

**General Pharmaceutical Council**

**Fitness to Practise Committee**

**Principal Hearing**

In person at General Pharmaceutical Council, One Cabot Square, Canary Wharf, London E14  
4QJ

**Monday 13- Friday 17 January 2025**

<b>Registrant name:</b>	Marie Clair Boardman
<b>Registration number:</b>	2067990
<b>Part of the register:</b>	Pharmacist
<b>Type of Case:</b>	Misconduct
<b>Committee Members:</b>	Lubna Shuja (Chair) Andrew Carruthers (Registrant member) James Kellock (Lay member)
<b>Committee Secretary:</b>	Adam Hern
<b>Registrant:</b>	Present and represented by Tim Haines (Solicitor)
<b>General Pharmaceutical Council:</b>	Represented by Dr Raj Joshi (Counsel)
<b>Facts proved by admission:</b>	1, 2, 3, 4 and 5
<b>Fitness to practise:</b>	Impaired
<b>Outcome:</b>	Suspension (6 months)
<b>Interim measures:</b>	Imposed

This decision including any finding of facts, impairment and sanction is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until 17

February 2024 or, if an appeal is lodged, once that appeal has been concluded. However, the interim suspension set out in the decision takes effect immediately and will lapse when the decision takes effect or once any appeal is concluded.

### **Particulars of Allegation (as amended)**

*You, a registered Pharmacist, whilst working at Pickfords Pharmacy, Unit 4, Barnsley Road, Scawsby, Doncaster, DN5 8QE (“the Pharmacy”):*

- 1. On 17 May 2023, removed Ozempic from the Pharmacy without (a) a current valid prescription and (b) making payment to the Pharmacy; **[Admitted]***
- 2. On 19 May 2023, took diazepam from the Pharmacy’s stock for your own use without (a) a current valid prescription and (b) making payment to the Pharmacy; **[Admitted]***
- 3. On 19 May 2023, self-medicated with diazepam during hours of work and while on Pharmacy premises and on at least one previous occasion; **[Admitted]***
- 4. On one or more occasion in May 2023, presented for work at the Pharmacy while unfit in that you were unable adequately to concentrate or communicate with colleagues; **[Admitted]***
- 5. Your actions in respect of paragraphs 1 and 2 above were dishonest in that you knew that the medication did not belong to you, that you had not paid for it, and that you were not authorised to take it; **[Admitted]***

*And by reason of the matters set out above your fitness to practise is impaired by reason of your misconduct.*

### **Documentation**

- GPhC Hearing Bundle (57 pages)
- GPhC Bundle on Impairment (46 pages)
- GPhC Statement of Case and Skeleton Argument dated 7 January 2025
- The Registrant’s Bundle (59 pages)
- The Registrant’s Statement of Case and Skeleton Argument dated 9 January 2025
- The Registrant’s “New Employee Details Form”
- Text messages between the Registrant and one of her colleagues at Pickfords Pharmacy dated 26 May 2022
- (REDACTED)

### **Witnesses**

- The Registrant (gave evidence at grounds and impairment stage)

## Determination

### Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. The matter concerns Marie Clair Boardman ('the Registrant') who is registered with the Council as a Pharmacist, registration number 2067990. She qualified as a Pharmacist on 22 July 2008.
3. The hearing is governed by *The Pharmacy Order 2010* ("the Order") and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ("the Rules").
4. The statutory overarching objectives for these regulatory proceedings are:
  - a. To protect, promote and maintain the health, safety and well-being of the public;
  - b. To promote and maintain public confidence in the professions regulated by the Council; and
  - c. To promote and maintain proper professional standards and conduct for members of those professions.
5. The Committee also has regard to the guidance contained in the Council's '*Good decision making: Fitness to practise hearings and outcomes guidance*' (March 2024).
6. A Principal Hearing has up to three stages:
  - Stage 1. Findings of Fact – the Committee determines any disputed facts.
  - Stage 2. Findings of ground(s) of impairment and impairment – the Committee determines whether, on the facts as proved, a statutory ground for impairment is established and, if so, whether the registrant's fitness to practise is currently impaired.
  - Stage 3. Sanction – the Committee considers what, if any, sanction should be applied if the registrant's fitness to practise is found to be impaired.

### **Service of Notice of Hearing**

7. A letter dated 2 December 2024 from the Council headed 'Notice of Principal Hearing' was sent to the Registrant. This had been sent by email to the Registrant's registered email address on the same date in compliance with Rule 3 of the Rules. No issue was taken by either party with service. The Committee was satisfied that there had been good service of the Notice in accordance with Rules 3 and 16.

### **The Council's Application to amend Particulars 2, 3 and 4 of the Allegation**

8. The Committee heard an application from Dr Joshi, on behalf of the Council, under Rule 41(1) to amend Particular 2 to remove the words "*and on at least one previous occasion*" and add these words to the end of Particular 3. He submitted these amendments would better clarify the evidence relied upon by the Council.
9. Dr Joshi also applied to amend Particular 4 to correct a typographical error so as to replace the word "*of*" with "*or*".
10. Mr Haines, on behalf of the Registrant confirmed the amendments were not opposed. He accepted they would not cause the Registrant any prejudice and better reflected her case.
11. The Committee noted the amendments were agreed. They related either to a minor typographical error, or would clarify the case against the Registrant and the evidence relied upon. It was in the interests of justice and of a fair hearing that the Registrant was clear about the facts relied upon. The Committee noted there was no prejudice to the Registrant and therefore granted the application for the various amendments.

### **The Registrant's Application for the hearing to be held in Private**

12. The Committee heard an application from Mr Haines under Rule 39(3) to hold parts of the hearing in private. He submitted there were various health issues that the Registrant would refer to, as well as personal relationships, which were relevant and

which should all be heard in private. He submitted, in light of the admissions made by the Registrant, Stage 2 of the proceedings should all be dealt with in private due to the extensive overlap in the Registrant's evidence about her health and personal circumstances. He submitted the interests of the Registrant and those individuals referred to outweighed the public interest. He accepted Stage 3, if required, could be held in public.

13. Dr Joshi, on behalf of the Council, agreed that any matters relating to the Registrant's health or private issues should be dealt with in private, but he submitted that it was not necessary for everything to be heard in private at Stage 2, as some matters could be heard in public.
14. The Committee, having heard submissions from both parties, did not consider it was necessary for all of Stage 2 of the proceedings to be held in private. The Committee decided to hold those parts of the hearing in private where there were references to the Registrant's health or to her personal circumstances where other individuals could be identified. The remaining parts of the hearing would be held in public. This would protect the privacy of the Registrant and those individuals mentioned, whilst maintaining the principle of open justice by holding the remainder of the hearing in public. This would meet both the Registrant's interests and the public interest.

#### **The Registrant's Response to the Particulars of the Allegation**

15. The Registrant admitted Particulars 1, 2, 3, 4 and 5 of the Allegation. Particular 4 was admitted on the basis that it was due to the Registrant's ill health. Accordingly, the Committee found Particulars 1, 2, 3, 4 and 5 of the Allegation proved under Rule 31(6) of the Rules.
16. The Committee went on to consider whether the facts found proved amounted to misconduct and if so, whether the Registrant's fitness to practice is currently impaired, which are matters for the Committee's judgement.

## Background

17. The Registrant was employed as a Pharmacist at Pickfords Pharmacy, Unit 4, Barnsley Road, Scawsby, Doncaster, DN5 8QE (“the Pharmacy”) from March 2022 until June 2023, when she was dismissed.
18. On 15 June 2023, the Council received concerns from both the Registrant and her employer about her conduct at work. In the concern submitted by the Registrant, she informed the Council of her medical issues. The concern submitted by the Pharmacy reported the Registrant had taken some medication from the Pharmacy without a prescription and had been suspended while an investigation was being carried out.
19. On 22 May 2023, a “suspension meeting” took place between the Registrant and her employers. The notes of that meeting recorded that the Registrant had admitted taking tablets off the shelves and had informed her employers of medical and personal issues which she believed had led to her conduct.
20. On 23 May 2023, the Registrant’s employers held investigation meetings with four of the Registrant’s colleagues at the Pharmacy during which the Registrant’s conduct at work over a period of months was discussed, including incidents that had taken place on 17 May 2023 and 19 May 2023. It was reported that on 17 May 2023, the Registrant had put some Ozempic medication into a bag with some paperwork. It was also reported that on 19 May 2023, the Registrant had taken a box of diazepam 5mg tablets from the shelf and put it in her pocket. CCTV footage was available in relation to the incident on 19 May 2023. The Registrant’s colleagues had described her as “*volatile..... has mood swings.....*”, “*slurring her words*” and “*she shakes and then is exhausted*”. The Registrant was reported to have thrown a medication bag at a colleague and shouted at her on 19 May 2023.
21. On 25 May 2023, an investigation meeting took place with the Registrant.

