

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

1 Cabot Square, London E14 4QJ

Thursday 11 July 2024

Registrant name: Jodhan Reehal

Registration number: 2221593

Part of the register: Pharmacist

Type of Case: Misconduct

Committee Members: Sarah Hamilton (Chair)
Stephen Simbler (Registrant member)
Pippa Morrell (Lay member)

Secretary: Adam Hern

Registrant: Present and represented by Martin Hadley

General Pharmaceutical

Council: Represented by David Sadeh, Case Presenter

Order being reviewed: Suspension (12 months)

Fitness to practise: Not impaired

1. This is a Principal Review Hearing in respect of Mr Jodhan Reehal (“the Registrant”), a pharmacist first registered with the General Pharmaceutical Council (“the Council”) on 15 December 2018 under registration number 2221593.
2. At the Principal Hearing on 18-19 July 2023 a Suspension Order was imposed on the Registrant for a period of 12 months. On that occasion the committee ordered that there be a review of the suspension order prior to the end of the period of suspension. The Committee is here today to undertake that review.
3. Today the Council is represented by Mr Sadeh. The Registrant is in attendance, and represented by Mr Hadley. The Committee has received and read a bundle of documents submitted by the Council running to 206 pages, and its statement of case and skeleton argument. The Registrant provided a bundle including a reflective essay, and a statement of case and skeleton argument. During the hearing the Committee was also provided with a copy of the Registrant’s bundle which was before the Principal Hearing committee, which contained his original written reflection and many supportive testimonials. The Registrant gave evidence under oath. The Committee heard oral submissions from Mr Sadeh and Mr Hadley.

DETERMINATION ON CURRENT IMPAIRMENT

BACKGROUND

4. The Particulars of Allegation which were found proved by way of admission at the Principal Hearing were as follows:

““You, a registered pharmacist, whilst working as a locum pharmacist for Jardines Pharmacy, Lakeside, Shirwell Crescent, Furzton, Milton Keynes, Buckinghamshire, MK4 1GA;

1) On or around 5 September 2019 you supplied the following medications to Patient A when you did not have a valid prescription to supply them:

- a) *Co-codamol;*
- b) *Adizem;*
- c) *Losartan;*
- d) *Warfarin.*

2) *You dispensed medications listed in allegation 1 above, without making a record of the supply on to Patient A's patient medication record.*

3) *You reprinted previously dispensed prescription labels of the medications listed in allegation 1 above and cut off the bottom of the labels containing Jardines Pharmacy details.*

4) *Your actions at 1 above was dishonest in that:*

- a) *Patient A was led to believe that the medicines at 1 above had been prescribed by their GP*

5) *Your actions at 2 and/or 3 were dishonest in that:*

- a) *You intended to conceal from Jardines Pharmacy that you supplied the medicines set out at 1 above.*
- b) *You intended to conceal from Jardines Pharmacy that you were offering and/or operating a medicine delivery service to Patient A, from Jardines Pharmacy.*

6) *On or around 5 September 2019 you supplied the following medications to Patient B when you did not have a valid prescription to supply them:*

- a) Bisoprolol;*
- b) Amitriptyline;*
- c) Aspirin;*
- d) Lisinopril;*
- e) Simvastatin;*
- f) Co-codamol.*

7) You dispensed medications listed in allegation 6 above, without making a record of the supply on to Patient B's patient medication record.

8) You reprinted previously dispensed prescription labels of the medications listed in allegation 6 above and cut off the bottom of the labels containing Jardines Pharmacy details.

9) Your actions at 6 above was dishonest in that:

- a) Patient B was led to believe that the medicines at 6 above had been prescribed by their GP*

10) Your actions at 7 and/or 8 were dishonest in that:

- a) You intended to conceal from Jardines Pharmacy that you supplied the medicines set out at 6 above.*
- b) You intended to conceal from Jardines Pharmacy that you were offering and/or operating a medicine delivery service to Patient B from Jardines Pharmacy.*

On or about 1 September 2020, in order to secure employment with MKGP Federation, you;

11) Created a fake email address in the name of 'Witness5@hotmail.com' in that:

a) It was not the email address of Witness 5

b) It was not an email address used by Witness 5

c) It was intended to appear that any email sent from this email address was from Witness 5

12) Created an employment reference containing incorrect and/or misleading information.

13) In respect of the employment reference at 11 above you falsified a signature of the referee.

14) You submitted the reference in the name of Witness 5 as set out at 12 above to MGKP Federation.

