

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

22-24 May 2024

Registrant name: Muhammad Qasim Ali Manzoor
Registration number: 2203578
Part of the register: Pharmacist
Type of Case: Misconduct

Committee Members:

Andrew Lewis (Chair)
Raj Parekh (Registrant member)
Tanya Kynaston (Lay member)

Committee Secretary: Gemma Staplehurst & Zainab Mohamad

Registrant: Not present and not represented

General Pharmaceutical Council: Represented by Yesim Hall, Case Presenter

Facts proved: All

Fitness to practise: Impaired

Outcome: Removal

Interim measures: Interim Suspension imposed

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 25 June 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 (as amended)

You, a registered pharmacist

1. *Engaged in conversation by text message with Pharmacist 1 on one or more of the dates below in which you indicated you could supply him with Codeine Linctus and/or Phenergan:*
 - a. *27 January 2017*
 - b. *between 1-3 October 2018*
 - c. *between 16 October 2018 -17 October 2018*
 - d. *between 10 March 2020 -11 March 2020*
2. *On or around one or more of the dates referred to Allegation 1, supplied Phenergan and/or Codeine Linctus to Pharmacist 1.*
3. *You supplied or offered to supply Phenergan and/or Codeine Linctus to Pharmacist 1 on or around one or more of the dates referred to in Allegation 1 without clinical need and/or in circumstances in which you knew or believed they would, or would likely to be, abused or misused.*

Documentation

Exhibit 1- GPhC hearing bundle (124 pages)

Exhibit 2- GPhC skeleton argument (16 pages)

Exhibit 3 "Proceeding in Absence Bundle" 18 pages

Exhibit 4 Proof of Service Bundle 2 pages

Witnesses

1. Witness A - gave evidence at facts stage
2. Witness B, Casework Manager for the Council - gave evidence at facts stage
3. Witness C, Registrations Officer for the Council- gave evidence at facts stage
4. Witness D, Inspection Operations Manager for the Council- gave evidence at facts stage

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 outcomes guidance* as revised March 2024.
5. A Principal Hearing has up to three stages:
 - Stage 1. Findings of Fact – the Committee determines any disputed facts.
 - Stage 2. Findings of ground(s) of impairment 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 and proceeding in the absence of the Registrant

6. The Registrant was not in attendance at this hearing, nor was anyone attending on his behalf. The Committee heard submissions on behalf of the Council that the hearing should proceed in the absence of the Registrant, in accordance with Rule 25 of the Rules.
7. The Committee considered first whether notice of the hearing had been properly served on the Registrant in accordance with the Rules.

Service of Notice of Hearing

8. The Committee has seen the following:
 - a. A letter dated 19 April from the Council headed 'Notice of Hearing' addressed to the Registrant. The Committee is satisfied that the document contains all the information required by Rule 16 of the Rules;
 - b. Documentary evidence that the Notice of Hearing was sent to the email address held by the Council for the Registrant on 19 April 2024 at 16.27;
 - c. Documentary evidence that the Councils draft bundle of evidence, final bundle of evidence and skeleton argument were sent to the Registrant by secure email on 3 and 10 May 2024;
 - d. A letter dated 14 May 2024 sent by the Council to the Registrant by special delivery to the postal address held for him by the Council and documentary evidence that this was delivered on 17 May 2024;
 - e. In light of these documents, 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

9. The Committee then considered whether it should proceed in the absence of the Registrant.
10. Ms Hall drew the Committee's attention to the relevant law, set out below, and submitted that the Committee should proceed in the absence of the Registrant because it was clear that he had voluntarily absented himself from the hearing and had not made an application for an adjournment, despite being informed by the Council that the hearing could proceed in his absence if he did not attend the hearing. She submitted that, in those circumstances, there was no reason to believe that an adjournment would secure the Registrant's attendance on another date. She reminded the Committee that the Council had secured the attendance of witnesses and submitted that there was a public interest in this matter proceeding without further delay.
11. Ms Hall also drew the Committee's attention to an email exchange between the Council and the Registrant in March 2024. This included an email from the Council dated 29 February informing the Registrant that the provisional dates for his hearing were 22 to 24 May 2024, and a reply from the Registrant sent from the same address to which notice of hearing was subsequently sent saying "the dates work fine with me. I will also send the completed questionnaire back to you early next week."
12. The Committee saw that there had been no further communication from the Registrant, nor had he responded to a telephone message left for him by Ms Hall yesterday.
13. The Committee had regard to Rule 25 of the Rules which provides:
25. Where the person concerned is neither present nor represented at any hearing and the Committee is satisfied that—

a) service of the Notice of Hearing or the Interim Order Notice has been properly effected; or

(b) all reasonable efforts have been made to serve the person concerned with the Notice of Hearing or the Interim Order Notice,

the Committee may nevertheless proceed to consider and determine the matter or Allegation.

