

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

2-4 September 2025

Registrant name:	Gareth Daniel Vaughan-Williams
Registration number:	2227130
Part of the register:	Pharmacist
Type of Case:	Misconduct and Health
Committee Members:	Hannah Bows (Chair) Oliver Jones (Registrant member) Shaun Donnellan (Lay member)
Legal Adviser:	Mary-Teresa Deignan
Clinical Adviser:	Dr Dumindu Witharana
Committee Secretary:	Mark Mallinson
Registrant:	Not present and not represented
General Pharmaceutical Council:	Represented by Ayshe Sevdan, Case Presenter
Facts proved:	1.1, 1.2, 2.1 and 2.2, 3, 4.
Facts proved by admission:	None
Facts not proved:	None
Fitness to practise:	Impaired
Outcome:	Removal
Interim measures:	Interim measures imposed

This decision including any finding of facts, impairment and sanction is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until 3 October 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

1. on 15 September 2022, whilst working as a locum at Tiffenbergs Chemist, 388 Longmoor Lane, Liverpool, L9 9DB (“the Pharmacy”);
 - 1.1. removed a quantity of Midazolam, the property of R.B. Healthcare Limited, from the Pharmacy, without legal authority, prescription, or payment [PROVED]
 - 1.2. injected a quantity of Midazolam into your body. [PROVED]
2. Your actions at 1.1 above were dishonest, in that:
 - 2.1. you took the Midazolam from the Pharmacy without the permission or knowledge of the owner; [PROVED] and
 - 2.2. you knew you did not have permission, legal authority or a valid prescription to take the Midazolam. [PROVED]
3. On 15 September 2022, at the Pharmacy:
 - 3.1. practised, as a pharmacist, while in an unfit state by virtue of drugs. [PROVED]
4. You have the medical conditions as set out in Schedule 1. [PROVED]

Schedule 1:

(REDACTED)

Documentation

Document 1- Council’s hearing bundle (150 pages)

Document 2- Council’s skeleton argument (18 pages)

Document 3- Proof of service bundle (11 pages)

Document 4 – Proceeding in absence bundle (72 pages)

Witnesses

Dr Nadeem, Consultant Psychiatrist - gave evidence at facts stage

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:
 - 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. Sanction – the Committee considers what, if any, sanction should be applied if the Registrant's fitness to practise is found to be impaired.

Service of Notice of Hearing

6. The Committee has seen a letter dated 7 July 2025 from the Council headed 'Notice of Hearing' addressed to the Registrant and sent to their registered email address as

noted on the Register. The Committee also saw screenshots that showed the email address was the address used by the Registrant in communication with the Council and that the Registrant had indicated permission to be contacted via that email address for bulk and general purposes.

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 proceed in the absence of the Registrant

8. The Registrant was not in attendance at this hearing, nor was someone attending on their behalf. The Committee heard submissions from Ms Sevdan, on behalf of the Council to proceed in the absence of the Registrant under Rule 25.
9. The Committee noted that the Registrant had not responded to the Notice served on 7 July but that they had provided a statement on 30 April 2025. The Committee also noted that the Pharmacist's Defence Association had been sent the Council's proposed hearing bundle on 15 August 2025.
10. Ms Sevdan drew the Committee's attention to the relevant case law, namely *R v John Victor Hayward, Anthony William Jones, Paul Nigel Purvis [2001] WL 15020* which set out the principles that determine whether a trial can take place without a defendant being presented and/or represented. The Committee was also referred to *Olufemi Adeyinka Adeogba & General Medical Council vs Evangelos-Efstathios Visvardis [2016] EWCA Civ 182* which set out the principles for proceeding in absence as they relate specifically to regulatory fitness to practise matters.
11. The Committee accepted the advice of the Legal Adviser, who drew particular attention to the principles in *Adeogba* in exercising the discretion to proceed in the absence of a registrant, including balancing fairness to the defence and fairness to the prosecution, the wider public interest and whether the Registrant has had the opportunity to attend and/or be represented and whether an adjournment would be likely to result in the Registrant's and/or a representative's attendance.
12. The Committee decided to proceed in the absence of the Registrant for the following reasons:
 - The Committee found good service of the Notice.
 - Correspondence from the Registrant on 30 April 2025 indicated that they would not be in attendance at an earlier hearing. Although no response was received to the Notice served on 7 July 2025, the Committee was satisfied that the Registrant had notice of the new hearing date.
 - There was no information to suggest an adjournment would result in the Registrant's attendance in future.
 - There is a public interest in the expeditious disposal of cases.