15) Your actions at 11, 12, 13 and 14 above were dishonest in that:

a) You knew the employment reference had not been completed by Witness 5

b) You knew the contents of the employment reference did not represent the views of Witness 5

c) It was intended to appear that the reference was from Witness 5 and/or represented the views of Witness 5

By reason of the matters above, your fitness to practise is impaired by reason of your Misconduct".

5. At the Principal Hearing the committee read statements from various witnesses, whose evidence had been agreed by the Registrant. Witness 1, a director of Jardines (UK) Limited ('the Pharmacy') confirmed that the Registrant started working at the Pharmacy on a locum basis around February or March 2019. On 6 September 2019 Witness 1 received three photographs from a member of staff showing that the Registrant had generated prescription labels the previous day for two patients (Patient A and Patient B). The bottom of those labels showing that the medication was from the Pharmacy had been cut off and the labels had then been attached to prescription-only medications. It was said that the Registrant had then put these medications into his bag before leaving the Pharmacy. That evening Witness 1 and his father met with the Registrant, who said that he was delivering medications and was awaiting prescriptions which he had been told by the GP surgery would be forthcoming. The Registrant apologised for his actions. Witness 1 subsequently contacted the GP surgery regarding the medications for Patients A and B and was told that no such medications had been ordered.

6. Witness 1 carried out some online research and found that the Registrant was a director of a company called JR Medical Limited, and that the nature of the business was as a dispensing chemist within specialised stores. The Registrant told Witness 1 this was a dormant company that had never been in operation. The Registrant said that he was signing up Patients A and B to a service whereby he would manage their repeat medications but not charge them any money. Witness 1 told the Registrant that pharmacies in Milton Keynes CCG were not allowed to order medications on behalf of the patients. The Registrant said he was unaware of this. Whilst at the Registrant's home Witness 1 saw a file that showed that Patients A and B had signed to authorise direct debits to the Registrant. The Registrant said these two patients were the only two patients he had signed up.

7. Dr 1 was a doctor and GP Partner working at Hilltops Medical Centre. Dr 1 stated that the Registrant used to work at the pharmacy next door to the surgery and once the

surgery had a vacancy, the Registrant was offered employment by Hilltops Medical Centre through MKGP Federation. He was due to start the position on 1 October 2020. The Registrant was asked by the Practice Manager for details in order to request references. One referee was the pharmacist who was his boss at the Hilltops Pharmacy, witness 5 – this was his current employer. Another referee was another pharmacist with whom the Registrant had previously worked. Dr 1 explained that the two referees provided satisfactory references and so the Medical Centre asked MKGP Federation to employ him on their behalf. Witness 5 was made aware that a reference had been provided in her name and so the Practice Manager was asked to provide the email address which sent the reference, which Witness 5 confirmed did not belong to her. They then informed the MKGP Federation of the discrepancy.

8. Witness 4 was the Pharmacist Lead Ambassador employed by MKGP Federation. He had known the Registrant for three years. Witness 4 interviewed the Registrant for the position at the Surgery in September 2020, alongside Dr 1. The Registrant provided references signed by Witness 5 and her husband. During the second week of the Registrant's employment in November 2020 Witness 4 he received a telephone call from the HR Manager about concerns with the references provided by the Registrant. A meeting subsequently took place on 16 November 2020, when the Registrant admitted falsifying the reference and making up the email address he sent it from, as he was worried that Witness 5 would not provide a reference.
9. Witness 5 is the owner and Superintendent Pharmacist at the Hilltops Pharmacy. She had a passing conversation with a doctor at the Hilltops Medical Centre who told her the Registrant had been given a job at the surgery. She was told that he had been employed because of her 'glowing reference'. Witness 5 said she was surprised and 'aghast' when she realised that the Registrant had submitted a reference, he had drafted himself, and that she noted her husband's signature was on the bottom of it.
10. The Committee found the facts proved by way of admission, and that they amounted to misconduct. It held that the Registrant had breached the following Standards for Pharmacy Professionals:

- *Standard 1: Pharmacy professionals must provide person-centred care:*
- *Standard 2: work in partnership with others:*
- *Standard 5: use professional judgement:*
- *Standard 6: behave in a professional manner: [be] trustworthy and act with honesty and integrity:*