22. On 8 June 2023, a disciplinary hearing took place which was attended by the Registrant and her representative, RH. At the end of this meeting the Registrant was dismissed from her employment at the Pharmacy.

### **Evidence and Submissions on Misconduct and Impairment**

23. Having found all the Particulars of the Allegation proved, the Committee went on to consider whether those Particulars amounted to misconduct and, if so, whether the Registrant's fitness to practise is currently impaired.

#### **The Registrant's Evidence**

24. The Registrant gave evidence for a day about her health, personal difficulties and the circumstances surrounding the conduct. She provided information about her career history. She had been working as a Pharmacist since 2008. From 2008 until 2022, she was employed at a "*family owned*" pharmacy ("*W Pharmacy*") where she quickly became a Branch Manager. She stated that she had felt "*appreciated*" at this practice and had been invited to join the Doncaster Local Pharmacy Committee, where she was the Treasurer. It was during her time on this committee that she had been approached several times to join the Pharmacy. The Registrant described the Pharmacy as a "*progressive*" practice with "*clinical rooms*" and said it had been the "*right step*" to join it in March 2022 as a Branch Pharmacist.
25. The Registrant explained that although she had been the Branch Pharmacist at the Pharmacy, the Branch Manager had been a non-pharmacist and the Registrant had found herself being the only qualified member of staff, even though she had been told that various other support would be available, such as "*the Hub and Spoke*" model which is a system for dealing with repeat prescriptions and allows pharmacists to focus more time on clinical work and patients. She described low staff levels, lack of formal processes/procedures and staff not being aware of checks that should be carried out. The Registrant said she had found herself doing a lot more management responsibilities such as rotas, preparing for quality framework scheme assessments, audits, changing procedures and training staff on aspects such as regularly checking fridge temperatures, which she said they had not been doing. She stated the staff

were asking why she was “*changing things*” and although they could dispense, they had no further knowledge about what they were doing and why.

26. In addition to the management duties, the Registrant stated that she was also supplying medicines, as well as having ‘Community Pharmacy Consultation Service’ (CPCS) minor ailments consultations with around 8 patients a day and completing clinical records for each of these. The Pharmacy had also agreed to be “*guinea pigs*” for a new IT system which the Registrant said was not working and made it twice as difficult as it caused a lot of problems. She said she had been worried that she was the Responsible Pharmacist so she would be the one who would be in trouble if things were not done properly. The Registrant stated that all these issues had caused her a great deal of stress and had impacted on her health. The Registrant stated: “*It was difficult to go from a branch where everything was working so well to one that wasn’t.*”
27. The Registrant provided a detailed history of her health. She stated that her health had started to suffer while she had been working at W Pharmacy and they had been extremely supportive. No concerns had been raised about her work there.  
(REDACTED)
28. (REDACTED)
29. The Registrant stated that because of her health condition (REDACTED) While the Registrant was working at W Pharmacy, she stated that her colleagues could pick up her symptoms and remind her to rest. The Registrant stated that when she started working at the Pharmacy, she had completed a “New Employee Details Form” on which she had informed the Pharmacy’s HR department of her medical condition, as well as listing the medication she had been prescribed. She stated she had also told her Area Manager(s) about her medical condition and had shown them an infographic which set out how to spot the symptoms (REDACTED). She described having four different Area Managers over the period of a year and said she had informed the first Area Manager within 2-3 days of starting the job. The Registrant also stated that she had informed her colleagues at work of her medical condition

and shared her symptoms. She produced a WhatsApp message which had been sent to one of the dispensers, NE, on 26 May 2022 which contained an infographic of “How to spot (REDACTED) [medical condition] in others” and had a list of potential symptoms. She also stated that the prescriptions for her medications were dispensed in the Pharmacy by the staff and checked by a locum pharmacist on a Saturday before she collected the medicine. The Registrant stated that she had been very open about her health with her colleagues.

30. The Registrant gave lengthy details of her personal circumstances and the challenges that she had faced. She stated that Easter 2023 had been a very difficult time for her. (REDACTED)
31. (REDACTED)
32. The Registrant stated that she now realised she should not have been working from around April 2023 due to her health and *“too many other things going on at the time”*. She said that she hadn’t recognised this at the time and *“if someone had taken me to one side, I would have taken a step back to look at what was happening.”*
33. In relation to Particular 1 and the removal of Ozempic from the Pharmacy on Wednesday 17 May 2023 which the Registrant had admitted, she described what had happened that day. She explained that a delivery containing Ozempic had arrived a week earlier on 10 May 2023. This was on a day when there were few staff working and the Registrant described the fridge bag containing the Ozempic and Lantus injections being left out at room temperature for 4 hours after the delivery when it should have been placed in the fridge. She stated it was too late to put these into the fridge but that they could still be given to patients for use if they stayed at room temperature. The Registrant said that the fridge bag containing the items was placed in a basket on her work bench so that if anyone came in with a prescription for Ozempic, it would remind her to use that stock. She stated it was in the basket with other paperwork.

34. The Registrant stated that a week passed by and nobody came in with a prescription. She said that in the basket with the Ozempic fridge bag, she had also put other paperwork from patient consultations that needed to be completed. She stated it had been a busy day and she told staff that she needed to take the basket home to “*sort it out*”. The Registrant described closing time at 6pm at the Pharmacy. She said that one member of staff had a taxi booked to take her home at 5.55pm daily and another rushed off due to childcare commitments. The Registrant stated the door was always locked at “*6pm on the dot even if methadone patients were still coming..... Everyone just wanted to go, it was so rushed. When you have got a basket full of stuff, it was easier to grab and put the whole thing in a bag. Nobody wanted to stay, they wanted to go home*”. The Registrant stated that she had “*got a carrier and put the whole thing in the bag.... I stupidly took it off the premises when we were closing up on Wednesday 17 May. It was still in the fridge bag in the basket for sorting out*”. She said that everything in the basket went into the bag, as she needed to fill out reports and write the Ozempic up as a loss. She accepted that she did not usually take medications home when completing paperwork.
35. The Registrant stated: “*A part of me at that point thought – (REDACTED). There was a smidgeon of me who thought I could use that. I put it in my car and then thought – What are you doing – I realised it was wrong.*” The Registrant stated that although she intended to return the item, the Ozempic remained in her car for 3 weeks where it had slipped under the seat. She stated that she did not have an opportunity to return it due to being suspended, and that it was returned to the Pharmacy’s delivery driver in its unopened packaging after she had been dismissed, when the driver had dropped off her possessions from the Pharmacy. The Registrant accepted that there had been two days when she could have returned the items before she was suspended but stated that there had been “*an issue with the car park*” due to a truck spilling its load and “*it was all a rush*”.
36. On further questioning, the Registrant denied putting the Ozempic in the “*doop bin*” and did not know why she had mentioned this during the investigation meeting on

25 May 2023. She said that she was in a high state of anxiety that day and had realised this was incorrect when she had read the notes. (REDACTED)

