

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

Monday 28 April – Tuesday 6 May 2025

Registrant name:	Daniel Rhys Rosser
Registration number:	2059358
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Neville Sorab (Chair) Cristian Ioanas (Registrant member) Roseann Kane (Lay member)
Committee Secretary:	Adam Hern
Registrant:	Present and not represented
Special Counsel:	Ralph Shipway, instructed for the cross examination of Colleague A
General Pharmaceutical Council:	Represented by Eleanor Gwilym, Counsel
Clinical Adviser:	Dr Sabarigirivasan Muthukrishnan
Facts proved:	3
Facts proved by admission:	2
Facts not proved:	1, 4, 5, 6
Fitness to practise:	Impaired
Outcome:	Suspension – 3 months
Interim measures:	Interim Suspension

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 5 June 2025 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

You, a registered Pharmacist, whilst working at D R Rosser LTD, 12 Church Street, Monmouth, NP25 3BU (the "Pharmacy"):

1. *Between approximately September 2022 – October 2022, you attended the Pharmacy under the influence of alcohol and / or cocaine and / or other illicit drugs. **DENY***
2. *On 1 February 2023, you confirmed to a General Pharmaceutical Council ("GPhC") Inspector when asked that you do not use illicit drugs. **ADMIT***
3. *Your action(s) at 2 above were dishonest, in that you:*
 - 3.1. *knew you had a substantial history of taking illicit drugs; **DENY***
 - 3.2. *sought to conceal from the Inspector that you had a history of taking illicit drugs. **DENY***
4. *On an unknown date between 13 June 2022 and 17 May 2023 you:*
 - 4.1. *refused to speak to a patient with Dementia ("Patient A") on the telephone; **DENY***
 - 4.2. *advised Colleague A she should tell Patient A to call back in an hour "because she'll forget anyway" or words to that effect. **DENY***
5. *From around December 2022 to 17 May 2023, on one or more occasions you:*
 - 5.1. *spoke about Colleague A in a belittling and/or demeaning manner to fellow colleagues in the Pharmacy; **DENY***
 - 5.2. *spoke to Colleague A in a belittling and/ or demeaning manner in front of patients and/or fellow colleagues; **DENY***
 - 5.3. *referred to Colleague A as a "dummy"; **DENY***
 - 5.4. *barged past Colleague A; **DENY***
 - 5.5. *shouted at Colleague A; **DENY***
 - 5.6. *snatched the Pharmacy's phone out of Colleague A's hand during a call with a patient; **DENY***
 - 5.7. *inappropriately directed Colleague A to climb a ladder when her health condition meant it was unsafe for her to do so. **DENY***
6. *Your actions at allegation 5 above demonstrated a course of conduct that amounted to the bullying of a junior colleague that:*
 - 6.1. *undermined Colleague A; **DENY***
 - 6.2. *humiliated Colleague A; **DENY***

6.3. *caused emotional harm towards Colleague A. **DENY***

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

Documentation

Document 1- Council hearing bundle

Document 2- Council combined statement of case and skeleton

Document 3- Registrant's witness statement

Document 4- Registrant's reflective statement

Document 5- Letter from Brabners LLP to Colleague A dated 27 October 2023

Document 6- First screenshot of Colleague A review

Document 7- Second screenshot of Colleague A review

Document 8- Testimonials for the Registrant x 8

Document 9- Newspaper article

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council (“the Council”).
2. 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”).
3. 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.
4. The Committee also has regard to the guidance contained in the Council’s *Good decision making: Fitness to practise hearings and outcomes guidance* as revised March 2024.
5. 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. Outcome – the Committee considers what, if any, outcome should be applied if the Registrant’s fitness to practise is found to be impaired.

Service of Notice of Hearing

6. The Committee has seen a letter dated 19 March 2025 from the Council headed “*Notice of Hearing*” sent by email to the Registrant. The Notice of Hearing was sent more than 28-days prior to the commencement of the hearing, stated the date, time and venue of the hearing, and also contained the finalised particulars of the allegation. The Notice of Hearing was sent to the email address registered for the Registrant at the Council. The Committee was satisfied that there had been good service of the Notice in accordance with Rules 3 and 16.

Preliminary matter – Special Council

7. The Council made an application for Mr Shipway to cross-examine Colleague A on his behalf on the basis that Colleague A be treated as a vulnerable witness, as one who complains of intimidation under Rule 41(1)(f). Under Rules 41(2) and 41(3), the Committee may adopt measures as it considers necessary, which are not limited, to enable it to receive evidence from a vulnerable witness. On behalf of the Council, Ms Gwilym set out that the application has the added advantage that the Registrant would be able to rely upon experienced counsel to cross examine Colleague A. The Registrant did not oppose the application.
8. The Committee heard from the parties on this matter under Rule 41(2). It considered that the nature of the allegations is one of intimidation and, consequently, that Colleague A can be treated as a vulnerable witness. The Committee considered that the cross examination of Colleague A by Mr Shipway would enable it to receive evidence in the best way possible, in the circumstances, from Colleague A.

Preliminary matter – Person A giving evidence with Registrant’s camera turned off

9. On behalf of the Council, Ms Gwilym made an application under Rules 41(2) and 41(3) for the Registrant’s camera to be turned off when Colleague A gives evidence. This is given the Committee’s decision that Colleague A is a vulnerable witness pursuant to Rule 41(1)(f), and that such a measure would enable the Committee to receive evidence in the best possible way from Colleague A. The Registrant did not oppose the application.
10. The Committee heard from the parties in the matter under Rule 41(2) and rely upon its previous decision that Colleague A is a vulnerable witness pursuant to Rule 41(1)(f). The Committee considered that the Registrant having his camera turned off when Colleague A was giving evidence would enable it to receive evidence in the best way possible, in the circumstances, from Colleague A. Further, it would still enable the Registrant to see Colleague A when she gave evidence.

Background

11. At the time of alleged conduct, the Registrant was the owner, Director, and was the Superintendent Pharmacist, at the Pharmacy. Colleague A is a former trainee dispenser and counter assistant at the Pharmacy.
12. In or around September-October 2022, Colleague A recalls that she arrived at the Pharmacy and the Registrant not being present. She and colleague, Ms Ellie Hodges, telephoned the Registrant, who lives above the Pharmacy. Colleague A then alleges that the Registrant:
 - a. “*stumbled*” down the stairs looking like a “*mess*”;

- b. was “slow” and “slouched”;
 - c. when pressed by Ms Hodges on what he was doing the previous night, the Registrant allegedly said that he was doing cocaine and did not go to bed until 5am;
 - d. kept having to go upstairs, which caused difficulties for customers asking for him in his absence;
 - e. was not focussed. He did not want to deal with customers and was “mindlessly” ticking off medication that had been placed in the basket for checking without checking the name of the medication and how many tablets there were before bagging the medication.
13. Ms Naomi Rettig, and Administrator and HR Manager of the Pharmacy, alleges that she first became aware of the Registrant’s illicit drug use on 11 August 2023, when he admitted to using illicit drugs during a regular meeting with her. Shortly after this discussion, the Registrant called the Council and explained that he had been taking illicit drugs, namely cocaine, marijuana, and ecstasy, for five years since university in festival settings.
14. Mr Liam Mason, a Council inspector, states that he attended the Pharmacy in relation to a concern related to the Registrant’s alleged drug use inside and outside of his work as a pharmacist. Mr Mason put the allegations to the Registrant to the Registrant, who allegedly “denied all of the allegations put to him”, explaining that “although he attends parties, he does not use or deal illicit drugs”.
15. Colleague A alleges that she “vividly” recalled being on the phone to a customer with dementia, Patient A, who asked to speak to the Registrant. Colleague A alleges that, while talking to Patient A on the phone, she could hear the Registrant in the back telling her to hang up. The Registrant then shouted at Colleague A, telling her to tell the patient to call back in an hour “because she’ll forget anyway”.
16. Colleague A alleges that towards the end of 2022, she noticed the Registrant’s attitude towards her change dramatically. She alleges that the Registrant:
- a. started calling her names and talking about her behind her back to other staff members;
 - b. belittled her;
 - c. would snap and shout at her, often in front of customers;
 - d. frequently called her a “dummy”, which would often occur during what she would describe as a normal conversation;
 - e. would barge past and shout over her, or snatch the phone from her hand and deal with a situation himself when she was helping customers; and
 - f. pressured her into climbing a ladder despite being aware that she was not feeling well.

17. Colleague A alleges that the Registrant's alleged conduct towards her:
- a. occurred on numerous occasions;
 - b. lowered her confidence;
 - c. caused her embarrassment each time it happened;
 - d. made her feel "thick";
 - e. caused her to feel "hurt", "awful" and "low".
18. Colleague A worked on the counter in the shop. Colleague was training to be a dispenser, which included looking at prescriptions, labelling, and collecting stock. The Registrant alleges that Colleague A:
- a. made lots of errors;
 - b. was disorganised and unsafe in her work; and
 - c. was put back on the counter to see if she could cope, but was dismissed as the standard of her work was not improving.
19. The Registrant alleges that the allegations made by Colleague A are untrue and were made after her employment was terminated for poor performance. Further, the Registrant alleges that after referring him to the Council, Colleague A engaged in a campaign of harassing him online by posting negative and defamatory comments about him. The Registrant had to instruct solicitors to send her a cease-and-desist notice, after which Colleague A removed the comments.
20. REDACTED
21. The Registrant has provided the following written reflective statement:
- "During the eighteen months of suspension, I have had plenty of time to reflect on my actions. I understand why recreational drugs would be frowned upon by the GPHc and why I shouldn't do so. I have never been on duty as a pharmacist under the influence of recreational drugs, but I understand the patient safety concerns if it's known that I do so in my out of work time. I understand that by taking recreational drugs in my own time it can bring reputational harm not only to my pharmacy but also to the profession in general. For these reasons I have stopped taking recreational drugs and have limited my alcohol consumption to weekends and holidays when I am not working. I have reminded myself of my expected personal behaviours towards both staff and patients and now make a conscious effort of talking to people in a respectful and appropriate manner."*

