

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

Remote videolink hearing

29 November 2024

Registrant name:	Habib Noman Iqbal
Registration number:	2212445
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Sarah Hamilton (Chair) Sima Hassan (Registrant member) Andrew Popat CBE (Lay member)
Secretary:	Zainab Mohamad
Registrant:	Present and not represented
General Pharmaceutical Council:	Represented by Mike Ko, Case Presenter
Order being reviewed:	Suspension (three months)
Fitness to practise:	Not impaired

1. This is a Principal Review Hearing in respect of Mr Habib Noman Iqbal (“the Registrant”), a pharmacist registered with the General Pharmaceutical Council (“the Council”) on 1 September 2016 with the registration number 2212445. At the Principal Hearing on 6-8 August 2024 a Suspension Order was imposed on the Registrant for a period of three months. At that hearing the Committee ordered that there be a review of the order prior to the end of the period of suspension. The Committee is here today to undertake that review.
2. Today the Council is represented by Mr Ko. The Registrant is in attendance, and not represented. The Committee had received and read a bundle of documents submitted by the Council running to 340 pages, and its statement of case and skeleton argument. The Council’s bundle included documents submitted by the Registrant for this review. The Committee heard oral submissions from Mr Ko and the Registrant.

Determination on current impairment

Background

3. The Particulars of Allegation (as amended) which were found proved at the Principal Hearing were as follows (Particulars 1 and 3 were admitted by the Registrant) :

“On or around 11 to 17 December 2021, whilst you Habib Iqbal, were Superintendent Pharmacist of Central Pharmacy, 142 Northdown Road, Margate, CT9 2QN, it is alleged that:

1. Confidential waste, controlled drugs, one or more syringes and/or other medication was:

- a) Placed within black bags;*
- b) Not stored within lockable cabinets; and*
- c) Disposed of at an unsecure location.*

2. You did not take suitable steps to ensure that confidential waste, controlled drugs, syringes and/or other medication was stored and/or disposed of correctly.

3. As a result of the matters at 1a, 1b and/or 1c above, patient confidentiality was breached, in that the confidential waste included names and/or addresses of patients.

4. Upon being informed of the matters at 1a, 1b and/or 1c above, you did not take timely steps to address the concerns.

5. On or around March 2022 submitted a report to NHS data security in which you stated that you had become aware of the incident in particular 1 above in February 2022.

6. Your actions in particular 5 were dishonest in that you were made aware of the incident in December 2021 and deliberately sought to mislead any reader of the report as to the date you became aware of the incident.

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

4. At all material times, the Registrant was the Superintendent Pharmacist of Central Pharmacy, 142 Northdown Road, Margate, CT9 2QN “the Pharmacy”). On 15 December 2021, Ms 1 was working through an agency as a Street Scene Enforcement Officer for Thanet District Council. She was alerted to fly-tipping at a recycling centre at Palm Bay Avenue, Margate. Upon investigation, she discovered six black bin bags, containing the name of the Registrant and the Pharmacy. The bags contained:

- prescriptions (which included patient information);

- unopened medication (Amitriptyline);
 - almost empty bottles of Methadone; and
 - a syringe.
5. Ms 1 took the bags back to the Pharmacy so that they could be properly disposed of. She attended around 1pm on 15 December 2022 and spoke to a locum pharmacist, Mr 1, and a female member of staff. The locum identified the Registrant as the one in charge. Ms 1 later issued the Pharmacy with a Fixed Penalty Notice (for fly tipping), which was paid in full.
6. The Controlled Drugs Professional Manager, Ms 2, produced emails from the Pharmacy in which it accepted that it had not properly rinsed out the methadone bottles before disposing of them. Statements from dispensers Mr 2 and Ms 3 set out that they assumed that the builders had disposed of the black bags by mistake.
7. In his representations to the Council dated 15 February 2022, the Registrant provided further detail about the building work that was going on at the Pharmacy. He also stated that the December period was very busy, and that the decision to store the confidential waste in black bin bags was made by an unknown member of staff.
8. At the material time, Mr 1 was a locum pharmacist at the Pharmacy. He provided evidence that, in December 2021, it was being renovated and, as a result, the required process to dispose of confidential waste had not been followed. The confidential waste was being stored in black bin bags at the back of the Pharmacy with the builders' waste. It is believed that the builders disposed of the bin bags, believing them to be regular waste. Mr 1 also stated that he called the Registrant later that day, 15 December 2021, to inform him of what happened. The Registrant made a reference to NHS Data Security on 3 March 2022 in which he stated that he became aware of the incident on 4 February 2022.

