

General Pharmaceutical Council
Fitness to Practise Committee
Principal Hearing
Remote videolink hearing
19-22 May 2025; 18-20 August 2025

Registrant name:	Azhar Ali Ahmed
Registration numbers:	2210571
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Janet Fisher (Chair) Jignesh Patel (Registrant member) Shaun Donnellan (Lay member)
Legal Adviser:	Victoria Ulph 19-22 May 2025 Graeme Dalglish 18-20 August 2025
Committee Secretary:	Gemma Staplehurst, Mark Mallinson
Registrant:	Present and not represented 19-22 May 2025 ; 18-20 August 2025 represented by Lee Gledhill, Counsel
Special Counsel:	Ralph Shipway, instructed for the cross examination of Colleague A
General Pharmaceutical Council:	Represented by Hannah Smith, Case Presenter

Facts proved:	1, 1.1, 1.2, 1.2.1, 1.2.2, 1.2.3, 2
Facts proved by admission:	1.3
Facts not proved:	n/a
Fitness to practice:	Impaired
Outcome:	Removal
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 18 September 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 (as amended)

You, a Registered Pharmacist whilst employed as a pharmacist by Northumbria Healthcare NHS Foundation Trust:

1. On 9 September 2021 whilst working at Monkseaton Medical Centre you:

1.1 Touched your crotch against Colleague A's shoulder; **[Denied]**

1.2 Grabbed Colleague A's crotch and:

1.2.1. Put your hand on his penis; and/or **[Denied]**

1.2.2. Rubbed your hand; and/or **[Denied]**

1.2.3. Grabbed and/or squeezed your own crotch; **[Denied]**

1.3 Said to Colleague A words to the effect of "You're not going to tell anyone are you?". **[Admitted]**

2. Your actions as set out at 1.1 and/or 1.2 were sexually motivated. **[Denied]**

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

Documentation

Document 1- Council's hearing bundle

Document 2- Council's combined statement of case and skeleton argument

Document 3- Registrant's bundle containing comments on the allegation and the evidence bundle, 8 images, 2 video recordings, evidence of CPD, remediation and character references

Document 4- Registrant's closing submissions.

Document 5-Registrant's addendum bundle

Document 6-Additional submissions from the Registrant

Document 7 – Financial information

Document 8 – Proposed conditions from Registrant

Witnesses who gave evidence at the fact-finding stage

Colleague A, receptionist administrator at Northumbria Healthcare NHS Foundation Trust

DF Deputy Chief Pharmacist and Head of Operational Pharmacy at Northumbria Healthcare NHS Foundation Trust

CG Deputy Admin Manager at Northumbria Healthcare NHS Foundation Trust

The Registrant

Witnesses who gave evidence at impairment stage (called by Registrant)

The Registrant

RJ, Manager at the British Heart Foundation charity shop where the Registrant has been working

UN, a school friend of the Registrant (who is also a Pharmacist)

AM, a friend of the Registrant from University (who is also a Pharmacist)

Witnesses who gave evidence at the sanction stage (called by Registrant)

L H, Practice Manager

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. This 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:

- To protect, promote and maintain the health, safety and well-being of the public;
 - To promote and maintain public confidence in the professions regulated by the Council; and
 - 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. Sanction – the Committee considers what, if any, sanction should be applied if the Registrant's fitness to practise is found to be impaired.

Service

6. The Committee has seen a letter dated 7 April 2025 from the Council headed 'Notice of Hearing' addressed to the Registrant and sent to their registered email address as noted on the Register.
7. The Committee was satisfied that there had been good service of the Notice of Hearing ('Notice') in accordance with Rules 3 and 16 of the Rules.

Application to amend the particulars of allegation

8. The Committee heard an application from the Council under Rule 41 to amend the particulars, in order to clarify and structure the allegation:

Existing Allegation

You, a Registered Pharmacist:

- 1 Were employed as a pharmacist by Northumbria Healthcare NHS Foundation Trust from 26 July 2021 until 24 November 2021.*
- 2 On 9 September 2021 whilst working at Monkseaton Medical Centre you:*
 - 2.1 Touched your crotch against Colleague A's shoulder;*
 - 2.2 Grabbed Colleague A's crotch and:*
 - 2.2.1. Put your hand on his penis; and/or*
 - 2.2.2. Rubbed your hand; and/or*
 - 2.2.3. Grabbed and/or squeezed your own crotch;*
 - 2.3 Said to Colleague A words to the effect of "You're not going to tell anyone are you?".*
- 3 Your actions as set out at 2.1 and/or 2.2 were sexually motivated.*

Proposed allegation

You, a Registered Pharmacist whilst employed as a pharmacist by Northumbria Healthcare NHS Foundation Trust:

- 1. On 9 September 2021 whilst working at Monkseaton Medical Centre you:*
 - 1.1 Touched your crotch against Colleague A's shoulder;*
 - 1.2 Grabbed Colleague A's crotch and:*
 - 1.2.1. Put your hand on his penis; and/or*
 - 1.2.2. Rubbed your hand; and/or*

1.2.3. *Grabbed and/or squeezed your own crotch;*

1.3 *Said to Colleague A words to the effect of "You're not going to tell anyone are you?".*

2. *Your actions as set out at 1.1 and/or 1.2 were sexually motivated.*

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

9. The Registrant did not object to the proposed amendments.
10. The Committee accepted the advice of the Legal Adviser.
11. The Committee was of the view that the amendments were to clarify and format the particulars, not to alter their nature or seriousness, and that therefore the amendments would be fair to all parties. The Committee therefore allowed the amendments.

Registrant's response to Particulars of allegation

12. The Registrant admitted particular 1.3
13. In the light of the above, and by the application of Rule 31(6) of the Rules, the admitted factual particular was found proved.
14. The Committee went on to receive evidence and submissions regarding the remaining disputed particulars.

Preliminary matter – Special Counsel

15. The Council informed the Committee that there had previously been a case management decision under rules 44(1)(e) and 44(4) and 44(5) to use Special Counsel to cross-examine Colleague A on the Registrant's behalf on the basis that Colleague A be treated as a vulnerable witness. Under Rule 44(2) the Committee may adopt measures as it considers necessary, which are not limited, to enable it to

receive evidence from a vulnerable witness. Mr Shipway was in attendance to act as Special Counsel. In addition, it had been decided that the Registrant would turn his camera off during Colleague A's evidence. The Committee agreed that the cross examination of Colleague A by Mr Shipway, and the turning off of the Registrant's camera, would enable it to receive evidence in the best way possible, in the circumstances, from Colleague A. The Registrant accepted these measures were appropriate.