14. The Committee also had regard to, the decision of the *House of Lords in R v Jones [2002] UKHL 5* and the further guidance given to Committees by the Court of Appeal in *GMC v Adeogba [2016] EWCA Civ 162*. These include the following:

- The discretion to continue in the absence of the Registrant should be exercised with great caution and with close regard to the fairness of the proceedings;
- The decision about whether or not to proceed must be guided by the Council's primary objective of protecting the public;
- Fairness to the Registrant is very important, but so is fairness to the Council and the public;
- Whether all reasonable efforts have been taken to serve the Registrant with notice;
- The Committee should consider the nature of the Registrant's absence and in particular whether it was voluntary;
- Whether there is any reason to believe the Registrant would attend or make submissions at a subsequent hearing;
- Any disadvantage to the Registrant in not attending;
- The duty of professionals to engage with their regulator;
- There must be an end to the adjournment culture.

15. The Committee had particular regard to the following directions given by the Court of Appeal in GMC v Adeogba:

- The responsibility of a regulator, *“... is very simple. It is to communicate with the practitioner at the address he has provided; neither more nor less. It is the practitioner’s obligation to ensure that the address is up to date.”*
- there is a burden on (medical) practitioners, as there is with all professionals subject to a regulatory regime, to engage with the regulator, both in relation to the investigation and ultimate resolution of Allegations made against them.
- *“Where there is good reason not to proceed, the case should be adjourned; where there is not, however, it is only right that it should proceed.”*

16. The Committee decided to proceed in the absence of the Registrant for the following reasons:

- a. The Committee is satisfied that the Registrant has been served with Notice and all relevant documentation both by email and post but has not responded to the notice;
- b. The Registrant has written to the Council from the email address to which the notice and documentation was sent indicating that the dates of the hearing were acceptable to him;
- c. The Committee has seen that the Registrant engaged with the Council when his case was before the Investigating Committee and again when dates were suggested in March 2024 but there has been no contact with him since then.
- d. The Committee was satisfied that he had disengaged from the regulatory process despite emails, letters delivered to his address and messages left on his telephone.
- e. There was no information to suggest an adjournment would result in the Registrant’s attendance in future;

- f. The Committee acknowledged that there was a potential disadvantage to the Registrant in proceeding in his absence but balanced that against the reason for his absence and the public interest in dealing with this case within a reasonable time. The Committee is satisfied that there are serious public protection issues to be resolved and witnesses have arranged to attend.
17. Ms. Hall applied to the Committee to amend the particulars of Allegation. She submitted that these amendments were necessary to reflect the evidence and could be made without injustice first because they made no material difference to the Allegation faced by the Registrant and secondly because the Registrant had been notified in advance of the hearing by service of the Council statement of case and skeleton argument sent to him both by email and special delivery letter, received by him on 17 May 2024, following email on 3 and 10 May 2024.
18. Ms Hall drew the Committee's attention to Rule 41 of the Rules which provides;
- (1) At a principal hearing, at any stage before making its findings of fact, the Committee may of its own motion or following an application of one of the parties, amend the particulars of the Allegation set out in the Notice of Hearing, unless it is of the view that the required amendment would prejudice the fairness of the proceedings.*
- (2) Before making any amendment under paragraph (1), the Committee must consider-*
- (a) any representations from the parties under parties (where present); and...*
19. The Committee was satisfied that the amendments did not change the substance of the Allegation but simply clarified them and notification had been sent to the Registrant sufficiently in advance of the hearing for him to respond if he had any concerns. The Committee also noted a statement (itself undated) which the Registrant had supplied to the Investigating Committee in September 2023 and in which he had not raised any defence which would be prejudiced by an amendment but had made broad admissions to the Allegation.
20. All the circumstances, the Committee was satisfied that the proposed amendments could be made without any prejudice to the Registrant having regard to the limited

nature of the amendments and the extent to which he had been given notice of them.

21. Accordingly, the Committee allowed the proposed amendments.

How evidence would be received in the hearing

22. The Committee then heard submissions from Ms Hall about the way it should receive the evidence of the four witnesses set out above. Ms Hall told the Committee that she had questions only for Witness A and the Committee was satisfied it had no questions for any of the witnesses.

23. The Committee had regard to rule 24 which provides that:

24.—(1) All questions of admissibility of evidence and law before the Committee are to be decided by the Committee (after having obtained the advice of the legal adviser, where appropriate).

(2) Subject only to the requirements of relevance and fairness, the Committee may receive—

(a) subject to paragraph (3), any documentary evidence; and

(b) where a hearing is held, any oral evidence,

whether or not such evidence would be admissible in any subsequent civil proceedings if the decision of the Committee were appealed to the relevant court.

- (3) Where a party wishes to adduce a witness statement, the Committee may only receive such evidence if the statement
 - a. Contains an attestation, in a format acceptable to the Committee, that the statement is true; and
 - b. Is signed by the person making it.

24. The Committee decided that it would receive evidence in the following way:

- a. Witness A would attend to give evidence and adopt his written statement as his evidence in chief before answering questions from Ms Hall;

- b. The other witnesses listed above would not attend but their written statements would stand as their evidence except that the Committee would not take into

account paragraphs 4 to 15 of Mr Paschalides' statement because the matters set out in those paragraphs were not relevant to the matters the Committee had to decide.