- Not proceeding would have inconvenienced witnesses who were ready to give evidence.

Application for the hearing to be held partially in private

13. The Committee heard an application from the Ms Sevdan, under Rule 39(3) to hold parts of the hearing in private. Ms Sevdan submitted on behalf of the Council that the starting point is that hearings should be held in public (39)(3)(1) and that it is only if the committee is satisfied that the interests of the registrant in maintaining privacy outweigh the public interest in holding the hearing in public that a hearing should be held wholly or partially in private. Ms Sevdan submitted that the parts of the hearing that concerned the health of the registrant should be held in private with the remainder in public.
14. The Committee accepted the advice of the Legal Adviser, who emphasised the importance of hearings being in public unless it would be unfair to the Registrant, and that it was a matter for the Committee to decide.
15. The Committee decided to hold certain parts of the hearing in private which related to the health of the Registrant. The Committee considered that there were discrete aspects of the hearing which would directly concern the health of the Registrant, and these could be dealt with in private. The Committee indicated that if this approach became impractical it would revisit its decision.

Registrant's response to Particulars of Allegation

16. The Registrant has made no formal admissions in relation to the alleged facts, however in his statement provided to the Council on 30 April 2025 he apologised for his actions and stated that whilst *"(REDACTED) and have absolutely no recollection of my thought processes in the lead up to the incident or in the hours afterwards, quite possibly due to the nature of the medication I am alleged to have taken"* he nevertheless accepted *"the descriptions in the reports as true"*.

Background

17. At the time of the particularised conduct, the Registrant was employed as a locum pharmacist by RB Healthcare Limited trading as Tiffenbergs Chemist, 388 Longmoor Lane, Liverpool, L9 9DB ("the Pharmacy").
18. Witness 1, who was working on the same shift as the Registrant, described that they were dispensing a prescription when she observed the Registrant go into one of the drawers which contained, among other drugs, midazolam. She wondered why he was doing so as she hadn't missed anything off the prescription and the prescription did not require anything to be taken from any of the drawers. The Registrant then visited the toilet three times within a 20-minute period and on the second and third occasion Witness 1 and another colleague (Colleague A) reported hearing rustling noises.

19. After the Registrant left the toilet on the third occasion, Colleague A found a ripped-up box for midazolam as well as a glass ampoule with the top broken off, in the bin. When the Registrant left the toilet after this third occasion he was described as having gone from 'normal' to not being able to speak properly, slurring his words, unable to walk or stand and unable to focus, and was bleeding from his wrist. He entered the dispensary and commenced work but was quickly asked to leave by Witness 2.
20. An inspection of the toilet by Witness 2 and another colleague (Colleague B) subsequently revealed an empty ampoule, blood on tissues and blood in the bin, and the covering off a needle, but no needle. Approximately a week later Witness 3 found a BD microfine syringe with liquid still in the chamber, which was a type of syringe not normally kept on the premises, in the back of the Pharmacy.

Decision on Facts

21. In reaching its decisions on facts, the Committee considered the documentation listed at the start of this determination, oral evidence given by Dr Nadeem (Consultant Psychiatrist), the Registrant's response dated 30 April 2025, and the submissions made by the Council.
22. The Committee accepted the advice of the Legal Adviser and were reminded that 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.

