General Pharmaceutical Council

Fitness To Practise Committee

Principal Hearing

Remote videolink hearing

13-15 November 2023 &

28-29 May 2024

Registrant name:	Rita Gold Ihenagwa
Registration number:	2033677
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Julian Weinberg (Chair) Pat North (Registrant member) Claire Bonnet (Lay member)
Secretary:	Chelsea Smith & Gemma Staplehurst
Registrant:	Present and represented by Miles Bennett, Counsel
General Pharmaceutical Council:	Represented by Alex Lawson, Case Presenter
Facts proved:	7, 8, 9A, 9B, 9C
Facts proved by admission:	2b, 3, 5, 6
Facts not proved:	1.1, 1.2, 1.3, 2a, 4
Fitness to practise:	Impaired
Outcome:	Suspension 6 months

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 26 June 2024 or, if an appeal is lodged, once that appeal has been concluded.

Introduction

1. 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").

2. 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.

3. 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.

Preliminary applications

<u>Application to add an additional allegation</u>

4. At the outset or the hearing, Mr Lawson on behalf of the GPhC made an application to add a further allegation in accordance with Rule 29 of the General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 (the Rules). This states that:

   29. Consideration of additional allegations

Where, before a principal hearing, the Council becomes aware of an additional allegation against a person concerned— _

(a) the Council may request case management directions; and

(b) the chair may, where they consider it just to do so, direct that the new allegation be considered at the same hearing as the allegation that has already been referred, and that these Rules are to apply as modified to take into account the particular circumstances of the case.

5. Mr Lawson submitted that it would be appropriate in all of the circumstances to include a new, further allegation, proposed as allegation 9. This being:

9. Failed to keep or maintain adequate patient records in relation to the Controlled Drug Register and Patient A, specifically relating to issue of methadone on the dates below where the CD register does not reconcile with PMR or prescriptions:

A. 8th April 2020;

B. 19th May – _21st May 2020,

C. 25th-28th of June 2020.

6. Mr Lawson stated that the evidence on which this proposed further application was based came from the statement of Leonie Hinds.

7. Mr Bennett, on behalf of Mrs Ihenagwa did not oppose the application.

8. The Committee considered all the submissions made. Given the nature of the amendment sought, the Committee was satisfied that the proposed amendment would not prejudice the fairness of the hearing and therefore determined to grant the application.

<u>Application to amend Particular 2</u>

9. At the conclusion of the facts stage, and prior to a determination of the Committee, The Committee raised with Mr Lawson whether an amendment to Particular 2 was required to reflect the alleged inaccuracy in Mrs Ihenagwa's Controlled Drugs

Register record keeping, irrespective of whether or not methadone was handed to Patient A for his, or for Person B's consumption.

10. Mr Lawson accepted that this might better reflect the gravamen of Mrs Ihenagwa's conduct as such an amended allegation would not be dependant on finding Particular 1 proved. The proposed amendment was as follows:

2a. Supplied methadone to Patient A on the dates listed in allegation 1 above and did not record the supplies in the controlled drug register in accordance with the Misuse of Drugs Regulations 2001, regulation 19 (1)(a).
2b. Supplied methadone to Patient A for the intended consumption of Patient B on the dates listed in Allegation 1 above and did not record that the methadone intended for Patient B had been collected by Patient A in the Controlled Drugs Register in accordance with The Misuse of Drugs Regulations 2001, Regulation 19(1)(a).

11. Mr Bennett did not oppose the application and conceded that, in the circumstances, he could not argue that such an amendment would be contrary to the interests of justice.

12. The Committee noted the contents of Rule 41 of the Rules which states:

Amendment of the particulars of the allegation at principal hearings

41.—(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 (where present); and
(b) in the case of a hearing in relation to a health allegation, the advice of the legal and clinical advisers.

13. Having heard the submissions of the parties, the Committee concluded that, given the nature of the unopposed proposed amendments, there would be no unfairness to the proceedings and therefore granted the application.

Background

14. Ms Rita Ihenagwa ("the Registrant") is a Pharmacist who first registered with the General Pharmaceutical Council ("the Council") with registration number 2033677 in 1986

15. This hearing of the Council's Fitness to Practise Committee ("the Committee") has been convened to consider an allegation that the Registrant's fitness to practise as a pharmacist is impaired by reason of misconduct.

16. The Registrant faces allegations that her fitness to practise is impaired by reason of her supply of methadone to Patient A, and dishonesty in relation to questions around this supply, along with a lack of integrity in requesting that Patient A's GP not tell anyone about prescribing methadone in error.

17. In advance of the hearing, the Committee was provided with the following material:

- a combined statement of case and skeleton argument on behalf of the Council dated 3 November 2023;
- a bundle of documentation on behalf of the Council comprising the Particulars of Allegation, together with witness statements and exhibits from, but not limited to: Witness A, General Practitioner at the Lawson Practice dated 10 August 2022 and 15 September 2022; Witness B, GPhC Case Officer, dated 8 December 2021 and 11 November 2022; Witness C, Practice Manager at the Lawson Practice, dated 15 September 2021; Witness D, GPhC Regulation (Fitness to Practise) Team Manager, dated 24 September 2021 and 7 September 2022; Witness E, GPhC caseworker, dated 17 May 2023; and Witness F, GPhC Paralegal, dated 23 October 2023;

- the Registrant's bundle, which included her witness statement dated 7 November 2023, together with testimonial and character evidence and evidence of ongoing continuing professional development ("CPD") training.

18. The Particulars of the Allegation (as amended) are as follows:

You, a registered pharmacist and Superintendent of Norlington Chemist Ltd, 3 Broadway Market, London, E8 4PH:

1. Supplied methadone 160ml 1mg/ml oral solution sugar free to Patient A without legally valid prescriptions on the following days:

1.1. 17 June 2020

1.2. 19 June 2020

1.3. 22 June 2020

*2**a**. Supplied methadone to Patient A on the dates listed in allegation 1 above and did not record the supplies in the controlled drug register in accordance with the Misuse of Drugs Regulations 2001, Regulation 19 (1)(a).*

2b. Supplied methadone to Patient A for the intended consumption of Patient B on the dates listed in Allegation 1 above and did not record that the methadone intended for Patient B had been collected by Patient A in the Controlled Drugs Register in accordance with The Misuse of Drugs Regulations 2001, Regulation 19(1)(a).

