

**General Pharmaceutical Council
Fitness to Practise Committee
Principal Hearing Review
Remote videolink hearing
Tuesday 22 October 2024**

Registrant name: Khalid Sayed
Registration number: 2224625
Part of the register: Pharmacist
Type of Case: Misconduct

Committee Members: Sarah Hamilton (Chair)
Hannah Fleetwood (Registrant member)
Alison McVitty (Lay member)

Secretary: Adam Hern
Registrant: Present and represented by Aiden Carr
General Pharmaceutical Council: Represented by Yesim Hall, Case Presenter

Order being reviewed: Suspension (nine months)
Fitness to practise: Impaired
Outcome: Suspension (six months)

1. This is a Principal Hearing Review in respect of Mr Khalid Sayed (“the Registrant”), a pharmacist registered with the General Pharmaceutical Council (‘the Council’) with registration number 2224625.
2. At the Principal Hearing which finished on 10 January 2024 a Suspension Order was imposed on the Registrant for a period of nine months, with a review of that order towards the end of the period of suspension. The Committee is here today to carry out that review.
3. The Registrant is present at this hearing and is represented by Mr Carr. The Council is represented by Ms Hall. The Committee has received and read a bundle of documents submitted by the Council running to 142 pages, and its statement of case and skeleton argument. The Registrant has provided a 20 page bundle for this hearing, together with three testimonials and a letter from a doctor. The Committee heard oral submissions from Ms Hall and Mr Carr. The Registrant gave evidence under affirmation.

PRELIMINARY MATTERS

HEARING PARTIALLY IN PRIVATE

4. The Committee decided to hear any issues relating to the Registrant’s health in private, in order to protect his privacy. The remainder of the hearing would be held in public.

DETERMINATION ON CURRENT IMPAIRMENT

BACKGROUND

5. The background to this case is helpfully set out in the Council’s skeleton argument. The Particulars of Allegation which were admitted and found proved at the Principal Hearing were as follows:

“You, a Registered Pharmacist,

1. On 22 February 2022, attempted to remove one strip of Tramadol 10 capsules from Lloyds Direct Pharmacy.

2. Your actions were dishonest in that you;

2.1 knew you did not have permission to remove medications from Lloyds Direct Pharmacy;

2.2 intended to remove medications from Lloyds Direct Pharmacy without making payment.

3. You did not have a valid prescription for Tramadol

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

6. By way of background, on 25 February 2022 the Council received an online concern from Mr Declan Lismore, Superintendent Pharmacist at Lloyds Direct (“the Pharmacy”) who stated that on 22nd February 2022 the Registrant had attempted to take 10 tramadol capsules from the Pharmacy at the end of his shift. The Registrant was searched at the end of his shift by manager Robert Bluszcz and the tramadol was found.
7. Ms Armarjit Diggpal, Area Manager for the Pharmacy, provided a witness statement to the Council confirming that the process at the Pharmacy (a warehouse) was for waste medication to be immediately thrown into the waste bin by the pharmacist.
8. On 22nd February 2022 Ms Diggpal and Mr Robert Bluszcz noticed a strip of tramadol 10 capsules located on the Registrant’s workstation under his monitor stand. The Pharmacy’s CCTV footage was viewed, where the Registrant could be seen wrapping

something in a roll of blue paper. Before leaving the Pharmacy, the Registrant was stopped by both Ms Dignall and Mr Bluszcz who conducted a search of the Registrant, who was found to be in possession of one strip of tramadol, covered in blue paper in his pocket.

9. Mr Tunstall conducted a disciplinary meeting with the Registrant on 28 February 2022. Notes from the meeting indicated that the Registrant described the events that occurred on 22nd February 2022 and said *'End of the day, not feeling well the whole week. Towards end of shift feeling lightheaded, cleaning workstation, using blue roll, did not notice medication in the blue roll. The medication was in the blue roll, went to the toilet, asked to do a personal search and surprised to find the medication there. So sorry, completely accidental'*.

