took longer for her to sort them out. Mr WITNESS A denied this; he said that he intentionally overstaffed the Pharmacy, and that it was part of the Registrant's job to sort out the prescriptions. He said that there were different baskets for different categories of prescriptions which the staff used. This evidence was not challenged by Mr Rashid. Mr WITNESS A accepted that the Registrant would complain to him "*about everything*", but at the same time would ask for more work so that she could get qualified as an ACT.
19. During cross-examination it was put to Mr WITNESS A that in his first witness statement given to the police on 29 May 2020 he did not raise any concerns about the prescriptions, but simply dealt with the test strips. In fact, the Committee noted that

Mr WITNESS A did give evidence in that statement regarding the prescriptions found in the boot of the Registrant's car, and that this was in breach of GDPR. Mr WITNESS A said that it was only months later that the police told him that they had found thousands more prescriptions in her home, by which time they were out of date so he could not claim payment for them.

20. In answer to questions from the Committee, Mr WITNESS A said that the Registrant was ordered to repay to him £14,000 under the Proceeds of Crime Act, which she did. He said that the Pharmacy's income only started to dip once the Registrant began working for him, and that it went back to normal after she left his employment. He said that she had access to both the cash box and the prescriptions. Mr WITNESS A also told the Committee that the police advised him that boxes of medication with patients' labels on them were also found at the Registrant's home.
21. The Registrant did not give evidence and had not submitted a written witness statement. In her basis of plea document dated 1 February 2022 she stated that all of the test trips were patient returns, for which the Pharmacy had already been paid.
22. In advance of the hearing the Registrant had submitted a defence bundle which included a Pre-Sentence Report dated 15 March 2022, prepared for the criminal proceedings. This gave background information on the Registrant. She told the probation officer that she had been under financial pressure at the time of the thefts, having taken out two personal loans totalling £23,500 without her husband's knowledge. The probation officer reported that:

"the theft involved [the Registrant] ordering excessive amounts of stock which she took to sell on her husband's ebay account...It was identified there were regular customers for large quantities of diabetic strips..."

“she started to take items of stock to sell on eBay as a method of dealing with the financial difficulties she was in. Once having started this it began to escalate...[The Registrant] started taking items of stock she knew were highly sought after and could be easily disposed of. In this way it is evident that she was fully aware of what she was doing and invested time and planning into her offending.”

Private

23. **REDACTED**

Misconduct/Conviction and Impairment

Decision on conviction

24. Having found all of the Particulars of Allegation proved, the Committee went on to consider whether these amounted to misconduct/conviction and, if so, whether the Registrant’s fitness to practise is currently impaired.
25. In relation to the conviction, the Committee had no hesitation in finding that by reason of the Registrant’s conviction for theft of goods valued at £10,000, the statutory ground is met. The Registrant breached a fundamental principle of the profession (i.e. to be honest and trustworthy). This was not an isolated incident, but repeated dishonest conduct over the course of nine months.

Decision on misconduct

26. The Committee then considered whether the Registrant's actions at Particular 2 of the Allegation, which have been found proven, constitute the statutory ground of misconduct.
27. The Committee took account of the guidance given on the meaning of 'fitness to practise' in the Council's publication "*Good decision-making*" (Revised March 2017). Paragraph 2.11 reads:
- "A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist...safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also adhering to the principles of good practice set out in your various standards, guidance and advice."*
28. The Council submitted that the taking of the prescriptions, which contained patient data such as names, addresses, NHS numbers and medical details, out of the Pharmacy, was a serious matter, would be considered to be seriously reprehensible behaviour and amounted to misconduct.
29. The case law is clear that not every failing amounts to misconduct: it has to be serious, the type of conduct that other members of the profession would regard as well below the expected standards. The Committee considers that the Registrant did not exercise professional judgement with due care and diligence when managing the confidential information. Her actions were irresponsible. She had been trained in relation to data protection, having read the Pharmacy's SOPs, and also as part of her ACT training. She had been qualified as a Pharmacy Technician for 10 years by the time of these events, so would have been well aware of her duties regarding patient confidentiality. We consider that fellow members of the profession would consider taking thousands of

prescriptions out of the Pharmacy and storing them in the boot of her car to be conduct which fell well below the standards expected of a pharmacy technician.

30. The Committee also determined that there had been a breach of the following Standards for Pharmacy Professionals:

- Standard 6 - Pharmacy professionals must behave in a professional manner
- Standard 7 - Pharmacy professionals must respect and maintain a person's confidentiality and privacy
- Standard 9 - Pharmacy professionals must demonstrate leadership

31. The Committee noted that Standard 7 states that "*Maintaining confidentiality is a vital part of the relationship between a pharmacy professional and the person seeking care. People may be reluctant to ask for care if they believe their information may not be kept confidential.*" In relation to Standard 9, the Registrant was in a senior position, only junior to the Pharmacist, and was expected to set a good example.