Background

16. The General Pharmaceutical Council's (GPhC) case against the Registrant is based on two allegations concerning events that took place on 9 September 2021 whilst employed as a pharmacist by Northumbria Healthcare NHS Foundation Trust (the Trust) at Monkseaton Medical Centre (the Centre). Both the Registrant and Colleague A were employed by the Trust and were working at the Centre when the events occurred.
17. Colleague A was working as a receptionist administrator at the Centre at the time of the incident. The Registrant was present at the Centre on 9 September 2021 working as a Pharmacist. Colleague A was sat in the reception area at the reception desk when the Registrant came into the room, there was a conversation between him and Colleague A. During that conversation the Registrant came to stand behind Colleague A, while he was stood there events occurred that led to the allegation. The Registrant's and Colleague A's versions of events differ significantly in terms of what contact was made, what words were said and what was the motivation.
18. Colleague A made an initial complaint to CG, Deputy Admin Manager at the Trust and his Line Manager, on 16 September 2021. CG escalated the matter and an investigation was conducted by DF, Deputy Chief Pharmacist and Head of Operational Pharmacy at the Trust.
19. On 28 January 2022 the Trust made a referral to the Council. The allegations concerned the Registrant touching his crotch against Colleague A's shoulder;

grabbing Colleague A's penis, rubbing it and grabbing and/or squeezing his own crotch. The Registrant accepts an accidental contact but denies the allegation as put. It is admitted by the Registrant that he then said "*You're not going to tell anyone are you?*". These actions are alleged to be sexually motivated but this is disputed by the Registrant.

Decision on Facts

20. In reaching its decisions on facts, the Committee considered the documentation listed at the start of this determination, oral evidence of Colleague A, CG, DF and the Registrant, and the submissions made by the Council and the Registrant.
21. The Committee accepted the advice of the Legal Adviser.
22. When considering each particular of allegation, the Committee bore in mind that the burden of proof rests on the Council and that particulars are found proved based on the balance of probabilities. This means that particulars will be proved if the Committee is satisfied that what is alleged is more likely than not to have happened.
23. The Committee assessed the evidence of each witness with respect to credibility and reliability. They looked at consistencies with contemporaneous evidence, consistency with uncontroversial or admitted facts, internal consistency, consistency with previous accounts, whether or not the witness's account was supported by other evidence, probability and plausibility, possible motivations and any potential for mistake or conscious or unconscious bias.
24. The Committee took into account the written and oral evidence of Colleague A, the content of his previous statements and the exhibited Microsoft Teams (Teams) messages initiated by the Registrant on 10 September 2021. The Committee took account of the written evidence prepared by the Registrant in his bundle and his oral evidence.

25. The Committee considered that the disputed facts essentially rested on the evidence of Colleague A and the Registrant as no one else was present at the time of the disputed events. The accounts of Colleague A and the Registrant were not compatible. The witness CG was only involved in receiving the complaint made by Colleague A and witness DF was the investigating officer for the Trust.

Evidence of DF

26. The Committee heard evidence from DF who confirmed his witness statement of 22 September 2022 as accurate and adopted it as his evidence in chief. He referred to the exhibits attached, being the internal investigation documents and the Trust referral to the Council. He confirmed that he attended the Disciplinary Hearing and was the Investigation Officer. He confirmed in cross-examination that he was generally happy with the conduct of the investigation. He felt it had been sufficiently thorough. He agreed that there could have been improvements with hindsight in the process. He was clear that Colleague A's disclosure in the Disciplinary process was that the hand which was on his crotch was the one with the Apple watch. The Registrant put to him that there had been discussion as to whether Colleague A's thigh had been touched, in response he stated that he could not recall mention of touching thighs but that the meeting notes were not a verbatim account so it may have been mentioned. He confirmed that he was satisfied with the photographs that were produced as exhibits. He stated that at the time there was only one screen on the reception desk at the Centre rather than a double screen. He stated he couldn't answer whether or not he thought Colleague A was cocky or confident. He denied that pressure was put on Colleague A to make the disclosures during the investigation. He did not think that the internal investigation could have been progressed any more speedily and did not agree that the Registrant was the victim here. In his professional opinion he thought the investigation had been fair but agreed that he should have talked to the Registrant about the site visit before that happened.
27. The Committee assessed evidence of DF with respect to credibility and reliability. They found DF to be a witness who did not evade or deflect but rather answered all questions in a straightforward and fair-minded manner. He was prepared to admit

that there were learning points in the investigation with respect to the site visit but stated that the lack of a separate site visit for the Registrant made no real difference to the fairness of the overall investigation. He was prepared to accept that there could have been flaws in the investigation process but the things he thought could have been done better were not in respect of the substance of the allegations. The Committee did not detect any inappropriate motivation or any evidence of conscious or unconscious bias in DF's evidence. He admitted if he was not sure of something and he admitted his own shortcomings when they were highlighted by the Registrant. Whilst the issue of whether Colleague A was smoking and/or vaping was important to the Registrant it was not central to the disputed issues in these proceedings. The Committee accepted the evidence of DF as both credible and reliable and determined that the investigation was fair, without any evidence of discrimination or bias.

Evidence of CG

28. CG stated her witness statement from August 2022 was accurate and adopted it as her evidence in chief. She confirmed that the disclosure by Colleague A was made on 16 September 2021, she had typed her initial statement the same day as the disclosure, as it was fresh in her mind. She confirmed the Trust investigation statement signed on 4 November 2021 at Exhibit CG2 as an accurate reflection of what she said in the interview. On cross-examination she confirmed that Colleague A had performance issues, but these were related to mistakes that he made in administrative accuracy not conduct issues, he was about 10 months into his probation and it had been extended by three months. She wasn't clear on the exact dates as these may have been affected by Covid at the time. She had been on annual leave when he had emailed her on 10 September 2021. She advised that he was hesitant about providing any details and preferred to wait until they had a face-to-face meeting. She said to him that they could discuss it on the Thursday when they were already scheduled to meet up. When he disclosed the nature of the complaint, he had mentioned patient safety. She didn't think that Colleague A had mentioned to her that the Registrant touched his shoulder with his crotch, but she didn't ask any follow up questions as she felt it was more important to escalate the issue. She was

clear that Colleague A definitely said that the Registrant grabbed his “cock”, as detailed in her statement of 16 September 2021. Colleague A also said that, when asked what support he would need, he was not frightened and that he was bigger than the Registrant. She thought this was a fair comment given that it was such a strange thing for a young man to go through. Her impression was that he was just a young man who did not want to feel scared, and she did not feel he was being cocky. During the conversation he did not look comfortable, and she had reacted with shock to the allegation. He wasn’t crying and upset but didn’t look in any way comfortable. In her opinion, Colleague A appeared how she would expect someone to in those circumstances to appear. She confirmed that she was shocked and apologised to him and accepted saying that she was so sorry that he had had to go through that. It was late in the day when this meeting took place, and she made sure to take advice from her managers before the end of her day so that she could ensure that the process to deal with the complaint was initiated. She was clear that she had not taken any part in the investigation and had no responsibility for decision making in relation to that, she had simply listened to the initial disclosure and documented it. CG was asked by the Committee if she had any concerns that the investigation had been influenced by racial bias, either consciously or unconsciously, she stated that she did not believe it had been. She was not aware of any complaint about racist behaviour within the Trust.