The Principal Hearing

9. At the Principal Hearing the evidence of Ms 1 and Ms 4 was agreed by the parties, so they were not called. Mr 1 was called to give live evidence. The Council informed the Committee that in May 2024 Mr 1 was removed from the Council's Register for supplying a fellow pharmacist, on multiple occasions between January 2017 and March 2020, with Phenergan and/or Codeine Linctus without clinical need in circumstances in which he knew or believed they would, or would likely to be, abused or misused. The Council further explained that, as he is no longer a pharmacist and was reluctant to provide evidence, Mr 1 had been reluctant to provide evidence and was summoned to do so.
10. Mr 1 gave evidence that he worked as a locum Pharmacist during November and December 2021. He went to university with the Registrant and had no problems working with him. He said that the required process for dealing with confidential waste at the Pharmacy was that everything had to either be shredded or put in the confidential waste bin. In the dispensary, there was a locked cabinet with a bin inside, into which confidential waste was placed. When the bin was full, there was another basket in the dispensary that was used to collect the confidential waste. The Pharmacy then had a contractor that came in to dispose of the confidential waste. Mr 1 was the Responsible Pharmacist on duty when he was informed by staff from Thanet District Council that confidential waste belonging to the Pharmacy had been found in bin bags.
11. After the Council returned the bin bags, Mr 1 had a look through them and found inside medication labels containing patient names and addresses. Mr 1 called the Registrant to inform him of the situation. Mr 1 felt that it was his duty, as the Responsible Pharmacist at the time, to call the Registrant. The Registrant was very concerned regarding the confidentiality breach, and said that the situation needed to be sorted.
12. The Registrant gave evidence at the hearing. He apologised for being in this situation. He accepted that he was the member of staff responsible for GDPR compliance and the Data Protection Officer for the Pharmacy. He said that at the time of the allegations,

the Pharmacy was very busy due to Covid vaccinations being administered, it being a late-night pharmacy, and it being the Christmas period. This resulted in an excess amount of waste being produced. Further, he said that there was building work taking place, and the builders did not realise that the excess waste at the back of the Pharmacy belonged to the Pharmacy, but accidentally incorporated this with the builders' rubbish. The Registrant accepted that confidential information, medication and syringes could have been mixed up in waste bags, but that should not have happened. He said that the Pharmacy had Standard Operating Procedures ("SOPs") on how to dispose of medical waste, confidential waste and sharp objects. At the time of the allegations, these SOPs should have been followed, but they were not. He said that no one was formally disciplined for the data breaches and the incorrect disposal of medicine and medical waste as he was not sure who was responsible.

13. The NHS Data Protection and Security Toolkit asked the question "*When did you become aware of the incident*" to which the Registrant responded "*Friday, 4 February 2022 09:00.*" The Registrant explained that this was an oversight on his part as he put down the date when he received a letter from the Council rather than the date he found out from Mr 1 what happened; he misinterpreted what was being asked of him.

14. The Registrant said that since the date of the allegations, he has carried out the following steps:

- The capacity of the confidential waste bins has increased to avoid a repetition
- There has been a review of the SOPs.
- He sat down with the dispensers to find out what happened and explained that this should never happen again.
- Empty bottles of medication are now rinsed immediately as opposed to being left to be rinsed and disposed of at a later point in time.
- He has ensured that there are enough medical bins to dispose of medical waste.
- He conducted an internal investigation culminating in a report which was currently at the Pharmacy in a lockable cabinet to which only the Registrant had access (the Committee asked to see if but the Registrant could not find it)

15. The committee found all of the Particulars of Allegation proved, stating that:

“During 13 and 14 December 2021, as the Responsible Pharmacist present at Central Pharmacy, the Registrant could have taken suitable steps to ensure that confidential waste, controlled drugs, syringes and/or other medication was stored and/or disposed of correctly. Instead, confidential waste, controlled drugs, syringes and/or other medication were found in the same unlabelled black bag(s); this created a risk of improper disposal of these items. This risk crystallised.

...even if SOPs were in place, they were not followed as confidential waste, controlled drugs, syringes and/or other medication were found in the same unlabelled black bag(s) and fly-tipped.