Evidence

22. The Committee received evidence from Colleague A who stated the following:

- a. Between 13 June 2022 and 17 May 2023, she was employed by the Pharmacy, initially as a trainee dispenser, then as a counter assistant (sometime after Christmas). The change to counter assistant made Colleague A feel “*pushed to the side*”. Colleague A did not complete her dispensary training before she was moved to being a counter assistant. When a trainee dispenser, Colleague A was happy with her performance and happy with the Registrant teaching her as she went along. The Registrant never told Colleague A that he was unhappy with her performance. Colleague A was responsible for general “*front of house*” duties such as restocking shelves, ordering medication, handing out prescriptions, answering the phone and attending to customers throughout the working day. Other Pharmacy staff members did not know why Colleague A was moved from being a trainee dispenser to a counter assistant.
- b. She knew of the Registrant before being employed at the Pharmacy, and regularly saw him in the local pub with friends.
- c. During her employment, she initially had a great working relationship with the Registrant; the working environment was pleasant. It was only towards the end of 2022 that the relationship between the Registrant and Colleague A became strained.
- d. Prior to joining the Pharmacy, Colleague A was warned by Ms Rettig that the Registrant was a bit awkward to work with. When she started working at the Pharmacy, Colleague A found the Registrant “*bubbly, loud and obnoxious*” most of the time, but at other times, he was “*very stroppy*”. At times when the Registrant arrived in the Pharmacy, the atmosphere would change. It would be hard to get things right and the Registrant would snap at everyone all the time. As a team, it was just dismissed as “*Dan being Dan*”, especially given that it was his pharmacy. When the Registrant was in a good mood, he was good to work with; when he was in a bad mood, he was unpleasant to work with.
- e. During Colleague A’s employment with the Pharmacy, there were some occasions where the Registrant would report for duty as the Superintendent Pharmacist under what appeared to be the influence of drugs and/or alcohol. This occurred a handful of times. The following sticks out as being the most rememberable:
 - i. In or around September - October 2022, Colleague A recalls arriving at the Pharmacy at around 08:45am shortly before Ellie Hodges, a Dispenser, arrived. Ms Hodges was new at the time. They noticed that the Registrant was not there, which was unusual. After a short while, they telephoned the Registrant to see where he was, and Colleague A recalls waking him up. The Registrant lives above the Pharmacy and, after the phone call, Colleague A recalls him stumbling down the stairs and thinking that he a “*mess*”. His eyes were not open properly and he was not focusing on what he was looking at; he was not aware of his surroundings at all. He was slow and slouched, which is not how he usually is. The Registrant gave them

permission to keep the Pharmacy closed to avoid serving the methadone patients who arrive first thing in the morning, and whilst Ellie Hodges was preparing the pharmacy for the day, Colleague A went out to get the Registrant a coffee and a bacon roll. At some point during the morning, Ellie Hodges jokingly asked what he had been up to. The Registrant responded that he had been a bit naughty last night, or words to that effect, and said that he had been with “Ken” all night and “*did a few things with Ken*”. Ken is a well-known drug user in Monmouth and at one point, Ken was the Registrant’s neighbour. Colleague A knows this because the community is small, and everyone knows each other. Eventually the Registrant admitted to “*sniffing things with Ken*” or words to that effect, setting out that he was doing cocaine and did not get to bed until 5am. When Colleague A asked why would he do that on a work night, the Registrant responded “*it’s my life, I can do what I want*” or words to that effect. On that day, the Registrant kept going upstairs; customers kept coming in, but he was not there. When he was in the Pharmacy, the Registrant “*was mindlessly ticking off medication that had been placed in the basket for checking.*” Colleague A knew that the Registrant was not carrying out the correct procedure simply from the speed in which he was completing them.

- ii. There was one time where Colleague A thought he was “stoned”, as if he had been smoking marijuana. The Registrant corrected Colleague A and clarified that he had been doing cocaine.
- iii. Other times, he would come in with a standard hangover smelling of alcohol and explanation to us that he was up until “*stupid o’clock*” drinking. Those who were present would ask why he did it on a weeknight. Colleague A remembers the Registrant saying on one occasion that it was his only time off, but he very rarely worked weekends whilst she was employed.
- iv. In or around August 2022, Colleague A bumped into the Registrant outside the Pharmacy on a Sunday night. The Registrant was holding a flask and openly told Colleague A that it had mushroom tea in it. Colleague A did not think anything of it until the following week when she saw the flask in the shop. The flask remained in the shop for a couple of days before Colleague A asked whether it was the same flask from the other night. The Registrant confirmed to Colleague A that it was and explained how he had not finished it yet.

The Registrant has previously reported for duty under what Colleague A thought was the influence of drugs and/or alcohol, but his state was not so obvious as the above occasion. Colleague A said that due to her experience with people under the influence of illegal drugs, she knew that the Registrant was under the influence of illegal drugs. Colleague A cannot recall who was present at the time of this conversation, or when these incidents took place.

- f. Colleague A considers that patient safety was compromised due to the Registrant working when under the influence of alcohol or drugs.
- g. Colleague A said that the Registrant never told her of any health conditions that he may have.
- h. Colleague A never formally reported the Registrant for his behaviour because they were a small team. The Registrant was unpredictable, and the team wanted to avoid confrontation. Further, Colleague A considers that any complaint would risk the Pharmacy team ganging up on her.
- i. A few months later, the team brought up the Registrant's behaviour informally. Colleague A thinks it was when the Registrant had done something wrong which prompted the team to collectively say "*well, it's not as bad as when you...*" or words to that effect. This was not the first time the team as a whole brought up the Registrant's behaviour but when we did, the response was always the same. The Registrant would apologise but it did not seem sincere; he has quite a dismissive attitude and it appeared that he just let our concerns go over his head.
- j. The only other who was aware of the Registrant's concerns regarding the Registrant's behaviour was Mr Bajjada, who ordinarily covered the Registrant's Bristol shop but would cover for the Registrant every Wednesday or Thursday, from memory. It was during one of Colleague A's conversations with Mr Bajjada about the general running of the pharmacy that she told him that the Registrant had been coming into work under the influence of drugs and/or alcohol from previous nights. Colleague A does not believe Mr Bajjada did anything with the information.
- k. Towards the end of 2022, Colleague A noticed that the Registrant's attitude towards her changed dramatically. In or around December 2022, Colleague A recognised the Registrant started calling her names, talking about her behind her back to staff members, belittling her and having a general lack of regard for her feelings. This was usually after the Registrant had told Colleague A off or had just finished working with her on something. Sandra Cleaves also confirmed to Colleague A on numerous occasions that the Registrant was talking about her, but Ms Cleaves never felt comfortable telling Colleague A what the Registrant had been saying.
- l. The Registrant would frequently call Colleague A a "*dummy*". This would often occur in normal conversation. For example, if the Registrant saw that Colleague A was doing something wrong, or when Colleague A would ask the Registrant for help, he would just stand there, laugh, and call her a "*dummy*". After a few months, the Registrant would name-call Colleague A on, at least, a weekly basis. It was lowering Colleague A's confidence significantly. The Registrant never said anything nice to Colleague A, or about her.
- m. The Registrant started to belittle Colleague A more often than what they as a team were used to from his general mood swings. For example, if the Registrant was

near the counter when Colleague A was tasked with finding an item, he would snap and shout at her after a second or two, telling her where it is. This was often in front of customers. Colleague A felt embarrassed every single time it happened. The Registrant would regularly belittle Colleague A's ability to handle simple situations. For example, if Colleague A was helping a customer, the Registrant would barge past and shout over her, or snatch the phone from her hand and deal with it himself. The Registrant never gave Colleague A the opportunity to learn. Regardless of what Colleague A did, it was never right.

- n. Colleague A tried to talk to the Registrant about how he was making her feel on numerous occasions, but he never wanted to listen to what she had to say. He only ever ensured his point got across and had no regard for what Colleague A had to say or how she felt.
- o. The Registrant would tell Pharmacy staff to go to Ms Rettig if we ever had any problems. Ms Rettig is a calm lady who Colleague A found very supportive. Colleague A went to Ms Rettig on a number of occasions to flag how she was feeling about the way the Registrant was treating her.
- p. In or around Autumn/October 2022, Colleague A approached Ms Rettig to state that she found the Registrant to be rude in his manner. Ms Rettig arranged an informal chat between the two, where Ms Rettig would act as a mediator because Colleague A did not want to raise a formal grievance. The Registrant responded to Colleague A's concerns that he was not aware he was coming across that way and that he would work on his behaviour/approach towards her. Ms Rettig told Colleague A that if the Registrant is being rude, she must call him out on it. Colleague A confirmed with Ms Rettig that she felt comfortable doing so. Colleague A cannot recall the Registrant's behaviour improving following this meeting.
- q. The Registrant's attitude towards Colleague A reached its peak when Ms Rettig had signed the Pharmacy up to a magazine award in or around April 2023 where there is the chance to win a trip to London. There were several nominations, and Colleague A was nominated for best newcomer. Colleague A remembers being excited and telling Ms Rettig who was congratulating her. The Registrant overheard the conversation and proceeded laugh in Colleague A's face before running around the shop laughing. Colleague A asked the Registrant what was so funny, and he said she knew why he was laughing. Colleague A remembers being in a state of confusion because she genuinely did not know why he was laughing. This occurred in front of all of the staff members who were in that day. It made Colleague A feel awful and she wondered in the moment why she was still bothering, but she had a house to pay for and felt that she could not just leave despite the way the Registrant was making her feel. Colleague A messaged Ms Rettig to let her know how this made her feel.
- r. REDACTED

- s. For example, the Registrant knew that Colleague A had epilepsy and even acknowledged when dispensing her medication that she takes a high dosage. Colleague A would often remind the Registrant of the severity of her epilepsy because sometimes it can impact her ability to think coherently or do something. However, he would only act as if he cared until it inconvenienced him. For example, Colleague A remembers telling the Registrant that she was not feeling great and yet he still pressured her into climbing a ladder because *"I was the youngest"*. The Registrant would laugh and disregard any concerns that Colleague A raised and tell her to *"get on with it"*, or words to that effect. The majority of the staff at the pharmacy witnessed the Registrant's behaviour towards Colleague A.
- t. The Registrant's attitude extended to his interactions with patients and the general members of public. For example:
 - i. Colleague A remembers during her time as counter assistant where this lady had asked to speak to the Registrant. This lady had bad dementia and whilst Colleague A was talking to her on the phone, she could hear the Registrant in the back telling her to hang up. The Registrant then shouted at Colleague A, telling her tell the patient to call back in an hour *"because she'll forget anyway"*. This was not particularly surprising because Colleague A had been on the phone on numerous occasions where the Registrant would ask who it is. Colleague A would tell him their name and he would make a comment or be dismissive of their requests, with no consideration or care whether they heard. There was an occasion where a patient said to Colleague A that they could hear the Registrant in the background, having just told them (on his instruction) that he was not available. Colleague A always found the situation embarrassing and hard to deal with. There was one day where the lady with dementia called about 6 times, and it sounded like she was about to cry. Colleague A always asked whether there was anything she could assist with, but she only wanted to speak to the pharmacist.
 - ii. In another example, there was a son who visited the Pharmacy twice week (or thereabouts) to collect his mother's Dosette box and sometimes he would ask for adjustments to the medication. Colleague A remembers the Registrant being openly abrupt with him on almost every occasion that she saw them interact.
 - iii. The Registrant also acted rudely and abruptly to a lady who would, admittedly, always call up to ask whether her medication was ready. The Registrant would often tell Colleague A to tell the patient that her medication was ready even when it was not just to get her off the phone. The Registrant never had regard to the fact that Colleague A would be having to handle the patient were she to arrive before it was ready. On one occasion, she came into the Pharmacy and the Registrant abruptly asked what she wanted in front of other customers. She looked shocked.