37. In relation to Particulars 2 and 3 which concerned the removal of diazepam on Friday 19 May 2023, the Registrant confirmed that (REDACTED.) She explained that the day before this incident, on Thursday 18 May 2023, they had not been able to prioritise the following morning's deliveries as they had been very busy with patients.
38. The Registrant stated that the following morning she arrived at around 8.30am and went into the Pharmacy with another member of staff. Another two members of staff arrived at around 9am and they started to work on the deliveries. She stated that the delivery driver arrived around 9.15am to 9.30am and was not happy that the deliveries were not ready. The Registrant said the delivery driver dropped the deliveries at the side of her bench and asked her to check them. She told him that she couldn't because they had not been dispensed. She stated she had a *"bust up with the driver...the stress was so consuming. I could feel my chest getting tight. We were so busy, it was horrible. I went out of the fire door, crouched down and took a few breaths. [The Branch Manager] came out and said are you OK? I said – if he wants something checking, he should ask nicely..... (REDACTED) I went to my bag to get my (REDACTED) but it wasn't there. I tried to carry on. I just wanted to do my job. I stupidly took one diazepam, it was so wrong, so, so wrong. It wasn't mine. Nobody can take prescription only medication from the shelf, let alone a registered pharmacist. It was supposed to be safe and secure. I've never taken anything like that before."*
39. The Registrant stated that she had kept (REDACTED)... the Registrant described taking a box of diazepam 5mg tablets from the shelf in the Pharmacy and placing the medication in her pocket. She said that she went to the toilet with the diazepam and took one tablet there. She stated that she then returned to the dispensary in the Pharmacy, *"snipped off"* the blister for the tablet she had just taken and put the remaining diazepam in the *"splits basket"* where part used medication packs were kept for return to stock. She said that she felt better within 10-15 minutes and her

breathing became more steady. The Registrant confirmed that she knew there was CCTV in the Pharmacy and accepted that the footage appeared to show her looking around but she said that maybe she was debating whether to take the medication. She stated that she was panicking, not calm, and not thinking clearly. She stated that if the CCTV footage had been provided for a longer period it would have shown her snip off the used blister and place the rest of the diazepam pack in the 'splits'. The Registrant believed the timing on the CCTV was about an hour wrong and the incident was more likely to have happened around 10am, rather than around 9am as soon as the Pharmacy opened given that the delivery driver did not arrive before 9.15am-9.30am.

40. The Registrant stated that during that week in May 2023, they had been particularly short staffed and she had been (REDACTED) not fully concentrating as she was absolutely exhausted, and feeling very emotional and sensitive. She stated she could have given someone the wrong medication, although that did not happen. She said that she was not speaking properly and was "so ill" as she struggled to find words. She accepted this was not a good look for the profession and that she should not have been at work that week. She accepted her conduct would have impacted on her colleagues and that she had "*probably let them down. I should have been someone they looked up to but I put them in a difficult situation. Taking a tablet that day, they shouldn't have had to deal with that. I am so sorry. I would turn the clock back if I could.*"
41. The Registrant stated that she had tried to raise issues with the Pharmacy management a number of times prior to these incidents as they were causing her to have a constant headache. She had spoken to a colleague in the HR department but that colleague left soon after. She had spoken to the Area Manager about training issues and had been informed it was not her responsibility but she felt that she had to ensure staff were asking patients the correct questions. The Registrant stated that as she voiced her concerns, the Pharmacy started to use more agency staff "*but it was hit and miss*".

42. The Registrant stated that she had had a meeting at the Pharmacy with the Superintendent and P when she told them about all the problems with the branch and the issues with staff. The Registrant stated that the atmosphere at the Pharmacy became toxic which caused her a great deal of upset and her working relationship with the Branch Manager broke down. She stated that she had previously had a good working relationship with her colleagues until the last month when matters really began to fall apart. The Registrant stated that the situation became so bad that she handed in her notice in April 2023 but was persuaded by the management to stay. With hindsight, she realised that she wasn't well and should have been stronger, stepped away and left. She described herself as *"loyal, a perfectionist, I don't want to let people down. It would have been better to have no pharmacist than one that wasn't well..... I kept carrying on as I didn't want to let them down."*
43. The Registrant stated that after she had been suspended by the Pharmacy she worked as a locum for two months at some independent pharmacies and was mostly at 'P' Pharmacy. She realised then that those pharmacies were less stressful environments with more staff working. During this time, she said her health improved (REDACTED.) The Council had then obtained an Interim Suspension Order against her in August 2023 which prevented her from working as a Pharmacist. The Registrant confirmed she had not challenged that and had complied with it. She had been working as a customer payments administrator dealing with the public's money since 2 April 2024 with a company that was regulated in the financial services sector. The Registrant confirmed she had been honest and open with her current employers and had informed them of what she had done at the Pharmacy. She had taken a substantial reduction in her salary in this role. There had been no issues with her work.
44. Since she had been suspended, the Registrant stated she had taken other steps to address her health (REDACTED.) She had a pharmacist friend who she could discuss issues with, she had got in touch with another pharmacist colleague who she had worked with as a pre-registration pharmacist and had kept in contact with. She had told him what had happened and he had agreed to be her *"lifetime mentor"*. The

Registrant stated that she met him regularly and they discussed pharmacy work. The Registrant stated that she had also joined a Facebook (REDACTED) group where she had met a lawyer who had similar health issues. They had become good friends and now supported each other.

45. The Registrant confirmed that she had kept her Continuing Professional Development (CPD) up to date, she read newsletters and updates from the GPhC as well as online journals. She had undertaken a number of courses including one on ethics.
46. In relation to her personal life, the Registrant stated this had improved too. (REDACTED) The Registrant stated that she was doing well now, in a better frame of mind than she had been for years (REDACTED.) It had taken her time to realise she needed to take control of the situation.
47. In terms of her current health, the Registrant said she could not remember the last time she had (REDACTED) She no longer kept things inside but would discuss matters with others. The Registrant said she had been able to cope with stress before May 2023 but there had been so many things going on at that time, all at the same time.
48. The Registrant stated she missed her job as a Pharmacist but was moving forward. She had never found her job as a Pharmacist to be a chore. The Registrant stated that if she was able to work again, she would work as a locum and "*pick and choose*" where she worked. She would work fewer hours (REDACTED) if she found herself in a similar situation again.
49. The Registrant stated that she held herself fully responsible for what had happened. She stated that she was embarrassed and ashamed so had not told many people as she did not want to be the subject of gossip. She apologised for what she had done to her previous employers, her colleagues and her profession. She stated that every day she deeply regretted her actions.
50. On cross-examination, the Registrant accepted that there were other ways that she could have obtained an emergency supply of one diazepam tablet, in that she could

and should have called her surgery for a prescription. She could not say why she didn't do this.

51. The Registrant did not agree that the notes from the Pharmacy's investigation were accurate and disputed what some of her colleagues had allegedly said about her conduct at work. She stated that she had not been calm in those meetings and had had difficulty processing her thoughts. She stated that she had not been allowed to have anyone with her in the meetings on 22 May or 25 May 2023 and nobody had been taking notes. She felt that some things had been left out of the typed notes provided and a lot of the context was missing. The Registrant stated that it had been a shock to read what some of her colleagues had said about her. She was surprised they had accused her of slurring her words and had commented on matters not related to these incidents. She stated: *"The week of 17 and 19 May, I was very unwell (REDACTED) I couldn't think of what to say..... I didn't realise I was as unwell as I was". (REDACTED) she did not believe what her colleagues had said was true. She denied the Pharmacy had ever been closed due to her being unfit at work.*
52. The Registrant stated that she had asked for adjustments at work, she had expressed how she was feeling. She had been struggling with time, staff, lack of support and her personal problems. The Registrant stated *"I needed help, it was bigger than I could deal with. There was so much to deal with, the school were calling, I had 6-8 appointments a day and needed help in general but was told everyone is going through the same thing.....It was my responsibility as I shouldn't have taken the medications, but there were issues with staff.... I wasn't well and should have stepped away.....Hand on heart I should not have been working as a Pharmacist that week...."*
53. When asked what she would change if she was to work in a pharmacy now, the Registrant stated that she had thought long and hard about this as she knew pharmacy life could be stressful. She had worked throughout Covid with no issues and that had been a very stressful time. She stated that she strongly believed she had become unfit due to the problems with the Pharmacy branch, (REDACTED) She stated that when she had subsequently done locum work at P Pharmacy, a weight

had been lifted off her shoulders and she could keep up with a pharmacy workload of dispensing 14,000 – 15,000 items a month. She said she needed to get herself back into a pharmacy locum role where she could pick and choose where she worked, and drop her hours if need be due to her personal life. She felt that a locum role meant she would not take home the stress of managing a branch long term. She stated that she would look up any company before accepting work and would not go to a place where she had had a bad experience. The Registrant stated that the benefit of being a regular locum was that she could get to know the staff.

54. If she found herself working in a new and unfamiliar place, she said that she would speak to the pharmacy manager or superintendent if issues arose or the pharmacy was not running properly. She would stay calm, take deep breaths and take a few minutes away to think about what to do.