Background

25. The Registrant is a pharmacist, first registered with the General Pharmaceutical Council ("the Council") on 15 August 2015. During the period covered by the Allegation he was employed by pharmacy known as Blakeberry's pharmacy in London.
26. On 21 April 2021 Witness A reported to the Council that he had concerns about the activities of the Registrant. He had been investigating another pharmacist, known in these proceedings as Pharmacist 1, whom he suspected of stealing and selling drugs from his pharmacy, in particular codeine linctus and Phenergan.
27. When examining pharmacist 1's telephone, he had discovered a large number of messages between pharmacist 1 and somebody recorded as Qasim, in which they appeared to discuss the supply of these drugs by Qasim to Pharmacist 1.
28. Further enquiries led him to believe that the person recorded as Qasim was the Registrant.

The evidence received by the Committee

29. Before turning to each particular of the Allegation, the Committee records that it received a body of evidence relevant to all three particulars of the Allegation.
30. First, it saw a significant number of text messages recovered from Pharmacist 1's mobile telephone. It noted in particular those between the "Qasim" and Pharmacist 1, and it refers to them when dealing with each Particular of the Allegation.
31. It saw the evidence of Witness A who recorded the telephone number recorded as Qasim on Pharmacist 1's telephone and the evidence of Witness C that this is the mobile telephone number held for the Registrant by the Council. It also saw the

evidence from Witness A that the Registrant and Pharmacist 1 graduated from the same university in the same year and month.

32. It also received the following evidence about codeine and Phenergan from Witness A and the way in which they are mixed together to form a drug known as “Lean” or Purple drank”.

“Lean also known as purple drank is the combination of codeine (usually in the form of cough syrup such as codeine linctus) and an antihistamine (as can be found in phenergan elixir) is part of the process of making what is commonly known as a 'legal high.' The combination of the two mixed can be prosecuted under the psychoactive substances act but separately codeine falls under regular misuse of drugs legislation as it is a class B drug. Phenergan is not a prohibited item under law. Codeine linctus is also known as a 'P' medicine which means that a potential buyer, in an official setting, would have to speak with the pharmacist first prior to purchase and one cannot simply pick it off the shelf and purchase it without such a meeting. The combination of the products mentioned above has various names such as Purple Drank, Lean and Sizzurp. It is believed the drug originated in America and it is popular typically with the middle teens to mid 20 year olds.”

33. The Committee also noted the evidence of Witness A that Phenergan is a trade name for promethazine.

34. The Committee also received the following evidence from Witness D:

“Codeine linctus is known to be liable to misuse, abuse and overuse and can cause addiction. The patient information leaflet / bottle for the Codeine Linctus BP by Thornton & Ross Ltd product contains the wording “Can cause addiction. Contains Opioid.”

“As long as I have been in the practice of pharmacy, as a pharmacy student working in a pharmacy, as a pre-registration trainee, and as a pharmacist, for the last 25 years, it has been well known amongst pharmacists and pharmacy staff that codeine linctus is a product that (amongst others) can be misused, abused and overused. For this reason, many pharmacies choose not to stock it at all, and those

that do sell it would be expected to take reasonable care to ensure that it is being used appropriately and responsibly. There are many other safer alternatives available which do not cause addiction and cannot be misused or abused in order to obtain a high. Many of the large chains of pharmacies do not stock this at all at their medicines' counters because of the known risks."

35. Turning to the individual Particulars of the Allegation the Committee's attention was drawn to the following text messages downloaded from Pharmacist 1's telephone, noted under the relevant particular:

1. Engaged in conversation by text message with Pharmacist 1 on one or more of the dates below in which you indicated you could supply him with Codeine Linctus and/or Phenergan:

a. 27 January 2017

[Pharmacist 1] -27.01.2017 -u gunna drop the prometh to me today or tomo.

[Registrant] – 27.01.2017 -I'll grab them tomorrow for you bro

b. between 1-3 October 2018

[Pharmacist 1] -02/10/2018 - Can you get 20 bottles by Friday

[Pharmacist 1] alongside the Phenergan if possible?

[Qasim] – 02/10/2018 – Yeah sorted. 20 of each?

[Pharmacist 1] -02/10/2018 -When you get the stock again g?

[Qasim] -02/10/2018 -Tomorrow evening

c. between 16 October 2018 -17 October 2018

[Pharmacist 1] -16/10/2018 -Do you think you can get pheng bottles for me again?

[Qasim] -16/10/2018 -Yeah can do next week

[Pharmacist 1] -16/10/2018 -You reckon 20 bottles again?

[Qasim] -17/10/2018 -Yeah can do

d. between 10 March 2020 -11 March 2020

[Pharmacist 1] -10/03/2020 -Order Lean if you can, [REDACTED] wants a set too

[Qasim] -10/03/2020 -Ok

[Pharmacist 1] -11/03/2020 -What time shall I grab the stuff?

[Qasim] -11/03/2020 -Come anytime between 3 and 5:30

2. On or around one or more of the dates referred to Allegation 1, **supplied** Phenergan and/or Codeine Linctus to Pharmacist 1.

[Pharmacist 1] -02/10/2018 - Can you get 20 bottles by Friday

[Pharmacist 1] alongside the Phenergan if possible?

[Qasim] – 02/10/2018 – Yeah sorted. 20 of each?

[Pharmacist 1] -02/10/2018 -When you get the stock again g?

[Qasim] -02/10/2018 -Tomorrow evening

a. between 16 October 2018 -17 October 2018

[Pharmacist 1] -16/10/2018 -Do you think you can get pheng bottles for me again?