- iv. The Registrant also had a habit of snatching the phone from Colleague A and hanging up, regardless of who was on the other end, and depending on his mood that day, he would hide at the back of the store to avoid certain patients and dealing with their requests. His attitude towards certain patients, and people generally, made the environment difficult and tense to work in. This was particularly the case when he was not actively present and open to dealing with technical queries or requests that staff were not qualified to assist with.

Colleague A cannot recall the dates of these incidents.

- u. Colleague A tried to address the Registrant's attitude towards his customers with him on many occasions, but he was not interested in listening. He only ever responded with *"it's my shop"*. Colleague A found the majority of his dealings with to be rude, arrogant and inconsiderate.
 - v. On 10 May 2023, Colleague A arrived at work like any other day and to her surprise, she was handed a letter and dismissed from the Pharmacy through no fault dismissal with immediate effect. The dismissal was entirely unexpected. Although Colleague A was not happy at work due to the behaviour of the Registrant, she still had a close relationship with the remaining staff, and was trying her best to make it work. Colleague A also had nothing to fall back upon and needed the job to support herself.
 - w. Colleague A strongly believes that the Registrant dismissed her because she was a threat. He knew that Colleague A did not appreciate or think that his behaviour was appropriate.
 - x. Colleague A referred the Registrant to the Council on the same day. She did not understand why she had been protecting the Registrant for so long.
 - y. Since her employment at the Pharmacy, Colleague A is on Sertraline 50mg because the Registrant's behaviour impacted her in such a way as to doubt her ability to do anything. Colleague A was crying every day and was not herself for a long time. She is now rebuilding her confidence.
 - z. Colleague A felt upset receiving a cease-and-desist letter from the Registrant's lawyers. She removed her reviews on Google and Indeed following the cease-and-desist letter.
23. The Committee received evidence from Ms Rettig who stated the following:
- a. She is employed by the Pharmacy as an Administrator and HR Manager. She is responsible for looking after staff and wellbeing. She was a dispenser at the Pharmacy prior to her current role. She still works as a dispenser on an ad hoc basis when required.
 - b. She has had a good working relationship with the Registrant most of the time.

- c. When she first started working with the Registrant, Ms Rettig found that his attitude and behaviour was poor and that he was not easy to approach. Even to this day, he can come across as quite rude if you are not familiar with his personality. For example, sometimes he can be so focused on his work and himself, that he does not consider other people's feelings. However, the Registrant has improved over the years and although he is still not the best people person, it is easier to have a good working relationship with him. Ms Rettig would say that this is because he is making a conscious effort and recognises that he can improve.
- d. The Pharmacy is a happy place to work. Ms Rettig regularly receives feedback from locums who state that they would like to come back, and they often ask when shifts are available. This is because the Pharmacy has a great little team who look after other emotionally in what is often a stressful job. As far as Ms Rettig is aware, the team get on well and have regular, black humour to make the day go by - most are aware of who they can joke with and what they can joke about. The team members very much get what they give out and Ms Rettig has never seen anybody pinpoint jokes at a particular person or say anything that has crossed the line.
- e. Ms Rettig first became aware of the Registrant's drug and/or alcohol use on Friday 11 August 2023 during one of their regular Friday meetings, where they speak about the business and any other points to raise. During this meeting, the Registrant simply stated that he needed to be honest and admitted to using illicit drugs. She believes this conversation arose because of the Council's request for a toxicology report, and the need for the Registrant to return the paperwork with which Ms Rettig was assisting. Shortly after this discussion, the Registrant called the Council and explained to them that he has been taking illicit drugs, namely cocaine, marijuana and ecstasy, for over five years since university. He explained that he would often take drugs in festival settings. The conversation came as a shock to Ms Rettig because she was completely unaware of it. Ms Rettig does not interact with the Registrant out of work, but even through her regular day-to-day dealings with the Registrant, his drug use was not obvious. Ms Rettig has never seen the Registrant attend the pharmacy under the influence of drugs and/or alcohol, nor has she ever been informed by staff about any concerns regarding this during her employment at the Pharmacy.
- f. Ms Rettig did have a conversation with Mr Bajjada to say that, on one occasion, the Registrant was sleepy and unresponsive. She did not tell Mr Bajjada that the Registrant had taken illegal drugs or was drunk/hungover. At the time of this conversation, the Registrant was not living above the Pharmacy, but was living a drive away. This incident occurred approximately 3-4 years ago when Ms Rettig was solely a dispenser and not when she was working in her HR Manager role.
- g. No member of staff informed Ms Rettig, on any occasion, that the Registrant had taken any illegal drugs or was drunk/hungover. If this was the case, immediately, Mr Rettig would have booked a locum.

- h. During her employment at the Pharmacy, Ms Rettig has never witnessed any attitude or unprofessional comments from the Registrant towards customers that has caused concern, just a general lack of consideration and manners. For example, he can sometimes interrupt people, he will not listen before speaking and will often forget to say please and thank you.
- i. The Registrant is a confident individual. He is familiar with his customers and knows which customers like to come in. If they are rude, he will be rude back, but it is always in jest. For example, there have been plenty of occasions that she has witnessed where a customer has come into the pharmacy, but their medication is not ready. The Registrant would tell them to get out, or go away, to which the customer would often respond with *"oh you're so slow"* or *"hurry up"*. The Registrant regularly has a laugh and a joke with his customers, but it is true that if you are not a local and did not know his personality, he may come across as rude or abrupt.
- j. The Registrant treats staff at the Pharmacy the same way as he treats customers. He can sometimes be inconsiderate or fail to listen, but the staff know that they must call him out on it and regularly do. As far as I am aware, the staff are happy, and we accept the Registrant for who he is. Ms Rettig has never seen the Registrant cross the line concerning banter, in that any recipient was offended or felt uncomfortable. Ms Rettig set out that introverted or sensitive people may struggle with the culture at the Pharmacy at first. However, no one has left the Pharmacy because of the Registrant's behaviour. No other colleague has raised similar complaints to that raised by Colleague A.
- k. There has only been one occasion where a staff member was not particularly happy with how the Registrant treated her and formally raised this with Ms Rettig. In or around early Autumn/October time in 2022, Colleague A, who was a counter assistant at the time, approached Ms Rettig and stated that she found the Registrant to be rude in his manner. Colleague A was quite new at the time, and Ms Rettig recalls arranging an informal chat between the two of them in the consulting room where Ms Rettig would act as the mediator. This was because Colleague A did not want to raise a formal grievance. During the meeting, Ms Rettig let Colleague A speak and asked the Registrant to listen, and vice versa. Ms Rettig recalls the Registrant responding to Colleague A's concerns by saying that he was not aware he was coming across that way, and that he would work on his behaviour/approach towards her. Ms Rettig also said in that meeting that if Colleague A felt that the Registrant is being rude, she must call him out. Colleague A said she was comfortable in calling out the Registrant. Ms Rettig never saw Colleague A call the Registrant out on his behaviour; however, Ms Rettig was not working at the Pharmacy all of the time. Ms Rettig considers that Colleague A was possibly more sensitive than other colleagues. Ms Rettig warned Colleague A, prior to Colleague A joining, that the Registrant can be a bit awkward to work with.

- l. On a date shortly after the above meeting, Ms Rettig recalls receiving a text from Colleague A and they agreed that when Ms Rettig was next in, they would have a chat to see how things were going. However, Colleague A did not get in touch with Ms Rettig after that. Ms Rettig checked in at a later date and Colleague A stated that she could see the Registrant was trying to improve. Ms Rettig does not recall anything else being raised by Colleague A regarding the Registrant's behaviour or attitude towards her or any of the other staff members.
- m. Ms Rettig knew that Colleague A was dealing with matters outside of work, and so she was aware that Colleague A was likely to be particularly sensitive at this time. For example, there was an occasion where Colleague A thought that a staff member did not like her, but following another informal meeting, it transpired that Colleague A had just misinterpreted that employee. Nevertheless, the Pharmacy was concerned about Colleague A's wellbeing and so Ms Rettig tried her best to ensure that Colleague A was ok. Colleague A assured Ms Rettig that she did not need another chat or informal meeting. As far as Ms Rettig was aware, Colleague A was focusing on her mental health and was being supported by the Registrant who was allowing her time off where needed.
- n. Ms Rettig has never heard the Registrant call Colleague A names. The only incident that Ms Rettig can recall where the Registrant was laughing when Colleague A was in the room occurred shortly before Colleague A was let go from the business in May 2023. Ms Rettig believes Colleague A and Ms Rettig were talking about a nomination that Ms Rettig had put Colleague A up for. Ms Rettig explained that she nominated Colleague A for this award to boost her confidence. The Registrant was laughing during this conversation, but it was not at anyone or anything in particular. On some days, the Registrant can be quieter than others, but Ms Rettig recalls him being hyper and overexcited this day. He was finding everything funny, but he was not a part of their conversation at the time. Ms Rettig and Colleague A were at the counter area and he was stood quite far away at his computer in the dispensary. Ms Rettig cannot be certain that he was even listening. Ms Rettig did not notice any change in Colleague A which would indicate that she was upset by the Registrant's behaviour at that time, otherwise Ms Rettig would have pulled the Registrant up on it. Ms Rettig does not believe Colleague A raised this with her or any other concerns regarding the Registrant's behaviour at any point.
- o. During her weekly conversations with the Registrant, Colleague A's performance was raised on several occasions. Initially concerns were raised over her dispensing, then her abilities as a counter assistant. Concerns included not filing prescriptions in alphabetical order and incorrectly pricing items, or not pricing them at all. To help Colleague A, Ms Rettig supported Colleague A by, for example, making a ring binder of all that she needed to know as a counter assistant. REDACTED Before Colleague A's employment was terminated, Ms Rettig had one final conversation with her about her performance.

- p. When Ms Rettig called the Registrant “*an idiot*” in a text message to Colleague A, she was referring to his general brusque manner.
 - q. In order to address the Registrant’s manner, Ms Rettig liaises with staff members more than the Registrant. If the Registrant wants to speak to a member of staff, he will check with Ms Rettig first whether what he is about to say is helpful.
24. The Committee received written evidence from Mr Samuel Rhys Bajjada who stated the following:
- a. He first met the Registrant in September 2016 when he commenced a year of recognised training as a pre-registration pharmacist at the Pharmacy. Mr Bajjada was employed as a pre-registration pharmacist until September 2017 before accepting a full-time pharmacist position in February 2018. Mr Bajjada subsequently left the business in December 2022.
 - b. During his time at the Pharmacy, Mr Bajjada would say that he had a good working relationship with the Registrant. Since qualification, Mr Bajjada did not have a great deal of face-to-face contact with the Registrant. The majority of their contact was by phone and/or email and related to business. This is because the Registrant had two shops and more often than not, Mr Bajjada was placed in the other shop to him. For example, if the Registrant was working in Monmouth, Mr Bajjada would be working in Bristol and vice versa.
 - c. Mr Bajjada found the Registrant to be a confident character. He is outgoing and a high energy individual to work with. However, he would sometimes be prone to periods of high stress and did have emotional spells during the times that Mr Bajjada worked with him. Nevertheless, this was just the Registrant’s character, and Mr Bajjada was used to this as he had always been that way. Mr Bajjada was also aware that the Registrant was having some personal difficulties during this time, which he shared with Mr Bajjada on a limited basis.
 - d. Despite the external pressures that the Registrant appeared to be facing, the pharmacies were a positive environment to work in. Mr Bajjada always found the pharmacies to be clean and well-run, and the patients were well known to the team, who Mr Bajjada found to be diligent and organised.
 - e. Mr Bajjada has never had reason to doubt the Registrant’s clinical ability or knowledge and Mr Bajjada has never had concerns regarding the operation of his business. During his full-time employment at D R Rosser LTD between February 2018 – December 2022, Mr Bajjada recalls mostly working in the Bristol branch. Mr Bajjada would only cover the Monmouth branch when needed, which would usually be when the Registrant had a meeting or holiday.
 - f. On one of the days that Mr Bajjada was covering the Monmouth branch, he recalls being approached by Ms Rettig, who was a dispenser at the time. Mr Bajjada cannot recall when this conversation took place, but he remembers it being on a Monday morning as the conversation related to the Saturday that had just passed.