### **Submissions**

55. Dr Joshi, on behalf of the Council, submitted the Registrant's conduct amounted to misconduct. He referred the Committee to the case of Roylance v General Medical Council (No.2) [2000] 1 A.C. 311 which stated:

*35. "Misconduct is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed.....in the particular circumstances.*

56. Dr Joshi also referred the Committee to a number of other cases including Meadow v General Medical Council [2007] 1 All ER 1, in which Auld LJ stated:

*"200..... As to seriousness, Collins J. in Nandi v General Medical Council [2004] EWHC 2317 (Admin), rightly emphasised at [31] the need to give it proper weight, observing that in other contexts it has been referred to as "conduct which would be regarded as deplorable by fellow practitioners."*

57. Dr Joshi submitted that it had been difficult in this case to pinpoint exact dates relating to Particular 4. The Registrant had accepted that she attended work unfit on more than one occasion in May 2023. Yet, although she had admitted the facts in this case, she seemed to believe that all her colleagues were either mistaken or not telling the truth about her presentation at work. He submitted this was an important factor for the Committee to determine.
58. He submitted that the incident on 19 May 2023 had taken place early in the morning and the timing was important. He considered it unlikely that the Registrant could have been so stressed and got in such a state that she was not thinking properly so early in the day. He submitted the Registrant could have followed other avenues, whether for the Ozempic or the diazepam, which is what a lay person would do – call their GP or dial 111 for advice. He submitted there were differing versions of what had happened and no real consensus on the facts despite the Registrant’s admissions. He accepted the medications had been returned to the Pharmacy, but submitted there were no details about whether anything was missing. The Registrant had also admitted taking diazepam on one other occasion but Dr Joshi said that the Council’s case could not say when that was or what the circumstances were, beyond what was contained in the statement of NE.
59. Dr Joshi submitted the Registrant’s conduct had breached Standards 2, 3, 5, 6, 8 and 9 of the Standards for Pharmacy Professionals. In relation to impairment, Dr Joshi submitted the Registrant had breached Rule 5(2) (a) to (d) and her responses to how she would cope in a pharmacy setting now would not address the risk to the public. He reminded the Committee that none of the Registrant’s colleagues had mentioned her medical condition when interviewed during the investigation even though she said they had all been aware of it.
60. In response to questions from the Committee, Dr Joshi advised that the Council had not called witnesses in this case as the Registrant had made full admissions. One of the witnesses, NE, had provided a witness statement and had been warned to give

evidence, but her statement had been agreed by the Registrant's representative so she had not been called. Dr Joshi submitted her statement was still relevant and could be taken into account with such weight as the Committee decided to attach to it. It was also clear that the Registrant's colleagues were participating in an internal investigation and what they said must be taken into account, although he did not ask the Committee to rely on the outcome of the disciplinary hearing. In relation to the medical evidence, Dr Joshi submitted that should did not impact on professional conduct and he considered it difficult to think of an act of dishonesty that could be excused because a registrant "*had a lot going on.*"

61. Mr Haines, on behalf of the Registrant, confirmed that the Registrant had always accepted that she had self-medicated (REDACTED), on one occasion. He stated that although the Registrant did not concede her conduct amounted to misconduct, she did not seek to raise positive assertions against this either. However, on the matter of current impairment, he reminded the Committee that it needed to consider if the Registrant had sufficiently remediated what had gone wrong in 2023. He submitted the Registrant conceded she had breached the Standards put forward by the Council and Rule 5(2). He submitted there was no evidence of a risk to patients other than that the Registrant should not have been at work, which she now accepted. Mr Haines submitted the Registrant had undertaken significant reflections, shown insight and had provided evidence of a health condition (REDACTED)
62. In relation to the notes from the Registrant's employer's investigation, whilst the Council had pointed out these did not mention the Registrant's medical condition, Mr Haines submitted the notes were short, not in a handwritten format and it was not clear if a verbatim transcript of all that was said had been made. The only evidence that had been agreed was that of NE's statement and there was evidence before the Committee of the Registrant informing her of the Registrant's medical condition in a text message.
63. Mr Haines also submitted that the timing of the incident on 19 May 2023 was irrelevant. The Registrant accepted she had made an irrational decision, she had

provided explanations, and did not seek to justify what she had done. He submitted her actions had been at odds with the rest of her lengthy career and of her work as a locum after she had been suspended by the Pharmacy. Mr Haines submitted the Registrant was now working in another highly regulated environment with no difficulties and she had told her current employers about her dishonest conduct.

64. Mr Haines submitted that a member of the public who had full knowledge of all the facts of this case may not believe the conduct to be so wrong that it amounts to current impairment. The Registrant's health was now much improved, her personal difficulties had resolved, she had a good support network in place which had not been there in May 2023 and she had spoken about the strategies she would use in future. He submitted the past 18 months were imprinted on the Registrant's mind and would never happen again. Mr Haines reminded the Committee that the Registrant had worked at W Pharmacy for many years with no issues and in light of her acceptance that she should not have been working at the Pharmacy at the material time, he submitted a finding of impairment may not be required.

### **Decision on Misconduct**

65. The Committee took account of the guidance given to the meaning of 'fitness to practise' in the Council's publication '*Good decision-making: Fitness to practise hearings and outcomes guidance*' (March 2024). Paragraph 2.12 reads:

*"A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist...safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also adhering to the principles of good practice set out in our various standards, guidance and advice."*

66. The Committee took into account the submissions made by Dr Joshi and Mr Haines. It also took into account the evidence from the Registrant and all the documents provided. The Committee focused on the material that was relevant to the specific

Particulars of the Allegations and in particular the week during which the incidents of 17 and 19 May 2023 had taken place.

67. The Committee took into account the medical report and other medical records provided which confirmed the Registrant's health history and conditions, (REDACTED) as she had described (REDACTED.) The Committee had also been provided with a medical report dated 28 February 2024 (REDACTED) which confirmed that he had read the Registrant's full GP records. He concluded the Registrant had suffered moments of panic related to work and (REDACTED) He did not find any evidence of sedative dependence. He recommended that if the Registrant did return to work, she should accept a post with less responsibility and/or more support. The Committee was satisfied that the Registrant did have various medical conditions, (REDACTED,) which had at times impacted substantially on her work.
68. The Committee had been provided with a copy of the Registrant's 'New Employee Details' Form on which she had disclosed her medical condition as well as the medication she was taking. The Committee had also seen a text message sent by the Registrant to NE on 26 May 2022 which contained the infographic she had described (REDACTED) The Committee was satisfied that the Registrant's employers, and at least one of her colleagues in the Pharmacy had been informed of her health condition.
69. The Committee had been provided with two short silent clips of the Pharmacy's CCTV footage of the incident that took place on 19 May 2023. It was timed at 9.02am but it was possible that the CCTV clock was incorrect and the incident took place an hour later. The Committee could see from this footage that the Registrant removed an item from the shelf, moved to a bench nearby and placed the item in her pocket. The Committee could not ascertain the Registrant's state of mind from the two short clips or (REDACTED.) She could be seen looking around before taking the item from the shelf. She had admitted taking the diazepam and accepted she knew it was wrong to do so.

70. The evidence relating to the removal of the Ozempic and the Registrant presenting at work while unfit was contained in the witness statement of NE dated 21 January 2024 as well as in the notes from the various investigation meetings conducted by the Registrant's employer. None of the colleagues who had been interviewed during the investigation had provided a witness statement, except NE, and none had given evidence before the Committee. The Committee was informed that she was not called as the Registrant had made admissions and the Registrant's legal representatives had agreed the witness statement of NE a few days before the start of this Principal Hearing. However, during the Registrant's evidence, it became clear she disputed the accuracy of the investigation notes and did not accept the descriptions given of her presentation at work.
71. The Committee took into account that there were no contemporaneous handwritten notes of the investigation meetings, it was not known who had written the typed notes or when or what they were based on. There was no transcript of the interviews available and the investigation evidence appeared to be inconsistent and unclear in some respects. An example was that NE stated during the investigation that she had heard the Registrant "*popping blisters in the toilet*" on 12/5/23 but in her witness statement there was no reference to this date. Instead, the Registrant was described as popping blisters in the toilet on 19 May 2023. The other discrepancy was that NE stated in her witness statement that on one undated occasion, the Pharmacy had to be closed one evening due to the Registrant being unfit to work. The Registrant had stated in her evidence that the Pharmacy opening hours were 9am to 6pm so it was not clear why the Pharmacy would have been open in the evening or why employees would have been having a meal on the premises at that time. There were inconsistencies between the CCTV footage and what one of her colleagues had described. That colleague said that on 19 May 2023, she saw the Registrant go to the shelf where the diazepam is kept, remove a box from the shelf and then walk round to her bag and put the box in her bag. This was not apparent from the CCTV footage provided. As the witnesses concerned had not been tested, the Committee approached their evidence with caution.