29. The Committee found CG to be a credible and reliable witness. Her account had not changed and was entirely consistent from the initial statement she typed on 16 September 2021 to her oral evidence. Her memory of matters not contained in her statements was not as clear but that was reasonable given the time that had passed, and the Committee was satisfied that those gaps in memory were not central to the disputed issues. There is nothing internally inconsistent in her account. While this witness confirmed that she personally believed the account of Colleague A she took no part in the Trust investigation. There were small discrepancies, but it was clear that she had documented the most serious allegation from Colleague A at the first meeting and her evidence was thoroughly tested on cross-examination.

Microsoft Teams Messages exchanged 10 September 2021

30. In assessing the disputed facts, the Committee considered the Teams messages exchanged between the Registrant and Colleague A on the following day. The Committee recognised that this objective and undisputed evidence was crucial in determining which of the two accounts of the incident on 9 September 2021 was the most reliable, and whether the Council had discharged its burden of proof.
31. Colleague A considered that the messages sent by the Registrant were clear and straightforward; he told the Committee that he took them at face value.
32. The Registrant provided a detailed account, in the bundle he provided for the hearing, explaining the messages sent, and in his oral evidence. He gave an account of each message he sent explaining what he meant. He accepted that his responses were 'clumsy' and contained 'typos'.
33. The Registrant explained in his oral evidence that he was working in a very busy Pharmacy when he was messaging Colleague A and that was why he worded the messages in a clumsy manner.
34. The Registrant stated that he had contacted Colleague A via Teams simply because he was looking for his phone charger, he was not trying to see if Colleague A was ok. The Registrant denied that he was worried that Colleague A was going to report him. He did not accept that he had crossed a line and that his sexual advances had been rebuffed.
35. Whilst the Committee accepted he may have had to deviate from a busy work environment to send the first message, at 14.37 hours, in which he asked Colleague A if he had seen his phone charger, the Registrant then chose to continue further dialogue with Colleague A.
36. The natural reading of the second and third messages sent by the Registrant clearly indicated contrition of the part of the Registrant (for Colleague A having had an *"extra tab"*, that is, cigarette and then offering to *"get a drink to make up for it"*). The Registrant explained on oath that he was not inviting Colleague A for a drink but

rather offering to buy him a non-alcoholic drink from nearby corner shop. The Committee rejected the explanation given by the Registrant, if the physical touching of Colleague A had been an accident as the Registrant claimed then a rushed message containing terms like LOL and an offer to buy him a drink, was implausible.

37. The Committee found the explanation for the penultimate message sent by the Registrant again lacked credibility. The Registrant explained it was a typo (as he was so busy at work in the Pharmacy) and he meant to type '*U misread and misunderstood*' rather than "*I misread and misunderstood*". The Registrant agreed that he spelt out "*you*" in some of the earlier messages. He agreed he had capitalised the letter "*I*" but previously when he used the letter "*u*" to mean "*you*" that was lower case. He denied that the message he sent meant anything other than that Colleague A had misread and misunderstood the situation. He chose not to clarify his mis-spelling at the time because he felt that Colleague A was being hostile and it would be better to close the conversation off.
38. However, the Committee noted that the first two lines sent at that time are about the Registrant "*I know mate*" and "*just professional from now*". The Committee concluded that the words actually typed fitted naturally into the sequence and the tone of the preceding messages.
39. The Committee could not accept the explanations given by the Registrant in relation to the messages. The Registrant's accounts of the meaning behind each message, and the typo that the Registrant said he had made, were convoluted and implausible. In particular, the typo completely changed the nature of the most critical message, changing the message as typed from "*I misread and misunderstood*" to the version the Registrant said he meant to type "*U misread and misunderstood*".
40. The Committee noted that when Colleague A replied, "*u think its fair on ur wife and kids?*" the Registrant terminated the exchange and did not seek to explain that the contact he had made with Colleague A's crotch was accidental.
41. Having carefully considered all of the evidence before it, the Committee decided that it preferred the straightforward and obvious interpretation of the Teams messages because, on the basis of the evidence, it was inherently more plausible and entirely

consistent with Colleague A's account. The natural interpretation of the messages was that the Registrant initiated the messages to reach out to Colleague A to assess what was going to happen next, knowing he had done something wrong.

42. Therefore, the Committee found that the Teams messages supported Colleague A's account and provided a credible and straightforward explanation of the meaning of the messages.

Evidence of Colleague A

43. When giving evidence Colleague A confirmed the contents of his prior statements. He described his statement to the Council dated 7 July 2022 as more detailed as he was asked more questions, but confirmed that both his statements dated 30 September 2021, at 10am and 11am were accurate, as was his account given at the Trust disciplinary panel dated 24 November 2021. He denied embellishing his evidence and stated that additional details were simply the result of the questions he was asked at each step of the process. The Committee accepted this explanation particularly as the additional detail that emerged did not increase the seriousness of the allegation, as would be expected from an embellishment, but merely addressed the context and the surrounding circumstances.
44. The Committee carefully considered the Registrant's submissions about discrepancies in Colleague A's accounts. In his closing submissions the Registrant referred to details about room usage; and estimated timings; who initiated the conversation; who brought up Powerhouse; whether Colleague A phoned or emailed CG on 10 September 2021 and that no reference was made to a previous inappropriate touching at Powerhouse during the Trust investigation.
45. In assessing Colleague A's evidence, the Committee found his evidence about the core events involved in the allegation was consistent from the initial disclosure made on 16 September 2021 to CG, through to his oral evidence. The Committee did not consider that the potential discrepancies the Registrant highlighted were significant when weighed against the objective supporting evidence in the case and the consistencies in his accounts.

46. The Committee also carefully considered the suggestions made by the Registrant about possible motivations Colleague A might have for making an inaccurate complaint or confusing what actually happened. These included whether Colleague A had an increase in sensitivity to boundary issues due to being inappropriately touched on a previous occasion at Powerhouse; whether the fact that he was on an extended probationary period influenced his actions or whether there was any racial or religious motivation. The Committee explored these issues in their questions to Colleague A, DF and CG but found no evidence to support these suggestions and therefore considered them improbable. The Committee believed that if Colleague A had any heightened sensitivity to boundaries, it would have been likely to have caused a more exaggerated reaction, rather than the considered and hesitant approach adopted by Colleague A. There was no evidence that Colleague A was seeking to improve his probationary status by making a complaint, CG's evidence in the Trust investigation on 28 September 2021 was that *"when we did meet we went through the issues that had been raised, we met again and everything had been done"*. The Committee found no evidence of bias or other hostility and Colleague A and the Registrant both agreed that they had not even had a conversation before. The Committee noted that the Teams messages were objective, agreed and consistent with Colleague A's account. The Committee did not find any inappropriate motivation or any evidence that Colleague A might have been confused about what happened.
47. The Registrant queried what Colleague A meant when he said *"I was alright it happening to me"* but the Committee noted that immediately following that comment Colleague A says his friend *"reminded me about patients"*, in this context the Committee did not consider the comment to mean that Colleague A was not upset about the incident, but instead that he would not have pursued a complaint if he had not been concerned about patient safety.
48. Although Colleague A did not make an immediate complaint the Committee accepted his explanation as to why there was a delay and did not consider this to

undermine his credibility. The Committee found there was no unreasonable delay in reporting and accepted that Colleague A did not want to be seen as a victim and was reluctant to complain about someone much more senior than himself.