Ms Rettig approached Mr Bajjada and expressed concern that the Registrant did not quite seem himself on Saturday. Ms Rettig explained that she felt that the Registrant's head "*wasn't really in it*", or words to that effect, stating that he seemed particularly sleepy. She stated that the Registrant appeared slumped over his keyboard at one point and was not his usual alert and awake self. Mr Bajjada cannot recall exactly how he responded, but he remembers Ms Rettig expressing concern and/or suspicion that the Registrant had taken or drank something. Mr Bajjada does not recall exactly what happened next, but believes that he spoke to the Registrant on the phone shortly after his conversation with Naomi Rettig. Mr Bajjada explained what Ms Rettig had told him and he asked the Registrant about it. The Registrant was vague and did not share any details about the shift or what had happened; he simply explained that he was just tired from a late night. Mr Bajjada does not believe the matter went any further because there was no evidence to believe that it was regular behaviour and so it appeared to be a one-off incident. Mr Bajjada was convinced that patient safety was not compromised following his conversation with the Registrant and given that he had not heard any other concerns about the Registrant's behaviour from other staff, Mr Bajjada gave the Registrant the benefit of the doubt.

- g. Although the Registrant was never unprofessional towards Mr Bajjada, Mr Bajjada did find that he could be quite abrupt with patients during his time working with him. Mr Bajjada found that this sometimes upset patients. For example, Mr Bajjada recalls a situation in or around 2021 where the Registrant had to write a letter of apology to a patient who he had upset due to his brash manner. Mr Bajjada is not sure since then whether there have been more situations like this. However, it was not unusual for Mr Bajjada to manage customers and apologise on the Registrant's behalf. This would usually occur when Mr Bajjada was covering in Monmouth. Patients would sometimes call up to inform me that they were upset about the way the Registrant had spoken to them, for example Mr Bajjada once received a phone call from a patient's daughter concerning the Registrant's brashness. Mr Bajjada's involvement in such matters fizzled out once he told the Registrant that he was leaving, which would have been 6 weeks or so before December 2022.
- h. With regard to his behaviour towards staff, Mr Bajjada does not believe during his employment that the Pharmacy staff felt bullied or a particular way towards the Registrant. When Mr Bajjada attended the Monmouth store, he would often have informal conversations with the staff. They would regularly say that the Registrant said this, or that, or had a bad temper or mood on this particular day, etc. For example, Mr Bajjada recalls having conversations with Colleague A who had not been at the pharmacy for too long before Mr Bajjada left. She would sometimes explain to me that she felt the Registrant did not treat her very well, and that he made her feel unintelligent and stupid at times. Mr Bajjada remembers reporting the same back to the Registrant in a sensitive manner and him explaining that he would "*handle it in-house*", or words to that effect. Mr Bajjada does not know what happened in the conversation between the Registrant and Colleague A. Nothing

else sticks out about his conversations with Colleague A and/or the other staff. Mr Bajjada would say that the conversations never detailed anything of real concern and largely represented usual ramblings about the boss. Mr Bajjada considers that Colleague A may have been more sensitive to the culture in the Pharmacy compared to other staff, especially given that she was new to the Pharmacy and had not yet settled.

- i. Mr Bajjada rarely worked with Colleague A, but when he did, he had no concerns about her performance.
25. The Committee received written evidence from Mr Mason who stated the following:
- a. He visited the Pharmacy on Wednesday 1 February 2023. The CDLO for Gwent police at the time, Kerry Price, was also in attendance.
 - b. He put the specific allegations made in the concern, including his alleged drug use, to the Registrant who denied all of the allegations. The Registrant appeared nervous during this interaction and was profusely sweating.
 - c. He made contemporaneous notes and subsequently updated the concerns team regarding the visit. The note states:

“We took Mr Daniel Rhys Rosser in the consultation room and put the allegations to him, asking him directly about his alleged illicit drug use in and out of work [...]. He denied all of the allegations put to him. He explained that although he attends parties, he does not use [...] illicit drugs. He appeared panicked, sweaty and nervous during the questioning. He speculated that these allegations may have arisen because [...] who no longer works in the pharmacy. [...] Mr Rosser did initially disclosed that he has [...]. I reminded him of his obligations to [...] and signposted him to our website. I had a look around the pharmacy and at the CD cupboard and registers with CDLO Kerry Price. The pharmacy appeared well maintained and the staff were amicable and getting on with their work. The pharmacy appeared to be running effectively. I checked three CD balances which appeared to be correct. Kerry Price reported that he had received no CD concerns pertaining to the pharmacy recently or news of any discrepancies.”
26. The Committee also received evidence from Ms Tracy Elizabeth Broadhead, Council Case Officer, who exhibited documents.
27. The Registrant provided the following evidence:
- a. He admits allegation 3 in that his actions were not immediately honest, although he does not accept that he has a history of substantial drug taking. He was caught off guard and later informed the Inspector/Council of his recreational drug taking and he is sorry that he was not immediately forthcoming.
 - b. He does not accept that his fitness to practice is currently impaired.

- c. REDACTED
- d. When Ms Rettig took the HR Manager role, the Pharmacy needed another dispenser. The Registrant knew Colleague A was going through a hard time; REDACTED. The Registrant wanted to help Colleague A, and so gave her a role as a trainee dispenser.
- e. Although Colleague A tried her best, she had problems undertaking the role. REDACTED For example, Colleague A would forget to transport prescriptions from the GP surgery or forget discharge summaries. Further, Colleague A would forget which scripts she was dispensing and she would start one task without finishing the previous task. Colleague A was very disorganised, made a lot of errors, and consequently, the Pharmacy became unsafe. Consequently, the Registrant could get frustrated and be rude to Colleague A. He did not raise his voice to Colleague A.
- f. There was a mediation session between the Registrant and Colleague A, which was led by Ms Rettig. In this session, Colleague A said how she was feeling. In order to be fair to Colleague A, the Registrant told Colleague A that she was making errors (no other staff members were making errors), and that he would adapt his approach for Colleague A.
- g. He remembers the patients with whom he was abrupt with when the complaint went to Mr Bajjada. Consequently, the Registrant wrote a letter of apology and sent flowers to the patient. The Registrant does not remember being abrupt to Patient A over the phone, but did his best to help her, including sending out a Dossett box to assist her due to her Alzheimer's. There was never a complaint from patient A or her family.
- h. The Registrant admits to telling Mr Mason that he did not take illicit drugs. He realises that this was dishonest and it was wrong. The Registrant thinks that this accusation of illegal drug use must have come from a former employee of the Pharmacy with whom he had an affair. The Registrant denied having any smear campaigns against him from former employees.
- i. On 11 August 2023, when the Registrant spoke to a Council investigator, when he is recorded as saying *"that he has taken drugs ever since university days and stated that he has 'got a bit worse' with it in the last 5 years"*, he meant that he took no drugs five years ago, but that he has started taking drugs again at festivals in the past five years. He *"came clean"* with the Council following a meeting with Ms Rettig on 11 August 2023, where he broke down from the stress of the Council investigation. Ms Rettig said that the Registrant needed to be honest with the Council.
- j. The Registrant denies ever saying that he was *"naughty"* with Ken; *"did a few things with Ken"*; *"sniffing things with Ken"*; or that he's been doing cocaine and didn't go to bed until 5am. He denied that he used drugs substantially.

- k. Although there was a positive use of cocaine and methamphetamine (ecstasy) between 14 July 2023 and 28 August 2023, the Registrant said that this was low level use in line with festival use.
- l. Given the problems with Colleague A as a dispenser, the Registrant spoke with Ms Rettig, and they decided to get another dispenser, Ms Hodges. Colleague A did not get on with Ms Hodges, and there was a need to medicate between the two of them. Colleague A would take any criticism of her personally. Once Ms Hodges arrived, Colleague A became a counter assistant to see if she could cope. However, Colleague A still struggled. She would forget tasks half-way through a phone call, and lose medication which was prepared for patients. This made a busy pharmacy even busier. In the end, the Registrant had to let her go as the standard of her work was not improving and he did not want patient safety to be compromised.
- m. He denies that at any point that he:
 - i. spoke about Colleague A in a belittling and/or demeaning manner to fellow colleagues in the Pharmacy.
 - ii. spoke to Colleague A in a belittling and/ or demeaning manner in front of patients and/or fellow colleagues.
 - iii. referred to Colleague A as a “dummy”.
 - iv. barged past Colleague A.
 - v. shouted at Colleague A.
 - vi. snatched the Pharmacy’s phone out of Colleague A’s hand during a call with a patient.
 - vii. inappropriately directed Colleague A to climb a ladder when her health condition meant it was unsafe for her to do so. Colleague A climbed the stock ladder on previous occasions, as had other staff members. On no occasion did Colleague A complain about having to climb a ladder.
- n. The Registrant supported Colleague A to the best of his abilities, allowing time off for REDACTED appointments.
- o. He denies laughing at Colleague A concerning her award nomination.
- p. He now accepts that taking illegal drugs during festivals is wholly unacceptable by a pharmacist.
- q. REDACTED He can rely on Pharmacy staff and on Ms Rettig, and be open with them. He now has a support network should anything go wrong in the future. He is deeply sorry for what he has done and developed insight so that this never happens again. His recent drug tests shows that he is clean from using illegal drugs. He does drink alcohol socially with friends.