72. The Registrant had given evidence and had been subject to cross-examination. She did not obfuscate when answering questions and spoke articulately and candidly about very personal and, what she considered to be, embarrassing issues. She provided a coherent history of her medical issues and personal challenges and the impact that these had had on her. She had held her hands up from the outset and had provided a consistent explanation for her actions.
73. The Registrant had not accepted the descriptions given by her colleagues of her “*slurring her words*”, mood swings and other presentation described. She said that she had been shocked when she had read the notes from the investigation. The Committee took into account the symptoms of the Registrant’s (REDACTED) medical condition included some of the behaviours described by her colleagues at the Pharmacy. The Registrant had also admitted in her evidence that because of the way her medical condition presented, she did not always realise when she was “*slipping*” and in the past when she had worked at W Pharmacy, colleagues had picked this up and reminded her to rest. (REDACTED) The Committee concluded that taking all these matters together, it was likely that her colleagues had been telling the truth about her being unfit to work in May 2023 and that the Registrant had simply not realised the impact that her medical condition and stress was having on her work and colleagues.
74. The Committee noted that in the investigation notes for the meeting on 22 May 2023 when the Registrant had been suspended, the HR Manager had said: “*Last week, as you may recall [T] and myself quickly visited to do a welfare check last week and I was also concerned about your wellbeing during our phone call.*” This was consistent with the Registrant’s evidence that she now realised she had not been fit to attend work the previous week. This was the week that the incidents on 17 and 19 May 2023 took place. The Committee concluded that the Registrant had not been fit to work during that one week in May 2023 when the incidents on 17 and 19 May 2023 took place, and it was only with hindsight that she had realised she should not have been at work at that time.
75. There were questions around why the Registrant had said during the investigation meeting on 25 May 2023 that she had put the Ozempic in the ‘doop bin’ on 17 May

2023 and taken it from there, whereas now she had said it was taken from the basket on her bench. The Registrant explained that she had been under stress during the investigation interview and could not explain why she had said this as she had never put that medication in the 'doop bin'. The Registrant was recorded as saying "*I can't think straight*" during her investigation meeting on 25 May 2023. Two of her colleagues were reported to have stated during the internal investigation that they had seen the Registrant take the fridge items (including the Ozempic) from the basket on her bench and put them in her bag with paperwork which was consistent with the Registrant's explanation.

76. The Committee accepted the Registrant's evidence and considered she was a credible witness. The Committee concluded that she had been under immense personal and professional pressure during that week in May 2023 and this had impacted on her health and her ability to work. It had also impacted on her making poor judgements at work while under stress.
77. On 17 May 2023, the Registrant had removed Ozempic from the Pharmacy. She had admitted that without either a current valid prescription or making payment to the Pharmacy. The investigation notes of the meeting on 25 May 2023 recorded the Registrant stating; "*I thought there was no harm in it as it was going into the bin anyway...*". In her evidence, the Registrant stated that she had taken the Ozempic in a rush at the end of the day with her other paperwork, but she also admitted there was a part of her that had thought she could use it. This was done in the context of her personal (REDACTED) difficulties, (REDACTED) However, she stated that when she put it in her car, she immediately realised she should not have taken it. The notes of the disciplinary hearing on 8 June 2023 recorded the Registrant stating: "*It was an impulsive moment, and my intention was to return it.*"
78. The Committee noted that although the Registrant had realised she should not have removed the Ozempic from the Pharmacy, she did not immediately return it the following day, or the day after that. This incident occurred on Wednesday 17 May 2023 and she was not suspended until Monday 22 May 2023 so there were 3 days when she had the opportunity to return the Ozempic but did not do so. The Committee noted that the Council did not dispute the Ozempic was returned

eventually after the Registrant's dismissal and there was no evidence to suggest the medication had been missing from the box.

79. The Registrant had also removed and taken one tablet of diazepam 5mg on Friday 19 May 2023 from the Pharmacy for her own use when she did not have a valid prescription or make a payment to the Pharmacy for it. The Registrant had described a particular incident that had taken place early that morning with the delivery driver. (REDACTED) This incident was also described by her colleagues in the investigation notes in which the Registrant was said to be "*shouting*" at colleagues. This was consistent with the Registrant's health condition (REDACTED) At no point during that day did the Registrant inform her colleagues that she had taken one tablet for self-medication, nor did she seek an emergency prescription for it. Whilst the Committee accepted her actions had been taken in a state of panic and urgency to medicate herself and control her breathing, she did not subsequently take steps to tell colleagues what she had done.

80. The Committee first considered whether the Registrant had breached any of the Council's Standards for Pharmacy Professionals (May 2017). The Committee determined that there had been a breach of the following Standards:

a. Standard 2 – Pharmacy professionals must work in partnership with others:

The Registrant accepted she had attended work when she was unfit to be there. There was evidence from her and from her colleagues that they were not working well as a team on dates in May 2023. Whilst there was no evidence of patient harm, not working in partnership with her colleagues had the potential to impact adversely on patients. The Committee noted that the investigation notes recorded one colleague commenting: "*All the staff are relieved, and it is the first time today that they have not come in stressed, and we just want to have a fresh start*", although the context in which this comment was made was not clear.

b. Standard 3 – Pharmacy professionals must communicate effectively:

The Registrant had failed to communicate effectively with her colleagues. She was described by her colleagues as slurring her words and shouting at them. The

Registrant admitted that she not been well enough to be at work and that she had struggled to find the words to say what she wanted, due to her medical condition.

c. Standard 5 – Pharmacy professionals must use their professional judgement:

The Registrant had shown a lack of professional judgement by dishonestly taking medication, including a Controlled Drug from the Pharmacy on 17 and 19 May 2024. She had admitted realising quickly that she should not have put the Ozempic in her car, yet she failed to return it having taken it on Wednesday 17 May 2023 despite having 3 days to do so before she was suspended on Monday 22 May 2023. This showed a lack of professional judgement.

d. Standard 6 – Pharmacy professionals must behave in a professional manner:

The Registrant had acted dishonestly and with a lack of integrity when removing diazepam, which was a Controlled Drug, and Ozempic from the Pharmacy which did not belong to her and which she was not authorised to take. This was not professional behaviour expected of a pharmacy professional.

e. Standard 8 – Pharmacy professionals must speak up when they have concerns or when things go wrong:

The Registrant should have asked her colleagues for help on 19 May 2023 and explained that she needed diazepam urgently to calm her down. She did not own up to removing one tablet and self-medicating after she had taken it in the toilet, even though she had had the opportunity to speak to colleagues and explain what she had done due to her health. She should not have been working while unfit and should have voiced her concerns about her health issues to her colleagues during that week in May. The Registrant explained that she had attempted to raise issues many times and had even handed in her resignation letter but when no action was taken, she should not have tried to carry on unsupported.

f. Standard 9 - Pharmacy professionals must demonstrate leadership:

The Registrant had failed to demonstrate leadership as she had abused her position as a pharmacist by taking advantage of her access to medication, including a Controlled Drug at work. She had dishonestly taken that medication. She had not set a good example to other colleagues, particularly those who were junior staff members. She had accepted that she would not normally take medication home to complete paperwork. Staff members had observed her taking the Ozempic home with other paperwork. In addition, attending work while unfit was also not demonstrating leadership.

81. The Committee bore in mind that the Standards may be taken into account when considering the issues of grounds and impairment but that a breach of the Standards does not automatically result in a finding of misconduct (Rule 24(11) of the Rules).
82. The Committee found that the Registrant had stolen medication from the Pharmacy on two separate occasions, firstly on 17 May 2023 and then on 19 May 2023. She had consumed one tablet of a Controlled Drug on 19 May 2023 on the Pharmacy premises and had been briefly tempted to use the Ozempic she had taken on 17 May 2023, although there was no evidence that she had done so. Although the Ozempic was a medication that could no longer be given to patients and should have gone in the 'doop bin' for safe destruction, this was no excuse for her taking it home.
83. The Registrant had also attended work while unfit on at least two occasions during that one week of 17 and 19 May 2023. Whilst there had been health issues, personal problems and work pressures affecting her at the time, this did not excuse her actions. Theft of medications from a pharmacy is very serious, and even more so when it involves a Controlled Drug. Pharmacists cannot help themselves even to just one tablet for personal use without a valid prescription or without making a payment for it or without a valid reason. Although the Registrant had not realised that she was not fit to be at work at that time, she accepted that she knew what she was doing was wrong with regard to the Ozempic.
84. The Committee was satisfied that such conduct would be regarded as deplorable by fellow practitioners and it fell far short of what was proper in the circumstances. It was morally blameworthy and breached the standards and rules which should have

been followed. The Committee concluded that Particulars 1, 2, 3 (in relation only to the diazepam taken and consumed on 19 May 2023 at the Pharmacy) and 5 all amounted to misconduct.