... given the Registrant was aware of the building works taking place, he should have made provisions to ensure that the pharmacy continued to function properly, including necessary provisions to ensure that confidential waste, controlled drugs, syringes and/or other medication was stored and/or disposed of correctly.

16. In relation to the allegation regarding dishonesty, the committee found that:

“The Committee considers the Registrant had incentive for the reader of the report [to the NHS Data Protection and Security Toolkit] to believe that he only knew of the incidents set out in Allegation 1 in February 2022, as it would indicate that he took timely action. The Committee considers that the Registrant’s actions, in responding with a date of 4 February 2022 as the date he became aware of the incident, were dishonest.

In light of this evidence, the Committee considered that it is more likely than not that the Registrant’s actions were dishonest in that he deliberately sought to mislead any reader of the NHS Data Protection and Security Toolkit report as to the date he became aware of the incident”.

17. The committee found that the admitted facts amounted to misconduct. It held that the Registrant had breached the following 2017 Standards for Pharmacy Professionals:

- *Standard 6 – Pharmacy professionals must behave in a professional manner, in particular, that pharmacists are trustworthy and act with honesty and integrity;*
- *Standard 7 – Pharmacy professionals must respect and maintain a person’s confidentiality and privacy;*
- *Standard 8 – Pharmacy professionals must speak up when they have concerns or when things go wrong; and*
- *Standard 9 – Pharmacy professionals must demonstrate leadership.*

18. 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.”

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

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

“The Committee considers that the Registrant has partial insight due to the following:

- a. The Committee accepts that the Registrant is aware of the seriousness of the allegations and appreciates the effect of the misconduct on Central Pharmacy.*
- b. The Registrant does not possess full insight because he continues to blame staff members from Central Pharmacy not following SOPs for the incident on 15 December 2021. The Registrant has not accepted full responsibility for what happened.*
- c. The Registrant has not demonstrated insight towards patients whose personal details may have been compromised by the breach of patient confidentiality.*
- d. The Registrant has not demonstrated insight towards members of the public due to the safety lapse of controlled drugs, syringe(s) and other medication being flytipped in a publicly accessible space.*

The Committee considers that the Registrant has shown partial remorse given his apologies to the Committee. However, the Committee considers that the apology does not seem to cover his patients whose confidentiality may have been breached, or the public who were put at risk from controlled drugs, syringe(s) and other medication being fly-tipped in a publicly accessible space.

The Committee considers that the Registrant has completed partial remediation, given that:

- a. The Registrant has made changes to improve Central Pharmacy. Central Pharmacy has passed a Council inspection in 2023.*
- b. The Registrant’s remediation appears to have been focused on Central Pharmacy alone and there is no evidence before the Committee that the Registrant has conducted any remediation on himself. It is not known what training or CPD he has conducted to reduce any risks should a similar incident arise in the future.*

The Committee considers that these proceedings have been a salutary experience for the Registrant, which reduces the risk of repetition. Nevertheless, given the partial insight, partial remorse expressed, and partial remediation completed by the Registrant, the Committee considers that the Registrant's conduct or behaviour presents an actual or potential risk to patients or to the public.

In particular, the Committee was concerned that there was no evidence put before it setting out remediation to Central Pharmacy or to the Registrant should a similar busy period occur again (building works, Christmas time, mass vaccination of the population). Such evidence would have assisted the Committee's assessment of risk that the Registrant currently poses to patients and the public.

The Committee considers that the Registrant's conduct or behaviour shows that the integrity of the Registrant can no longer be relied upon. He acted dishonestly by deliberately seeking to mislead any reader of the NHS Data Protection and Security Toolkit report as to the date he became aware of the incident.

21. The committee decided that in addition to the Registrant's fitness to practise being impaired on the personal component, the public interest was also engaged and required a finding of impairment. It found that members of the public would be concerned to learn that a pharmacist had breached patient confidentiality, compromised public safety by permitting controlled drugs, syringe(s) and other medication to be fly-tipped in a publicly accessible space, and had acted dishonestly.