10. Upon concluding its investigation, the Pharmacy wrote to the Registrant on 1 March 2022 notifying him of the termination of his employment. This decision was made after considering:

- *'You joined [the pharmacy] on 18th January, you are a new employee and have recently undergone training during your onboarding.*
- *You shared you are aware of the process regarding medical waste and chose not to follow it on this occasion.*
- *Witness statement provided on 21/02, witness reportedly observed you putting items in your pocket.*
- *22/01 following the witness statement, during a personal search medication was found in your pocket in highly unlikely accidental on both occasions.*
- *CCTV indicates this was an intentional act.*
- *Loss of trust to continue in your role as an employee of [the Pharmacy]*

11. After the concerns were sent by the Council to the Registrant, he provided a written response on 6 March 2023. He apologised for his actions and expressed his *'shame and disgust'*. He described the personal issues he experienced at the time and how this

impacted on his mental state which he believed *'could have exacerbated my carelessness, lack of attention and my inability to focus'*.

12. **REDACTED**. The Registrant suggested that as a result of **REDACTED**, he acted *'in some ways without the sense of consequences'*. He noted his **REDACTED** and negative feelings while working in the conditions at the Pharmacy, and explained that he fully accepted *'that my action is the reason I am in this situation but these circumstances along with the repetitive and lonely nature of the role had exacerbated my symptoms which may be a contributing factor to why the incident occurred.'*

PRINCIPAL HEARING

13. At the Principal Hearing on 8-10 January 2024 the Registrant admitted all of the Particulars of Allegation. The Committee found that they amounted to misconduct. The committee stated the following:

"The Registrant dishonestly attempted to take Tramadol, a controlled drug. The Registrant would have been well aware that such drugs are solely intended for consumption by those for whom there is a valid prescription, and a failure to adhere to that principle, has the potential to divert medication to those for whom the drug is not prescribed. Such conduct has the potential to cause serious harm to others.

In the case of GMC v Igwilo [2017] EWHC 419 (Admin), it was held that dishonesty constitutes a breach of a fundamental tenet of the profession. The case of Patel v GMC Privy Council Appeal No.48 of 2002 determined that dishonesty was at the top end of the spectrum of the gravity of misconduct.

The Committee concluded that the Registrant's dishonest conduct, whilst unquestionably reflecting poor judgement on his part, could more properly be categorised as a breach of Standards 6 [behave in a professional manner] and 9 [demonstrate leadership]' He failed to behave professionally by abusing his position

and failed to lead by example. As such, the Committee concluded that the Registrant's conduct amounted to a serious breach of Standards 6 and 9 of the 2017 Standards.

14. The committee decided that the Registrant's fitness to practise was impaired by reason of his 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."

15. The committee found that Rules 5(2) (a) – (d) were all engaged in the circumstances of the case. The committee stated:

"Principles in relation to honesty and integrity of Standards of Conduct, Ethics and Performance are fundamental principles of the pharmacy profession and are essential qualities to be expected of a Pharmacist if public confidence in the profession is to be maintained. As set out earlier in its determination, diverting controlled drugs towards those for whom it was not intended without a valid prescription has the potential to cause significant harm, even if there was no evidence before the Committee that actual harm was caused in this case.

The Committee accepts that whilst it may not always be easy, dishonest behaviour is potentially remediable.

The first 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 considered the contents of the Registrant's written reflective statement in which he stated:

*"I am extremely embarrassed by my actions and know I have let myself down and also everyone around me.... Since that incident, all I've felt since then is shame and disgust. This incident occurred because I was being careless and I was lacking focus, concentration and I felt like I wasn't in the right frame of mind at that moment...**REDACTED***

The Committee noted that the Registrant's reflections that the workplace environment may have contributed to his behaviour were at odds with his comments made in his investigation meeting with the Pharmacy Superintendent in February 2022 in which he said:

"I just want to add that I love working here so much. I don't want to lose this position over something unintentional. I really don't want to leave I enjoy working with you and everyone....

....Love it here, favourite position

....really love it here, this place has been an amazing place to work. Thank you for the Opportunity

... I really love working here...."