85. In relation to Particular 4, whilst the Committee accepted that the Registrant had been unaware at the time that she was not fit enough to be at work, it also took into account that she had, only a few weeks earlier, handed in her resignation but then withdrawn it, even though she was aware of the stress and pressure she was under. The Committee also took into account that a welfare meeting had taken place during the week of May 2023 as a result of a telephone conversation with either the Registrant or another colleague, although it was not clear on what date or at what time. The Registrant had continued working against the background of someone raising concerns about her presentation. The Registrant clearly had some understanding of her health issues and the possible impact on her ability to work as a pharmacist but she did not address her stress and stop working when she should have done. The Committee concluded that fellow practitioners would consider continuing to work in this situation fell far short of what was proper in the circumstances. The Committee decided that Particular 4 also amounted to misconduct.
86. The Registrant had admitted in relation to Particular 3 that there had been at least one other occasion in April/May 2023 when she had self-medicated with diazepam whilst at the Pharmacy. The Registrant had admitted this on the basis that (REDACTED) and it had happened only once. The Committee did not consider this incident amounted to misconduct as there was no issue with pharmacy professionals taking medicines which have been properly prescribed for them whilst at work, as long as they are well enough to be there. There were few details about this incident and no evidence to suggest the Registrant was not well enough to be at work on this occasion.
87. Accordingly, the Committee concluded that, in its judgement, the ground of misconduct is established.

## Decision on Impairment

88. Having found that the Particulars of the Allegation amounted to misconduct, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired. In doing so the Committee considered Rule 5(2) of the Rules and whether the Particulars found proved showed that the actions of the Registrant:

*(a) present 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*

*(d) means that the integrity of the Registrant can no longer be relied upon.*

89. The Committee was satisfied that Rule 5(2)(a) was engaged in this case. Whilst there was no evidence of actual harm to patients, the Registrant had attended work whilst unfit and this had presented a potential risk to patients. She had spoken about "brain fog" and at times finding it difficult to communicate.

90. The Committee was also satisfied that the Registrant's conduct, notwithstanding her health issues, had brought the profession of pharmacy into disrepute. She had accepted this in her evidence. Fellow practitioners would be horrified by her conduct and members of the public would be shocked to hear of a pharmacist who had abused their trusted position to dishonestly remove medication from a pharmacy, whether that be for her own use or not. Members of the public would also be concerned to find out that a pharmacist had attended work when not fit to be there. The Committee was satisfied that Rule 5(2)(b) was also engaged.

91. In relation to Rule 5(2)(c), acting with honesty and integrity are fundamental principles of the profession of pharmacy. The Registrant had acted dishonestly and she had failed to safeguard the security of medications, including a Controlled Drug. She had breached a number of the Standards for pharmacy professionals. The Committee was satisfied Rule 5(2)(c) was engaged in this case.

92. The Committee carefully considered whether the Registrant's integrity could now be relied upon. The Committee had accepted the Registrant's evidence and had

concluded she had been unfit to attend work on the dates that these incidents took place, due to her health condition. It was clear that she had a significant medical history and had been on various medications for many years prior to these incidents with no concerns. The Registrant had provided a coherent analysis of her life which indicated that there had been a different style of working at her former employers compared to that at the Pharmacy. Her colleagues at the Pharmacy had been unhappy with the changes she had put in place at work. She presented as someone who held herself to high standards and who wanted everything to be done properly and perfectly – both in her professional life and her personal life. The difficulties at work had coincided with dramatic challenges in her personal life which had brought everything to a head impacting on her ability to work effectively. The Committee concluded that this had been one very bad week in the Registrant’s career when she had had two serious lapses of judgement that had led to her dishonest conduct. She had dishonestly taken one tablet of diazepam 5mg to help her cope with her medical condition at work and she had dishonestly removed some Ozempic from the Pharmacy.

93. The Committee was concerned by the Registrant’s comment that a “smidgeon” of her had thought she could use the Ozempic medication but accepted that she had realised immediately that what she had done was wrong when she was in her car. There was no evidence that she had used any of the Ozempic and it was eventually returned, although not as soon as it should have been. It was clear the Registrant was in ill health at the time.
94. The Committee was also concerned that the Registrant had not told her colleagues on 19 May 2023 that she had consumed one diazepam tablet to help her to calm down. The Committee also heard that on the same day the Pharmacy had to be closed for 45 minutes due to a colleague having a serious health incident. The Committee took into account that the Registrant had been very unwell at the time, indeed so much so that her employers had conducted a welfare check on her at some point that week. Whilst the Registrant had shown a lack of integrity in her dishonest actions on 17 and 19 May 2023, she had admitted her wrongdoing when

confronted by her employers on 22 May 2023 and had subsequently consistently accepted responsibility for her actions since then.

95. The Committee took into account the various character references provided. One was from the owner of P Pharmacy where the Registrant had worked as a locum for a few months after being suspended from the Pharmacy. That described the Registrant as professional, honest and extremely trustworthy. There was also a reference from her current employer describing her as honest and credible.
96. The Committee concluded that the incident on 17 May 2023 had been caused by a lapse of judgement on the Registrant's part due to the pressure she was under at work and at home alongside managing her health condition. The incident on 19 May 2023 was directly linked to her health condition as she had removed and consumed one diazepam tablet in a moment of emergency, having realised she had left her own supply at home. Taking into account all the information before the Committee, it concluded that it was very unlikely the Registrant would behave in this way again and that her integrity could now be relied upon. It concluded that Rule 5(2)(d) was not engaged.
97. The Committee then considered whether:
  - the conduct which led to the complaints is able to be addressed
  - the conduct which led to the complaints has been addressed
  - the conduct which led to the complaints is likely to be repeated
  - a finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession.
98. The Committee decided in relation to the Registrant's health condition, and her ability to work when fit to do so, that this was a matter that could be addressed. However, dishonest conduct was generally quite difficult to address. The Committee took into account that the Registrant had been in a state of crisis during the time her misconduct had taken place. She had made some very poor judgements and it was clear from the evidence that she had serious underlying health issues which had

impacted on her reasoning. Mr Haines had drawn the Committee's attention to the case of GMC V Chaudhary [2017] EWHC 251 which stated:

*"...dishonesty is not necessarily a monolithic concept. That has two consequences. First of all, questions of degree obviously arise – that much must be self-evident – but secondly that dishonesty in an individual does not have to be an all pervading or immutable trait. A person can be dishonest on just one occasion."*

99. The Registrant had expressed a great deal of remorse and regret about her dishonest conduct throughout these proceedings and during the investigation meetings with her employers. She had admitted *"I am so ashamed"* during her meeting with her employers on 23 May 2023. The Committee regarded her sense of shame and remorse as genuine.
100. The Committee concluded that the Registrant did not have deep seated attitudinal issues which could not be addressed. She had acted with dishonesty and a lack of integrity in highly unusual circumstances. Taking all of the surrounding circumstances into account, the fact that she was not fit to be at work, her personal problems and the challenges she had faced at work, the Committee concluded that her dishonesty could be addressed.
101. The Committee then considered whether the misconduct had been addressed. The Registrant had spoken at some length about the steps she had taken to address her health and the support that she now had in place. She had returned the medications to the Pharmacy and save for the one diazepam tablet she had consumed, there was no evidence that other medication had been missing. She had support from two pharmacist colleagues as well as another professional who had experienced the same health condition, all of who had provided good character references. She had undertaken reflections and various CPD courses which included managing her health conditions as well as work related training. She had kept up to date with her pharmacy knowledge by reading appropriate newsletters and online journals as well as discussing pharmacy issues with the mentor she now had in place. She had used 'Pharmacist Support' services and had a better understanding of how to manage her

health in future. She had expressed considerable remorse and regret for her actions. This was all good remediation.