49. The Committee accepted the evidence of Colleague A as credible, he was not evasive or defensive, when he couldn't answer he would simply say he wasn't sure or couldn't remember. The Committee considered him to be reliable in his account of events particularly in the light of the objective uncontested evidence.

Evidence of the Registrant

50. The Registrant gave evidence and confirmed that on 9 September 2021 he had been working with the Bariatric services at the Centre and then had some induction work to do on his computer. He asked Colleague A if he could use room 3 and moved there from room 1 after his first meeting. His second meeting would be at 2pm. He recalled going to the water machine. He stated that Colleague A struck up a conversation with him saying that he had not seen him around. He had confirmed that he was a Pharmacist, new to the role. They were talking about home life, smoking, drinking, family and he told Colleague A that because of his religion he didn't drink but did smoke Shisha. They talked about Lounge 360 and Colleague A brought it up on Google Maps.
51. The Registrant stated that he came to the side of the desk. It was his evidence that Colleague A asked him to point out the location of Lounge 360 on the screen, which is why he leaned forward toward the screen. They talked about it being near Powerhouse. It was his evidence that Colleague A told him that he had been inappropriately touched while in Powerhouse. The Registrant said he never asked Colleague A if he was gay and there was no discussion about sexual orientation. The Registrant explained that he was pointing at the screen and then his hand came down into Colleague A's crotch as he moved away from the screen and accidentally made contact, 'brushed' it. The Registrant stated this was an entirely accidental touch, and he agreed that Colleague A froze. The Registrant stated that he said he was sorry.

Colleague A then told him to go back to his room and the Registrant confirmed that he had said *"You're not going to tell anyone are you?"*.

52. The Registrant then said he was then trying to sign in to his computer and because of Wi-Fi issues he had asked Colleague A if he could change rooms. He then said he heard the outside door close and thought that Colleague A had perhaps gone outside to smoke because he had said he smoked when in stressful situations.
53. The Registrant gave evidence that he felt that the investigation had been one sided, that the internal investigation had already made up its mind and that there was conscious and unconscious bias which could have been racially or religiously motivated. He felt that errors were made and that it was not clear in the investigation's findings which hand was involved in the alleged touching of Colleague A's crotch. The Registrant felt that there had been a biased process particularly as he was refused permission to attend a site visit at the Clinic until during the GPhC investigation, when he had been able to take his own photos and record measurements. The Registrant was not denying physical contact but stated that the contact was completely accidental albeit inappropriate. It was not intentional, and it was not sexually motivated. He had not spoken to Colleague A after the Teams messages as the investigation was commenced.
54. The Registrant was concerned about a confidentiality breach as he had had a private phone call from someone external to the service who knew about the disciplinary process. The Registrant gave evidence that he had had a very difficult time, and he felt that he was a victim in the process.
55. He referred to the measurements of the tight space behind the reception desk and that this was what caused the accidental touching of the crotch area. On cross-examination, he denied that he had pressed his crotch on to the left shoulder of Colleague A. He denied that his left hand had deliberately touched Colleague A's penis and/or moved. He denied that his own right hand was touching his genitals. He

described himself having to squeeze out from his position by Colleague A and trying to move away.

56. The Committee accepted that the Registrant was pointing at the screen but did not accept his account that he had accidentally brushed Colleague A's crotch. The photographs provided by the Trust and the Registrant's own photographs illustrated that for the Registrant's hand to have made a contact with Colleague A's crotch, without also touching his thighs or the arms of the chair was improbable. Additionally, from the Registrant's own photographs there was nothing to suggest that he could not simply have stepped away without any contact with Colleague A, there appeared to be no need to "squeeze" out. His description of the mechanics of his accidental touching, including in the 2 videos he provided, did not support his account.
57. The Committee did not find the Registrant's evidence to be credible or reliable in relation to the particulars of the allegation in particular his account did not fit with the photos or the Teams messages.
58. The Committee went on to consider each particular in turn.

Particular 1.1

You, a Registered Pharmacist whilst employed as a pharmacist by Northumbria Healthcare NHS Foundation Trust:

1. On 9 September 2021 whilst working at Monkseaton Medical Centre you:

1.1 Touched your crotch against Colleague A's shoulder;

59. The Committee took into account the written and oral evidence of Colleague A, the content of his previous statements and the exhibited Team messages, initiated by the Registrant on 10 September 2021. The Committee took account of the written evidence prepared by the Registrant in his bundle and his oral evidence. The

Committee took account of the evidence of CG and DF when assessing the reliability and credibility of Colleague A and the Registrant.

60. Colleague A stated that he hadn't spoken to the Registrant before and that he wasn't sure who started the conversation. He remembered talking about the Registrant's family and child and that the Registrant brought up his religion and was quite open and forthcoming. Colleague A recalled talking about smoking and drinking which he wouldn't normally do with a senior Pharmacist. They discussed a Shisha bar, Lounge 360. Colleague A said that he had brought up on his computer screen Google maps to look at where Lounge 360 was, and the Registrant came around to stand beside him, without being asked to do so. One of them mentioned that it was near Powerhouse, and Colleague A states that he considered Powerhouse to be a club, but the Registrant mentioned it was a 'gay bar'. Colleague A stated that he still went there because it was open until 10am. Colleague A confirmed that he had told the Registrant that he had been inappropriately touched once at Powerhouse and that he had pushed the person away. Colleague A remembers telling the Registrant that he wasn't gay. Colleague A states that it was during this conversation that the Registrant brushed his crotch against his shoulder.
61. The Registrant's position is that he did not touch Colleague A's shoulder with his crotch, he had consistently maintained this denial from his first interview by the Trust until his oral evidence.
62. It is Colleague A's position that although initially he thought it might have been an accidental touching, and therefore he simply moved his chair away from the Registrant, in the light of the further events he now considered the touching was intentional and sexually motivated.
63. The Committee concluded that the touch occurred, it believed Colleague A's account of the event for the reasons outlined above. The Committee noted that Colleague A had been consistent in his account from his first interview as part of the Trust investigation to his oral evidence. Although it was not mentioned to CG on 16

September 2021 the Committee considered that to be a natural omission given that what he did disclose was significantly more serious and that as soon as he mentioned it CG felt she needed to contact her managers and did not ask any follow up questions.

64. Particular 1.1 is found proved.

Particular 1.2

You, a Registered Pharmacist whilst employed as a pharmacist by Northumbria Healthcare NHS Foundation Trust:

1. *On 9 September 2021 whilst working at Monkseaton Medical Centre you:*

..