- r. The allegations made by Colleague A are untrue and were made after her employment was terminated for poor performance. Colleague A knew that the accusations of alcohol and illegal drug use would result in a visit from the Council. At no point did the Registrant consume alcohol or illegal drugs which would impact his ability to work. However, he did suffer from flashbacks REDACTED He confided this to Ms Rettig when she took the HR Manager role at the Pharmacy. The flashbacks made the Registrant turn up tired and upset. No other witness or employee reference states that the Registrant attended work under the influence of alcohol or illegal drugs.
- s. Colleague A's intentions are not well motivated. After having referred the Registrant to the Council, she engaged in a campaign of harassing the Registrant online by posting negative and defamatory comments about him. The Registrant had to instruct solicitors to send Colleague A a cease-and-desist notice, after which she removed the comments.
- t. He can sometimes be abrupt and so recruited Ms Rettig as his PA to help him organise and manage HR issues. The Registrant considers himself to be a warm-hearted and friendly person and he is upset about the allegations made about his behaviour by Colleague A. In a similar situation today, he would walk out of the Pharmacy, rather than being rude, and speak to Ms Rettig for assistance with solving problems.
- u. The Registrant has not received other complaints from staff similar to what Colleague A has said.
- v. He accepts Dr Gilvarry's assessment of the diagnostic test results from August and September 2023, that they are in keeping with a small amount of recreational drug use at a festival and that his longer hair test results were negative for all drugs. This is consistent with his account that his drug use is not substantial, or regular, and that he does not turn up to work under the influence of drugs or alcohol. He accepts Dr Gilvarry's opinion that he does not have a history of excessive alcohol use. Consequently, he is a minimal risk if allowed to return to unrestricted practice.
- w. He no longer takes recreational drugs. He is sorry that this behaviour caused the Council to have concerns. He appreciates that it is his duty to help maintain the public's confidence in the profession and realise that his actions may have affected this and has led to patient safety concerns.
- x. During his eighteen months of suspension, he has had plenty of time to reflect on his actions. He understands why recreational drugs would be frowned upon by the Council and why he should not consume them. He has never been on duty as a pharmacist under the influence of recreational drugs, but he understands the patient safety concerns if it is known that he takes recreational drugs out of work time. He understands that by taking recreational drugs in his own time can bring reputational harm, not only to his pharmacy, but also to the pharmacy profession in general. For these reasons, he has stopped taking recreational drugs and has

limited his alcohol consumption to weekends and holidays when he is not working. He has reminded himself of his expected personal behaviours towards both staff and patients and now makes a conscious effort of talking to people in a respectful and appropriate manner.

28. REDACTED

Decision on Facts

29. The Registrant admitted allegation 2. By the application of Rule 31(6), the admitted factual allegations, allegation 2, was found proved.

Allegation 1: Between approximately September 2022 – October 2022, you attended the Pharmacy under the influence of alcohol and / or cocaine and / or other illicit drugs

30. The Committee considered the following evidence goes towards proving the allegation:

a. Colleague A's evidence that in or around September 2022 to October 2022, she was with Ms Hodges when the Registrant stumbled down the stairs from his flat to the Pharmacy in a "mess". His eyes were not open properly and he was not focusing on what he was looking at; he was not aware of his surroundings at all. He was slow and slouched, which is not how he usually is. When asked what he was doing, the Registrant responded that he had been a bit naughty last night and said that he had been with "Ken" – a known drug user in the area – and "*did a few things with Ken*". The Registrant admitted to "*sniffing things with Ken*" or words to that effect, setting out that he was doing cocaine and did not get to bed until 5am.

31. The Committee considered that the weight of the evidence going towards proving the allegation is diminished as:

a. It is solely from Colleague A. Colleague A cannot recall who was present at the time, other than Ms Hodges, or when these incidents of the Registrant turning up under the influence of alcohol, cocaine or illicit drugs took place.

b. It is not corroborated by other witnesses.

i. There is no evidence from Ms Hodges.

ii. No other witness provided evidence of the Registrant attending the Pharmacy under the influence of alcohol, cocaine or other illicit drugs.

iii. Ms Rettig said that the Registrant informing her about his drug use "*came as a shock*" as she was "*completely unaware of it*". However, the Committee is aware that Ms Rettig still works for the Registrant, which reduces the weight of the evidence.

- iv. Although Mr Bajjada said that Ms Rettig expressed concern and/or suspicion that the Registrant had taken or drank something, this is not a conversation which Ms Rettig can recall. Colleague A provided evidence that she told Mr Bajjada about the Registrant had been coming into work under the influence of drugs and/or alcohol from previous nights. As well as Mr Bajjada not providing evidence to corroborate this point, the source of this information is Colleague A.
 - v. Ms Kelly Howell, a pharmacy dispenser at the Bristol branch of the Pharmacy, said *"i have never in my 10 years of working for [the Registrant] have i seen him attend the pharmacy under the influence of alcohol or any kind of drugs."* Ms Nicola Stephens, a pharmacy dispenser working at the Bristol branch of the Pharmacy for seven years, said *"I have never witnessed [the Registrant] under the influence of drugs or alcohol whilst working in the pharmacy."* Mr Manish Kochar, a pharmacist working for the Registrant since April 2011, said *"I have never seen Mr Rosser come to work under the influence of alcohol or drugs"*. Ms Gemma Hamilton, a pharmacy dispenser at the Bristol branch of the Pharmacy since 2011, said *"I have never seen [the Registrant] under the influence of alcohol or drugs while at work."* Ms Sandra Cleaves, who works at the Pharmacy said: *"I have been in [the Registrant's] employment for 11 years and I have never known him to be under the influence of drugs or alcohol while I have been in work with him."* However, the Committee is aware that this evidence has not been subject to cross examination, and Ms Howell, Ms Stephens, Mr Kochar, Ms Hamilton and Ms Cleaves appear to still work for the Registrant, both factors which reduce the weight of the evidence.
 - c. Colleague A said that due to her experience with people under the influence of illegal drugs, she knew that the Registrant was under the influence of illegal drugs. The Committee is not aware of how Colleague A knew that the Registrant was under the influence of alcohol, cocaine or other illicit drugs by his demeanour. Given the Registrant explanation of suffering from flashbacks which would make the Registrant tired and upset, the Committee considers that this could also be a plausible explanation for the Registrant being unable to focus, being slow, and being slouched.
32. The Registrant denies ever saying that he was *"naughty"* with Ken; *"did a few things with Ken"*; *"sniffing things with Ken"*; or that he's been doing cocaine and didn't go to bed until 5am. The Registrant also provided evidence that at no point did he consume alcohol or illegal drugs which would impact his ability to work.
33. Although Colleague A has also provided the following evidence:
- a. There was one time where Colleague A thought he was *"stoned"*, as if he had been smoking marijuana. The Registrant corrected Colleague A and clarified that he had been doing cocaine.

- b. Other times, he would come in with a standard hangover smelling of alcohol and explanation to us that he was up until “*stupid o’clock*” drinking. Those who were present would ask why he did it on a weeknight. Colleague A remembers the Registrant saying on one occasion that it was his only time off, but he very rarely worked weekends whilst she was employed.
- c. In or around August 2022, Colleague A bumped into the Registrant outside the Pharmacy on a Sunday night. The Registrant was holding a flask and openly told Colleague A that it had mushroom tea in it. Colleague A did not think anything of it until the following week when she saw the flask in the shop. The flask remained in the shop for a couple of days before Colleague A asked whether it was the same flask from the other night. The Registrant confirmed to Colleague A that it was and explained how he had not finished it yet.

She cannot provide a time period over which these incidents occurred (bar the last incident, which is outside the time period of the allegation). Further, there is no other evidence to corroborate this evidence, which the Registrant denies happened, given his evidence that at no point did he consume alcohol or illegal drugs which would impact his ability to work.

- 34. Colleague A reported the Registrant to the Council on the day of her termination, 10 May 2023. She said that she considered patient safety to be compromised due to the Registrant working when under the influence of alcohol or drugs, but did not report him until approximately six months following the incident. Although Colleague A said that she did not report the Registrant earlier given she wanted to avoid confrontation, the Committee considers patient safety to be paramount and Colleague A knew to report the Registrant for such matters. The Committee considers that Colleague A’s delayed reporting to diminish the seriousness of the allegation.
- 35. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 1 to be found not proved.

This particular is found not proved.

Allegation 3.1: Your action(s) at 2 above were dishonest, in that you knew you had a substantial history of taking illicit drugs:

- 36. In his evidence, the Registrant admitted to telling Mr Mason, the Council Inspector, that he did not take illicit drugs. He realised that this was dishonest and it was wrong.
- 37. The Committee has had sight of a call between a Council Case Worker, Ms Sian Lisle, and the Registrant on 11 August 2023, in which the Registrant purportedly stated: “*that he has taken drugs ever since his university days and stated that he has ‘got a bit worse’ with it in the last 5 years.*” The Registrant said that what he meant by this statement was that he took no drugs five years ago, but that he has started taking drugs again at festivals in the past five years. There was a positive use of cocaine and

methamphetamine (ecstasy) between 14 July 2023 and 28 August 2023, which the Registrant said that this was low level use in line with festival use.

38. Although the Registrant has said that he denied that he used drugs substantially, the allegation concerns a “*substantial history of taking illicit drugs*” rather than a “*history of taking substantial illicit drugs*”. In sum, the Committee considers that the allegation is to do with a long history of the Registrant taking illicit drugs, rather than the Registrant taking a substantial quantity of illicit drugs. On that basis, and given that the Registrant has said that he has taken drugs ever since his university days, the Committee finds allegation 3.1 proved.
39. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 3.1 to be found proved.

This particular is found proved.

Allegation 3.2: Your action(s) at 2 above were dishonest, in that you sought to conceal from the Inspector that you had a history of taking illicit drugs:

40. In his evidence, the Registrant admitted to telling Mr Mason, the Council Inspector, that he did not take illicit drugs. He realised that this was dishonest and it was wrong.
41. The Registrant provided evidence that he “*came clean*” with the Council following a meeting with Ms Rettig on 11 August 2023, where he broke down from the stress of the Council investigation. Ms Rettig told the Registrant that he needed to be honest with the Council.
42. Ms Rettig provided evidence that she first became aware of the Registrant’s drug and/or alcohol use on Friday 11 August 2023 during one of their regular Friday meetings. During this meeting, the Registrant stated that he needed to be honest and admitted to using illicit drugs. Ms Rettig believes this conversation arose because of the Council’s request for a toxicology report, and the need for the Registrant to return the paperwork with which Ms Rettig was assisting. Ms Rettig said that shortly after this discussion, the Registrant called the Council and explained to them that he has been taking illicit drugs, namely cocaine, marijuana and ecstasy, for over five years since university. He explained that he would often take drugs in festival settings.
43. The Committee considers that the Registrant, in February 2023, sought to conceal from the Inspector that he had a history of taking illicit drugs. The Committee considers that the Registrant “*came clean*” on 11 August 2023 due to the Council’s request for a toxicology report.
44. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 3.2 to be found proved.

This particular is found proved.