11. The Committee stated the following:

“the Registrant has admitted, and the Committee has found, that he dishonestly supplied multiple prescription-only medications to two patients who he himself has admitted were “vulnerable”, without prescriptions. He admitted to the Committee in oral evidence that he did not request repeat prescriptions from the patients’ GPs (although he told the police that he had done so); and moreover he deliberately tore or cut off the parts of medication labels which showed the name of the pharmacy he had taken the medications from. He did not record the dispensing in the patients’ medication records. The Registrant’s intention was to conceal the full nature of his conduct both from the pharmacy and from the patients. The evidence before the Committee in relation to the full context is that the Registrant was arranging to be in a position to have funds transferred from the patients’ bank accounts to his own account, by way of direct debits. The Committee understands that the Registrant in fact made no financial gain: his dishonesty was uncovered on the day he took the medication from the pharmacy. The Registrant had used his interviews with Patients A and B for Medication Use Reviews (MURs) to introduce the service he was setting up

In relation to the fabricated reference from Witness 5, the Committee took into account that this was premeditated and required planning. The Registrant created a false email account from which he sent the reference, intending the recipients to conclude that it had legitimately been written and sent by Witness 5; he also obtained her husband’s signature and falsely signed the document in her name.”.

12. The Committee also found that the Registrant’s fitness to practise was impaired by reason of that misconduct. The Committee considered Rule 5(2) of the General

Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 (“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.”

13. The Committee found that all four limbs of Rules 5(2) were engaged in the circumstances of the case.

14. It is worth quoting from the committee’s original decision, which included the following:

“The Committee gave credit to the Registrant for his full and frank admissions both in relation to the facts alleged and also for his insight into their seriousness. It took full account of his Reflective Essay in which he sought to demonstrate his insight, his developed understanding of the potential risk of harm to patients in relation to his conduct both in 2019 and 2020, and his regret and remorse... he admitted that he “simply had selfish reasons as I sought to benefit myself only...it was selfishness that led me to a dishonest act.

The Committee also took into account all of the Registrant’s oral evidence and the positive references he had provided. It noted that in addition to references from his fiancée and a close friend, who is a doctor, he had provided references from his managers, both registered health professionals, at his current places of work. It noted

that all the referees had been informed of the allegations before this Committee and confirmed their opinions that he had learned from his previous dishonest conduct and is now honest and trustworthy. The Committee also took into account that the Registrant has undertaken some training including in relation to safeguarding adults and children, ethics and probity. It took into account his acknowledgement in evidence that although the courses did not concentrate in depth on the question of dishonesty, he had found them helpful nevertheless in assisting his development as a more mature and responsible pharmacist than he was at the time of the events in question. It appreciated that he had admitted that there are more courses he has identified which he would like to attend in order to continue with his reflections and remediation in relation to his previous dishonesty and further embed the changes he has made to his practice.

...the Committee was of the view that the dishonesty found proved was not “easily remediable” because, although the dishonest conduct took place on two separate occasions and at two different times, and consisted of quite different actions, what united both events appeared to be an attitude on the Registrant’s part which placed considerations of self- interest above the interests of his patients and his employer.

The Committee was also concerned that although the Registrant had properly and genuinely expressed remorse for his misconduct, and demonstrated insight into the risks of harm to patients, the harm to his employers on both occasions, and the harm to confidence in his profession, nevertheless he had not been able fully to explain to the Committee why he acted as he did...

The Committee took full account of the fact that the Registrant has been working as a registered practitioner both in community pharmacy and in a hospital in oncology since the events four years ago, with no further concerns having been raised. However it was not reassured that, despite his written and oral evidence, and the positive references, the Registrant would not, if circumstances offered themselves on a future occasion, and the Registrant was faced with a conflict between his own interest and those of his patients or of his profession, choose to act dishonestly again.”

15. The committee then went on to consider what the appropriate and proportionate sanction was. The committee identified the following aggravating factors:

- The Registrant exploited vulnerable patients;
- His conduct took place during the course of his work as a pharmacist;
- His falsification of the reference was a breach of trust against his employer;
- He abused his professional position as a pharmacist at Jardines pharmacy, and for personal financial gain;
- The dishonesty took place on two occasions separated by approximately one year, in very different contexts;
- On both occasions of dishonesty, there was a significant degree of planning.

16. By way of mitigation, the committee noted the following:

- The Registrant admitted the facts and conceded that they amounted to misconduct;
- He has an otherwise unblemished career;
- No actual harm caused to patients;
- He has shown some insight into his actions, remorse and regret
- He has made efforts to remediate his conduct;
- Positive personal and professional references.