32. Accordingly, the Committee concluded that, in its judgement, the ground of misconduct is established in respect of Particular 2 of the Allegation.

Decision on Impairment

33. Having found that the Particulars of Allegation amounted to misconduct and conviction, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired. In doing so the Committee considered whether the particulars found proved show that the conduct of the Registrant:

- *presents an actual or potential risk to patients or to the public*
- *has brought, or might bring, the profession of pharmacy into disrepute*

- *has breached one of the fundamental principles of the profession of pharmacy*
- *means that the integrity of the registrant can no longer be relied upon*

34. Mr Sadeh submitted that the Registrant's behaviour engaged the last three of these limbs. He said that the thefts, totalling a value of £10,000 were carried out by the Registrant over a relatively long period of time (nine months), and her conduct was premeditated and sustained. It is therefore submitted that this conduct has brought the profession of pharmacy into disrepute, and it is clear that fundamental principles of the pharmacy profession have been breached. Mr Sadeh stated that the conduct suggests that there is an attitudinal failure on the Registrant's part which has not been addressed and resolved by evidence of full insight and remediation. The breach of confidentiality in respect of the prescriptions being found in the Registrant's car boot further aggravates the public interest concerns. Mr Sadeh further submitted that the Registrant's integrity can no longer be relied upon. He highlighted that there has been no evidence of remediation put forward such as CPD around ethics and probity.

35. The Committee has taken into account Section 6.8 of the *Good Decision Making: Fitness to Practise Hearings and Sanctions Guidance* which states:

“Regulators ensure that public confidence in a profession is maintained. This is a long established principle and our standards state that registrants should act with honesty and integrity to maintain public trust and confidence in the profession. There are some acts which, while not presenting a direct risk to the public, are so serious they undermine confidence in the profession as a whole. The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacists and pharmacy technicians. However, cases involving dishonesty can be complicated – committees should carefully consider the context and circumstances in which the dishonesty took place.”

36. The Committee considered whether the misconduct and theft was remediable. In relation to the issue of breach of confidentiality (Particular 2), the Committee considered that this was potentially remediable, but it is now nearly four years since the misconduct occurred, and the Registrant has not provided any evidence to show that she had remediated her failings. The Committee has not seen any evidence of training or written reflections from the Registrant, and she chose not to give evidence at this hearing. In addition, the Registrant has not supplied any character references or testimonials. The Committee has therefore concluded that there is a real risk of repetition.
37. Attitudinal issues are often said to be harder to remediate. The more serious the issue, the more difficult it may be to remediate, in particular by upholding the wider public interest. The Committee noted documents disclosed by the Registrant showing that following the thefts, Mr WITNESS A issued proceedings against her in the civil court for his losses. The Registrant filed a defence denying the amount claimed by Mr WITNESS A (£60,000) but she did admit that she owed him £8,500.00 The proceedings were subsequently struck out as Mr WITNESS A was not able to submit documentary evidence required by the Court. At this hearing Mr WITNESS A confirmed that the Registrant has repaid to him the sum of £14,000, but that was only as a result of a court order (proceeds of crime).
38. The Committee has not seen substantial evidence of remorse on the part of the Registrant. She has attended this hearing but chose not to give evidence. Although there is reference to remorse in the pre-sentence report, there is nothing in that document to show that the Registrant has ever considered the impact her actions had upon public confidence in the profession, or the impact on her fellow professionals. The probation officer did acknowledge that the Registrant felt a sense of shame, but her reflections during that process appeared to centre around the impact her actions

had on herself, her husband and the local Asian community. There was no reference to her colleagues or the public.

39. The Committee then considered the Registrant's current level of insight. There appears to have been a shifting narrative in this case. In her two police interviews, which took place many months after the theft, the Registrant repeatedly gave an account of only taking patient returned test strips. The basis of her plea was also that she only stole the test strips that had been returned from patients, and that the Pharmacy had already received payment for these items. By the time of her Pre-Sentence Report a month later, she appears to have admitted that, in fact, she was ordering items specifically into the Pharmacy which she knew she could easily sell on eBay. The report from the probation officer is dated March 2022, almost two years ago, and there is no updated information or evidence from the Registrant since that time to assess her level of insight today.

40. The Registrant's conduct was not trustworthy, and nor did she act with honesty and integrity. She continued to steal from the Pharmacy for nine months. Her probation officer considered that she was at a 20% risk of committing a further criminal offence (referred to as a low risk). This Committee is not persuaded that the Registrant's level of insight is such that there is a low risk of repetition. There is no evidence of remediation or insight, beyond repaying her proceeds of crime pursuant to a court order. The Registrant still faces stress in her private life. She has shown that she was prepared to repeatedly break the law to steal from her employer due to her financial and personal difficulties. This was not a momentary lapse of judgement, but a deliberate intent to steal over a prolonged period of time. The Registrant always knew that what she was doing was wrong. The Committee is not persuaded that the Registrant has fully rehabilitated, and has concluded that she may be prepared to put her financial interests before her professional responsibilities when faced with difficult circumstances in the future.