102. In relation to her health, the Registrant now seemed to be in good health although she was not currently working in a pharmacy setting or a pressurised environment. She seemed to have good access to her GP although had not needed to see her GP since November 2023. Her personal circumstances also seemed to have settled down (REDACTED)
103. The Committee considered carefully the Registrant's level of insight. She had acknowledged what had happened, understood the factors that had led to her behaviour and the pressures she had found herself under. She had accepted responsibility with no question and in fact had sought to minimise blaming her work environment for her behaviour. She had also shown insight into the impact of her actions on her colleagues, on the profession and on the public.
104. The Committee's key concern in this case however, was that the Registrant had shown limited insight into how she would cope with her ongoing medical condition on her return to work. She had worked in stressful situations in pharmacies previously while she had health issues but this had not been at a time when she also had serious personal issues at the same time. The Registrant had taken the view that working as a regular locum where she could "pick and choose" where she worked would ensure her conduct was not repeated. However, she had not addressed the key issue that in the past she had relied on her colleagues to notice when her health condition was impacting on her work (REDACTED)". She had also acknowledged that her health condition (REDACTED) was such that she would not be aware when her symptoms were affecting her. She had not addressed how she would cope with this going forward.
105. The Registrant had not adequately addressed how she would cope if she found herself in a stressful work situation again. She talked about only working in pharmacies where she had had "*a good experience*", and researching companies before agreeing to work for them as well as taking a few minutes to herself, or speaking to colleagues while at work if she felt she could not cope. The Committee

considered the Registrant appeared to be somewhat naïve and overconfident about her ability to return to locum work at this stage. Whilst it was possible that regular locum work (ie at the same pharmacy) could be undertaken, the Committee was concerned that the nature of a locum role was unpredictable, often locums were booked due to staffing issues and it may not always be possible to work with the same colleagues regularly. In any event, relying on colleagues to identify the Registrant's health issues was not an ideal way of dealing with the potential risks.

106. The Committee concluded that the Registrant's insight was still developing and was not yet sufficient to ensure that there would be no repetition of her attending work when unfit. The Committee was satisfied that the Registrant was unlikely to take medication dishonestly as long as she had her health condition under control. Whilst the Committee acknowledged the admirable steps she had taken so far and the progress she had made, it was not satisfied that the aspect of managing her health condition and other stresses going forward, had been addressed sufficiently at this stage to ensure there would be no risk to patients. The Committee therefore decided that there was a risk of the Registrant's conduct being repeated, albeit a risk that could be managed with sufficient insight and support. This is not yet in place and there is therefore a potential risk of harm to patients if she was to attend work whilst unfit.
107. For all the reasons given above, the Committee concluded that the Registrant's fitness to practise is currently impaired.
108. The Committee was also satisfied that a finding of current impairment is required in the public interest. The Registrant's conduct had been serious, involving two dishonest acts and attending work when unfit. A finding of current impairment was necessary to mark the seriousness of the Registrant's conduct, maintain public confidence in the profession, uphold and maintain professional standards, and deter other pharmacy professionals from behaving in a similar way.
109. The Committee therefore finds the Registrant's current fitness to practise is impaired. Accordingly, the Committee then considered the issue of sanction.

## Sanction

110. Having found impairment, the Committee considered 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.
111. The purpose of the sanction is not to be punitive, though a sanction may in fact have a punitive effect. The purpose of the sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.
112. The Committee had regard to the Council's '*Good decision making: Fitness to practise hearings and outcomes guidance*' (March 2024) ("the Guidance") to inform its decision and the '*Good decision-making: Conditions bank and guidance*' (July 2023).
113. The Committee took into account the submissions made by Dr Joshi and Mr Haines. Dr Joshi submitted that the key question in this case was whether the Registrant would be able to manage her ability to work safely. He submitted this was quite challenging for this particular registrant. He also submitted that there had been dishonesty in this case and that was serious. Dr Joshi submitted that the appropriate sanction in this case was a suspension order of 4-6 months.
114. In relation to the case of Kamberova v Nursing and Midwifery Council [2016] EWHC 2955 (Admin) which Mr Haines had referred to, Dr Joshi submitted that it may be appropriate for the Committee to reduce the period of sanction by an appropriate period if it proposed to impose a sanction of between 4-6 months.
115. Mr Haines submitted that dishonesty cases should be considered very carefully and reminded the Committee that the two dishonesty incidents in this case had arisen in difficult circumstances which had been in place at a very difficult time in the Registrant's life. She deeply regretted her actions and they had been out of character for her. She had not gained anything financially but rather had lost a great deal. The

context of her ill-health was important. Mr Haines provided the Committee with details of what he considered were the mitigating factors in this case.

116. Mr Haines submitted the Committee could issue a Warning to the Registrant in this case given the mitigating factors and the steps she had taken to address her health. That Warning would remain on the Registrant's record for a period of time and would serve the public interest by allowing an otherwise competent pharmacist to continue to practise.
117. If the Committee was not minded to issue a Warning, Mr Haines submitted that Conditions would also be appropriate as they would be sufficient to protect the public and the wider public interest. He reminded the Committee that it had found the Registrant's integrity to be intact and therefore he submitted she could be trusted to positively and meaningfully comply with any conditions imposed, particularly as the issues did not concern her clinical abilities. Mr Haines submitted that workable conditions could be formulated such as limiting the number of hours the Registrant should work, appointing a Mentor, requiring the Registrant to complete a stress diary and imposing a timeframe for a review.
118. Mr Haines submitted that a suspension order would not be proportionate in this case in light of the mitigating factors he had outlined. He submitted there was no public interest in restricting the Registrant from practising when conditions were sufficient. He submitted such an order would prevent the Registrant from remediating and working for the public.
119. If the Committee was minded to impose a suspension order Mr Haines submitted it should be for the shortest period possible. He reminded the Committee that the Registrant had been subject to an Interim Suspension Order since August 2023 and referred the Committee to the case of Kamberova v Nursing and Midwifery Council. He submitted the Committee should take into account the period of the interim suspension order when determining the length of any suspension order and could make some reduction to the suspension period.
120. The Committee first considered what, if any, aggravating and mitigating factors there may be in this case.

121. The Committee identified the following aggravating factors:
- a. There had been two separate incidents of dishonest conduct, which were close in time. There had therefore been an element of repetition.
  - b. The Registrant had acted deliberately although it did not appear to be pre-meditated but rather opportunistic in relation to the Ozempic medication on 17 May 2023 and out of desperation in relation to the diazepam on 19 May 2023. The Registrant's actions had been deliberate – she knew what she had done and knew that it was wrong.
  - c. She had breached the trust placed in her and abused her position as a trusted Pharmacist which had allowed her to have access to the medications, including a Controlled Drug.
  - d. In relation to the diazepam medication, whilst the Committee accepted the Registrant had taken 1 tablet in a panic at around 10am on Friday 19 May 2023 for medical reasons, the Registrant had failed to subsequently tell her employer what she had done throughout the rest of that day. She had confirmed in her evidence that she had felt calm within 10-15 mins yet she did not take any steps to obtain an emergency prescription for the tablet taken or inform her GP of what she had done. Diazepam is a Controlled Drug and even though the Registrant had taken only one tablet for personal use, she had potentially placed her colleagues in a difficult position because one tablet of a CD medication was missing from the stock with no explanation.
  - e. The Registrant did not own up to what she had done until confronted by her employer on 22 May 2023. Even then she did not specifically mention the removal of the Ozempic medication. That was first brought up by her employers during the investigation meeting on 25 May 2025. The Registrant did not return the Ozempic medication promptly despite having realised almost immediately on leaving the Pharmacy on Wednesday 17 May 2023 that what she had done was wrong. She had had at least 3 days to return it before she was suspended by her employers but did not do so.

122. The Committee identified the following mitigating factors:

- a. The Registrant's ill-health had been a key contributory factor in her misconduct combined with extremely challenging personal circumstances at a time when her workload was also very busy. As a result of these combined issues, she had been in a state of crisis at the material time leading her to make poor judgements.
- b. There had been a lack of sufficient support from her employer at the Pharmacy even though they had been informed of her health condition.
- c. The Registrant's misconduct took place over a short period of time.
- d. She had an otherwise long unblemished career since 2008.
- e. She had worked at another pharmacy for a couple or so months after leaving the pharmacy and no other issues had been raised about her behaviour. She had informed all her employers about these concerns.
- f. The Registrant had made admissions during both her employer's investigation and during these regulatory proceedings.
- g. The Registrant had demonstrated genuine remorse and regret. She had apologised for her conduct.
- h. The Registrant had shown some genuine insight and had taken substantial steps towards remediation as set out earlier in this determination.
- i. She had engaged and co-operated with her regulator.
- j. A number of good character references had been provided including one from the Registrant's current employer, a regulated organisation even though not in the pharmacy profession. The Registrant had been transparent with her employers about the reasons for her dismissal from the Pharmacy and these regulatory proceedings.