3. On 23 June 2020, when contacted by Patient A's GP, stated that you had not supplied Patient A on 22 June 2020 with methadone when questioned.

4. In relation to allegation 3 above, you were dishonest as you knew that you had supplied Patient A with methadone on 22 June 2020.

5. From April 2020 to June 2020, supplied methadone to Patient A which was not in

accordance with the directions issued by his GP on the following prescriptions which state that supplies must be made on Tuesdays and Fridays.

5.1. Prescriptions dated;

5.1.1. 07 April 2020

5.1.2. 21 April 2020

5.1.3. 05 May 2020

5.1.4. 19 May 2020

5.1.5. 02 June 2020

6. Supplied methadone 80ml 1mg/ml oral solution sugar free to Patient A without legally valid prescriptions on the following days:

6.1. 14 June 2022

6.2. 17 June 2022

7. On 21 June 2022, when contacted by Patient A's GP, you asked her not to tell anyone about the error.

8. Your behaviour in relation to allegation 7 above demonstrated a lack of integrity and/or intention to conceal the errors.

9. Failed to keep or maintain adequate patient records in relation to the Controlled Drug Register and Patient A, specifically relating to issue of methadone on the dates below where the CD register does not reconcile with PMR or prescriptions:

A. 8th April 2020;

B. 19th May – 21st May 2020,

C. 25th - 28th of June 2020.

By reason of matters set out above, your fitness to practise is impaired by reason of your misconduct.

Background

19. In summary, the allegations all relate to the provision of methadone to Patient A during 2020 and 2022 and the acts of the Registrant flowing from these dispenses. At this time the Registrant was employed as a registered pharmacist and Superintendent of Norlington Chemist Ltd.

20. A detailed chronology of events is set out in the statement of Witness B. These concerns are supported by Witness A's second supplemental statement which discusses the 2020 allegations. A transcription of the telephone call of 23 June 2020 between the Registrant, Witness A and Patient A has been provided to the Committee. Detailed within the witness statements and exhibits of Witness E and Witness F are the dispensing records for methadone to Patient A which show discrepancies as alleged in relation to the 2020 incidents.

21. Witness A's 1st statement details the chronology and narrative of what occurred, in relation to the incidents in 2022 ("the 2022 allegations"). Allegations 6-8 are supported by this statement and Witness A's exhibits.

22. By way of the Registrant's Response, her bundle of documentation includes a number of additional documents. The Registrant's reply to an email from Witness B dated 10th January 2022 [B/191] indicates that she cannot "*fully recall the events as it was over a year ago. Moreover it occurred during a very stressful time period, COVID-19…*"

23. The Registrant's further email is exhibited dated 28th June 2022 [B/22] which discusses Patient A's prescription and that she had made a mistake in dates as a result of the bank holidays, and apologises for this, stating it was over two years since she had made a mistake, and nothing had happened since.

Findings of facts

24. In reaching its decisions on facts, the Committee considered the documentation listed at the start of this determination, oral evidence and the submissions made by the GPhC and the Registrant

25. The Committee accepted the advice of the Legally Qualified Chair.

26. When considering each particular of allegation, the Committee has borne in mind that the burden of proof rests on the GPhC and that particulars are found proved based on the balance of probabilities. This means that particulars will be proved if the Committee is satisfied that what is alleged is more likely than not to have happened. The Committee has taken into account Mrs Ihenagwa's good character in line with the advice given by the Legally Qualified Chair.

27. At the beginning of the hearing, Mr Bennett on behalf of the Registrant formally admitted the factual allegations in relation to Particulars 3, 5 and 6 of the Allegation, and admitted Particular 2b at the conclusion of the facts stage after the appropriate amendment to Particular 2 was made. The Committee was satisfied that the admissions were unequivocal. It therefore found the admitted factual allegations proved on the basis of the Registrant's admissions, pursuant to Rule 31(6) of the Rules.

28. The Committee heard live evidence from Witness A and from the Registrant.

<u>Particular 1</u>

29. It was an agreed position between the parties that Mrs Ihenagwa physically gave Patient A methadone 160g/ml oral solution sugar free without a legally valid prescription for Patient A on the dates alleged. It was the Council's case that the drugs were intended for Patient A. Mrs Ihenagwa's case was that even though she accepted that the methadone was handed to Patient A, it was intended that the drugs were for Patient B.

30. Mrs Ihenagwa stated in evidence that she knew both Patient A and his partner, Patient B well, and that both patients were prescribed methadone users. She stated that it was not uncommon for Patient A and Patient B to collect their prescribed methadone for each other from the Pharmacy.

31. In considering this Particular, the Committee had been provided with inconsistent supporting documentary evidence which included but was not limited to:

- Prescription Report forms for 17 June 2020, 19 June 2020 and 22 June 2020. Each of those records showed Patient A as being the patient for whom the medication was prescribed;
- The Controlled Drugs records prepared by Mrs Ihenagwa for each of the above dates shows that on each occasion, Patient B was the person for whom the medication was prescribed, and that Person B was the person collecting the controlled drugs. This was at odds with Mrs Ihenagwa's evidence and the contents of her written statement dated 7 November 2023 in which she stated that she believed that the medication was picked up by Patient A for Patient B. Mrs Ihenagwa conceded in her live evidence that the Controlled Drugs records for the above dates were inaccurate and that she had entered the details towards the end of the working day, largely from memory.

32. The Committee heard evidence from Witness A who stated that she was informed by Patient A that he had been provided with medication without there being a valid prescription. The Committee is mindful that whilst it accepts that Witness A has given an honest account of her recollection of her conversation with Patient A, it was not determinative of the truth of what Patient A is alleged to have told her.

33. Similarly, the Committee has taken into account Mrs Ihenagwa's evidence in which she stated that she had been informed by Patient A, who went to the Pharmacy on 23 June 2020, that he knew he had not had methadone for himself but that he told Witness A that he had as he did not want to go on a supervised consumption regime.