17. The committee concluded that a warning would not reflect the seriousness of the findings, nor were there any workable conditions which would mitigate against the risk of repetition. The committee decided that a suspension order for 12 months was the proportionate and appropriate sanction. This would address the seriousness of the misconduct, and would be sufficient to address the public confidence and public interest considerations. The committee stated that this period of suspension would enable the Registrant to continue with the reflective and remediation work he had begun.

18. The committee ordered a review towards the end of the period of suspension, and stated that the reviewing committee might be assisted by

- *Testimonials in relation to any work undertaken by the Registrant, whether paid or voluntary;*
- *Evidence of any targeted training and CPD;*
- *A reflective document explaining how the multiple particulars relating to his dishonesty occurred, what his thought process and plans were at the time, and how his insight into his dishonesty has further developed.*

TODAY'S EVIDENCE

19. For today's hearing the Committee has seen a monitoring record confirming that the Council has not received any information to suggest that the Registrant has not complied with his suspension.

20. The Registrant has provided a written statement for this hearing, confirming that he started working at Premier Travel in September 2023, and re-started his mentorship with his father, Kam Singh. In December 2023 he started volunteering at his local temple and a food bank. In February 2024 he began voluntary work for the National Trust. Unfortunately he suffered a knee injury and was hospitalised in March 2024.

21. In terms of developing his skills, the Registrant stated that he has applied to join the Pharmacists' Defence Association ("PDA") and the National Pharmacist Association ("NPA"), although his membership is pending as he is currently not on the register. He has been reading the Pharmaceutical Journal and doing quizzes on the Centre for Pharmacy Postgraduate Education ("CPPE") website. Once his suspension is lifted he intends to undertake the Independent Prescribers Course.

22. In February 2024 the Registrant attended a course entitled "Probity and Ethics in Practice". The following month he attended another course entitled "Insight and Remediation in Practice". He has provided detailed reflections on what he learnt from

these courses, including an assessment of why he was dishonest, and what he will do in the future to avoid a repetition of such behaviour. He has considered the perspective of those affected by his dishonesty, including his colleagues and members of the public. He has accepted that the cause of his dishonesty was his “selfishness”, acting in an “egotistical way” in wanting to set up his own business and obtain a new job. He has written letters of apology to Hilltops surgery, Jardines and Witness 5. He has prepared an action plan and self-assessment framework which he reviews regularly to reflect on his progress. He has provided a copy of the framework, which includes comments from his mentor. When the Registrant supplied a first draft of his reflective essay, his mentor recommended that he read Gibbs’ Cycle of Reflection in order to improve the structure and content of the essay. The Registrant also considers that he has matured, moving closer to his faith and getting married in the past year.

23. The Registrant also provided a copy of his updated eight-page reflective essay regarding his misconduct. In relation to his actions at Jardines, the Registrant accepts that he cut part of the label off the medication so as to make it look as if it was an emergency medication coming from his own company. He did not consider the implications of this at the time, but now realises that his actions broke the supply chain by which the medicine could be tracked. The Registrant has reflected on the impact his actions could have had on Jardines and patients if his dishonest actions had continued. He was also able to explain why due diligence in the job application process is so important, and understands that falsifying a reference could have led him to a secure a role for which he was not suitable. Within his essay the Registrant also reflected on the Council’s standards which the original hearing committee found he had breached, and poor professional relationships, which he believes led to him falsifying the reference.

24. The Committee has seen a positive reference from Mr Singh, the Registrant’s father and mentor, who is a Financial Services Regulatory Delivery Programme Manager. The Committee has also been provided with positive testimonials from a director and a fellow worker of Premier Travel where the Registrant has worked for the past year delivering cars throughout the country, who say that the Registrant has shown integrity

and honesty. There was also a glowing character reference from a Gurdwara Committee member.