1.2. *Grabbed Colleague A's crotch and:*

1.2.1. *Put your hand on his penis; and/or*

1.2.2. *Rubbed your hand; and/or*

1.2.3. *Grabbed and/or squeezed your own crotch;*

65. Colleague A states that following on from the touch of the Registrant's crotch on his shoulder, after which he moved his chair away, the Registrant deliberately grabbed his penis and moved his hand, Colleague A states that he initially froze, then grabbed the Registrant's hand, it was the arm that was wearing the Apple watch, then he looked round and the Registrant was touching himself and looked him in the eye whilst breathing heavily. He states that he moved the Registrant's hand away and told the Registrant to go back to his room. Colleague A states that he told the Registrant to go back to his room more than once and the Registrant did so asking "*if I was going with him*" and saying "*you're not going to tell anyone are you?*".

66. The Registrant states that he was pointing at the screen with his right hand to show Colleague A the location of Lounge 360, that they were talking about. He states he then lowered his arm and his hand accidentally touched Colleague A's crotch area.

He states that Colleague A only told him to go back to his room once and that he did say *“you’re not going to tell anyone are you?”* because he was embarrassed to have accidentally touched Colleague A in that way. In his oral evidence he also stated that his accidental touch coincided with Colleague A disclosing to him, out of the blue, that he had previously been touched inappropriately in Powerhouse and that this added to his embarrassment.

67. The Committee was provided with photographs of the reception area and desk from the Trust investigation and photographs and 2 videos from the Registrant. This evidence was helpful in that it showed the Committee the location and general layout of the room. The two videos featured the Registrant demonstrating for the camera how he approached Colleague A’s chair, pointed at the screen, and as he dropped his hand, and how he states he would have contacted with Colleague A. The Trust photos were taken at an earlier point in time when there was only one screen on the desk. The Registrant’s photos, and 2 videos were taken later in time when there were 2 screens located on the desk. The photographic evidence was used to illustrate events as described by Colleague A (the Trust images) and the Registrant (the images provided by the Registrant). As such they were useful to understand the mechanics of each different account but not conclusive evidence for either account.
68. Following the Registrant’s return to his room Colleague A describes the Registrant asking if it was ok for him to move rooms as he had Wi-Fi connectivity issues, Colleague A agreed that it was ok to move. Colleague A stated that he then went outside and had 2 cigarettes to calm down. Colleague A then had a face-to-face meeting with CG but did not disclose anything at that meeting, as he initially thought he would not tell anyone. He said the situation felt *“surreal”* and *“weird”*, he was only 20 at the time and the Registrant was in his 30s and senior to him. However, after a conversation with a friend he decided he should tell his manager as *“it could happen to a patient”*.
69. Colleague A was contacted by the Registrant over Teams the following day, 10 September 2021.

70. Also, on 10 September 2021 Colleague A emailed CG saying that he wished to speak with her. CG was on annual leave that day and did not pick up the email until her return to work on 13th September 2021 when she apologised for the delay and asked Colleague A how she could assist. Colleague A wanted to tell her face-to-face and so CG met with Colleague A at their prearranged one to one meeting on 16 September 2021 when he made the complaint about the Registrant.
71. In the light of the evidence set out above the Committee is satisfied that Colleague A is both credible and reliable and that his account of the events described in Particular 1.2 is true.
72. Particular 1.2 is found proved in its entirety.

Particular 2

Your actions as set out at 1.1 and/or 1.2 were sexually motivated

73. In *Basson v. General Medical Council* [2018] EWHC 505 sexual motivation was said to be ‘conduct ...done either in pursuit of sexual gratification or in pursuit of a future sexual relationship’
74. The Committee having found that the Registrant acted in the way described in particulars 1.1 and 1.2 also found that these actions were clearly sexually motivated. The Committee considered carefully whether there was an alternative explanation for the Registrant’s actions, other than a sexual motivation. However, the touching of Colleague A’s genitals, at the same time as touching his own genitals suggests a sexual motivation and the evidence of Colleague A was that this was occurring whilst the Registrant was “Looking into my eyes... He was breathing heavily”, this removed any doubt from the Committee as there was no other possible inference; the Registrant’s position that contact was accidental was not plausible once there was a finding that he grabbed Colleague A’s penis and rubbed it, whilst holding his own crotch. The actions were all part of the same sequence of events, close in time,

overtly sexual and with a singular purpose which was more likely than not for his own sexual gratification or in pursuit of a future sexual relationship.

75. Particular 2 is found proved.

18 August 2025 – Evidence at the Impairment stage

76. The Hearing resumed on 18 August 2025. The Committee heard evidence from the Registrant and three character witnesses.

The Registrant's evidence

77. The Registrant affirmed and gave evidence. He referred to the further documents he had produced for the Committee including two case studies, details of various courses he had attended, character references, and three character witnesses. The Registrant explained that RJ was the manager at the British Heart Foundation charity shop where the Registrant has been volunteering whilst he has been subject to an interim suspension order. He said that UN was a school friend who is also a Pharmacist. AM was a friend from University and a Pharmacist and the Registrant confirmed that he had worked with him on two occasions for about 3-4 hours when he had helped him out in his pharmacy.
78. The Registrant advised that at the review of his interim suspension order in July 2023 he had been given an interim conditions of practice order which had allowed him to work as a Pharmacist in a non-patient facing remote pharmacist role dealing with GPs and Practice Managers. He also told the Committee about online courses he had completed covering clinical skills as well as modules on leadership and case studies on patient safety. He also referred to his written reflections and the courses he had completed on professional boundaries, sexual harassment and communication.
79. The Registrant said that he had done CPD training on boundaries and he was now “hyper” aware of boundaries and he recognises them immediately and was also aware of power imbalances. He said he now has a better awareness of those issues

and the need for explicit consent in interactions with the public and patients. He said he was aware of the need to offer chaperones. He had also learnt to look for non-verbal cues and he was self-checking in respect of boundaries, he said he had developed a stop and reflect approach. He said he was now hyper aware of situational awareness and was keeping that under review. He was aware of the need always to respect the safety and dignity of those around him.

80. The Registrant said that he now recognised that he had blurred personal and professional boundaries in this case and that involved him considering the issue of his proximity with others. If he knew then what he knew now he would not have crossed boundaries.
81. As regards dignity at work, the Registrant said that it was respecting someone's autonomy, respecting their personal space and their right to attend work without harassment or risk of harm. The Registrant told the Committee that he has sought support for his well-being and is receiving coaching about his stress and emotional dysregulation.
82. The Registrant said he had reflected on the impact of his behaviour on Colleague A. He explained that he had sought to understand the fear, confusion and distress his conduct will have caused Colleague A. He was very mindful of the need to report matters and to acknowledge the impact on colleagues, and he explained he had developed an action plan he used to analyse situations.
83. The Registrant said that he deeply regretted his actions and he had written an apology to Colleague A in which he sought to recognise the harm he had caused in breaching professional boundaries. He now recognised how serious it was and he now had mechanisms in place to prevent this happening again. He also explained his appreciation of the impact of his conduct on public confidence in the profession. He now had a mentor and acknowledged and understood his failures and shortcomings and had an action plan in place. He said the risk of repetition of his conduct was negligible, and that he has done what he can to rebuild public trust. He asked the Committee to consider his references and testimonials.