22. The committee then went on to consider what the appropriate and proportionate outcome was. The committee identified aggravating factors as:

- *The Registrant had not provided any evidence of self-reflection;*
- *It was unclear what steps the Registrant had taken to address his shortcomings;*
- *There were multiple breaches of patient confidentiality;*
- *The Registrant was in a heightened position of trust as Superintendent;*
- *The conduct went to the heart of the Registrant's character; and*

- *the Registrant was dishonest to his regulator and failed to uphold his Duty of Candour.*

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

- *The Registrant had been apologetic, albeit only recently toward his patients;*
- *The Registrant had engaged with the Council through these proceedings;*
- *The Registrant made early acceptances of his wrongdoing;*
- *The data breaches appear accidental as opposed to deliberate or wilful; and*
- *This was a single instance of data breach and of dishonesty, which was a one-off and was at the lower end of the dishonesty spectrum.*

24. The committee concluded that to take no action, or issuing a warning would not adequately protect the public or meet the wider public interest. The committee decided that conditions of practice were not appropriate as no relevant or proportionate conditions could be formulated given the Registrant's position as owner and Superintendent of the Pharmacy, his partial insight, his partial remorse and the partial remediation completed. Further, the committee did not consider that conditions were the appropriate vehicle to protect the public where a registrant has acted dishonestly, albeit at the lower end of the dishonesty spectrum.

25. The committee concluded that a short suspension order of three months was the proportionate and appropriate response in this case. This would allow the Registrant time to continue to develop his insight and remediate further.

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

"a. A submission of a reflective piece in which the Registrant demonstrates acceptance of his practice shortcomings and an understanding of his own responsibilities;

b. That he completes and provides evidence of training undertaken in the following areas:

i. Compliance and enforcement of SOPs;

ii. Safe disposal of:

1. confidential material;

2. medicines; and

3. medical waste;

iii. A pharmacist's duty of candour;

c. A submission, supported by evidence, setting out detailed measures which have been put in place to ensure compliance with SOPs and what enforcement action will take place should there be non-compliance with SOPs;

d. Evidence of inspections which have taken place at Central Pharmacy; and

e. Evidence of audits that have been carried out at Central Pharmacy to ensure compliance with SOPs.ake place should there be non-compliance with SOPs;”

Today's evidence

27. For today's hearing the Committee has seen a Monitoring Record dated 8 November 2024 from Ms Mubarka Syed, Case Administrator for the Council, recording the monitoring and compliance updates in relation to this case. On 8 October 2024 the Registrant confirmed that he was compliant with his suspension order. He ceased working at the Pharmacy shortly after the Principal Hearing.

28. As outlined in the Monitoring Record, the Registrant has provided:

(a) A reflective statement;

(b) CPD diary and evidence of training;

(c) certificates for the completion of the training courses “Data Security Awareness – level 1” and “Healthcare waste management and disposal”;

(d) Risk assessment for the Pharmacy – confidential waste dated 12/08/2023;

(e) Adherence to SOPs Audit Recording form

29. The Registrant's written reflection included the following:

"The proper disposal of confidential waste is an important aspect of role and I recognise the improper disposal of confidential waste is a breach of patient trust and privacy. I fully understand that safeguarding patient information extends beyond active care, covering all stages, including disposal. Reflecting on this incident, I recognise that my previous approach to handling confidential waste was inadequate. I am now committed to a rigorous, systematic approach to confidential waste management, ensuring all sensitive information is securely handled in accordance with GPhC Standard 1: Providing person-centred care and Standard 7: Demonstrating leadership. Moving forward, I will adhere to strict procedures to prevent such lapses.

Similarly, the safe disposal of medicines and medical waste, including syringes, is essential for public health and environmental responsibility. I recognise that my supervisory actions previously fell short in this area and may have posed risks. This experience has heightened my awareness of the broader impact of my actions and the responsibility I hold as a healthcare professional. Aligned with GPhC Standard 5: Using professional judgement and Standard 6: Behaving in a professional manner, I am committed to ensuring all medicines and medical waste are disposed of responsibly.

The duty of candour is a fundamental principle for all healthcare professionals that builds patient trust. My failure to fully adhere to this duty was a serious oversight. I now grasp the critical importance of transparency and accountability when errors occur. Moving forward, I am committed to open communication with patients, colleagues, and regulatory bodies, especially when addressing mistakes and ensuring these are done in a timely manner. I will ensure that I fulfil my duty of candour by addressing issues promptly, taking full responsibility, and clearly communicating preventive steps.

As the superintendent pharmacist at Central Pharmacy, I was accountable for maintaining the highest standards in patient safety, confidentiality, and professional integrity. Whilst multifaceted challenges existed, they do not excuse the lapses that occurred. I recognise that our procedures were inadequate, which compromised patient confidentiality and posed public safety risks. This experience underscored the importance of adapting procedures and conducting thorough risk assessments.”