The Committee therefore rejected the Registrant's reflections that the work environment was a contributory factor in relation to his dishonesty. The Committee therefore found the Registrant's level of insight to be limited as he has not meaningfully

taken personal responsibility for his behaviour, seeking instead to rely on a poor work environment, which he had earlier praised.

Whilst the Committee has also had sight of the Professor 1's letter dated 18 February 2023, the letter fails to specifically address, and the Registrant has not demonstrated, how he is now able to recognise triggers for, and address his dishonest / impulsive behaviour, such that the Committee can be satisfied that it was highly unlikely that his misconduct would not be repeated.

...the Committee concluded that, whilst the Registrant's failings were capable of remediation, it could not conclude that his failings had been fully remediated and were therefore highly unlikely to be repeated. As a result, it considered that there remained an ongoing risk of harm to the public. In the circumstances, the Committee found that the Registrant's fitness to practise is currently impaired on public protection grounds.

...Given the seriousness of the misconduct found proved, the Committee is satisfied that a finding of impairment is required to uphold proper professional standards and public confidence in the profession, as failure to do so would undermine that confidence."

16. The committee then went on to consider what the appropriate and proportionate sanction should be. It identified the aggravating factors were as follows:

- *The Registrant's dishonesty was deliberate, particularly when seen in the context of the Registrant's actions the day before the incident in question;*
- *The Registrant was in a position of trust within the Pharmacy, being responsible for the accurate administration and dispensing of controlled drugs;*
- *When initially interviewed about the matter, the Registrant demonstrated a lack of candour by stating that his actions were accidental, when he now accepts that he acted dishonestly;*
- *As set out earlier in its determination on impairment, whilst the Registrant has demonstrated some insight into his failings, it is limited.*

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

- *The Registrant has engaged in the regulatory process and made admissions to all the factual allegations at the outset of the hearing, did not seek to argue that his actions did not amount to misconduct, and conceded that his fitness to practise is currently impaired;*
- *These incidents represented out of character behaviour in an otherwise unblemished career;*
- *The Registrant suffered from a health condition at the time. The Committee has however, had regard to the principle derived from the case of Sun v GMC [2023] EWHC 1515 (Admin) in identifying the Registrant’s health history as a potential limited mitigating factor, but recognising the absence of evidence that would be sufficient to excuse or exonerate the Registrant’s dishonesty, or explain how the health condition specifically impacted on the Registrant at the time;*
- *The Registrant has produced up to date testimonials attesting to the Registrant’s character and competence. The Committee has however attached little weight to Ms 5’s reference as it is unsigned, undated and she does not state that she is aware of the allegations against the Registrant;*
- *The Registrant has sought professional help. However, the Panel has not been assisted by an up to date medical report setting out the extent to which the Registrant is, in practice, managing his health condition;*
- *He has undertaken relevant CPD courses;*
- *The Registrant’s misconduct has not been repeated in the intervening period and that he has continued to practise without complaint.”*

18. Having considered the above, and particularly taking into account that the matters found proved related to one isolated incident in relation to a low quantity of Prescription Only Medicines (“POMs”), albeit that they were controlled drugs, the committee concluded that the Registrant’s dishonesty fell towards the centre of the spectrum of dishonesty.

19. In terms of sanction, the committee concluded that a warning would fail to address the public protection and public interest concerns identified as the Registrant's practice would not be subject to any restriction. It decided that Conditions of Practice were not appropriate because it was not possible to formulate workable and practicable conditions that would adequately address the nature of the misconduct found proved. In reaching that decision, the committee noted that the Registrant had attended two online Probity and Ethics CPD courses prior to the hearing, yet he was still unable to demonstrate a sufficiently high level of insight, nor fully accept personal responsibility for his failings. The Committee therefore concluded that the risks identified could not be properly managed through conditions.