84. He maintained that deliberate sexual misconduct had never happened but now he had systems in place whereby he always asked himself - *“who is this contact going to benefit?”* as well as asking himself *“is it appropriate and has consent been given?”*

RJ

85. RJ affirmed and gave character evidence on behalf of the Registrant and referred to his written statement of 30 July 2025. He is the manager of a British Heart Foundation branch where the Registrant has been volunteering. He has known the Registrant since 9 June 2025 and worked with him 1-2 times a week. He told the Committee he had read the Committee’s decision on the facts from May 2025. He said that the Registrant was a very good member of the team and was respectful of staff and customers. He said that the Registrant respected people’s personal space and had built up a good rapport with customers and the team. RJ said he had no concerns about the Registrant. RJ said they have a diverse range of staff and volunteers and no one had any concerns with the Registrant. The Registrant had told RJ about these proceedings when he had first approached him for the role.

UN

86. UN affirmed and gave evidence. He provided a positive written character reference for the Registrant. He is a Pharmacist and has known the Registrant for 16 years. UN met him in sixth form and said that he considered the Registrant was professional and hardworking and he had supported him professionally. He had spent time with him practising his faith at the Mosque, and he considered the Registrant was highly unlikely to repeat his conduct knowing his character. UN had never had any concerns about the Registrant and his professional boundaries and he had observed him in clinical practice for a couple of weeks in 2018. UN said he had discussed the Committee’s findings on the allegation with the Registrant, and they had reviewed the GPhC’s standards and discussed the Registrant’s reflections. UN said he would be willing to support the Registrant with any conditions imposed on him.

AM

87. AM affirmed and gave evidence. He provided a positive written character reference for the Registrant. He said he had known the Registrant for about 15 years having met him at University. He expressed the view that the Registrant was not someone he had any concerns about, including his sexual boundaries. He has discussed the issues and boundaries with the Registrant along with any professional issues arising. He said that he mentors the Registrant who he said will go "*above and beyond.*"

Submissions on Impairment

88. Ms Smith for the GPhC submitted that it had been agreed with the Registrant to disclose to the Committee that he had referred himself to the GPhC in April 2024 about the clinical care and record keeping in respect of one patient at a consultation in October 2023. That case has not yet been referred to the Investigating or Fitness to Practise committee of the GPhC.
89. Ms Smith relied on the Skeleton argument. She submitted that the actions found proved amount to misconduct and it was conduct attached to professional practice. She submitted it was a breach standard 6 of the GPhC Standards for pharmacy professionals May 2017. She submitted that there had been non-consensual sexual touching by the Registrant as a senior and older colleague. There was an abuse of seniority and trust and the conduct was sufficiently serious to amount to misconduct. She submitted this conduct was aggravated by what the Registrant admitted saying to Colleague A:- "*you're not going to tell anyone are you?*".
90. Ms Smith submitted that all four limbs of rule 5(2) of the GPhC (Fitness to Practise) Rules 2010 were engaged. There was a lack of integrity, an abuse of position, fundamental principles had been breached as what has been found would amount to a criminal offence and was very serious. She added that the behaviour could impact on patients, albeit the conduct was not directed at patients. She submitted that the greater the transgression, the greater the reassurance the Committee require that the risk of repetition is highly unlikely. She submitted that this was a

deep seated attitudinal concern and she referred to *Yusuf v GMC* 2018 EWHC 13 (Admin) and *Sawati v GMC* 2022 EWHC 283 (Admin). She submitted that the maintenance of innocence was not indicative of a lack of insight. However, she submitted that the risk of repetition was difficult to assess in cases such as the present where the conduct is denied. She submitted there was limited reassurance about deliberate conduct as opposed to inadvertent touching. She invited the Committee to find that there is a risk of repetition and so a risk to the public. She invited the Committee to find current impairment of fitness to practise.

91. Mr Gledhill for the Registrant, submitted that the Registrant accepts that the finding amounts to serious professional misconduct. As regards impairment he submitted that was a matter for the judgement of the Committee. The Registrant accepted that the findings are serious. He submitted that the Registrant is of good character and that there has been no repetition of the conduct, and no concerns prior to the current findings. Mr Gledhill submitted that the Registrant has demonstrated that he better understands boundaries and he has made changes in his life. He submitted that the Committee can be reassured and there is evidence to demonstrate an elevated appreciation of boundaries.
92. Mr Gledhill submitted that the behaviour found proved was isolated in an otherwise unblemished career. The Registrant was not persistent in his conduct, and this was a single occasion. He now recognises the significance of the findings. Mr Gledhill cited relevant case law and submitted that the Registrant has sought to address his conduct. Albeit that the Registrant does not accept sexual motivation, he accepts sexual motivation is wholly inappropriate in the workplace. Mr Gledhill referred the Committee to the detailed evidence of the thorough reflection and the work undertaken by the Registrant, including the courses completed and his mentoring by friends in the profession. Mr Gledhill submitted that the Registrant has demonstrated deep insight into his conduct and what he would do to ensure no risk of repetition, and submitted that the risk of repetition is negligible. There was an age difference but the Registrant was only 27 years old at the time and he has matured

since. The testimonials were all positive and related to his profession, and there was no evidence whatsoever of any inappropriate behaviour towards patients.

93. As regards reflection, Mr Gledhill submitted that the Registrant had provided reflection of a very high standard, dealing with multiple themes. The Registrant has made a detailed acknowledgement of fault, covering risk to the public and public confidence. Mr Gledhill submitted that the Committee should, at least, find that the Registrant has embarked on a detailed journey of self-analysis, the conduct is remediable and that he is well progressed on that journey of remediation. He submitted that the Registrant was safe to return with to clinical practice and he has kept his professional knowledge up to date. There were no concerns about his clinical competence.
94. Mr Gledhill submitted that the Registrant has expressed regret and he has apologised and written a letter to Colleague A apologising. He has taken responsibility and he has not sought to pass the blame in any way to Colleague A. That apology is genuine and heart felt and recognises the impact on his colleague. The Registrant has also taken steps to improve his communication more broadly and of the need to take care as to what is discussed in the work place. He is now much more alert not to stray outside the boundaries of appropriate written and oral communication in the work place and mindful of the need to be careful and respectful in discussions.

Decision on Impairment

95. The Committee accepted the advice of the Legal Adviser. He reminded it that misconduct and impairment were a matter for its own professional judgement. He referred the Committee to the GPhC Guidance on impairment and to the relevant case law, including the authoritative guidance in *CHRE v NMC and Grant* [2011] EWHC 927 (Admin). He stressed the importance of assessing insight, remediation and the risk of repetition as well as the wider public interest. He also referred the Committee to the guidance in *Sawati v GMC* [2022] EWHC 283 (Admin).