25. In his oral evidence today the Registrant expanded on his written evidence, explaining that he now has a supportive network whom he can approach in the future, including his wife, his father, family members who are healthcare practitioners, the PDA, NPA and pharmacist friends who work in both hospital and community pharmacy. With regards to his mentor, the Registrant initially planned to meet with him once a quarter, but in fact their discussions have been much more frequent than that, which the Registrant has found useful. He gave an example of his mentor giving guidance about discussing the issue of honesty with his new employer, Premier Travel. This resulted in his manager preparing a document to confirm that the Registrant has been honest in terms of the expenses he has claimed.
26. The Registrant expanded on his written reflections following the courses he attended earlier this year. He explained that his dishonesty was driven by incentives on offer (setting up his new business and getting a new job). He has analysed that his behaviour was also as a result of poor professional relationships and poor communication. He accepts that he did not consider the interests of Jardines, his patients or the reputation of the profession.
27. The Registrant spoke about what has changed in the last year, and the plans he has to ensure that he is not socially isolated if he does go back into practice. He agreed that he would benefit from shadowing a pharmacist before he returns to practice. Initially he plans to go back one or two days a week so that he is not overloaded.
28. Regarding the risk of repetition, the Registrant is sure that he will never act in the same way again. The risk factors which he has identified are that he was too eager to please, was overworked, stressed and did not recognise his anxieties. He believes that these were the triggers for him to act dishonestly. He said that he has spent the last year thinking about what he has done, and has spoken at length with his mentor about his behaviour. He said that he has now married into a family with many healthcare

professionals whom he can turn to for support. He now considers that he has become more emotionally intelligent, has carried out a substantial amount of remediation and will not act dishonestly again in the future.

COUNCIL'S SUBMISSIONS

29. Mr Sadeh reminded the Committee that the onus is on the Registrant to demonstrate that his fitness to practise is no longer impaired.
30. Having heard the Registrant's oral evidence, Mr Sadeh confirmed that the Registrant has complied with the previous committee's suggestions as to what would assist this Committee's assessment. He said that there is no evidence of any future business venture, and no suggestion that there is any ongoing actual or potential risk to patient safety. Mr Sadeh also said that there is no evidence the Council can put forward today to show that Rule 5(2)(d) is engaged. He said that the Registrant has been candid regarding the factors which lead him to act in the way he did. He also acknowledged that the Registrant was somewhat naive, at the start of his career when the misconduct took place.
31. Mr Sadeh also conceded that there is no evidence to suggest that the Registrant's fitness to practise is currently impaired on public interest grounds.
32. In conclusion, Mr Sadeh said that having read and heard the Registrant's evidence, the Council does not submit that the Registrant's fitness to practise is still impaired.

REGISTRANT'S SUBMISSIONS

33. Mr Hadley submitted that his client's fitness to practise is no longer impaired. He reminded the Committee that the Registrant has to show that he has *sufficiently* remediated, as opposed to *completely* remediated. Mr Hadley echoed Mr Sadeh's submission that Rule 5(2)(a) is no longer engaged, and made the point that the Registrant worked without risk to patient harm between the time of the misconduct and the Principal Hearing. Mr Hadley submitted that the Registrant was able to explain

today the risks of removing the labels from the patient medication. He was also able to explain the potential risks of obtaining a role as a pharmacist based on a false reference. Today the Registrant said he now understands that *“the patient comes first”*.

34. With regards to Rule 5(2)(b) and (c), Mr Hadley submitted that these are akin to the public interest. The Registrant spoke today about his appreciation that the public and fellow members of the profession would be disgusted with his actions.

35. Regarding integrity and Rule 5(2)(d), Mr Hadley referred to the references which were submitted for the Principal Hearing. These show that the Registrant disclosed the allegations to his potential employers. Mr Hadley also referred to the updated references, which comment on the Registrant’s honesty. His current employer trusts him to drive expensive cars around the country.

36. Mr Hadley commented on the Registrant’s voluntary roles, *“putting others first and himself second”*. He said that this was a complete switch from the Registrant’s behaviour which led to the misconduct. Mr Hadley also referred to the Registrant’s remediation, which included writing letters of apology to Jardnies, Hilltops surgery and Witness 5.

37. Mr Hadley reminded the Committee that it has been almost four years since the misconduct took place and there has been no repetition. He also reiterated the mitigating factors which the original committee identified.

38. With regards to the public interest, Mr Hadley submitted that this has been served by the 12 month period of suspension.

LEGISLATION AND CASE LAW

39. The Fitness to Practise Committee’s powers in relation to reviewing this suspension are contained in Article 54(3)(a) of the Pharmacy Order which provides:

(a) where the entry in the Register of the person concerned is suspended, give a direction that –

(i) the entry be removed from the Register.

(ii) the suspension of the entry be extended for such further period not exceeding 12 months as may be specified in the direction, starting from the time when the period of suspension would otherwise expire.

(v) On expiry or termination of the period of suspension (including a period of suspension that was expressed to be indefinite), the entry be conditional upon that person complying, during such period, not exceeding 3 years as may be specified in the direction as the Committee thinks fit to impose for the protection of the public or otherwise in the public interest or in the interests of the person concerned”.