20. In these circumstances, the committee decided to impose a Suspension Order for a period of nine months. The committee ordered a review towards the end of the period of suspension, and stated that the reviewing committee might be assisted by:

- the Registrant's further reflections on this Committee's misconduct finding;
- an up-to-date reference / testimonials in respect of any work, paid or unpaid;
- an up to date health report;
- any other information the Registrant considers might assist him in returning to unrestricted practice; and
- the Registrant's attendance at a review hearing

TODAY'S EVIDENCE

21. For today's hearing the Committee has seen a monitoring record from Mubarka Syed, a Case Administrator at the Council outlining the emails which had been sent to the Registrant. Ms Syed contacted the Registrant on 18 September 2024 in preparation for this hearing and reminded him of the evidence that may assist the Committee when determining whether he is currently impaired. The Registrant was advised to forward any evidence he wished to rely on by 25 September 2024 so this could be considered before the Council began to prepare for this review. A follow up email was sent to the

Registrant on 27 September 2024 noting Ms Syed had not received a response to her earlier email. She also asked the Registrant to confirm that he remained compliant with his suspension. This morning the Committee received a copy of an email from the Registrant sent to Ms Syed on 17 October 2024, confirming that he has been compliant with his suspension. He explained that he had instructed Mr Carr to represent him, and understood that Mr Carr would be sending a bundle of documents in readiness for today's hearing.

22. This morning the Committee received that bundle, which consisted of a detailed reflection from the Registrant, and copies of CPD certificates regarding two courses the Registrant had undertaken on 18 September 2024, entitled "Module on Reflection" and "Module in Insight". The Committee was also provided with a testimonial from Mohamed Saleh dated 15 October 2024. He is a pharmacy manager who has been mentoring the Registrant during his suspension. He stated:

"I have been supporting Khalid in understanding the GPhC standards of practice and the importance of adhering to them. Over the past months, I have mentored him extensively, discussing the key responsibilities of a pharmacist and the critical role these standards play in ensuring patient safety and maintaining public trust. Khalid's unwavering commitment to learning and his genuine interest in the specific areas of improvement necessary to regain his standing as a pharmacist have been truly commendable.

...he has also actively participated in practical exercises, such as case studies and scenarios that we discussed together, to show how he would handle different situations per the standards. This practical application of his learning is a testament to his ability to apply theoretical knowledge to real-world situations. Khalid conducted extra research and discussions on how to "behave in a professional manner" and "use professional judgment." From our discussions, he understands the importance of these standards and has reflected on how he can maintain them in the future. He has also reflected on the importance of "speaking up when things go wrong or have concerns"

he looked at case studies in situations where a concern has to be raised. He understands why this was done and the consequences this can have on the pharmacy profession, the public and the regulatory body if this standard has not been followed

... I firmly believe that he is not only ready but also eager to return to practice with a renewed sense of accountability and a deeper appreciation for the professional standards that govern his role. His readiness and eagerness to return to practice are clear indications of his commitment to his profession and his understanding of the standards expected of him. I am optimistic about the positive impact he can make in the future”.

23. REDACTED

24. At the hearing today it transpired that Mr Carr had received two further testimonials on behalf of his client which he had not sent to the Council. The Committee took some time to read these during the hearing. The first was a letter from Prof Boyde, dated 9 October 2024. He owns a private clinic (French and Overseas Clinic Ltd) where the Registrant has been volunteering during his suspension. Prof Boyde stated:

“His contributions have been valuable, not only in terms of improving clinic operations but also in ensuring better patient outcomes. Khalid's willingness to help wherever needed - whether it be with patient scheduling, filing, or supporting clinical tasks - has shown his continued dedication to healthcare, even during this challenging period.

...Khalid has spent considerable time reflecting on the matters that led to his suspension. We have had numerous discussions centred on the importance of self-reflection, remediation, and insight, all of which he has approached with sincerity and determination. I believe that this period of reflection has allowed Khalid to gain valuable insight into his actions and how they affected his professional standing. He has taken full responsibility for his past behaviour and has worked hard to ensure that he is better equipped to avoid similar mistakes in the future.”

25. The second testimonial was from Jawad Al Muaathen, HR and Accounts Manager at Zen Healthcare, dated 10 October 2024. He stated:

“Following his suspension, Khalid remained employed at Zen Healthcare as a counter assistant. During this period, he demonstrated professionalism and dedication to the work.