34. The Committee is mindful that Patient A has not given evidence at this hearing and as such, it has not been possible to meaningfully scrutinise what he is alleged to have said both to Witness A and Mrs Ihenagwa. In the circumstances, the Committee sees no basis for being able to prefer Witness A's recollection of her conversation with Patient A over Mrs Ihenagwa's. Indeed, both may have an accurate recollection.

35. The Committee also noted that it has not been provided with Patient B's medication records which might have assisted it in determining whether the medication in question was in fact intended for Patient B

36. In reaching its decision, the Committee has also considered the contents of the transcript of a phone call between Witness A and Patient A with Mrs Ihenagwa on 23 June 2020. It is correct that when asked by Patient A whether he had collected drugs the day before, on 22 June 2020, Mrs Ihenagwa stated: "*No, no, cos you're supposed to pick it up today*". The Committee noted that Mrs Ihenagwa did not mention that she gave Patient A medication intended for Patient B the day before when she had the opportunity to do so. However the Committee considered that whilst it would have been helpful if she had stated that, that her failure to do so was not determinative of the fact.

37. The Committee is mindful that the evidence before it is inconsistent, both in relation to what Patient A is alleged to have said, but also the documentation, as evidenced in the Controlled Drugs register and Patient A's prescription report, in being able to determine whether the methadone in question was prescribed for Patient A or Patient B. it concluded that there was no rational basis on which it could conclude that the Controlled Drugs register was accurate and that the Prescription Report records were not, or vice versa.

38. In the circumstances, it concluded that the Council had failed to discharge the burden of proof in establishing that Mrs Ihenagwa supplied methadone to Patient A without a valid prescription, rather than to Patient B.

39. The Committee therefore found the facts of Particular 1 not proved.

Particular 2a

40. Given the Committee's finding in relation to Particular 1, in that the Council has failed to establish that Mrs Ihenagwa supplied patient A with methadone as alleged, it follows that Particular 2a is not capable of proof.

41. The Committee therefore found the facts of Particular 2a not proved.

Particular 2b

42. By reason of Mrs Ihenagwa's admission which was unequivocal and consistent with the evidence before the Committee, the Committee found the facts of Particular 2b proved. Regulation 19(1)(a) requires an accurate record of the patient and the person collecting the medication. Mrs Ihenagwa accepted that the Controlled Drugs register showed that the medication in question was collected by Patient B when in fact, it was her case that Patient A collected the medication.

Particular 3

43. By reason of Mrs Ihenagwa's admission which was unequivocal and consistent with the evidence before the Committee, including the transcript of the phone call in question, the Committee found the facts of Particular 3 proved.

Particular 4

44. The Panel having found the facts of Particular 3 proved, then considered whether the Registrant's conduct was dishonest.

45. In considering whether the respondent acted dishonestly, the committee has applied the test for dishonesty as set out in *Ivey v Genting Casinos (UK) Ltd t/a Crockfords [2017] UKSC 67*.

"When dishonesty is in question the fact-finding tribunal must first ascertain subjectively the actual state of the individual's knowledge or belief as to the facts. The reasonableness or otherwise of his belief is a matter of evidence (often in practice determinative) going to whether he held the belief, but it is not an additional requirement that his belief must be reasonable; the question is whether it is genuinely held. When once his actual state of mind as to knowledge or belief as to facts is established, the question whether his conduct was honest or dishonest is to be determined by the fact-finder by applying the objective standards of ordinary decent people. There is no requirement that the defendant must appreciate that what he has done is, by those standards, dishonest."

46. Given the Committee's finding in relation to Particular 1.3, the Committee concluded in respect of this Particular, that it could not be proven to the required standard that Mrs Ihenagwa supplied methadone to Patient A for Patient A's use as opposed to Patient B's use. The Committee therefore concluded at the time of the phone call in question, it could not be established that Mrs Ihenagwa knew or believed that she stated that she had not supplied Patient A with methadone for his use, knowing or believing that to be untrue. The Committee has concluded that the evidence to support such a contention was no more reliable than Mrs Ihenagwa's stated position that she believed the drugs were intended for Patient B. The Committee concluded that ordinary members of the public in those circumstances, stating she had not supplied Patient A on 22 June 2020 in the honest belief that she had not supplied Patient A with methadone for his own use, would not be considered dishonest by ordinary decent people.

47. The Panel therefore concluded that in relation to this Particular, the Registrant did not act dishonestly.

48. The Committee therefore found the facts of Particular 4 not proved.

Particular 5

49. By reason of Mrs Ihenagwa's admission which was unequivocal and consistent with the evidence before the Committee, the Committee found the facts of Particular 5 proved.

Particular 6

50. By reason of Mrs Ihenagwa's admission which was unequivocal and consistent with the evidence before the Committee, the Committee found the facts of Particular 6 proved.

Particular 7

51. The Committee has had regard to the evidence of Witness A she stated that "*I telephoned Rita on 21 June 2022. She was very upset and tearful and told me [redacted], and she hadn't made any mistake for two years. She asked me not to bring it to anyone's attention. I advised her I could not do this as I have a professional duty*". She stated that, notwithstanding that no copy was available to the Committee, that she made a contemporaneous record of her conversation and referred to this when making her statement. In her evidence, Witness A stated that Mrs Ihenagwa stated that she made reference to her career being over. The Committee concluded that this comment evidenced Mrs Ihenagwa's fears over being reported rather than merely a response to knowing whether, as a matter of fact, Witness A had to report the matter.

52. Mrs Ihenagwa stated that "*In relation to the discussion with Witness A, I was very distressed when I spoke to her because of my recent bereavement. My recollection of the conversation was that near the end of the conversation I asked Witness A whether she did have a duty to refer the matter to others. I was not asking her not to raise the error if she thought she had to, but querying whether she did in fact have to raise it…I did not ask Witness A to conceal my conduct.*"

53. The Committee preferred Witness A's recollection of the conversation. She had made a contemporaneous note of the conversation. Far from her evidence being motivated by malice or subject to embellishment, Witness A stated, and the Committee accepted, that Witness A was sympathetic of Mrs Ihenagwa's personal circumstances at the time, but nevertheless had a professional duty to report the matter. The Committee did not consider that if Witness A was asked nothing more than if she had to report the matter, it was merely to establish a procedural process rather than to ask her not to refer the matter given her track record of record keeping errors.