123. The Committee noted that the Guidance stated in relation to dishonesty cases:

*“6.8 .... There are some acts which, while not presenting a direct risk to the public, are so serious they undermine confidence in the profession as a whole. The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacists and pharmacy technicians. However, cases involving dishonesty can be complicated – committees should carefully consider the context and circumstances in which the dishonesty took place. Therefore, although serious, there is not a presumption of removal in all cases involving dishonesty.”*

124. The Committee took into account that the Registrant had acted dishonestly on two separate occasions, one of which involved one tablet of a Controlled Drug, diazepam. Her dishonest conduct on both occasions had taken place in a pharmacy setting where she had been the Responsible Pharmacist, trusted to safeguard and keep those medications secure. The Committee decided that taking no further action or issuing a Warning would not be sufficient to mark the seriousness of her behaviour.
125. The Committee then carefully considered whether Conditions were appropriate in this case. It was clear from the Registrant’s evidence that she was keen to return to locum work and she had taken admirable steps to put in place various coping mechanisms and external support such as having a mentor and other pharmacist colleagues available for her to talk to. However, the Committee’s concern was about the Registrant’s level of insight into how she would cope with her ongoing medical condition on her return to work, particularly if she found herself in a challenging situation again.
126. The Committee noted that in the Registrant’s reflections, she had stated:

*“Now that I am more self-aware, I can recognise if I am moving back into a bad place. It usually starts by becoming more introvert; I find that I stop reaching out to my friends and family. I find that I do not leave the house much. I also start to struggle sleeping. This is usually insomnia or very broken sleep with bad dreams. My number one indicator is that my headaches return. If I notice these things are happening, I allow myself a small rest period and then I force myself to leave the house and interact with a friend.”*

127. This showed the Registrant had some recognition of her symptoms. However, in her reflections the Registrant had not articulated in detail how she would obtain support from colleagues that she was actually working alongside. There was no real detail on how the Registrant would cope with her work if she found herself under significant stresses or ill health again. Whilst she was keen to return to work as a locum, this was, by its very nature, unpredictable. In any pharmacy setting, there was no guarantee of staffing levels available for work every day or that the Registrant would be regularly working with the same staff on each occasion. Pharmacies could be stressful environments and locums were often employed when additional support was required at busy times. It was not clear to the Committee how the Registrant would cope in such situations with her ongoing health condition. The Registrant currently had a limited awareness of what she needed to do to satisfactorily return to work and practise safely in the future. Until such matters had been sufficiently addressed, the Committee did not consider workable conditions could be formulated as there would still be a potential risk to the public.
128. The Committee also considered Conditions in the context of dishonest behaviour. The Committee decided that Conditions in this case would not be sufficient to mark the seriousness of the Registrant's dishonest behaviour, even taking into account the mitigating factors in this case.
129. The Committee concluded that the Registrant needed more time to reflect and prepare a plan addressing the Committee's concerns. She was not yet at the stage when the Committee could be confident that she could return to safe pharmacy practise.
130. The Committee concluded that a Suspension Order was the appropriate and proportionate sanction in this case. The Registrant had acted dishonestly on two separate occasions, one of which involved the theft of one tablet of a Controlled Drug. This was serious misconduct. However, there were substantial strong mitigating factors in this case - the Registrant had found herself dealing with an exceptional time of difficulty due to a combination of her personal challenging circumstances, her ill-health and the stresses at work. A Suspension Order was sufficient to mark the seriousness of the Registrant's conduct, uphold proper

standards of behaviour and maintain public confidence in the profession. This would address the health, safety and wellbeing of the public whilst also highlighting the Registrant's conduct was unacceptable. As this case involved dishonest conduct, the Committee concluded that public confidence demanded no lesser sanction.

131. In relation to the period of the Suspension Order, the Committee decided that a period of 6 months would be sufficient. This would allow the Registrant time to reflect and take any further steps she considered were required before that Order was reviewed. A Suspension period of 6 months would also indicate to other members of the pharmacy profession that dishonest behaviour was not acceptable even if there were health issues and/or other strong mitigating factors involved. It would maintain proper professional standards and conduct for members of the profession and the public's confidence.
132. The Committee also took into account the case of Kamberova v Nursing and Midwifery Council which stated:

*"4. .... For the detailed reasons which appear below, in my judgment a [Conduct and Competence Committee] should take into account the time spent by a registrant suspended under an [interim suspension order] as a relevant factor when considering what is the appropriate and proportionate sanction....."*

*..... If proceedings are long delayed and a person is subject to suspension in the interim period, that period of suspension may affect the proportionality of the length of the subsequent period of suspension. Whether it has that effect is for the Committee to determine. If the appropriate sanction is one of striking off, then the fact that there has been an ISO may be of no relevant effect. However, if the appropriate sanction is a short period of suspension, the fact that there has been an interim period of suspension may be relevant. This is particularly the case given the number of cases before this court in which ISOs of considerable length have, because of delays in arranging hearings, had to be extended"*

133. The Committee noted the Registrant had been subject to an Interim Suspension Order since August 2023, a period of approximately 17 months. Given the number of allegations involved and the complexity of this case, that did not seem to be an overly lengthy period of time. The Committee also took into account that the purpose of an Interim Suspension Order was quite different to the purpose of a final Suspension Order, each decision having been based on the evidence available at the time. In any event, in this case, the Committee did not consider a Suspension Order of 6 months to be short. Furthermore, dishonest conduct, whatever the circumstances, is serious. It undermines public trust and confidence in the profession and significantly impacts on the reputation of pharmacy professionals. In light of this, the Committee concluded that the period of suspension of 6 months was necessary to maintain that public confidence and uphold standards expected of pharmacy professionals. It did not therefore reduce the Suspension Order imposed.
134. The Committee considered removal from the Register would be a disproportionate sanction in this case in light of the strong mitigating factors. The Committee was satisfied that the Registrant appears to have learnt a salutary lesson from these proceedings and her conduct could potentially be remediated. It concluded that she should be given an opportunity to address the concerns the Committee had identified. In this particular case, public confidence in the profession and the maintenance of proper professional standards and conduct for pharmacy professionals does not require removal.
135. The Committee therefore directs that the Registrar suspends the Registrant's registration from the Register for a period of 6 months.

### **Review Hearing**

136. This decision will be reviewed by a Fitness to Practise Committee before the sanction expires. A future reviewing Committee may be assisted by:
- Further reflections from the Registrant to include how she thinks she can safely return to practise and continue to practise safely in light of her ongoing health condition.
  - Information about how the Registrant has maintained her CPD

- An updated reference from her current employer.

### **Application to Revoke Interim Order**

137. The Committee revoked the existing Interim Suspension Order under Article 56(10) of the Order as it had now dealt with the allegations the interim order related to, so an interim suspension order was no longer required.

### **Application for Interim Measures**

138. Dr Joshi made an application for Interim Measures under Article 60 of the Order. He reminded the Committee that the Suspension Order it had imposed would not take effect until 28 days after the date of the Committee's decision, which was the appeal period during which the Registrant could appeal the Committee's decision. Without interim measures, the Registrant would be able to practise unrestricted during that 28 day period and also during any appeal period, which could take many months.
139. Mr Haines confirmed that the Registrant had no objection to the application for interim measures.
140. The Committee again took into account the Guidance. It accepted Dr Joshi's submissions. The Committee had found in this case that the Registrant was not yet at the stage when she could return to safe pharmacy practise. Her insight was still developing and there was further remediation to be done. The Committee had identified a potential risk of repetition if she were to be allowed to return to unrestricted practise. It therefore followed that Interim Measures should be in place to ensure any appeal period was similarly protected.
141. Whilst there had been no evidence of patient harm in this case, the Committee concluded that Interim Measures of a Suspension Order are required to protect the public. The Committee granted the application.
142. That concludes this determination.