...Throughout the period of his suspension, Khalid has shown a commendable level of maturity and commitment to learning from his past conduct. In our discussions, he has consistently demonstrated a sincere effort to reflect on his actions and gain insight into the circumstances that led to his suspension. This personal and professional growth is a testament to his readiness to return to his role as a pharmacist.

Khalid has expressed a strong determination to uphold the highest standards of practice if he is allowed to return to his role as a pharmacist. His commitment to ensuring that such issues will not arise again is unwavering. His time working as a counter assistant has further strengthened his understanding of the responsibility that comes with patient care, and I believe he is now better equipped to manage these responsibilities.

I am proud of Khalid's progress and fully support his return to practice. He remains an invaluable member of our team, and I strongly recommend that he be allowed the opportunity to continue his career as a pharmacist.”

26. The Registrant gave evidence under affirmation. He said that he has been volunteering at Prof Boyde’s clinic once or twice a week, and has continued working at Zen Healthcare as a counter assistant four or five days a week. He has been completing a reflective journal during his suspension, although he had not included this in his evidence bundle as he had not been told that this was required.

27. During cross examination he explained that he has undertaken the Pharmacist Independent Prescriber (“PIP”) course at Aston University. He did around six study days in 2023 (before he was suspended from practice) and in 2024 he has been doing

assessments. He has supplied a copy of a document from Aston University confirming that he passed the course on 9 October 2024. In answer to a question from the Committee, the Registrant said that he had not told the University about his suspension, as he was not suspended when he started the course in 2023.

28. In answer to questions from the Committee, the Registrant said that he took full responsibility for his mistakes. He still cannot explain fully why the misconduct took place, but he puts it down to carelessness and lack of concentration. He said that he is full of shame and regret, and has reflected fully on the Council's standards during his period of suspension. When asked specifically what "mistakes" he was referring to (as there was no mention of the findings of dishonesty in his written reflections), the Registrant said "*the strip was taken; this was a misjudgement and due to carelessness*". He reiterated that this was a "*huge mistake - I can't fully explain why..due to not thinking at that time and carelessness*".

29. The Committee also asked the Registrant to give a specific example of how his **REDACTED** symptoms have improved since he has been taking his medication. He said that he no longer loses things like his keys or phone, whereas before taking the medication he felt his mind was foggy and more sluggish.

COUNCIL'S SUBMISSIONS

30. Ms Hall reminded the Committee that the onus is on the Registrant to satisfy it that his fitness to practise is no longer impaired. In her skeleton argument she submitted that as the Registrant had not provided any evidence to suggest his level of insight had improved and he had remediated his misconduct, the Council was concerned that the risk of repetition remains high. Ms Hall reminded the Committee of the seriousness of the misconduct in this case (attempting to remove controlled drugs from the pharmacy without payment or a prescription), and the potential risk to the public and reputation of the profession.

31. Having heard the Registrant's oral evidence today, and considered his written evidence and reflections, Ms Hall submitted that the Council remains of the view that the Registrant's fitness to practise is currently impaired. She referred to the Principal Hearing committee's concerns regarding his lack of insight. She said that his written reflective statement produced today was very vague, and did not address at all his attempt to remove controlled drugs from the Pharmacy. She noted that the Registrant did not use the word "dishonesty" anywhere in his reflective account, instead referring to his "carelessness". She submitted that the Committee should question how meaningful this written statement is. She conceded that he has undertaken courses, and that his statement is a good academic piece regarding the Council's standards. However, she said that it does not show good insight into his misconduct, and therefore there remains a risk of repetition. Ms Hall submitted that until the Registrant is able to fully accept that his actions were dishonest, as opposed to simply careless, he will not develop sufficient insight.