54. The Committee therefore found that Mrs Ihenagwa asked Witness A not to tell anyone about the error and therefore found the facts of Particular 7 proved.

Particular 8

55. Having found the facts of Particular 7 proved, the Committee went on to consider whether Mrs Ihenagwa's conduct amounted to a lack of integrity and/or an intention to conceal the errors.

56. The law on integrity and its relationship with dishonesty was set out in the Court of Appeal case of *Wingate v Solicitors Regulation Authority [2018] EWCA Civ 366*. In his judgment, Lord Justice Jackson identified the following characteristics of integrity:

"*(a) "Integrity" connotes moral soundness, rectitude and steady adherence to an ethical code (paragraph 66, referring to the case of Hoodless);*
(b) Integrity is a broader concept than honesty (paragraph 95);
(c) Integrity is a more nebulous concept than honesty (paragraph 96);
(d) The term "integrity" is a useful shorthand to express the higher standards which society expects from professional persons and which the professions expect from their own members. The underlying rationale is that the professions have a privileged and trusted role in society. In return they are required to live up to their own professional standards (paragraph 97);

(e) Integrity connotes adherence to the ethical standards of one's own profession. That involves more than mere honesty (paragraph 100);

(f) A professional disciplinary tribunal has specialist knowledge of the profession to which the respondent belongs and of the ethical standards of that profession. Accordingly such a body is well placed to identify want of integrity (paragraph 103)."

57. The Committee concluded that by asking Witness A not to report the error, particularly when she was under a professional obligation to do so, amounted to both a lack of integrity and an intention to conceal the error. Being open and transparent and acting with candour about clinical errors are essential qualities of what is required of a professional, and that by persuading others to conceal them, amounts to a breach of a professional's responsibility to act with integrity.

58. The Committee therefore found the facts of Particular 8 proved.

Particular 9

59. In relation to Particular 9A, the Committee has had regard to the Controlled Drug Register which shows that drugs were intended for Patient B when the prescription in question was in fact for Patient A.

60. In relation to Particular 9B, the Committee noted that the Controlled Drug Register does not record the relevant prescription for Patient A.

61. In relation to Particular 9C, the Committee noted that the relevant Controlled Drug Register entry does accord with Patient A's prescription, but was nevertheless inconsistent with Patient A's Prescription Report Form.

62. The Committee therefore found the facts of Particular 9 proved in its entirety.

Misconduct and Impairment

Misconduct

Evidence received

63. The Registrant provided further documentary evidence to the Committee for its consideration at the impairment stage in addition to the supporting references previously provided. This evidence included:

- A further witness statement from the Registrant dated 23 May 2024;
- A reflection statement;
- Copy CPD certificates;
- two updated character references;
- A witness statement from her son dated 22 May 2024; and
- A Notification of the resignation of a superintendent pharmacist form dated 22 May 2024.

64. In his written statement, the Registrant's son stated that:

"*We have put general improvements in place but the ones that are particularly important in relation to the issues that have arisen in my mother's case are these relating to dispensing of controlled drugs. We now use the Proscript SDM (Substance Dependency Module) on our PMR. We had not been aware of the full functionality of this system but have now received training from a pharmacist colleague. It is particularly useful for dispensing controlled drug instalment prescriptions as once the details of the prescription are entered, the system sets out the instalments required. It also has sole features; for example It will not allow the pharmacy professional to dispense a prescription outside the period of validity or If three instalments are missed, as It locks the prescription and will not print a label.*"

65. The Committee also heard live evidence from him in which, in summary, he confirmed that the new SDM would prevent similar errors occurring in future and

that he would be offering his mother training in its use. He stated that the system would address any dispensing and record-keeping concerns. In addition, he stated that his mother would soon relinquish her role as the Superintendent Pharmacist, and that he, having taken over that role, would be able to offer her supervision and that the pharmacy team had had informal discussions regarding integrity, even though they had not formally been logged as CPD. He also confirmed that, in her new role, his mother would not be managing any staff.

Council's submissions

66. Mr Lawson provided written submissions in his combined case statement and skeleton argument, and also made oral submissions. He reminded the Committee to take a two-step approach, firstly to consider whether the Registrant's actions amounted to misconduct, and if so, to then consider whether her fitness to practise was currently impaired. He referred the Committee to a number of authorities recognising that for conduct to be categorised as misconduct, it should represent "*conduct which would be regarded as deplorable by fellow professionals"*: *Meadow v GMC [2007] 1All ER 1*, and conduct that was "*morally blameworthy and would convey a degree of opprobrium to the ordinary intelligent citizen*": *Shaw v GOC [2015] EWHC 2721 (Admin).* He also referred to the case of *Roylance v General Medical Council (No. 2) [2000] 1AC 311* in which it was said that:

"Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a … practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word 'professional' which links the misconduct to the profession ... Secondly, the misconduct is qualified by the word 'serious'. It is not any professional misconduct which will qualify. The professional misconduct must be serious."

67. He submitted that the Registrant was charged with a professional duty to supply controlled drugs to Patient A in a safe and appropriate manner, that her record-

keeping was inadequate. He submitted that she failed to do that and has been found to have acted with a lack of integrity. As such, he submitted that the Registrant's conduct amounted to a serious falling short of the standard expected.

68. Mr Lawson submitted that the Registrant had demonstrated limited insight, notwithstanding her reflective statement, and that the language used was generic. He accepted that the Registrant had a long career and that she was otherwise of good character. He submitted that whilst there were protective factors available, for example by her son becoming the Superintendent Pharmacist, albeit from July 2024, these plans had not as yet been put into effect.

69. Mr Lawson further submitted that, even though the Registrant was not currently dispensing controlled drugs, she was not constantly being supervised, her son was not present at the the Pharmacy all the time she was working there, and the risk of human error therefore remained, notwithstanding the use of SDM. He also submitted that there was little evidence of relevant CPD regarding record-keeping and integrity, and whilst there have been informal conversations in the Practice, there was little evidence of the Registrant having developed insight into her failings.