Allegation 4: On an unknown date between 13 June 2022 and 17 May 2023 you refused to speak to a patient with Dementia ("Patient A") on the telephone and advised Colleague A she should tell Patient A to call back in an hour "because she'll forget anyway" or words to that effect:

45. The Committee considered the following evidence goes towards proving the allegation:
 - a. Colleague A's evidence that during her time as counter assistant a lady had asked to speak to the Registrant. This lady had bad dementia and whilst Colleague A was talking to her on the phone, she could hear the Registrant in the back telling her to hang up. The Registrant then shouted at Colleague A, telling her tell the patient to call back in an hour "*because she'll forget anyway*".
46. The Committee considered that the weight of the evidence going towards proving the allegation is diminished as:
 - a. It is solely from Colleague A. Colleague A cannot recall when this incident took place.
 - b. It is not corroborated by other witnesses.
 - c. Ms Rettig provided evidence that she has never witnessed any attitude or unprofessional comments from the Registrant towards customers that has caused concern, just a general lack of consideration and manners. However, Ms Rettig said that she was not working at the Pharmacy all of the time.
 - d. Mr Richard Slade, a locum pharmacist who works occasionally at the Pharmacy since October 2009, said "*I have never seen him behave in any unprofessional matter and I have never had any reason to question his behaviour*". Ms Kelly Howell, a pharmacy dispenser at the Bristol branch of the Pharmacy, said "*working along side [the Registrant] day to day is always a friendly professional work place.*" Ms Lorraine Nicholls, who worked alongside the Registrant for four years, said "*I have never witnessed anything that would cause me to question his capabilities as a pharmacist or his character. [The Registrant] has consistently demonstrated professionalism, integrity, and compassion in his role. He has been a fair and supportive employer*". Ms Nicola Stephens, a pharmacy dispenser working at the Bristol branch of the Pharmacy for seven years, said "*[The Registrant] is always approachable and is very knowledgeable and helpful to both his colleagues and patients.*" Mr Manish Kochar, a pharmacist working for the Registrant since April 2011, said "*[The Registrant] runs the pharmacy in an extremely professional, caring and efficient way*". Ms Gemma Hamilton, a pharmacy dispenser at the Bristol branch of the Pharmacy since 2011, said "*[The Registrant] has always conducted himself in a professional manor [sic.] and I have no concerns about his behaviour.*" Ms Sandra Cleaves, who works at the Pharmacy said: "*He has always been a very good boss to work for and very fair.*" However, the Committee is aware that this evidence has not been subject to cross examination, and Mr Slade, Ms Nicholls,

Ms Howell, Ms Stephens, Mr Kochar, Ms Hamilton and Ms Cleaves appear to still work for the Registrant, both factors which reduce the weight of the evidence.

47. The Registrant does not remember being abrupt to Patient A over the phone, but did his best to help her, including sending out a Dossett box to assist her due to her Alzheimer's. There was never a complaint from patient A or her family.
48. Mr Bajjada provided evidence that the Registrant could be quite abrupt with patients, who could get upset. Mr Bajjada recalled a situation in or around 2021 where the Registrant had to write a letter of apology to a patient who he had upset due to his brash manner. Mr Bajjada is not sure since then whether there have been more situations like this. However, it was not unusual for Mr Bajjada to manage customers and apologise on the Registrant's behalf. The Registrant provided evidence that he remembers the patients with whom he was abrupt with when the complaint went to Mr Bajjada. Consequently, he wrote a letter of apology and sent flowers to the patient. Further, Colleague A provided evidence of other instances where the Registrant was rude with customers/patients. However, the Committee is cognisant that the allegation is solely to do with Patient A, and although other incidents build up a pattern of behaviour, only one other incident can be corroborated.
49. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 4 to be found not proved.

This particular is found not proved.

Allegation 5.1: From around December 2022 to 17 May 2023, on one or more occasions you spoke about Colleague A in a belittling and/or demeaning manner to fellow colleagues in the Pharmacy:

50. The Committee considered the following evidence goes towards proving the allegation:
 - a. Colleague A's evidence that in or around December 2022, she recognised the Registrant started calling her names, talking about her behind her back to staff members, belittling her and having a general lack of regard for her feelings. This was usually after the Registrant had told Colleague A off or had just finished working with her on something. Colleague a said that Ms Cleaves also confirmed to her on numerous occasions that the Registrant was talking about her, but Ms Cleaves never felt comfortable telling Colleague A what the Registrant had been saying.
 - b. Colleague A's evidence that the Registrant overheard the conversation between herself and Ms Rettig about Colleague A being nominated for an award, following which the Registrant proceeded to laugh in Colleague A's face before running around the shop laughing. Colleague A asked the Registrant what was so funny, and he said she knew why he was laughing. Colleague A remembers being in a state

of confusion because she genuinely did not know why he was laughing. This occurred in front of all of the staff members who were in that day.

51. The Committee considered that the weight of the evidence going towards proving the allegation is diminished as:
 - a. There is no evidence before the Committee from Ms Cleaves.
 - b. Ms Rettig provided evidence that she has never heard the Registrant call Colleague A names. However, Ms Rettig said that she was not working at the Pharmacy all of the time.
 - c. Ms Rettig's evidence that she nominated Colleague A for this award to boost her confidence. The Registrant was laughing during this conversation, but it was not at anyone or anything in particular. Ms Rettig recalls the Registrant being hyper and overexcited that day. He was finding everything funny, but he was not a part of their conversation at the time. Ms Rettig and Colleague A were at the counter area and he was stood quite far away at his computer in the dispensary. Ms Rettig cannot be certain that he was even listening. Ms Rettig did not notice any change in Colleague A which would indicate that she was upset by the Registrant's behaviour at that time, otherwise Ms Rettig would have pulled the Registrant up on it.
52. The Registrant denied that he spoke about Colleague A in a belittling and/or demeaning manner to fellow colleagues in the Pharmacy. He denies laughing at Colleague A concerning her award nomination.
53. The Committee noted the general culture in the pharmacy when considering this allegation. In particular:
 - a. The nature of the Registrant which could be difficult to work with, as stated by Colleague A, Ms Rettig, reported to Mr Bajjada and the Registrant himself. However, Ms Rettig provided evidence that the Pharmacy is a happy place to work, and that she regularly receives feedback from locums who state that they would like to come back, and they often ask when shifts are available.
 - b. Ms Rettig's evidence that the team get on well and have regular, black humour to make the day go by - most are aware of who they can joke with and what they can joke about. Ms Rettig provided evidence that she has never seen the Registrant cross the line concerning banter, in that any recipient was offended or felt uncomfortable. Ms Rettig provided evidence that introverted or sensitive people may struggle with the culture at the Pharmacy at first. However, no one has left the Pharmacy because of the Registrant's behaviour.
 - c. Mr Bajjada's evidence that he does not believe during his employment that the Pharmacy staff felt bullied or a particular way towards the Registrant. Mr Bajjada provided evidence that his conversations with Pharmacy staff members never

detailed anything of real concern and largely represented usual ramblings about the boss.

- d. Mr Richard Slade, a locum pharmacist who works occasionally at the Pharmacy since October 2009, said *“I have never seen him behave in any unprofessional matter and I have never had any reason to question his behaviour”*. Ms Kelly Howell, a pharmacy dispenser at the Bristol branch of the Pharmacy, said *“He’s very approachable with any concerns that you may have.”* Ms Lorraine Nicholls, who worked alongside the Registrant for four years, said *“I have never witnessed anything that would cause me to question his capabilities as a pharmacist or his character. [The Registrant] has consistently demonstrated professionalism, integrity, and compassion in his role. He has been a fair and supportive employer”*. Ms Nicola Stephens, a pharmacy dispenser working at the Bristol branch of the Pharmacy for seven years, said *“[The Registrant] to be very hardworking and supportive to all his staff in Bristol [and] is always approachable and is very knowledgeable and helpful to both his colleagues and patients.”* Mr Manish Kochar, a pharmacist working for the Registrant since April 2011, said *“[The Registrant] runs the pharmacy in an extremely professional, caring and efficient way”*. Ms Gemma Hamilton, a pharmacy dispenser at the Bristol branch of the Pharmacy since 2011, said *“[The Registrant] has always conducted himself in a professional manor [sic.] and I have no concerns about his behaviour.”* Ms Sandra Cleaves, who works at the Pharmacy said: *“He has always been a very good boss to work for and very fair.”* However, the Committee is aware that this evidence has not been subject to cross examination, and Mr Slade, Ms Nicholls, Ms Howell, Ms Stephens, Mr Kochar, Ms Hamilton and Ms Cleaves appear to still work for the Registrant, both factors which reduce the weight of the evidence.
54. Concerning Colleague A’s assimilation with the culture of the Pharmacy, the Committee considers that Colleague A is likely to have struggled to assimilate given:
- a. She may have been more sensitive to the culture in the Pharmacy compared to other staff, as evidenced by Ms Rettig and Mr Bajjada.
 - b. She was new to the Pharmacy and had not settled, as evidenced by Mr Bajjada.
 - c. She was struggling with the work, as evidence by Ms Rettig and the Registrant.
 - d. In or around Autumn/October 2022, Colleague A approached Ms Rettig to state that she found the Registrant to be rude in his manner. Ms Rettig arranged an informal chat between the two, where Ms Rettig would act as a mediator.
55. However, the Committee considers that the culture in the Pharmacy and Colleague A’s struggle to assimilate with it not to be a determinative factor for this allegation.
56. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.1 to be found not proved.

This particular is found not proved.

Allegation 5.2: From around December 2022 to 17 May 2023, on one or more occasions you spoke to Colleague A in a belittling and/ or demeaning manner in front of patients and/or fellow colleagues:

57. The Committee considered the following evidence goes towards proving the allegation:
 - a. Colleague A's evidence that the Registrant started to belittle her more often than what they, as a team, were used to from his general mood swings. For example, if the Registrant was near the counter when Colleague A was tasked with finding an item, he would snap and shout at her after a second or two, telling her where it is. This was often in front of customers. Colleague A felt embarrassed every single time it happened.
58. Ms Rettig provided evidence that she has never heard the Registrant call Colleague A names. However, Ms Rettig said that she was not working at the Pharmacy all of the time.
59. The Registrant denied that he spoke to Colleague A in a belittling and/ or demeaning manner in front of patients and/or fellow colleagues.
60. The Committee noted the general culture in the Pharmacy when considering this allegation, as set out in paragraph 53, and also that Colleague A is likely to have struggled to assimilate with the culture, as set out in paragraph 54. However, the Committee considers that the culture in the Pharmacy and Colleague A's struggle to assimilate with it not to be a determinative factor for this allegation.
61. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.2 to be found not proved.

This particular is found not proved.

Allegation 5.3: From around December 2022 to 17 May 2023, on one or more occasions you referred to Colleague A as a "dummy":

62. The Committee considered the following evidence goes towards proving the allegation:
 - a. Colleague A's evidence that the Registrant would frequently call Colleague A a "dummy". This would often occur in normal conversation. For example, if the Registrant saw that Colleague A was doing something wrong, or when Colleague A would ask the Registrant for help, he would just stand there, laugh, and call her a "dummy".

63. Ms Rettig provided evidence that she has never heard the Registrant call Colleague A names. However, Ms Rettig said that she was not working at the Pharmacy all of the time.
64. The Registrant denied that he called Colleague A a “dummy”.
65. The Committee noted the general culture in the Pharmacy when considering this allegation, as set out in paragraph 53, and also that Colleague A is likely to have struggled to assimilate with the culture, as set out in paragraph 54. However, the Committee considers that the culture in the Pharmacy and Colleague A’s struggle to assimilate with it not to be a determinative factor for this allegation.
66. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.3 to be found not proved.