96. The Committee was mindful of the references and the character evidence it has heard. It found that they were genuine but of limited assistance in the assessment of insight and risk of repetition of the particular misconduct found. The Registrant explained in his evidence his reflections and the courses he had undertaken. He has reflected on professional boundaries, sexual harassment and communication but there was a lack of evidence from him addressing the nature of the misconduct found proved; that is deliberate sexual misconduct.
97. The Committee found sexual motivation proved and that is undoubtedly serious and took place in a professional context. As such, what the Registrant did fell far below what would have been proper in all the circumstances. It was a breach of Standard 6 of the GPhC Standards for pharmacy professionals. The Registrant did not “maintain appropriate personal and professional boundaries with the people they provide care to and to others”. It was therefore a significant failure to act in a professional manner. The Committee concluded that the conduct found proved was serious and that it amounted to misconduct.
98. The Committee next considered current impairment of fitness to practise, and it first considered whether the conduct was remediable. It decided that the conduct and behaviour was serious and although it may be difficult to do so, it is remediable.
99. The next question is has it been sufficiently remedied so that it is highly unlikely to be repeated? Sexual misconduct is attitudinal in nature. The Registrant has undertaken considerable work on reflection and on relevant courses including professional boundaries, sexual harassment and communication. What he did appears to have been impulsive, opportunistic, deliberate and sexually motivated. The physical proximity of the Registrant to Colleague A, or other colleagues and patients is, to an extent, not the central issue. The core issue is why the Registrant deliberately acted as he did.
100. The Registrant’s insight into the consequences and impact on Colleague A is good, but he does not appear to acknowledge and recognise the reasons why he took the

conversation down a particular path. He does not accept that what he did was sexually motivated or intentional. The Registrant does not fully grasp or acknowledge his control of the conversation with Colleague A and the power imbalance. In particular the potential impact of what he said after the sexually motivated touching of Colleague A which was “*you’re not going to tell anyone are you?*”

101. The letter of apology is not an unconditional apology. It continues to suggest that Colleague A misunderstood the situation. The Committee has not accepted that there was a misunderstanding by Colleague A, whose evidence it preferred to that of the Registrant. The Committee concluded that the apology letter includes material which would be potentially upsetting to Colleague A as the Registrant continues to maintain that the scenario was misunderstood by Colleague A, and that what the Registrant did was accidental and inadvertent.
102. Further, the Committee did not accept the Registrant’s interpretation of the Teams message he sent. That evidence from the Registrant appears to have been an attempt to deflect and suggest a misunderstanding by Colleague A. The Committee is still in a position where it does not understand from the Registrant why he did what he did. He has not addressed his deliberate sexual motivation towards Colleague A which makes the assessment of insight and the risk of repetition difficult.
103. The Committee noted what is stated in the case of *Sawati* at para 90 (quoting from the earlier case of *GMC v Khetyar* [2018] :- “*insight requires that motivations and triggers be identified and understood, and if that is possible at all without there first being an acceptance that what happened did happen it will be very rare, and any assessment of ongoing risk must pay close attention to the doctor’s current understanding of and attitude towards what he has done.*”
104. The Committee found the *Sawati* analysis to be relevant and helpful in the present case. It was not satisfied that in respect of this particular conduct and behaviour,

that the Registrant sufficiently understands his attitude, his motivations or triggers. Whilst there has been much reflection about personal and professional boundaries, sexual harassment and communication, he does not address the core issue of sexual motivation. Whilst the Registrant has developed some insight into the wider issues, he does not acknowledge or tackle his deliberate sexual misconduct. The Committee concluded that he has not sufficiently addressed and remedied the nature of the misconduct, and he has not demonstrated a sufficient understanding of his motivations, his understanding or his attitude to what he has done or how to prevent it occurring in the future.

105. The Committee therefore concluded that the Registrant has not remedied his conduct, and he has not demonstrated sufficient insight into his triggers and motivations. Therefore, it concluded that there remains a real risk of repetition of the misconduct and a risk of harm to the public, which includes colleagues.
106. Given the seriousness of the misconduct, the Committee found that the public would be concerned, and public confidence in the profession would be undermined, were a finding of current impairment not to be found. The misconduct is of such a nature and gravity that it shows that the Registrant's integrity cannot be relied upon.
107. The Committee therefore concluded that the Registrant's fitness to practise is currently impaired on both public protection grounds and on wider public interest grounds.

Evidence at the Sanction stage

108. The Committee heard live evidence from LH who also provided a written witness statement. The Committee was reminded by Mr Gledhill that there was also a reference from Mark Burdon, a community pharmacist who has provided peer support and mentorship to the Registrant and given him support in reflection and in seeking remote working opportunities. The Committee took account of all the references and testimonials in the Registrant's bundles.

LH

109. LH is a GP Practice Operations Manager where the Registrant worked as a pharmacist from August 2023 to May 2025. Since his interim suspension the Registrant has provided administrative support to the practice. She took the affirmation and gave evidence. She provided a written statement in support of the Registrant. She told the Committee that the Registrant has made a real contribution to the practice with his knowledge and experience. He works remotely.
110. LH said that she had known the Registrant since August 2023 and he had developed a good rapport with the team. He was always contactable and helpful and the arrangement with him had worked very well. She said she had no concerns about the Registrant and his professional boundaries. She said he had not done or said anything inappropriate and nothing had been reported to her. She had weekly meetings with him and he was always friendly, professional and a hard worker. She confirmed that they would continue to support him with conditions as the arrangements with him have so far worked very well.

Submissions on Sanction

111. Ms Smith referred to the Skeleton Argument and she referred to the GPhC guidance on outcomes, March 2024. Ms Smith submitted that removal from the Register was the appropriate sanction. She submitted that aggravating factors were the fact that the facts proved amounted to a criminal offence which was aggravated by the comments made immediately after the sexual touching and in the Teams messages. She submitted these were attempts by the Registrant to keep Colleague A quiet. She submitted this conduct was an abuse of a position of seniority and that there was an age disparity. There was limited insight. In mitigation she submitted that this was an isolated incident.
112. Ms Smith referred to the GPhC guidance on sexual misconduct. She submitted that this was the equivalent of a criminal offence and it was important to assess risk to

patients and the impact on public confidence. She submitted that this was conduct which was fundamentally incompatible with registration and that the Registrant should to be removed from the Register.

113. Mr Gledhill for the Registrant submitted that removal was a step too far given the insight the Registrant has shown. He has acknowledged the Committee's findings, although he does not accept the sexual motivation. The Registrant has taken positive steps toward remediation. Mr Gledhill submitted that the Committee has said that the conduct is remediable, albeit difficult. The Registrant can move forward and provide further insight and reflection and allow a future Committee to assess his remediation.
114. Mr Gledhill submitted that the finding of impairment itself is significant but it does not require removal. This was an isolated, single occasion and the Registrant is alert to the need to control his own actions and his proximity to others. Mr Gledhill submitted that there is no criminal conviction and Colleague A had not wanted to pursue the matter. He said that there had been a delay in the matter coming before the Committee and in that period the Registrant has analysed what went wrong and he has not made excuses. He submitted that there was a difference in age but lessons can be learnt and not all people can express themselves as a Committee may wish them to. That did not mean that the Registrant has not thought through matters, and he has taken significant steps to ensure there is no repetition. Mr Gledhill submitted that there is a salutary lesson to be learned.
115. Mr Gledhill advised that Mr Burdon was agreeable to continuing to provide mentorship to the Registrant if the Committee seeks that. He submitted that the testimonials should be given significant weight. He asked the Committee to consider the financial information provided by the Registrant who is the main earner in his family.
116. Mr Gledhill submitted that the appropriate sanction is the imposition of conditions. He proposed conditions that required the Registrant to remote work only with no patient facing work. That would enable him to earn a living whilst working on

remediation. He said that the Registrant is on a journey of remediation and insight and he needs to develop further insight into his impulses. Mr Gledhill submitted that the Registrant is part of a conservative community that may make it difficult to develop a level of frankness in such matters. He submitted that it was always possible, even where a decision is not fully accepted, that the Registrant can nonetheless remediate to the extent that he could reassure a future Committee that he can return to unrestricted practice.