70. Mr Lawson invited the Committee to conclude that the Registrant's conduct fell far below the standard expected of a registered Pharmacist and breached the following standards of the 2017 Standards:

- *Standard 6: Pharmacy professionals must behave in a professional manner* in that a Pharmacist should be "*trustworthy and act with honesty and integrity*"*;*
- *Standard 8: Pharmacy professionals must speak up when things go wrong* in that a Pharmacist should "*open and honest when things go wrong*" and "*raise a concern when it is not easy to do so*"*.*

71. He therefore submitted that the conduct found proved met the threshold to amount to misconduct.

Registrant's submissions

72. Mr Bennett did not make any specific submissions regarding misconduct, but conceded that it would be a rare case when a finding of a lack of integrity would not result in a finding of current impairment. The bulk of his submissions were therefore made in relation to impairment as distinct from misconduct issues.

Impairment

Council's submissions

73. Mr Lawson referred the Committee to the principles derived from the cases of:

- *Cheatle v GMC [2009] EWHC 645 (Admin)* in that the Committee should undertake a forward looking exercise to determine whether a Registrant's fitness to practise is impaired*,*
- *Cohen v General Medical Council [2008] EWHC 581 (Admin)* to determine whether the Registrant's failings are remediable, whether they have they been remedied and whether it was highly unlikely that they will be repeated, and
- *CHRE v NMC and Grant EWHC 927 (Admin)* in which it was said that:

"*In determining whether a practitioner's fitness to practise is impaired by reason of misconduct, the relevant Tribunal 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 proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.*"

74. With reference to the case of *Grant*, he accepted that the Registrant has apologised for her conduct albeit in a limited fashion. Mr Lawson confirmed that the Registrant is of previous good character.

75. Mr Lawson submitted the following features are indicative of the presence of current impairment:

a) two very similar but separate incidents, two years apart;
b) a lack of integrity;
c) the Registrant had demonstrated some developing but little insight;
d) the lack of evidence of remediation.

76. With reference to 5(2) of the Rules, Mr Lawson submitted that all of limbs a-d are engaged in that:

a) presents an actual or potential risk to patients or to the public: by reason of the failure to correctly administer controlled drugs safely presents a clear and present risk to the public.
b) has brought, or might bring, the profession of pharmacy into disrepute by failing in the central role of a pharmacist and demonstrating a lack of integrity, this limb is engaged;
c) has breached one of the fundamental principles of the profession of pharmacy by reason of the above; or
d) shows that the integrity of the Registrant can no longer be relied on, again by reason of the above.

77. For the above reasons, Mr Lawson invited the Committee to find that the Registrant's fitness to practise is currently impaired.

Registrant's submissions

78. Mr Bennett submitted that whilst the Registrant failings related to record-keeping and dispensing issues and a lack of integrity, he invited the Committee to bear in mind that the Registrant's actions giving rise to a lack of integrity, related to one occasion, on one date, in difficult and stressful personal circumstances. Whilst the Registrant had admitted her dispensing error, she had invited a doctor not to do anything about it. However, he submitted that there was no evidence that the Registrant was motivated

by money and that her actions were not pre-planned, and that her behaviour was uncharacteristic. It was, he submitted, a '*moment of madness*' that was a response to an error she admitted. The Registrant had panicked rather than remained calm and measured.

79. So far as record-keeping issues were concerned, the new system that was now in place would prevent a repetition of here errors which in turn would protect patient safety.

80. He invited the Committee to have regard to the testimonial evidence provided reminding the Committee that it was a matter for it to attach such weight to them as it considered appropriate.

81. Given the changes that had been made at the Practice, Mr Bennett submitted that it would be reasonable to conclude that any patient safety issues had been addressed. Whilst human error failings could never be completely eliminated, the risk of repetition of the Registrant's failings had been dramatically reduced so as to be minimal.

82. In conclusion, therefore, he submitted that the Registrant's fitness to practise was not currently impaired.

<u>The Committee's decision on misconduct and impairment</u>

83. The Committee first considered whether the Registrant's actions, as found proved amounted to misconduct. The Committee recognised that in reaching its findings in respect of misconduct or impairment, there is no burden or standard of proof to be applied, but it is a matter for the Committee to determine, exercising its independent judgment.

84. Article 51 of the Pharmacy Order 2010 provides that a person's fitness to practise is to be regarded as impaired by reason of one or more of a number of circumstances. These include, at (a), 'misconduct'.

85. The Committee first considered whether there has been misconduct on the part of the Registrant.

86. The Committee recognises that that for a finding of misconduct to be made, the Registrant's conduct would have to amount to a serious falling short of the standard expected of him. The kind of serious misconduct required was described in the case of *Nandi v GMC [2004] EWHC 2317 (Admin)* and *Meadow v GMC [2006] EWCA Civ 1390* as: "*a falling short by omission or commission of the standards of conduct expected among medical practitioners, and such falling short must be serious"* such that it would be *"regarded as deplorable by fellow practitioners*".

87. The Committee also considered the case of *R (on the Application of Remedy UK) v GMC [2010] EWHC1245 (Admin)*, which clarified that:

"Misconduct is of two principal kinds. First, it may involve sufficiently serious misconduct in the exercise of professional practice … Secondly, it can involve conduct of a morally culpable or otherwise disgraceful kind which may occur outwith the course of professional practice itself, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession."

88. The Committee noted that the Registrant's conduct represented a significant number of serious failings by her in that she:

- Failed to keep adequate records of her care of Patient A;
- On a number of occasions, dispensed controlled drugs without there being a valid prescription over a two year period albeit in relation to one patient; and
- Acted without integrity by asking Patient A's GP not to disclose her errors.

89. A Pharmacist's principal responsibility, as the gatekeeper of medication, including that of controlled drugs, is to ensure that only those entitled to such medications receive them, that records made are accurate. In addition, as a professional, the public must be able to have confidence that they carry out that role with the highest integrity. Failure to safely dispense controlled drugs poses an obvious risk to patient safety.