[Qasim] -16/10/2018 -Yeah can do next week

[Pharmacist 1] -16/10/2018 -You reckon 20 bottles again?

[Qasim] -17/10/2018 -Yeah can do

And:

[Pharmacist 1] -10/03/2020 -Order Lean if you can, [REDACTED] wants a set too

[Qasim] -10/03/2020 -Ok

[Pharmacist 1] -11/03/2020 -What time shall I grab the stuff?

[Qasim] -11/03/2020 - Come anytime between 3 and 5:30

36. The Committee also noted a statement sent by the Registrant in or around September 2023 and put before the investigating Committee. The Committee was satisfied that the relevant passages at this stage are as follows:

“I am writing to extend my sincere apologies for my recent actions that have fallen short of the professional standards expected of me. It has come to my attention that I sold something to another pharmacist, a friend, in a manner that compromised the integrity of the standards and trust placed in me.

I would like to explain the situation that led to my actions. A close friend, another pharmacist, approached me seeking over-the-counter medications to purchase, and I, without proper consideration, agreed to sell them the items in question. In doing so, I failed to uphold the standards that are vital to the GPhC. This was a clear breach of trust, and I acknowledge the gravity of my mistake.”

Submissions

37. Ms Hall reminded the Committee that the burden of proving each Particular of the Allegation rested upon the Council and that the standard of proof was the “balance of probabilities”. She submitted that the evidence of Witness A and Witness C established that the text messages recorded on Pharmacist 1’s telephone as from Qasim were sent by the Registrant.
38. Ms Hall acknowledged that there was no direct evidence that the Registrant had supplied drugs to Pharmacist 1 but submitted that the Committee should draw an inference from the language used and in particular the questions from Pharmacist 1 asking if the Registrant could obtain drugs for him “again”, and the Registrant’s replies.

39. She also drew the Committees attention to the evidence set out above that about the nature of the drugs in this case and the evidence of their use in combination as a drug of abuse.

The Committee's approach

40. The Committee reminded itself of the burden and standard of proof. It also bore in mind that it must not speculate but could draw inferences from the facts it has found proved. The Committee reminded itself that it should draw no adverse inference from the absence of the Registrant and the fact that he had not given evidence to the Committee. It did have regard to the statement he had put before the investigating Committee, although it approached it with caution because it could not be confident of the wording of the Allegation he was responding to, albeit that it must have been clear to the Registrant it related to his text messages to Pharmacist 1 and the Allegation that he had offered to supply and supplied him with the drugs referred to above.
41. The Committee accepted the evidence that the messages found on Pharmacist 1's telephone from Qasim were sent by the Registrant. The telephone number from which the messages were sent is the number held for the Registrant by the Council. The Committee also noted that the Registrant effectively admitted his involvement in his statement referred to above.
42. The Committee also accepted the evidence set out above about the nature of the drugs referred to in the Allegation and the evidence that Promethazine is another name for Phenergan.

Particular 1

5. *Engaged in conversation by text message with Pharmacist 1 on **one or more of the dates below in which you indicated you could supply him with Codeine Linctus and/or Engaged in conversation by text message with Pharmacist 1 on **one or more of the dates below in which you indicated you could supply him with Codeine Linctus and/or Phenergan:*****

- a* 27 January 2017
- b* *between* 1-3 October 2018
- c* *between* 16 October 2018 -17 October 2018
- d* *between* 10 March 2020 -11 March 2020

Found Proved

43. The Committee read the text messages set out above under the heading Particular 1. It saw that the messages were divided into the four date periods set out above. It noted requests for 2 sorts of drugs by Pharmacist 1 with replies by the Registrant that he would supply them. The Committee noted that the explicit requests were for Phenergan but in the context of the conversation, the Committee is satisfied that the other drug was more likely than not to be Codeine Linctus because it was the other ingredient of “Lean”, which is referred to in the messages.

44. For those reasons, the Committee found Particular 1 a-d proved.

Particular 2

On or around one or more of the dates referred to Allegation 1, supplied Phenergan and/or Codeine Linctus to Pharmacist 1.

Found Proved

45. The Committee read the text messages set out under particular 2 above. It noted the requests for “Pheng”, which it accepted meant Phenergan, and “Lean”. For the same reasons set out above, it concluded that the second drug being requested was Codeine Linctus.

46. The Committee acknowledged that there was no direct evidence that a supply of drugs had taken place. Nevertheless, it noted the references to “get pheng bottles for me again” “20 bottles again” and the request by the Registrant that Pharmacist 1 “come anytime between 3 and 5.30.” and concluded that the references obtaining drugs “again” and the arrangement to meet demonstrated that supplies had taken place during the period covered by the Allegation.
47. For those reasons the Committee found Particular 2 proved.