117. Mr Gledhill suggested that conditions were workable and potentially could include colleague facing roles with a supervision requirement. If that was not deemed acceptable at this stage, a short suspension order would allow the Registrant to continue his work on developing insight and remediation. Mr Gledhill advised that the Registrant has already been suspended for 13 months in total and he suggested that a short period of suspension would meet the goals of the Regulator.
118. Mr Gledhill said that the Registrant was very keen to be an outstanding pharmacist. He said that the public interest runs two ways, and that can mean returning a high calibre pharmacist such as the Registrant to practice. The Registrant was clear that he will never be before a Committee again for this sort of behaviour. He has two potential employers who know him and have knowledge of this case, and both are prepared to give him work under conditions to work remotely.

Decision on Sanction

119. The Committee accepted the advice of the Legal Adviser. He referred it to the GPhC guidance, and he stressed the need to act proportionately and to impose the least restrictive sanction that would protect the public and the wider public interest. It took account of the submissions from both parties and all the documentation before it.

120. The Committee was particularly mindful of the Outcomes Guidance at paragraphs 5.2 – 5.9, 5.19 – 5.22, 5.29 and 6.2 – 6.7 which include the key factors to consider, the public interest, insight, testimonials, and sexual misconduct findings.
121. The Committee first considered the aggravating and mitigating features of the findings. It considered the following were aggravating features:-
- The conduct was deliberate, non-consensual sexual touching over clothing
 - The misconduct took place in the work place
 - The finding of what the Registrant said to Colleague A immediately after and in the subsequent Teams messages
 - The age disparity between the Registrant and Colleague A
122. The Committee found the following mitigating features:-
- It was an isolated incident
 - He has completed CPD in an attempt to remediate
 - Some, limited insight into the wider issues of professional boundaries, sexual harassment and communication
123. The Committee were mindful of paragraph 5(1) of the guidance which states:
“The committee should also make sure any outcome is sufficient to protect the public. This involves considering:
- *whether it is sufficient to protect the health, safety and wellbeing of the public*
 - *whether it is sufficient to maintain public confidence in pharmacy, and*
 - *whether it is sufficient to maintain proper professional standards and conduct for pharmacy professionals”.*
124. The Committee considered that to take no action, issue Advice or a Warning would fail to reflect the nature and gravity of the serious findings. Those sanctions would clearly fail to protect the public and would not sufficiently mark the seriousness of the misconduct.

125. The Committee next considered the imposition of conditions. They are typically designed to deal with concerns regarding clinical competence. Conditions are not normally able to manage attitudinal and behavioural matters, such as sexual misconduct. The Committee was mindful that any conditions must be workable and realistic and serve to sufficiently protect the public and the wider public interest. The proposed conditions put forward by the Registrant required him to have no face to face contact with any patient or colleague. The Committee decided that those conditions were not appropriate given the seriousness of the misconduct found proved. Although similar conditions had been imposed as an interim measure, at this stage if the Committee could not trust the Registrant to practice without such extreme conditions, this indicated it was a case that was too serious for such an order which would not sufficiently maintain public confidence in the profession or serve to declare and uphold proper professional standards.
126. The Committee decided that there are no workable conditions that are capable of effectively and sufficiently managing the sexual misconduct found in this case and so protecting the public, particularly so in light of the findings in respect of the Registrant's limited insight.
127. The Committee next considered suspension. It was mindful of that there are a number of significant aggravating features. The Committee found that the sexual misconduct found was at the more serious end of the spectrum of such conduct. It involved non-consensual sexually motivated contact in the workplace, which included deliberately grabbing and rubbing a younger colleague's penis whilst grabbing his own crotch. The Registrant then sought to persuade that colleague not to report matters and to persuade him that he had misunderstood the incident. The conduct found proved was a grave breach of personal, professional and sexual boundaries and GPhC Standards. The testimonials and references, albeit genuine, do not serve to diminish the seriousness of the sexual misconduct as they speak largely of the Registrant's clinical competence, which is not the issue. In the circumstances

of this case the Committee concluded that suspension would not serve to sufficiently mark the seriousness of the sexual misconduct.

128. The Committee has found that the Registrant has not demonstrated sufficient remediation or insight, specifically into the motivations and triggers for his sexual misconduct despite the incident having taken place nearly four years ago.
129. The Committee concluded that the nature and gravity of the sexual misconduct, coupled with the lack of insight and remediation, was such that it is misconduct and behaviour that is fundamentally incompatible with continued registration as a pharmacist. It therefore decided that a Removal Order was the appropriate and proportionate sanction. That sanction is required in this case to uphold proper professional standards, to protect the public and to maintain public trust and confidence in the pharmacy profession.
130. The Committee was mindful of the Registrant's interests and the likely impact of sanction on him professionally, personally and financially, and it took account of the guidance in *Bolton v Law Society* [1994] 1 WLR 512 which stated:- "*The reputation of the profession was more important than the fortunes of any individual member. Membership of a profession brought many benefits, but that was part of the price.*" In this case, the need to protect the public, to uphold proper professional standards, and to maintain public trust and confidence in the pharmacy profession requires removal and outweighs the Registrant's own interest.
131. The Committee therefore imposed a Removal Order.

Interim Measures

132. In light of its decision on sanction, the Committee next considered an application by Ms Smith for an Interim Suspension Order to be cover the appeal period before the Removal Order becomes operative.

133. The Committee accepted the advice of the legal adviser who referred it to the GPhC Outcomes guidance. He reminded the Committee that an interim order must be necessary to protect the public, or otherwise in the public interest. The Committee must be mindful of its earlier findings, act proportionately and balance the interests of the Registrant with the need to protect the public.
134. The Committee was mindful of its earlier findings and concluded that an interim order is necessary to protect the public in the appeal period. The Committee decided that that it would be wholly incompatible with its earlier findings and with the Removal Order imposed to conclude that an Interim Suspension Order was not necessary for protection of the public or otherwise in the public interest.
135. Accordingly, the Committee decided that an Interim Suspension Order should be imposed on both public protection and public interest grounds. It determined that it is appropriate that the Interim Suspension Order be imposed to cover any appeal period. When the appeal period expires this interim order will come to an end unless there has been an application to appeal. If there is no appeal, the Removal Order shall apply once the 28 day appeal period expires.
136. The current interim order of suspension is hereby revoked and replaced with an interim measure of suspension.