32. Ms Hall also noted that none of the individuals who have provided testimonials have confirmed that they have seen the Particulars of Allegation which were found proved. They simply state that they are aware that the Registrant is currently suspended from practice. She referred to paragraph 5.30 of the Council's *"Good decision making: Fitness to practise hearings and outcomes guidance"* which states *"The committee should consider whether the authors of the testimonials were aware of the events leading to the hearing and what weight, if any, to give the testimonials. The weight given to evidence in references and testimonials is a matter for the committee, however, the committee may place greater emphasis on evidence of this nature that is verified."*

33. Ms Hall submitted that if the Committee does find current impairment, the Council is seeking a further period of suspension for nine months.

REGISTRANT'S SUBMISSIONS

34. Mr Carr submitted that his client had admitted dishonesty at the Principal Hearing, and had written letters of apology to his employers. Mr Carr submitted that the word “mistake” is synonymous with “dishonesty”.
35. **REDACTED** He said that the Registrant today is a very different pharmacist than in the past. He submitted that the Registrant’s fitness to practise is no longer impaired, but if the Committee is not with him on this, he would urge it to impose only one condition, namely continuing to engage with **REDACTED**

LEGISLATION AND CASE LAW

36. The 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,*
 - (iii) the entry be suspended indefinitely, if the suspension has already been in force throughout a period of at least two years,*
 - (iv) in the case of an indefinite suspension, terminate the suspension, provided that the review takes place in the circumstances provided for in paragraph (4), or*
 - (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”.

37. 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....”*

38. Finally, the Committee has 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

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

40. 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 persuade it that he has fully remediated and has addressed the finding of impairment at the previous hearing.

41. The Committee considered the Registrant’s written reflective account, and noted that he did not refer to the actual misconduct, or his dishonesty. It was very vague, referring to the “mistakes” made, which he attributes to his **REDACTED** He said that *“I now have*

a much clearer understanding of where I went wrong and how to avoid similar mistakes”, but when he talks about remediation, he concentrates on **REDACTED**

42. The Committee was concerned that the Registrant had not addressed the issue of dishonesty. It noted that when he was asked during the hearing to explain what “mistakes” he was referring to, he said “*the strip was taken*”, as opposed to “*I took the strip*”. It appears that despite the Registrant undertaking training and reflections on the Council’s standards, which are to be commended, he still cannot admit to himself, let alone anyone else, that he was dishonest. The Committee attached little weight to his testimonials, as none of them specifically referred to the issue of dishonesty in their letters. The Committee accepts that the Registrant has continued to work in a pharmacy setting, keeping his skills and knowledge up to date, but that was not the concern of the previous committee. Rather, it was his limited insight into what drove him to act in a dishonest manner. He admitted at the Principal Hearing that he intended to take the tramadol from the Pharmacy, but has still been unable to explain why he did this.

43. The Committee did not accept Mr Carr’s submission that “*mistakes*” are synonymous with “*dishonesty*”. They are two very different things, and until the Registrant is able to accept this, there remains a real risk of repetition. The Registrant has provided a detailed written piece regarding the Council’s standards, and undertook two courses last month on insight and reflection. However, despite this, he has not been able to connect his learning to his misconduct.

44. The Committee was also surprised that despite the Registrant seemingly continuing to reflect on professionalism and the Council’s standards throughout his suspension, he did not think to check either with the Council or Aston University whether his suspension would affect his studies on the PIP course. The Committee does not know whether the Registrant was permitted to continue with those studies, but is concerned that he did not check the position.

45. **REDACTED**

46. Having considered his written reflections and his oral evidence at this hearing, the Committee has concluded that the Registrant has not developed sufficient insight into his misconduct, and therefore there remains a risk of repetition. The Committee has decided that the Registrant has not discharged his persuasive burden, and that his fitness to practise remains impaired.

DECISION ON SANCTION

47. Having found impairment, the Committee went on to consider the matter of sanction. The Committee's powers are set out in Article 54(2) of the Order. The Committee should consider the available sanctions in ascending order from least restrictive, take no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate sanction that meets the circumstances of the case.

48. The purpose of the sanction is not to be punitive, although a sanction may in fact have a punitive effect. The purpose of the sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.