Particular 3

*You supplied or offered to supply Phenergan and/or Codeine Linctus to Pharmacist 1 **on or around** one or more of the dates referred to in Allegation 1 without clinical need and/or in circumstances in which you knew or believed they would, or would likely to be, abused or misused.*

Found proved

48. Having found that the Registrant had supplied or offered to supply Phenergan and/or Codeine Linctus to Pharmacist 1 on or around one or more of the dates referred to in Allegation 1, the Committee went on to decide whether the Registrant had done so without clinical need and or in circumstances where he knew or believed the drugs would be abused or misused.
49. The Committee reread the text messages referred to above and noted the following matters:
- a. That there were a number of references not only to the individual drugs, Phenergan and Codeine Linctus but also to “Lean”;
 - b. The Registrant never made any enquiry as to the use of the drugs he was asked to supply or asked about any clinical indication for their use;
 - c. The messages contain a number of references to other people wanting some of the drugs being supplied;

- d. The quantities supplied, including 2 orders of 20 bottles within 2 weeks of one another;
 - e. The informal nature of the messages, which is, in the Committee's view, incompatible with supply for professional purposes.
50. The Committee also accepted the evidence referred to above that Lean is a recreational drug and that codeine linctus is a drug well known by pharmacists to be a drug that can be misused and abused.
51. The Committee also found that the Registrant's statement to the investigating Committee was consistent with him having knowingly supplied drugs for misuse.
52. Taking all those matters together the Committee is satisfied that the Registrant knew that the drugs he was supplying to Pharmacist 1 were very likely to be abused.
53. *For those reasons, the Committee found Particular 3 of the Allegation proved.*

Misconduct and Impairment

54. Having found proved the Particulars of Allegation set out above, the Committee went on to consider whether the Particulars found proved amounted to misconduct that is serious and, if so, whether the Registrant's fitness to practise is currently impaired.
55. The Committee heard no further evidence but heard the submissions of Ms Hall who drew upon her helpful skeleton argument. She reminded the Committee that the second stage is itself a two-stage process in which the Committee must decide whether the matters found proved amount to misconduct that is serious, and if so, whether the Registrant's fitness to practice is currently impaired by reason of that misconduct.
56. Ms Hall also reminded the Committee that misconduct and impairment are a matter for the Committee's judgement and there is no burden of proof on either party.

57. With regard to misconduct, Ms Hall drew the Committee's attention to the case of Remedy UK Ltd v General Medical Council [2010] EWHC 1245 (Admin) in which the Court reviewed a number of authorities in relation to misconduct and derived the following principles:

“Misconduct is of two principal kinds. It may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outside the course of professional practice it, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession.

Misconduct within the first limb need not arise in the context of a doctor exercising his clinical practice, but it must be in the exercise of the doctor's medical calling. There is no single or simple test for defining when that condition is satisfied.

Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession of medicine into disrepute. It matters not whether such conduct is directly related to the exercise of professional skill”.

58. She submitted that the matters proved against the Registrant amounted to misconduct with elements of both kind because his contact was not directly related to his work as a pharmacist but was facilitated by the access to medicines which his profession gave him.
59. Ms Hall submitted that the Registrant's conduct breached the following standards of the Council's Standards for pharmacy professionals May 2017 (“the Standards”):
- a. Standard 5: pharmacy professionals must use their professional judgement.
 - b. Standard 6: pharmacy professionals must behave in a professional manner.
 - c. Standard 9: pharmacy professionals must demonstrate leadership.

60. She submitted that members of the public and fellow members of the profession would regard the Registrant's conduct to be seriously reprehensible and fall below the required standards and amounted to serious misconduct.

61. Turning to impairment, Ms Hall reminded the Committee of Rule 5(2) of the Rules, which provides:

"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."

62. Ms Hall also drew the Committee's attention to the guidance given by in Meadow v General Medical Council [2006] EWCA Civ 1390 [2007] 1 QB 462:

"In short, the purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. 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".

22. In my judgment 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 practise 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 practise medicine without restrictions, or maybe not 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 practise is not impaired, despite the misconduct”.

63. Ms Hall reminded the Committee that it was concerned with current impairment so that it is always relevant to consider the question of remediation and drew the Committee’s attention to Cohen v General Medical Council [2008] EWHC 581 (Admin) at para 65:

“It must be highly relevant in determining if a doctor’s fitness to practise is impaired that first his or her conduct that led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.”

64. Ms Hall also reminded the Committee of having regard to the wider public interest and reminded the Committee of the decision of Mrs Justice Cox in CHRE v NMC and Grant [2011] EWHC 927 (Admin) where Mrs Justice Cox noted (at Para 74):

*“In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should generally consider not **only** whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”*

65. Ms Hall submitted that limbs a-c of Rule 5(2) were engaged and submitted that the Registrant’s fitness to practice is impaired both because of the risk he currently presents of causing harm to the public, bringing the profession into disrepute and breaching fundamental principles of the profession and also because a finding of impairment is necessary to uphold public confidence in the profession and maintain standards of conduct for the profession.