30. The Registrant provided evidence of CPD activity around compliance and enforcement of SOPs, safe disposal of confidential material, safe disposal of medicines and medical waste and a pharmacist’s duty of candour. He also provided training certificates for online courses on Data Security Awareness (carried out prior to the Principal Hearing) and Healthcare Waste Management and Disposal (8 November 2024).
31. The Registrant also provided a copy of the Pharmacy’s risk assessment regarding confidential waste.
32. The Registrant confirmed that following his suspension, the management team at Central Pharmacy required his resignation from his position, meaning that he is no longer able to directly influence or oversee future changes within the Pharmacy. The management team will now manage operational duties according to their requirements. However, following his suspension, the Registrant said that he had reflected on the important aspects raised in the hearing about the necessary steps that would reinforce compliance with SOPs in a pharmacy setting. He said that he is committed to applying his reflective insights into future roles, which would include compliance monitoring and internal audits. He said that to ensure transparency and accountability, he would encourage the usage of an incident reporting system documenting non-compliance incidents, actions taken, and preventive measures implemented.
33. During his oral submissions the Registrant apologised to patients whose data may have been breached. He was also remorseful regarding the risks associated with the disposal of confidential waste. He said that the period of suspension has been helpful, in that it

has given him the time and space to take a step back and reflect. He now realises that every pharmacy is different, and in the future wherever he works, he needs to adapt, to take into account differing staff attitudes. He now appreciates that even though it can be very busy in a pharmacy, he needs to be vigilant on a daily basis.

34. In answer to questions from the Committee, the Registrant said that his learning has included reading articles on the Council's website, which give practical guidance around inspections. If he is permitted to return to practice, he intends to keep a diary daily, to note any issues that need to be addressed. If he sees any non-compliance in a pharmacy, he will take action. If he is the manager, he will deal with this himself. If he is a locum, he will inform the Superintendent. He realises the importance of creating a learning environment at work.

35. If the Registrant is permitted to return to practice, he intends to start working as a locum again in January 2025.

Today's submissions

36. Mr Ko reminded the Committee that the onus is on the Registrant to satisfy it that his fitness to practise is no longer impaired. The Council submitted that, taking into account the Registrant's steps towards remediation and insight in the past three months, the Committee may conclude that the risk of repetition has lowered.

Legislation and Case Law

37. 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”.

38. 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....”*

39. 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?

40. Finally, the Committee considered the *Good Decision Making: Fitness to Practise hearings and outcome 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

41. 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 open in terms of outcome.
42. The Committee has considered the case of *Abrahaem v GMC* [2008] EWHC 183 (Admin) referred to above, and in particular Blake J's comments regarding what the Registrant needs to show to persuade it that he has full insight and has addressed the finding of impairment at the previous hearing. Today the Committee must look to the evidence before it in order to make the assessment as to whether the failings have actually been remedied.
43. The Committee considered the Registrant's documentary evidence and his oral submissions. It took into account that he was not legally represented.
44. The Committee considers that the Registrant has spent time during the course of his suspension reflecting on his misconduct, which has been assisted by his further written reflection and course regarding waste management. The Committee was impressed by the Registrant's oral submissions today which were relatively short, but focussed on the concerns of the previous committee. He has done everything which the previous committee suggested to him at the conclusion of the Principal Hearing. He has provided a very detailed written reflection, and has undertaken targeted training regarding confidential waste. The Committee was impressed with his level of insight today. Although he has not been able to put his learning into practice, as he is currently suspended, he was able to explain the steps he would take to ensure that the misconduct is not repeated in the future (e.g. keeping a daily diary).
45. The Committee considers that the risk of repetition is now low, as the Registrant has now fully accepted responsibility for the misconduct and has shown what he would do differently in the future to prevent a recurrence. His insight is now well developed, and

he has remediated his wrongdoing. He has also apologised again to the patients whose personal data was compromised.

46. The original committee assessed the dishonesty in this case as being at the lower end of the spectrum. This Committee considers that the public interest has now been met by the Registrant's suspension, and public confidence in the profession does not require a further finding of current impairment.

47. The Committee therefore concludes that the Registrant's fitness to practise is no longer impaired, and that he will be free to return to practice as soon as the current order expires.

48. This ends the determination.