40. In the case of *Abrahaem v GMC [2008] EWHC 183 (Admin)*, Blake J said “*In practical terms there was a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient, and through insight, application, education, supervision or other achievement sufficiently addressed the past impairment....*”

41. The Committee has also considered the guidance set out by Silber J in the case of *Cohen v General Medical Council [2008]*, which states:

“It must be highly relevant in determining a doctor’s fitness to practise is impaired that first his or her conduct that led to the charge is:

(a) easily remediable?

(b) been remedied?

(c) highly unlikely to be repeated?

42. Finally, the Committee considered the *Good Decision Making: Fitness to Practise hearings and sanctions guidance (March 2024)* which states that at a review hearing

“The registrant is expected to provide evidence that any past impairment has been addressed.”

DECISION ON IMPAIRMENT

43. Today the Committee must first decide whether the Registrant’s fitness to practise is still impaired, pursuant to Art 54(3) of the Pharmacy Order. Only if there is such a finding does it go on to consider the range of options available in terms of sanction.

44. The Committee has considered the case of *Abrahaem* referred to above, and in particular Blake J’s comments regarding what the Registrant needs to show to prove that he has fully remediated and has addressed the finding of impairment at the previous hearing. Today the Committee must look at the evidence before it in order to make the assessment as to whether the failings have been remedied.

45. The Committee agrees with both parties’ representatives that the public interest has been met by the Registrant's suspension for the past 12 months, and public confidence in the profession does not require a further finding of current impairment.

46. However, the Committee also needs to consider whether there remains a risk of repetition. The Committee accepts that the Registrant has shown considerable remorse, and has taken substantial steps to remediate his behaviour, and develop insight into his misconduct. He has spent the last year undertaking courses and reading books in order to assist him on this journey. He has spent time working on his self-assessment framework, which he has then discussed with his mentor. He has accepted the advice and guidance from his mentor, and the Committee was impressed with the Registrant’s detailed reflections, which show developed insight compared to his reflective essay which he wrote for the Principal Hearing. Clearly he has taken time to think about why the misconduct took place, which he now accepts was due to his selfish desire to start his own business. He has also reflected on his souring relationship with Witness 5, but realises that he should have been honest with her and told her that he was looking for a new job and needed a reference.

47. The Registrant has done what was asked of him by the previous committee. He has provided glowing testimonials in relation to any work undertaken, both paid and voluntary. He has provided evidence of targeted training and CPD (concentrating on the issues of honesty and integrity). He has also produced a reflective document explaining how the multiple particulars relating to his dishonesty occurred, what his thought process and plans were at the time, and how his insight into his dishonesty has further developed. Within that reflection he openly admitted that his intention has been to deceive patients into believing that the medication was coming from his own company. He now appreciates that his actions had the potential to put patient safety at risk. He also realises that he inconvenienced Jardines, who had to find locum cover at short notice after they dismissed him. He has shown a great deal of remorse, referring to his action relating to the fraudulent reference as a “shameful act”.

48. The Committee agrees with Mr Sadeh that Rule 5(2)(a) is no longer engaged. The Committee is satisfied that the Registrant does not present a risk to patient safety at this time. Clearly he breached a fundamental tenet of the profession and brought it into disrepute by his actions in 2019 and 2020. However, the main issue for the Committee to consider today is whether the Registrant has done enough to show that his integrity can now be relied upon, and that Rule 5(2)(d) is no longer engaged. The Committee took into account that the misconduct took place almost four years ago, when the Registrant was newly qualified and naive, and there has been no repetition since 2020.

49. The Committee considers that the Registrant’s insight is now well developed. It is persuaded that he has shown great remorse for his actions (including writing lengthy letters of apology to those affected) and has remediated his misconduct (undertaking courses and reflections on dishonesty). He has also undertaken voluntary work in the past year where he has put the needs of others above his own. The Committee was

impressed by the amount of remediation and detailed reflection which the Registrant has undertaken in the past year. He now has a supportive network around him. The Committee accepts his evidence that if he is ever tempted in the future to act dishonestly he will stop and think. This fitness to practise process has no doubt been a salutary lesson for him.

50. For all these reasons, the Committee considers that the risk of repetition is now low, and has concluded that the Registrant's fitness to practise is no longer impaired. He will therefore be permitted to return to unrestricted practice once his current suspension lapses next month.

51. This ends the Committee's determination.