Decision on misconduct

66. When considering whether the Particulars found proved amounted to misconduct the Committee took into account the *Good Decision making guidance - Fitness to Practice hearings and outcomes Guidance 2024 (The Guidance)*
67. The Committee considered whether the Registrant had breached any of the Council's Standards for Pharmacy Professionals (May 2017).
68. With regard to the breaches of Standards, the Committee agreed with Ms Hall's submissions that the Registrant was in breach of the following standards:
 - a. Standard 5: pharmacy professionals must use their professional judgement.
 - b. Standard 6: pharmacy professionals must behave in a professional manner.
 - c. Standard 9: pharmacy professionals must demonstrate leadership.
69. With regard to Standard 5, the Committee reminded itself this includes making the care of others a pharmacist's first concern and was satisfied that the Registrant breached this standard by facilitating the supply of drugs he knew would likely to be abused and so put people at risk of addiction and other harm.
70. With regard to Standard 6, the Committee is satisfied that the Registrant did not behave in a professional manner when he assisted the supply of drugs outside a clinical setting in circumstances where he knew they would likely to be abused and he did not maintain appropriate professional boundaries when he assisted Pharmacist 1 to supply those drugs.
71. With regard to Standard 9, the Committee reminded itself that this standard includes doing everything a pharmacist can to keep the risks to service users as low as possible, not abusing their position and leading by example. The Committee is satisfied that the Registrant's conduct fell far below those standards when he abused the position of trust he occupied as a pharmacist to facilitate the supply of "recreational" drugs in the way described above.

72. The Committee reminded itself that a breach of the standards does not automatically result in a finding of misconduct. Nevertheless, the Committee is satisfied that in the circumstances of this case, both members of the public and fellow professionals would regard the Registrant's conduct as reprehensible, and the course of conduct particularised in the allegation amounted to misconduct that is serious.

Decision on Impairment

73. Having found that the Particulars of Allegation amounted to serious misconduct, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired. In doing so the Committee had regard to Rule5(2) of the Rules and 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*

74. The Committee also took account of the guidance given to the meaning of 'fitness to practise' in the Guidance, in which paragraph 2.12 provides: *A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist or pharmacy technician safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also keeping to the principles of good practice set out in our various standards, guidance and advice.*

75. That Guidance also reminds the Committee to take into account the matters set out in rule 5(2) and adds that, the Committee should also consider whether:

- the conduct which led to the complaint is able to be addressed

- the conduct which led to the complaint has been addressed
- the conduct which led to the complaint is likely to be repeated
- a finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession.

76. The Committee reminded itself that impairment is a matter for its own professional judgement. In reaching its decision, the Committee had regard to the nature, circumstances and gravity of the misconduct found proved, the risk of repetition and the critically important public interest, in particular the need to promote and maintain confidence in the profession as well as promoting and maintaining proper standards of conduct and behaviour for the profession.

77. The Committee also bore in mind that it was concerned with whether the Registrant's fitness to practise is currently impaired and focused on the need to protect the public and the wider public interest in the future.

78. The Committee bore in mind that a finding of impairment is separate from the finding of misconduct and that a finding of misconduct does not automatically mean that the practitioner's fitness to practise is impaired.

79. The Committee reminded itself that 3 years have elapsed since the Registrant's misconduct.

80. The Committee first considered the matters set out in Rule 5(2). The Committee reminded itself that it has already found that the Registrant supplied drugs to pharmacist 1 which were potentially harmful and which he knew were likely to be abused. In those circumstances, the Committee is satisfied that at the time of his misconduct, the Registrant did present an actual or potential risk to the public. In order to decide whether he continued to present such a risk, the Committee addressed the question of whether there was a risk that the Registrant would repeat his misconduct.

81. The Committee asked itself whether the misconduct was capable of being addressed. It concluded that it would not be easy to address the misconduct because it appeared to demonstrate a fundamental failure to understand and/or comply with the standards required of a professional person. The Committee nonetheless asked itself whether there was any evidence of insight or remediation capable of reassuring it that there was no longer a risk.
82. The Committee reminded itself of the statement that the Registrant had put before the Investigating Committee and acknowledged that the Registrant had apparently developed some understanding that what he had done was wrong and of the extent to which he had breached the trust placed in him. However, it did not demonstrate any understanding of why his misconduct was wrong, the risk to which he had put others or the impact of his misconduct on the profession or public confidence in it.
83. The Committee noted that the Registrant did not demonstrate any understanding of why he had behaved as he had in the past or what he should do to ensure that there was no repetition. The Committee noted that there was no material before it demonstrating how the Registrant had changed his life or behaviours to ensure that there was no repetition.
84. The Committee found that in some ways the Registrant's statement was not only inadequate but discouraging. The Registrant wrote that it had come to his attention that he had sold something to another pharmacist, a friend in a manner that compromised the integrity of the standards and trust placed in him and referred to his actions being taken without consideration. However, the Committee was concerned that this did not reflect that his misconduct had been repeated over 3 years.
85. For those reasons, the Committee concluded that there was nothing to reassure it that there was no longer a risk of repetition of the Registrant's misconduct. Accordingly, the Committee concluded that there remains a risk that he will put members of the public at risk of harm in the future.