49. The Committee took into account the *Good decision making: Fitness to practise hearings and sanctions guidance*, and the aggravating and mitigating factors identified by the Principal Hearing Committee.

COUNCIL'S SUBMISSIONS

50. The Council submitted that a further period of suspension for nine months would be appropriate and proportionate.

REGISTRANT'S SUBMISSIONS

51. Mr Carr submitted that Conditions of Practice would be appropriate, and that the only condition required would be for the Registrant to continue to engage with **REDACTED**

DECISION ON SANCTION

52. In light of the Committee's assessment regarding the risk of repetition, it considers that taking no action or issuing a warning remain inappropriate sanctions, as they would not address the risk to the public or public interest.
53. As far as conditions are concerned, the Committee noted the guidance in the *Good decision making* document, which states that conditions are likely to be appropriate where *"There is evidence of poor performance, or significant shortcomings in a professional's practice, but the committee is satisfied that the professional may respond positively to retraining and supervision"* and where *"There is not a significant risk posed to the public, and it is safe for the professional to return to practice but with restrictions."* This is not a case where there is a clinical deficiency, but rather the concerns are attitudinal. The Registrant has undertaken training in the form of CPD courses, but despite this has not developed sufficient insight into his misconduct. The Committee therefore considered that Conditions of Practice would not address this concern, nor would they protect the public or satisfy the public interest. It is not re-training that the Registrant needs, but his own acceptance of his dishonesty and an understanding of why it happened.
54. The next sanction is a further period of suspension, up to a maximum of 12 months. The Committee considered that the Registrant's failings are capable of being remedied, if he is able to admit to himself and others that he was dishonest, and the reason for this. The Registrant has had one period of suspension so far, for a period of nine months. The Committee considered that he should be provided with a further opportunity to develop his insight. He is to be commended for the steps taken so far, and his continued commitment to the profession. He may want to consider discussing these findings with one of his mentors, who can help him reflect on the dishonesty aspect of this case, as opposed to the health aspect.

55. The Committee has decided that the appropriate period of suspension should be a further six months. This sanction is sufficient to protect the public and address the public interest element, as he will not be able to practise as a pharmacist for the next six months. This period of time should be sufficient for the Registrant to develop his insight; any longer will be unduly punitive.

56. The Committee did then look at removal from the register. It took into account the Council's guidance regarding erasure, which states that:

“Removing a registrant’s registration is reserved for the most serious conduct... The committee should consider this sanction when the registrant’s behaviour is fundamentally incompatible with being a registered professional.”

57. The Committee concluded that the misconduct is not so serious as to be incompatible with remaining on the register, and there remains a possibility that the Registrant will be able to develop his insight.

58. The Committee therefore imposes a further suspension for six months, with a review towards the end of that period. The next committee is likely to be assisted by a further written reflection from the Registrant, concentrating on the dishonesty, and his attending at the next hearing.

Interim Measures

59. The order of suspension that the Committee has imposed does not come into effect immediately. It comes into effect at the conclusion of an appeal period if there is no appeal lodged, or if there is an appeal at the conclusion of the appeal proceedings. The current suspension order expires on 7 November 2024.

60. On behalf of the Council, Ms Martin applied for an Interim Measure of suspension to cover the appeal period and the period of any subsequent appeal proceedings. The application was based on the findings of the Committee set out above, particularly with regard to future risk of harm to the public and the public interest.

61. Mr Carr said that his client does not oppose the application.

62. The Committee determined to grant the application. It had in mind the 'Good Decision Making Guidance'. It grants the Interim Measure on the basis that it is necessary for the protection of the public and that it is otherwise in the public interest. The Committee relies on its earlier findings, in particular having regard to future risk of harm to the public of a repetition of the misconduct and given the seriousness of what has occurred. The Committee is satisfied that an Interim Measure of Conditions of Practice would not be appropriate or proportionate for the reasons previously given.

63. The Interim Measure will therefore be one of suspension. This takes effect immediately and covers the period during which the Registrant may appeal against the Committee's decision and the period of any appeal proceedings that may then follow.

64. This ends the determination.