41. For these reasons the Committee is not satisfied that the Registrant's integrity can be relied upon at this time and has concluded that a risk of repetition remains. If the conduct was to be repeated, this would cause harm to others. Mr WITNESS A stated that he has suffered significant financial and psychological harm. If the conduct were to be repeated, public confidence in the profession would be seriously damaged.
42. The Committee also considered that this conduct was so serious that the wider public interest (i.e. maintaining public confidence and upholding professional standards) requires a finding of impairment. This is necessary to mark the seriousness of what has occurred and thereby maintain public confidence and promote professional standards by making clear to other professionals what is expected and deterring other professionals from failing to meet standards.
43. The Committee therefore finds the Registrant's current fitness to practise to be impaired.

Decision on Sanction

44. Having found impairment, the Committee went on to consider the matter of sanction. The Committee's powers are set out in Article 54(2) of the Order. The Committee should consider the available sanctions in ascending order from least restrictive, take no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate sanction that meets the circumstances of the case.
45. The purpose of the sanction is not to be punitive, although a sanction may in fact have a punitive effect. The purpose of the sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence

and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.

46. The Committee had regard to the Council's *'Good decision making: Fitness to practise hearings and sanctions guidance'* to inform its decision.
47. The Committee took into account the submissions made by Mr Sadeh and Mr Rashid.
48. Mr Sadeh referred to the case of *Law Society v Brendan John Salsbury [2008] EWCA Civ 1285* where it was held that the statement of the principle relating to sanction for professional misconduct set out in *Bolton v Law Society (1994) 1 WLR 512 CA (Civ Div)* remains good law. In the case of *Bolton*, it was held that:

"The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price".
49. Mr Sadeh also referred to the case of *Council for the Regulation of Healthcare Professionals v (1) General Dental Council (2) Alexander Fleischmann [2005] EWHC 87 (admin)*, where Newman J stated that *"as a matter of general principle, where a Registrant had been convicted of a serious criminal offence, he should not be permitted to resume his practice until he had satisfactorily completed his sentence"*.
50. The Council submitted that taking into consideration the case of *Fleischmann*, it would not be in the public interest to allow the Registrant to practise without properly completing her sentence and to allow otherwise would not meet the overarching objectives of the Regulator (the Registrant's suspended sentence finishes in April 2024). The Council submitted that in light of the seriousness of the conduct in this case, removal from the register would be the appropriate and proportionate sanction.

51. Mr Rashid relied on his written submissions, which stated that the Registrant had been punished in the criminal proceedings and undertaken rehabilitation as part of the overall sentencing. He also referred the Committee to the personal mitigation and remorse referred to in the pre-sentence report. He submitted that the sanction of removal would be unjust, harsh and disproportionate when taking into account the full facts of the case and the Registrant's personal circumstances at the time when the offence took place.

Decision on sanction

52. The Committee first considered what, if any, aggravating and mitigating factors there may be.
53. The Committee identified the following aggravating factors:
- a. The theft took place on multiple occasions over an extended period of time (at least nine months).
 - b. The Registrant's actions were premeditated. Mr WITNESS A gave evidence that the Registrant would order the test strips into the Pharmacy on days that she knew he would not be in attendance.
 - c. The basis of plea was theft of goods valued at £10,000 (although the Registrant was subsequently ordered to repay £14,000 under the Proceeds of Crime Act.)
 - d. The theft had an impact on Mr WITNESS A, both financially and emotionally. He had to take out loans to keep his business afloat.
 - e. There were thousands of prescriptions found in the boot of the Registrant's car.
 - f. The Registrant denied any wrongdoing during the course of her two police interviews, (the first of which was nine months after her arrest), maintaining that the test strips were patient returns and she only took 10-11 boxes (an

eBay customer confirmed to the police that she had ordered around 1,000 boxes). The Registrant did not plead guilty until she was sent to the Crown Court.

- g. The Registrant, as a technician, was in a position of responsibility at the Pharmacy and abused the trust placed in her by Mr WITNESS A.
- h. The Registrant has not provided evidence of remediation to this Committee, or demonstrated insight into how her conduct impacted her colleagues and the public.

54. The Committee identified the following mitigating features:

- a. The Registrant has repaid £14,000 to Mr WITNESS A under the Proceeds of Crime direction and has completed her unpaid work requirement.
- b. The Registrant had experienced distressing difficulties in her personal and homelife.
- c. The Registrant wrote a letter of apology to Mr WITNESS A.
- d. The Registrant does not have any previous fitness to practise history.