86. The Committee has no doubt that by selling drugs to a friend knowing that they are likely to be abused, the Registrant has brought the profession into disrepute. For the reason set out above, the Committee found that there remains a significant risk that the Registrant will do so in the future.
87. The Committee is satisfied that it is a fundamental principle of pharmacy that a pharmacist must be able to be trusted to use his skills to serve and protect the public not to sell drugs so that they can be abused and put members of the public at risk. The Committee is satisfied by breaching that trust the Registrant has breached a fundamental principle of pharmacy.
88. The Committee gave careful consideration to whether the sale of drugs to a friend in circumstances where he knew that they were likely to be abused meant that he was someone whose integrity could no longer be trusted. This has been a real concern to the Committee, but after careful consideration, the Committee concluded that it did not have enough information about the circumstances in which the Registrant obtained the drugs he supplied to Pharmacist 1 to make a finding that the Registrant's breach of the trust placed in him meant that he was somebody whose integrity could no longer be relied upon.
89. The Committee then asked itself whether a finding of impairment was necessary, regardless of the risk of repetition in the future, to fulfil its overarching objective of promoting and maintaining public confidence in the profession and upholding standards of conduct for the profession.
90. Having regard to all the matters set out above, the Committee is satisfied that public confidence in the profession would not be maintained and the Committee would be failing in its duty to uphold standards of conduct if there were no finding of impairment in this case.
91. For these reasons, the Committee finds that the Registrant's fitness to practise is impaired both because of the need to protect the public and also because of the wider public interest in maintaining public confidence in the profession and maintaining proper standards of conduct for the profession.

SANCTION

92. Having found the Registrant's fitness to practise impaired, for the reasons set out above, the Committee considered what if any sanction it should impose upon his registration.
93. 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.
94. The purpose of the sanction is not to be punitive, though 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 maintain proper standards of behaviour. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.
95. Nevertheless, it must bear in mind the principle of proportionality and ensure that it balances the need to protect the public against the rights of the Registrant and imposes a sanction that is no more restrictive than is necessary to achieve its objective.
96. The Committee had regard to its decision at the impairment stage that there was a risk of repetition so that the object of a sanction in this case is to protect the public, maintain public confidence in the profession and to uphold professional standards.
97. The Committee had regard to the Guidance to inform its decision.

Submissions

98. The Committee took into account the submissions of Ms Hall. She drew the Committee's attention to the relevant principles of law and the relevant guidance set out above. She reminded the Committee of the available sanctions and of the importance of considering each of the sanctions in turn, starting with the least

restrictive and only imposing a more restrictive sanction if that sanction is insufficient to protect the public and the wider public interest.

99. Ms Hall also reminded the Committee of the principle set out in *Bolton v Law Society* [1994] 1 WLR in which, Bingham LJ said:

“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”

100. She submitted that the aggravating factors are

- a. The Registrant’s misconduct spanned a period of three years;
- b. The Registrant had contravened standards relating to patient safety
- c. The Registrant’s actions involve the supply of medication liable to abuse
- d. The Registrant supplied opioids for the purpose of misuse.

101. She submitted that the mitigating factors are that

- a. The Registrant has no previous fitness to practice findings.
- b. There is no evidence to suggest the Registrant has repeated his actions since March 2020.

102. Ms Hall submitted that the Registrant had breached a fundamental duty as a pharmacist which is to provide a clinical service whilst minimising risk. The breach means that the Registrant’s misconduct is incompatible with continued registration.

103. Ms Hall drew the Committee’s attention to the available sanctions, reminded the Committee of the relevant provisions of the Guidance and submitted that, in all the circumstances, the appropriate sanction was removal from the Register. She further submitted that if the Committee did not remove the Registrant from the Register, it should suspend him for 12 months, the maximum period available to the Committee.

The Committee’s decision on sanction

104. The Committee identified the following aggravating factors:

- a. The Registrant's misconduct spanned a period of three years;
- b. The Registrant had sold controlled drugs
- c. The Registrant had contravened standards relating to patient safety
- d. The Registrant had sold drugs knowing that they were to be abused in the form of a drug known as Lean.

105. The Committee agreed with Ms Hall that there were the following mitigating factors:

- a. The Registrant has no previous fitness to practice findings;
- b. There is no evidence to suggest the Registrant has repeated his actions since March 2020.

106. The Committee balanced the aggravating and mitigating factors and concluded that the aggravating factors outweigh the mitigating factors in this case. The Committee concluded that the Registrant's misconduct was very serious because he knowingly put members of the public at significant risk of harm. His misconduct also had the potential to undermine public confidence in the profession because it undermines the key purpose of the pharmacy profession, to ensure that the medication is dispensed safely.

107. The Committee concluded that a severe sanction was likely to be necessary and it would need to pay careful attention to the evidence of the Registrant's insight and remediation in arriving at the correct sanction.

108. In light of those findings, the Committee considered each of the available sanctions in turn.

109. The Committee first considered taking no action. The Committee was satisfied that taking no action would be inconsistent with its findings and the identified need to protect the public and maintain confidence in the profession and uphold standards of conduct.