This particular is found not proved.

Allegation 5.4: From around December 2022 to 17 May 2023, on one or more occasions you barged past Colleague A:

67. The Committee considered the following evidence goes towards proving the allegation:
- a. Colleague A’s evidence that the Registrant would regularly belittle Colleague A’s ability to handle simple situations. For example, if Colleague A was helping a customer, the Registrant would barge past and shout over her, or snatch the phone from her hand and deal with it himself.
68. The Registrant denied barging past Colleague A.
69. The Committee received no other evidence on this allegation.
70. The Committee noted the general culture in the Pharmacy when considering this allegation, as set out in paragraph 53, and also that Colleague A is likely to have struggled to assimilate with the culture, as set out in paragraph 54. However, the Committee considers that the culture in the Pharmacy and Colleague A’s struggle to assimilate with it not to be a determinative factor for this allegation.
71. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.4 to be found not proved.

This particular is found not proved.

Allegation 5.5: From around December 2022 to 17 May 2023, on one or more occasions you shouted at Colleague A:

72. The Committee considered the following evidence goes towards proving the allegation:

- a. Colleague A's evidence that the Registrant would regularly belittle Colleague A's ability to handle simple situations. For example, if Colleague A was helping a customer, the Registrant would barge past and shout over her, or snatch the phone from her hand and deal with it himself.
- 73. The Registrant denied shouting at Colleague A. The Registrant said he could get frustrated and be rude to Colleague A, but that he did not raise his voice to Colleague A.
- 74. The Committee received no other evidence on this allegation.
- 75. The Committee noted the general culture in the Pharmacy when considering this allegation, as set out in paragraph 53, and also that Colleague A is likely to have struggled to assimilate with the culture, as set out in paragraph 54. However, the Committee considers that the culture in the Pharmacy and Colleague A's struggle to assimilate with it not to be a determinative factor for this allegation.
- 76. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.5 to be found not proved.

This particular is found not proved.

Allegation 5.6: From around December 2022 to 17 May 2023, on one or more occasions you snatched the Pharmacy's phone out of Colleague A's hand during a call with a patient:

- 77. The Committee considered the following evidence goes towards proving the allegation:
 - a. Colleague A's evidence that the Registrant would regularly belittle Colleague A's ability to handle simple situations. For example, if Colleague A was helping a customer, the Registrant would barge past and shout over her, or snatch the phone from her hand and deal with it himself.
- 78. The Registrant denied snatching the Pharmacy's phone out of Colleague A's hand during a call with a patient.
- 79. The Committee received no other evidence on this allegation.
- 80. The Committee noted the general culture in the Pharmacy when considering this allegation, as set out in paragraph 53, and also that Colleague A is likely to have struggled to assimilate with the culture, as set out in paragraph 54. However, the Committee considers that the culture in the Pharmacy and Colleague A's struggle to assimilate with it not to be a determinative factor for this allegation.
- 81. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.6 to be found not proved.

This particular is found not proved.

Allegation 5.7: From around December 2022 to 17 May 2023, on one or more occasions you inappropriately directed Colleague A to climb a ladder when her health condition meant it was unsafe for her to do so:

82. The Committee considered the following evidence goes towards proving the allegation:
 - a. Colleague A's evidence that she remembers telling the Registrant that she was not feeling great and yet he still pressured her into climbing a ladder because "*I was the youngest*".
83. The Registrant denied inappropriately directing Colleague A to climb a ladder when her health condition meant it was unsafe for her to do so. The Registrant provided evidence that Colleague A climbed the stock ladder on previous occasions, as had other staff members, and that on no occasion did Colleague A complain about having to climb a ladder.
84. The Committee received no other evidence on this allegation.
85. The Committee noted the general culture in the Pharmacy when considering this allegation, as set out in paragraph 53, and also that Colleague A is likely to have struggled to assimilate with the culture, as set out in paragraph 54. However, the Committee considers that the culture in the Pharmacy and Colleague A's struggle to assimilate with it not to be a determinative factor for this allegation.
86. Given the evidence set out above, the Committee considers that, on a balance of probabilities, allegation 5.7 to be found not proved.

This particular is found not proved.

Allegation 6: Your actions at allegation 5 above demonstrated a course of conduct that amounted to the bullying of a junior colleague that undermined Colleague A, humiliated Colleague A, and caused emotional harm towards Colleague A:

87. Given that allegation 5 was found not proved, the Committee finds that allegation 6 cannot be found proved.

This particular is found not proved.

Submissions on Grounds and Impairment

88. Having found particulars of allegation 2 and 3 proved, the Committee went on to consider whether these allegations amounted to misconduct and, if so, whether the Registrant's fitness to practise is currently impaired.
89. In relation to misconduct, on behalf of the Council, Ms Gwilym submitted that:

- a. the conduct took place during the Registrant's employment.
 - b. the conduct found proved within the particulars of allegation falls far below the standards expected of a registered pharmacy professional. It is submitted that the particularised conduct breached Standards 6, 8 and 9 of the Standards for pharmacy professionals dated May 2017 ("Standards"), as follows:
 - i. Standard 6 emphasises the importance of acting professionally at all times. A pharmacy professional taking illicit drugs, then dishonestly lying about taking them to a Council Inspector falls short of acting professionally at all times.
 - ii. Standard 8 requires pharmacy professionals to speak up when things go wrong. At the heart of this standard is the requirement of candour. By dishonestly lying about taking illicit drugs to a Council Inspector, the Registrant failed to honour the duty of candour imposed by this Standard. Further, the Registrant stopped the Council from taking any remedial safeguarding action.
 - iii. Standard 9 requires a pharmacy professional to demonstrate leadership. The Registrant owned his own pharmacy practice for which he was the Superintendent Pharmacist. He was supervising others. By taking illicit drugs, then dishonestly lying about taking them to a Council Inspector, the Registrant was not demonstrating the requisite leadership.
 - c. The breaches of the Standards set out above clearly amount to serious misconduct which fell within the Registrant's pharmacy practice, and therefore, a finding of misconduct should be made on this basis.
90. In relation to misconduct, the Registrant submitted:
- a. His actions as proved in allegations 2 and 3 amount to misconduct. He lied to a Council Inspector.
 - b. His proven actions breached the Standards, in particular, Standards 8 and 9. By taking drugs, he did not lead by example.
91. In relation to current impairment, on behalf of the Council, Ms Gwilym submitted that:
- a. A finding of impairment is needed on the basis of the wider public interest, namely to maintain public confidence in the profession and uphold professional standards.
 - b. The Registrant took illicit drugs, then was dishonest about taking them to a Council Inspector. This undermines confidence in the pharmacy profession.
 - c. The Registrant lied to a Council Inspector in February 2023 about taking illicit drugs, and only admitted to taking illicit drugs in August 2023 when a toxicology report was requested by the Council. This cannot count as an admission, as the Registrant's admission only resulted from the circumstances. He was not clear and forthright with the Council.

- d. Even after he denied to the Council in February 2023 that he took illicit drugs, he took illicit drugs in August 2023. Although his last toxicology report suggests that he has not taken illicit drugs recently.
92. In relation to current impairment, the Registrant does not consider himself to be currently impaired. He submitted:
- a. He has demonstrated insight as he has reflected on his actions. He is deeply sorry for his actions and understand that he brought the pharmacy profession into disrepute.
 - b. He has tried to give back to society. He has raised money for charity. He entered the pharmacy profession because he wanted to give back to society.
 - c. REDACTED However, should he face a stressful period in the future, he has a support network of colleagues and his counsellor to rely upon.
 - d. His references demonstrate that he is a pharmacist of exceptional quality.
 - e. He does not believe that he is currently impaired. This has been confirmed by Dr Gilvarry's opinion which states that she sees minimal risk to the safety of patients should the Registrant return to practise from a drug use point of view.

Decision on Grounds

93. The Committee took account of the guidance given to the meaning of “*fitness to practise*” in the Council’s publication “*Good decision-making*” (Revised March 2024).
94. The Committee accepted and applied the following definition of “*misconduct*”:
- “...some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances. The misconduct is qualified in two respects. First, it is qualified by the word ‘professional’ which links the misconduct to the profession. Secondly, the misconduct is qualified by the word ‘serious’. It is not any professional misconduct which will qualify. The professional misconduct must be serious.”*
95. The Committee also took into account the observation of J Collins in *Nandi v GMC* [2004] EWHC 2317 (Admin) that: “The adjective ‘serious’ must be given its proper weight and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners.”
96. The Committee considered that by committing the conduct set out in allegations 2 and 3, the Registrant fell short of what would be proper in the circumstances, and would be regarded as deplorable by fellow practitioners.

97. Further, such actions damage public confidence in the profession, as it would convey a degree of opprobrium to the ordinary intelligent citizen (*Shaw v General Osteopathic Council* [2015] EWHC 2721 (Admin)).
98. The Committee 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 as a result of the misconduct:
- a. Standard 6 – Pharmacy professionals must behave in a professional manner at all times. In particular, are trustworthy and act with honesty and integrity. A pharmacy professional taking illicit drugs, then dishonestly lying about taking them to a Council Inspector falls short of acting professionally at all times. Furthermore, the Registrant:
 - i. continued to take illicit drugs after he told the Council Inspector that he did not take drugs.
 - ii. only confessed to taking drugs when faced with the Council's request for a toxicology report.
 - iii. only confessed following advice from Ms Rettig.
 - b. Standard 8 – Pharmacy professionals must speak up when things go wrong, namely the duty of candour. By dishonestly lying about taking illicit drugs to a Council Inspector, the Registrant failed to honour the duty of candour imposed by this Standard. Further, the Registrant stopped the Council from taking any remedial safeguarding action.
 - c. Standard 9 – Pharmacy professionals must demonstrate leadership. In particular, take responsibility for their practise and demonstrate leadership to the people they work with. The Registrant owned his own pharmacy practice for which he was the Superintendent Pharmacist. He was supervising others. By taking illicit drugs, then dishonestly lying about taking them to a Council Inspector, the Registrant was not demonstrating the requisite leadership, especially to those he was training.
99. 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 establish that the Registrant's fitness to practise is impaired (Rule 24(11)).
100. Accordingly, the Committee concluded that, in its judgement, the grounds of misconduct are established.

Decision on Impairment

101. Having found that particulars of allegation 2 and 3 amounted to misconduct, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired.

102. At the outset, the Committee considered the Registrant's insight and remediation.
103. The Committee considers that the Registrant has shown some insight, given:
- a. He has admitted to taking drugs;
 - b. He has apologised for his actions in allegations 2 and 3; and
 - c. He has reflected upon how taking illicit drugs negatively impacts the pharmacy profession.
104. However, the Committee considers that the Registrant's insight is not complete, given:
- a. He has not reflected upon the effect of lying to the Council Inspector. He has not considered how this prevented the Council from potentially taking any remedial safeguarding action.
 - b. He has not reflected upon why the confession to the Council that he was taking illicit drugs came approximately six months after he lied to the Council Inspector, and only arose following the Council's request for a toxicology report and advice from Ms Rettig.
105. The Committee considered that the Registrant has completed partial remediation, given:
- a. He has not taken drugs between August 2023 and November 2024, as confirmed by the toxicology reports.
 - b. Although the Committee appreciates that it is difficult to remediate dishonesty, this remediation is assisted by developing insight into this area, which is incomplete as set out in paragraph 104 above.
106. The Committee considered whether the particulars found proved show that actions of the Registrant:
- a. present an actual or potential risk to patients or to the public;
 - b. have brought, or might bring, the profession of pharmacy into disrepute;
 - c. have breached one of the fundamental principles of the profession of pharmacy; or
 - d. mean that the integrity of the Registrant can no longer be relied upon.