90. The Committee has found that the Registrant deliberately sought to ask Patient A's GP not to disclose her errors. By doing so, the Registrant's conduct fell seriously short of the standard expected of her.

91. The Committee concluded that the matters found proved represented serious breaches of standards 6 and 8 of the 2017 Standards.

92. In the circumstances, the Committee found that the facts found proved, both individually and collectively, are sufficiently serious to amount to misconduct and the Committee therefore makes such a finding.

93. The Committee then considered whether the Registrant's fitness to practise is currently impaired. The Committee has had regard to the case of *Cheatle v GMC [2009] EWHC 645 (Admin)* and the need not only to look at a Registrant's past conduct, but also her current behaviour to determine whether her fitness to practise is currently impaired.

94. The Committee noted the guidance given on the meaning of 'fitness to practise' in the Council's publication Good decision-making (revised March 2017). At paragraph 2.11, the guidance states:

"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 adhering to the principles of good practice set out in our various standards, guidance and advice".

95. There is no statutory definition of what amounts to impairment of fitness to practise. However, the Committee has had regard to Rule 5(2) of the Rules (set out above) which mirrors the comments of Mrs Justice Cox in the case of *CHRE v NMC and Grant [2011] EWHC 926 (Admin)*.

96. Following the decisions in *GMC v Choudhary* and GMC v *Nwachuku [2017] EWHC 2085 (Admin),* the Committee is mindful that it does not necessarily follow that a finding of

current impairment must be made having found a breach of prevailing standards of conduct.

97. The Committee has taken account of the principle derived from the case of *Cohen v General Medical Council [2008] EWHC 581 (Admin)*. In that case, it was noted that when considering the question of impairment, the Committee should give appropriate weight to the public interest, including the protection of the public, the maintenance of public confidence in the profession and upholding proper standards of conduct and behaviour. The Committee is mindful that it is relevant to consider whether the conduct "*is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated*". The Committee noted that the questions posed in the *Cohen* case are not a test in which the answers determine the question of impairment, but are a part of the analysing process to be undertaken.

98. An essential step towards remediation would be to show insight, which would involve demonstrating reflection, accepting the wrongdoing and showing genuine remorse. Such insight, if shown, reduces the risk of repetition of similar behaviour. In considering insight and risk of repetition, the Committee accepts that the Registrant, at the outset of this hearing, admitted a number the factual particulars.

99. In her reflective statement, the Registrant stated that:

"*From my fitness to practice hearing, I have leamed the invaluable lesson that upholding professionalism is not just a requirement but a cornerstone of the pharmacy profession. Professionalism encompasses a range of attributes including integrity, honesty, accountability, respect, and ethical behaviour. It is essential for maintaining the trust of patients, colleagues, and the public, as well as ensuring the quality and safety of healthcare services provided.*

The role of professionalism in pharmacy is crucial in safeguarding the well-being of patients and maintaining the integrity of the profession. Pharmacists are entrusted with the health and safety of individuals, and any departure from professional standards can have serious implications for patient care and outcomes. Upholding professionalism also fosters a positive work environment, promotes collaboration among healthcare

providers, and contributes to the overall reputation of the pharmacy profession.

Consequently, as the superintendent pharmacist l acknowledge the gravity of the situation and regret the episode of the incident. I feel | have always tried to maintain my integrity in both my personal and professional life. Integrity is one of the pillars of the pharmacy standards which, has not been called into question for all these years I have been practising (over 37 years) I accept that the incident happened which I am deeply sorry for. I think it occurred because | panicked. Which is not an excuse. What I should have done was to tell the GP that I would go and check the records and get back to her when I had done so.

The stress and sadness that have accompanied the hearing for my fitness to practice cannot be understated. Both Personally and Professionally, this situation has deeply affected my being. Through this period I have gone through intensive self-reflections and have questioned what I could have done better, as since my childhood my integrity and uprightness has preserved me throughout my life…..".

100. To maintain professional standards, the Registrant further stated that:

"*I believe l will achieve and I am achieving these things by allowing myself to take a more collaborative approach to work., These incidents occurred during the Covid pandemic when I lost some key members of staff due to death and relocation. Consequently, I had a new team which needed more support from myself as the more senior members of staff were no longer present. However, moving forward over two years now l feel my team is better equipped to help keep operations running smoothly in the pharmacy.*

We are no longer handwriting labels for our Methadone patients. We are feature using the computerised SDM on our Proscript computer. This function allows us to enter the prescription details onto the computer. It tells us when the start date of the prescriptions and the end dates of the prescriptions. Crucially it allows tells us how much Methadone is to be dispensed on each relative day for all the patients. Consequently, it would be very difficult to make an error with all the data on that system. We have been using that system now for over 5 months now and it has really helped our operational flow for dispensing Methadone."

101. The Committee accepted that the Registrant has taken full and personal responsibility for her actions, has shown remorse, and has taken steps to ensure that her misconduct will not be repeated, for example by applying to resign as a Superintendent Pharmacist. The Committee was also satisfied that the Registrant had sufficiently demonstrated from her reflective statement that she understands the adverse impact of her conduct on the public and the wider profession.

102. The Committee considered that the nature of the Registrant's record-keeping and dispensing failings were capable of being remediated. The Committee was satisfied that the SDM system now in place, provided the necessary safeguards to ensure that her failings would not be repeated.

103. In addition, the Committee has also taken into account the several references that have been provided including from fellow professionals in knowledge of the allegations the Registrant faced. Those references attest to the Registrant's competence and professionalism.

104. The Committee recognised that the Registrant has demonstrated insight by admitting a number of her failings at the outset of this hearing. She has reflected on her conduct and procedures have been put in place to ensure that those failings will not be repeated. As a result, the Committee concluded that it was highly unlikely that her record-keeping and dispensing errors would be repeated.

105. In those circumstances, having considered all the evidence and submissions made, the Committee was satisfied that the Registrant's fitness to practise is not impaired on public protection grounds.

106. However, as set out above in its determination on misconduct, members of the public should quite justifiably be able to expect that, in all their dealings with a member of the Pharmacy profession that the Pharmacist will act with integrity. In that regard, as found proved by reason of Particulars 7 and 8 the Registrant's conduct fell seriously short of what was expected of her.