110. The Committee then considered whether it should give a warning to the Registrant.
111. The Committee noted the relevant passage at paragraph 4.3 of the Guidance which sets out that a warning may be appropriate when, *“There is a need to demonstrate to a Registrant, and more widely to the profession and the public, that the conduct or behaviour fell below acceptable standards. There is no need to take action to restrict a Registrant’s right to practise, there is no continuing risk to patients of the public and when there needs to be a public acknowledgement that the conduct was unacceptable.”*
112. The Committee concluded that this would not be a sufficient sanction to protect the public, because it would not restrict the Registrant’s practice and would be insufficient to maintain public confidence in the profession in light of the serious misconduct the Committee has found proved.
113. The Committee next considered the imposition of conditions of practice.
114. The Committee reminded itself of the paragraph of the Guidance which indicates that conditions are most likely to be appropriate where, *“There is evidence of poor performance, or significant shortcomings in a Registrant’s practice, but the Committee is satisfied that the Registrant may respond positively to retraining and supervision.” There is not a significant risk posed to the public, and it is safe for the professional to return to practice but with restrictions.*
115. Accordingly, the Committee concluded that conditions were not relevant to the concerns in this case. The Committee noted that the Registrant’s misconduct was conducted by telephone messages, often outside working hours, and there were no restrictions which could protect the public in those circumstances. The Committee was also satisfied that there was no material before it to reassure it that the Registrant could or would comply with any conditions. The Committee was also satisfied that conditions would not be sufficient to uphold public confidence in the profession or uphold proper standards of conduct.

116. The Committee next considered whether suspension would be a proportionate sanction. The Committee noted the relevant paragraph of the Guidance which indicates 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 to the public that the conduct of the Registrant is unacceptable and unbecoming a member of the pharmacy profession. Also, when public confidence in the profession demands no lesser sanction.”*
117. Having reminded itself of all the matters set out above, the Committee was satisfied that the risk that the Registrant presented to the public and the wider public interest in maintaining public confidence in the profession, was sufficiently serious for the Committee to impose suspension.
118. The Committee then examined carefully whether suspension was sufficient to not only protect the public but also maintain public confidence in the profession.
119. The Committee therefore considered the relevant paragraph at 4.3 of the Guidance: *Removing a professional’s registration is reserved for the most serious conduct. The Committee cannot choose this outcome in cases which relate solely to the professional’s health. The Committee should consider this outcome when the professional’s behaviour is fundamentally incompatible with being a registered professional.*
120. Accordingly, the Committee had regard to the matters set out in paragraph 5 of the Guidance. The Committee noted that it has dealt with a number of the matters in this decision but draws them together at this stage for ease of reference:
- a. The registrant has breached standards relating to public safety;
 - b. There is no material relating to the Registrant’s personal circumstances or any mitigation before this Committee;

- c. There have been no testimonials or character references submitted on the Registrant's behalf;
 - d. The Committee has already indicated that the Registrant's misconduct was aggravated by the length of time over which it was carried out;
 - e. The Committee has already indicated that the Registrant's misconduct was an abuse of his professional position.
121. The Committee reminded itself of the statement the Registrant put before the Investigating Committee and to which the Committee has already referred. The Committee has already noted that the Registrant has demonstrated some remorse but limited insight into his misconduct and no evidence of any steps taken to remediate his misconduct or otherwise demonstrate that the risk of repetition has been in any way reduced.
122. The Committee reminded itself for what it has already found regarding the seriousness of the misconduct and concluded that it would be extremely difficult for the Registrant to demonstrate that he was no longer a risk to the public. In this case the Registrant has done hardly anything over the last 3 years. In those circumstances the Committee concluded that there is no reason to believe that a period of suspension will change the position.
123. The Committee is also satisfied that in all the circumstances public confidence in the profession would not be maintained if the Registrant were not removed from the Register after such a serious abuse of his professional position and having not put any material before the Committee to demonstrate a reduced risk of repetition.
124. The Committee therefore directs that the Registrar remove the Registrant, Muhammad Qasim Ali Manzoor from the Register.

DECISION ON INTERIM MEASURE

125. After the Committee had announced its decision on sanction Ms Hall made an application for interim measures to be imposed on the Registrant's registration, pursuant to Article 60 of the Pharmacy Order 2010 (the Order), pending the coming into force of the Committee's substantive order. She submitted that such an order was necessary to protect the public and was otherwise in the public interest, in light of the Committee's finding that the Registrant's misconduct was incompatible with his role as a pharmacist.
126. The Registrant was not present nor represented but had been notified in the Notice of hearing that the Council could apply for an interim order.
127. The Committee had regard to Article 60 of the order and paragraph 3.3 of the Guidance, which provides:
- 3.3 A committee may impose interim measures if it is satisfied that they are necessary to protect the public, or are otherwise in the public interest or in the interests of the registrant. Any interim measures will take effect immediately and can cover the 28-day 'appeal period'. If the registrant appeals against the decision, they will stay in force until that appeal is decided.
128. The Committee reminded itself the Committee has no information about the Registrant's current circumstances including whether he is working as a pharmacist
129. The Committee also bore in mind that it had found impairment both because of the need to protect the public and in order to maintain public confidence in the profession.
130. The committee reminded itself that if it made no interim order, the Registrant would be free to practice for at least 28 days without restriction and, if he appealed, he would be free to practice for several months. The Committee found that, in those circumstances an interim order was necessary to protect the public and also to

maintain public confidence in the profession. It was satisfied that an informed member of the public would be shocked if the Registrant could return to unrestricted practice following the Committee's decision.

131. The committee considered whether it would be sufficient to impose interim conditions but decided that it would not for the same reasons it set out above when deciding that conditions would not be a sufficiently restrictive sanction in this case.
132. The period of suspension will cover the 28 days until the direction to remove the Registrants' name from the Register comes into effect and, if the Registrant appeals, will continue until the appeal is disposed of.
133. That concludes the determination.