Whether the Registrant's conduct or behaviour presents an actual or potential risk to patients or to the public

107. The Committee considers that the Registrant's proven conduct, as set out in allegations 2 and 3, could have presented a risk to the public, as the Registrant's dishonesty to the Council Inspector in February 2023 prevented the Council from potentially taking any remedial safeguarding action. However, given the Committee's finding that between approximately September 2022 – October 2022, the Registrant did not attend the

Pharmacy under the influence of alcohol and / or cocaine and / or other illicit drugs, there was no risk to patients or the public.

108. Nevertheless, given the incomplete insight and partial remediation completed by the Registrant, as set out in paragraphs 103-105 above, especially into his dishonest conduct, the Committee considers that the Registrant's conduct of dishonesty may be repeated, which presents an actual or potential risk to patients or to the public.

Whether the Registrant's conduct or behaviour has brought, or might bring, the profession of Pharmacy into disrepute

109. The Committee considered that the Registrant's misconduct has brought the profession of pharmacy into disrepute. Taking illicit drugs, even when not under the influence of them when working, does not uphold how a pharmacy professional should behave. Acting dishonestly, and only becoming honest when there was a risk of being caught lying, does not uphold what a pharmacy professional should be and how they should behave. The Registrant has brought the profession of pharmacy into disrepute.

110. Given the incomplete insight and partial remediation completed by the Registrant, as set out in paragraphs 103-105 above, especially into his dishonest conduct, the Committee considers that the Registrant's conduct of dishonesty may be repeated, which might bring the profession of pharmacy into disrepute in the future.

Whether the Registrant's conduct or behaviour has breached one of the fundamental principles of the profession of Pharmacy

111. The Committee considered that the Registrant's conduct, as set out in proven allegations 2 and 3, has breached more than one of the fundamental principles of the profession of pharmacy, namely the failure to: behave in a professional manner at all times; speak up when things go wrong; and demonstrate leadership.

112. Given the incomplete insight and partial remediation completed by the Registrant, as set out in paragraphs 103-105 above, especially into his dishonest conduct, the Committee considers that the Registrant's conduct of dishonesty may be repeated, which might breach one of the fundamental principles of the pharmacy profession in the future.

Whether the Registrant's conduct or behaviour shows that the integrity of the Registrant can no longer be relied upon

113. The case of Wingate v Solicitors Regulation Authority [2018] EWCA Civ 366 sets out:

"Integrity connotes adherence to the ethical standards of one's own profession. That involves more than mere honesty. To take one example, a solicitor conducting negotiations or a barrister making submissions to a judge or arbitrator will take particular care not to mislead. Such a professional person is expected to be even more scrupulous about accuracy than a member of the general public in daily discourse."

114. The Committee considers that the Registrant's actions, as set out in proven allegations 2 and 3, demonstrates a lack of integrity in that:
- a. The Registrant lied to a Council Inspector that he was taking illicit drugs; and
 - b. The Registrant's confession that that he was taking illicit drugs only arose following the Council's request for a toxicology report and advice from Ms Rettig.

All of these actions do not connote adherence to the ethical standards of the pharmacy profession.

115. Given the incomplete insight and partial remediation completed by the Registrant, as set out in paragraphs 103-105 above, especially into his dishonest conduct, the Committee considers that the Registrant's conduct of dishonesty shows that the integrity of the Registrant can no longer be relied upon.

Committee's conclusion on impairment

116. In light of the above, the Committee considered the Registrant's fitness to practise to be impaired on the personal element, namely the protection of the public.
117. Further, members of the public would be appalled to learn that a pharmacist had conducted the actions set out in the proven allegations. Consequently, the Committee considered the Registrant's fitness to practise to be impaired on the wider public interest element, namely maintaining public confidence in the pharmacy profession and upholding professional standards.

Outcome

118. Having found impairment, the Committee has gone on to consider the matter of outcome. The Committee's powers are set out in Article 54(2) of the Pharmacy Order 2010. The Committee should consider the available outcomes in ascending order from least restrictive, take no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate outcome that meets the circumstances of the case.
119. The purpose of the outcome is not to be punitive, though an outcome may in fact have a punitive effect. The purpose of the outcome is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence in the profession and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.
120. The Committee had regard to the Council's *"Good decision making: Fitness to practise hearings and outcomes guidance"*, published in March 2024 ("Guidance"), to inform its decision.
121. On behalf of the Council, Ms Gwilym submitted:
- a. The following are to be considered as aggravating factors:

- i. The Registrant acted dishonestly;
 - ii. The purpose of the Registrant's dishonest actions was to conceal wrongdoing;
 - iii. The Registrant was in a senior position in the Pharmacy; and
 - iv. The Registrant continued to use illicit drugs as late as August 2023.
 - b. The following are to be considered as mitigating factors:
 - i. The Registrant was subsequently honest and forthright; and
 - ii. The Registrant complied with toxicology testing which came back with negative results.
 - c. A three-month suspension would reflect the need to uphold proper professional standards, maintain confidence in the pharmacy profession, and reflect the seriousness of the proven conduct. It would also provide the Registrant the opportunity to complete insight and remediation, especially as his integrity cannot be relied upon at this stage.
122. The Registrant submitted that he considers a three-month suspension to be proportionate in the circumstances.
123. The Committee considered the following to be aggravating factors in this case:
- a. The Registrant acted dishonestly;
 - b. The purpose of the Registrant's dishonest actions was to conceal wrongdoing;
 - c. It took the Registrant six-months to reveal his dishonesty;
 - d. The Registrant only admitted to being dishonest when he was placed in a position that would have exposed his dishonesty, and only did so after advice from Ms Rettig;
 - e. The Registrant was in a senior position in the Pharmacy, as the owner, and trained members of staff; and
 - f. The Registrant continued to use illicit drugs as late as August 2023.
124. The Committee considered the following to be mitigating factors in this case:
- a. The remorse expressed by the Registrant;
 - b. The Registrant has admitted his misconduct;
 - c. The Registrant has excellent references for his clinical practice.
 - d. The Registrant complied with toxicology testing which came back with negative results.

125. The Committee considers that the Registrant's proven misconduct, coupled with his incomplete insight and partial remediation, makes taking no action or imposing a warning insufficient to protect the public. Further, these outcomes would not adequately meet the wider public interest of maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour. Therefore, the Committee finds that taking no action or issuing a warning to be inappropriate.

126. The Committee next considered the imposition of conditions of registration on the Registrant. The Committee considered that no relevant or proportionate conditions could be formulated to mitigate risk from the Registrant repeating his misconduct, given:

- a. There were no appropriate or measurable conditions which could address a risk of dishonesty;
- b. His incomplete insight and partial remediation, in particular in relation to the effect of his dishonesty on patients, the public, his staff and the pharmacy profession.

Further, the Committee considered that conditions would not adequately meet the wider public interest of maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour.

127. The Committee next considered whether suspension would be a proportionate outcome. The Committee noted the Council's Guidance which indicates that suspension may be appropriate where:

"The committee considers that a warning or conditions are not sufficient to deal with any risk to patient safety or to protect the public, or would undermine public confidence.

When it is necessary to highlight to the profession and the public that the conduct of the professional is unacceptable and unbefitting a member of the pharmacy profession. Also when public confidence in the profession demands no lesser outcome."

128. The Committee considered that a suspension, for a period of three months, is appropriate and proportionate to mark the seriousness of the Registrant's actions, namely:

- a. Acting dishonestly;
- b. Acting dishonestly in order to conceal wrongdoing;
- c. Only admitting to being dishonest when placed in a position that would have exposed his dishonesty, and only after receiving advice;
- d. Continuing to use illicit drugs as late as August 2023, after declaring to a Council Inspector that he does not take illicit drugs in February 2023.

129. The Committee considered that, although the Registrant has demonstrated incomplete insight and partial remediation, this can be developed should the Registrant wish to do so. The Committee considered that any future committee reviewing the suspension would be assisted by the following actions from the Registrant:
- a. A submission of a reflective piece in which the Registrant covers:
 - i. why he acted dishonestly.
 - ii. why he only admitted to the Council that he was dishonest in August 2023.
 - iii. The effect of his dishonest actions on patients, members of the public, his staff, and the pharmacy profession.
 - b. The measures that he has put in place so that a future committee could be satisfied that he would not act dishonestly in his professional work again.
 - c. A further toxicology report demonstrating that the Registrant is maintaining his abstinence from illicit drugs.
130. The Committee considers that the recommended actions as set out at paragraph 129 above would go a long way to developing the Registrant's insight and completing his remediation, which in turn, would reduce any risk of repetition of similar incidents. The Committee considers that a period of three months would give the Registrant sufficient time to complete the recommended actions as set out at paragraph 129 above.
131. The Committee considered removal of the Registrant to be unnecessary and disproportionate. Removal would deprive the public of a pharmacist whose misconduct is remediable and has received excellent references for his pharmacy work.
132. The Committee therefore directs that the Registrant is suspended from the Council's Register for a period of three months. The suspension order will be reviewed prior to its expiry.

Interim Order

133. The Committee considered that, pursuant to Article 56(10) of the Pharmacy Order 2010, as it has been determined that the Registrant's fitness to practise is impaired, that the interim order which was in place is revoked.

Decision on Interim Measure

134. Ms Gwilym made an application for an interim measure of suspension to be imposed on the Registrant's registration, to take effect from today's date (6 May 2025), pursuant

to Article 60 of the Pharmacy Order 2010, pending the coming into force of the Committee's substantive order. She submitted that an interim measure would be for public protection and in the wider public interest. Further, it would be consistent with the substantive order imposed by the Committee.

135. The Registrant did not make any submissions in relation to the Council's interim measures application.
136. The Committee took account of the fact that its decision to suspend the Registrant from the Council register will not take effect until 28 days after the Registrant is formally notified of the outcome, or until any appeal is concluded.
137. The Committee has found that there remains a risk that the Registrant might repeat his conduct, if permitted to return to work unrestricted. For the reasons set out in this decision, the Registrant's unrestricted registration would place patients and the public at risk of harm and have an impact on public confidence and upholding standards in the pharmacy profession. The Committee is satisfied that it is necessary for an interim measure to be put in place to protect the public and safeguard the public interest during the appeal period.
138. The Committee hereby orders that the entry of the Registrant in the register be suspended forthwith, pending the coming into force of the substantive order.
139. This concludes the determination.