107. The Committee therefore found the breaches identified in this case engage paragraphs b and c of Rule 5(2). It did not conclude that, given the steps identified above that the Registrant presents an actual or current risk to patients or the public. Whilst recognising the Registrant's lack of integrity as alleged at Particular 8, the Committee did not conclude that her integrity can no longer be relied upon. Whilst unquestionably serious in seeking to conceal her errors, the Committee accepted that her conduct in relation to that was isolated, occurred following the death of a close family member, in an otherwise unblemished 37 year career, and that the Registrant did not otherwise display entrenched integrity issues.

108. The Committee has also taken account of the overarching objective of fitness to practise proceedings in that it should consider, not only the need to protect the public, but the need to uphold the reputation of the profession and to declare and uphold proper standards of conduct and behaviour. In doing so, the Committee has borne in mind the comments of Mrs Justice Cox in the case of *Grant*, in which she said:

"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 proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

109. The Committee had regard to the seriousness of the misconduct found proved. It was satisfied that the Registrant's misconduct was sufficiently serious such that a finding of impairment was required to uphold proper professional standards and that public confidence in the profession would be undermined if no such finding were made.

110. For these reasons, the Committee concluded that the Registrant's fitness to practise as a Pharmacist is currently impaired by reason of her misconduct on public interest grounds.

Sanction

Council's submissions

111. Mr Lawson referred to his written skeleton argument regarding how the Committee should approach this stage of the hearing, starting with the least restrictive sanction. He reminded the Committee to have regard to the Council's 'Good decision making: Fitness to practise hearings and outcomes guidance' revised March 2024 ("the Outcomes Guidance") and of its powers as set out in Article 54(2) of the Pharmacy Order which provides:

"*If the Fitness to Practise Committee determines that the person concerned's fitness to practise is impaired, it may–*
(a) give a warning to the person concerned in connection with any matter arising out of or related to the allegation and give a direction that details of the warning must be recorded in the person concerned's entry in the register,
(b) give advice to any other person or other body involved in the investigation of the allegation on any issue arising out of or related to the allegation;
(c) give a direction that the person concerned be removed from the register;
(d) give a direction that the entry in the Register of the person concerned be suspended, for such period not exceeding 12 months as may be specified in the directions; or
(e) give a direction that the entry in the Register person of the person concerned be conditional upon that person complying, during such period not exceeding 3 years as may be specified in the direction, with such requirements specified in the direction as the Committee thinks fit to impose for the protection of the public or otherwise in the public interest or in the interest of the person concerned."

112. He reminded the Committee to have regard to the need to protect the public, to maintain public confidence in the profession and to maintain proper standards of conduct.

113. He identified the following aggravating factors:

- That the case related to the provision of a controlled drug;
- There were two separate periods of concern in similar circumstances;
- The allegations related to a lack of integrity;
- He reminded the Committee to take into account the need for public protection and the potential risk to the public and damage to public confidence in the profession;
- The matters found proved related to a breach of core tenets of the profession, and that there was a need to maintain proper standards.

114. So far as mitigating factors were concerned, Mr Lawson identified that the Registrant was of previous good character and had expressed some remorse.

115. He submitted that whilst the Registrant's behaviour inherently posed some risk to patient safety, it was recognised that, perhaps more through luck than good judgement, that the risk posed to patient safety was not realised. He therefore submitted that the Committee may therefore consider that the priority at the sanction stage is the declaring and upholding of professional standards and maintaining of public confidence in regulation of the profession

Registrant's submissions

116. Mr Bennett conceded that given the Committee's findings on impairment, that it was appropriate for a sanction to be imposed.

117. He identified the following potential mitigating factors for the Committee to take into account:

a) The Registrant has no earlier findings recorded against her and has an unblemished professional record dating back 37 years;
b) In referring to the Committee's finding on impairment, he stated that there was no ongoing risk to patient safety;
c) That the Registrant's failings were remediable;
d) The lack of integrity occurred during one phone call and was not demonstrative of the Registrant lacking integrity generally.

118. He recognised that taking “no further action”, giving advice or imposing a warning would be insufficient to meet the seriousness of the misconduct and therefore would not meet the public interest concerns. He accepted that in practice, the Committee had to decide between imposing conditions, suspension or erasure.

119. The next available sanction open to the Committee was one of conditions. Mr Bennett submitted that this might be an appropriate outcome in that the Committee could impose conditions that:

- The Registrant does not work as a Superintendent Pharmacist;
- That she has no involvement with the ownership or management of a pharmacy; and
- That she limits her practice as a pharmacy professional to three days a week as the Registrant had indicated that she would reduce her working hours.

120. He submitted that it would be open to the Committee to impose conditions and ask for a review prior to the end of the term. This would allow a future committee to review the Registrant’s practice.

121. Mr Bennett submitted that should the Committee feel that the aforementioned sanctions do not sufficiently meet the needs of the sanction required in this case, then they should next turn to a period of suspension. Whilst he submitted, that suspension was not required, he stated that if the Committee took a contrary view, it should start with the shortest possible meaningful period of suspension.

122. Finally, he submitted that whilst it was within the Committee's gift to remove the Registrant, this step was not necessary in this case and that such a sanction would not represent a proportionate response given that the Committee had not identified any ongoing public protection concerns.

Decision on sanction

123. The Committee has paid due regard to its powers under Article 54(2) of the Pharmacy Order 2010 and the Council's Outcome Guidance in considering its approach to its determination on sanction.

124. The Committee then considered whether to impose a sanction, and if so, which one. The Committee has had regard to the public interest, which includes the need to protect the public, to maintain confidence in the profession and the regulator and to declare and uphold proper standards of conduct and behaviour. The Committee has carefully considered all the evidence and submissions made during the course of this hearing. It has borne in mind that the purpose of imposing a sanction is not to be punitive although it may have a punitive effect. It has taken into account the Registrant's interests and the need to act proportionately, in other words, that the sanction should be no more serious than it needs to be to achieve its aims. It has taken into account any aggravating and mitigating factors identified. The Committee has exercised its own independent judgement. In considering which sanction to impose, the Committee started by considering the least restrictive sanction, and whether that is appropriate, and if not, continuing until the appropriate and proportionate sanction is reached.