55. The Council's *Good decision making guidance* contains particular guidance in cases involving dishonesty. Paragraph 6.8 states:

“Regulators ensure that public confidence in a profession is maintained. This is a long established principle and our standards state that registrants should act with honesty and integrity to maintain public trust and confidence in the profession. There are some acts which, while not presenting a direct risk to the public, are so serious they undermine confidence in the profession as a whole. The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacists and pharmacy technicians. However, cases involving dishonesty can be complicated – committees should carefully consider the context and circumstances in which the

dishonesty took place. Therefore, although serious, there is not a presumption of removal in all cases involving dishonesty.”

56. In addition, paragraph 6.9 states:

“Some acts of dishonesty are so serious that the committee should consider removal as the only proportionate and appropriate sanction. This includes allegations that involve intentionally defrauding the NHS or an employer, falsifying patient records, or dishonesty in clinical drug trials”.

57. In this case, the Registrant was intentionally defrauding her employer by stealing the test strips from work to sell on eBay.

58. The Committee considered the available sanctions in ascending order. It considered that taking no action, or issuing a warning would be inappropriate. The misconduct and conviction are too serious for such sanctions, as they would not mark the public interest sufficiently.

59. As far as conditions are concerned, the Committee considered that these are not appropriate in a case where there are attitudinal failings such as dishonesty. In any event the Committee considered that the conviction in particular is too serious for this level of sanction, and in accordance with *Fleischmann*, the Registrant should not be permitted to return to practice whilst her suspended sentence is still “live”.

60. The Committee therefore moved on to the next sanction in order of severity, namely suspension. When considering this sanction the Committee took into account the *Good decision making guidance*, which states that suspension may be appropriate where *“The committee considers that a warning or conditions are insufficient to deal with any risk to patient safety or to protect the public, or would undermine public*

confidence. It may be required when necessary to highlight to the profession and the public that the conduct of the registrant is unacceptable and unbefitting a member of the pharmacy profession. Also when public confidence in the profession demands no lesser sanction.” The Committee has not ruled that the Registrant presents a risk to the public, but has decided that the Registrant’s conduct was very serious, and the aggravating features heavily outweigh the mitigating factors.

61. The Committee was also concerned that it is now coming up to four years since the conduct took place, and the Registrant has still not provided any evidence of remediation (other than repaying Mr WITNESS A in accordance with the court order), or evidence of insight. She has not undertaken any training or reflections on steps she would take to ensure that she would not repeat her wrongdoing.
62. The Committee therefore looked at the last sanction available, removal from the register. The *good decision making guidance* states that *“Removing a registrant’s registration is reserved for the most serious conduct...The committee should consider this sanction when the registrant’s behaviour is fundamentally incompatible with being a registered professional.”*
63. The Committee has concluded that taking into account the seriousness of the conduct, and the lack of insight and remediation, removal from the register is required in this case. The conduct is incompatible with ongoing registration. This is also necessary in order to maintain public confidence in the profession, and this regulatory process.
64. The Committee accepts that this decision will have adverse consequences for the Registrant, who will not be permitted to practise in her chosen field. However, the Committee is entitled to give greater weight to the public interest.

65. The Committee therefore directs that the Registrant's name be removed from the register.

Decision on Interim Measures

66. The Committee's substantive decision will not take effect until 28 days after notice of this decision has been sent to the Registrant, or until any appeal has been finally disposed of.
67. Mr Sadeh made an application for a suspension order to be imposed to cover that period, on the grounds that this was necessary to protect the public and was otherwise in the public interest.
68. The Committee took account of the Council's guidance of March 2017, which states that interim measures can be imposed on the grounds that they are necessary to protect the public, and/or are otherwise in the public interest, and/or are in the interests of the Registrant.
69. Mr Rashid said that he took a neutral stance.
70. The Committee decided to impose an interim suspension order. The Committee recognised that the power to impose interim measures is discretionary and that the imposition of such measures is not an automatic outcome of fitness to practise proceedings in which a striking off order has been imposed. The Committee took into consideration the impact such measures may have on the Registrant (although Mr Rashid confirmed that she is currently not working as she has caring responsibilities). However, the Committee was mindful of its findings regarding lack of insight and remediation, and the risk of repetition. In the circumstances, it considered that not to impose interim measures would be inconsistent with its finding that a substantive striking off order is required. Public confidence in the profession and the regulatory process would be harmed if the Registrant were not made subject to an interim order during the appeal period.
71. The Committee therefore directs that the interim measure of suspension is put in place, as this is otherwise in the public interest. The measures will expire (if no appeal is made against the substantive decision) upon the expiry of the period during which such an appeal could be made. If an appeal is made, the measures will expire upon the final determination of that appeal.

72. This concludes the determination.