125. The Committee has reminded itself of the principal derived from the case of Bolton v Law Society [1991] 1 WLR 512 CA in which it was said 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 part of the price."

126. In considering the sanction appropriate in this case, the Committee first gave consideration to the mitigating and aggravating features of the facts found proved which amounted to misconduct, and also to the personal mitigation advanced by Registrant, and the testimonials provided by her.

127. The Committee has identified the following aggravating factors:

- the Registrant's lack of integrity, whilst isolated, was deliberate, directed at another registered professional, and intended to conceal her dispensing error. This, the Committee found was the most significant aggravating factor;
- the Registrant's failings related to a number of areas of her practice and professional obligations, namely, dispensing errors, record-keeping and a lack of integrity;
- whilst a new system has been introduced to address record-keeping and dispensing errors, as Superintendent Pharmacist at the time, she was responsible for setting the standards to ensure that effective measures were in place at the time to ensure that such incidents did not occur; and
- her dispensing errors were repeated and had the potential to cause significant patient harm.

128. The Committee has identified the following mitigating factors:

- the Registrant has engaged in the regulatory process;
- she made a number of admissions to some of the factual allegations at the outset of the hearing;
- she has apologised for her errors to the Committee and has demonstrated a significant level of insight into her failings, taking responsibility for her actions;
- she has taken remedial steps to address her failings by applying to resign as a Superintendent Pharmacist;
- the Committee has had regard to the supporting references from individuals who were aware of the allegations the Registrant faced, attesting to the Registrant's good character and competence as a Pharmacist; and
- these incidents represented out of character behaviour in a 37 year career, free of any adverse regulatory finding.

129. The Committee first considered taking no action but considered that, given the aggravating factors in this case, taking no action would be insufficient to protect the public interest and uphold confidence in the profession.

130. The Committee then considered imposing advice or a warning. Such an outcome may be appropriate where there is a need to demonstrate to a Registrant, and to the wider public, that the Registrant's conduct fell below acceptable standards. Such an outcome may be appropriate where there is no continuing risk to the public and where there is need for there to be a public acknowledgement that the conduct was unacceptable.

131. Whilst recognising that some of these factors are present in this case, the Committee considered that the aggravating factors identified, are such that the Committee considered that the misconduct was too serious for such an outcome. Imposing a warning, would not adequately address the public interest concerns identified.

132. The Committee next considered whether to impose a period of conditional registration. The Committee noted that the sanctions guidance indicates that conditions may apply 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 Registrant to return to practice but with restrictions."

133. Given the Committee's findings regarding the level of the Registrant's insight and remediation, the Committee did not consider that such an outcome to be appropriate given the public interest issues and the fact that the Committee has not identified any ongoing risk to the public. Whilst such an outcome might have been appropriate if the Registrant's misconduct related to dispensing errors and record-keeping failings alone, the Committee did not consider that conditions, including those proposed by Mr Bennett, would address the integrity concerns identified. As such, imposing conditions would not adequately address the public interest concerns identified.

134. The Committee then went on to consider the imposition of a period of suspension. The Committee noted the guidance 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. When it is necessary to highlight to the profession and the public that the conduct of the Professional is unacceptable and unbefitting a member of the pharmacy profession. Also when public confidence in the profession demands no lesser outcome."

135. Having regard to all the circumstances of this case, the Committee concluded that this was the appropriate sanction to impose. Such an outcome, it considered, would reflect the seriousness of the misconduct found proved and send the appropriate message to the Registrant and the profession generally, that such behaviour is wholly unacceptable. The Committee considered that a six month period of suspension was the appropriate period of suspension to impose having balanced all the aggravating and mitigating factors in this case.

136. The Committee considered whether removal was appropriate, but, having balanced all the relevant factors identified above, considered that such an outcome was neither appropriate nor proportionate. The Committee recognised that there were no ongoing public protection issues identified in this case, and given the significant level of insight and remediation identified, there was no public interest in removing from practice an otherwise competent practitioner. To impose such a sanction would be unduly punitive.

137. The Committee considered whether a review of the order for suspension was required prior to the end of the period of suspension. Given that the Committee has identified that there were no ongoing risk to members of the public, and that impairment was found on public interest concerns alone, the Committee concluded that there was little purpose in this order being reviewed. The Committee did not consider that there was anything further that the Registrant could usefully produce to a reviewing Committee to demonstrate that she was fit to return to unrestricted practice. The order of suspension in itself, was in itself sufficient to reflect the unacceptability of the Registrant's misconduct.

138. The Committee therefore does not direct a review at the end of the suspension period.

Interim Measures

139. The decision to impose a period of suspension will not take effect until 28 days after the Registrant is formally notified of the outcome, or until any appeal is concluded. The Committee invited submissions on whether interim measures should be imposed to cover this period. Mr Lawson invited the Committee to impose an interim measure, pursuant to Article 60 of the Pharmacy Order 2010, given the rationale for the Committee's substantive decision on sanction reflecting the Registrant's misconduct.

140. He drew attention to the aggravating factors identified in its determination on sanction in supporting his application and submitted that a member of the public in those circumstances would require that an interim order be put in place.

141. Mr Bennett objected to the imposition of interim measures. He submitted that given that the Committee has found impairment on public interest grounds alone, none of the grounds for imposing interim measures applied. He stated given the Committee's reasons for not requiring a review hearing at the end of the suspension period, it could not be considered otherwise in the public interest for an interim order to be imposed.

142. The Committee concluded that an interim measure is neither necessary for the protection of the public, nor otherwise in the public interest (in order to maintain public confidence in the pharmacy profession and the regulatory process) nor is it in the Registrant's own interests. The Committee has identified that there are no ongoing public protection concerns. The sanction imposed acts as a marker to reflect the unacceptability of the Registrant's behaviour and adequately meets the public interest concerns identified. It did not conclude that in those circumstances, the public would require that an interim suspension order be imposed to cover the appeal period.

143. The Committee does not therefore impose an interim order.

144. The Interim Conditions Order currently in place is revoked.