Particular 1

23. The Committee took into account relevant evidence from the Council including the witness statements presented in the Council's bundle. The Committee was of the view that the evidence was credible. Witness 1 provided a witness statement in which they describe that they observed the Registrant opening a drawer that contained the midazolam and that there was no reason for the Registrant to do this, as it was not required for the prescription they were dispensing. They further explained that they felt the Registrant would know what was in the drawer.
24. Witness 1 also referred to evidence provided by a Colleague A (a trainee dispenser) who reported to her that the Registrant had been in the toilet a long time and that this toilet was the only toilet in the pharmacy, located in the back, used by women and men. Witness 1 then saw the Registrant come out the toilet and re-enter it 5 minutes later. Colleague A then told Witness 1 they could hear rustling coming from the toilet and when the Registrant entered the toilet for the third time within 20 minutes, Witness 1 also heard rustling noises.
25. Witness 1 described in their statement that the Registrant went from normal to not being able to speak properly, slurring his words, unable to walk or stand and unable to

focus, and was bleeding from his wrist. This was supported by witness statements made by:

- a. Witness 3 who described the Registrant as twisting a box of Evacal that was being prepared for a prescription *staring at it like he was transfixed*, that his speech was slurred and delayed, he was not able to focus and had blood dripping from his wrist;
 - b. Witness 2 who attended the Pharmacy to offer assistance with the incident and observed the Registrant swaying back and forth in front of the computer, checking his smart card and appearing to not know his own name;
 - c. Witness 4 who was working at a different site but attended to offer assistance who described the Registrant as appearing *visually and physically abnormal and took time to respond to questions He was walking shakily; he got his coat, staggered a bit.*
26. The Committee also noted the photographic evidence exhibited in the bundle which showed the items listed in paragraph 19 and blood on tissues which Colleague A had found and reported, and the subsequent items found and exhibited, and described in the statements by Witness 2, Witness 4 and Witness 5.
27. The Committee therefore found the evidence presented by the witnesses in their statements to be cogent and credible, and corroborated by each other.
28. Accordingly, the Particulars 1.1 and 1.2 are found proved.

Particular 2

29. Having decided the Registrant took the midazolam from the Pharmacy (REDACTED), as alleged in Particulars 1.1 and 1.2, the Committee then considered whether the action of removing the midazolam (1.1) was dishonest, in that the Registrant did so without the permission or knowledge of the owner and he knew he did not have permission, legal authority or a valid prescription for midazolam.
30. The Committee took into account relevant evidence from the Council and the advice given by the Legal Adviser.
31. In accordance with the test laid down in the case of *Ivey v Genting Casinos (UK) Ltd t/a Crockfords* [2017] UKSC 67, as referred to by the Legal Adviser, the Committee had first to ascertain, subjectively, the actual state of the Registrant's knowledge or belief as to the facts. The Registrant did not respond to the Particulars however in his statement on 30 April he stated he had no recollection of his thought processes but that "*I accept the descriptions in the reports as true*". The Committee has found that the Registrant did take the medication (REDACTED). As a Registered Pharmacist, he would have been well aware that he was not permitted to do this and that what he was doing was wrong. Applying the second part of the test in *Ivey (ibid)*, the Committee was satisfied

that ordinary decent people would find such behaviour to be dishonest, since it amounts to stealing from one's employer.

32. Accordingly, the Committee found Particular 2.1 and 2.2 proved insofar as they relate to 1.1.

Particular 3

33. Having found that Particulars 1.1, 1.2 and 2.1 and 2.2. proved, the Committee then considered Particular 3 and again took into account the relevant evidence from the Council and accepted the advice of the Legal Adviser.
34. The Committee considered the witness statements and noted that several witness statements described the Registrant as being unable to stand or walk properly, slurring his words, unable to focus and to be transfixed.
35. The Committee noted the witness statement provided by Witness 1 who described the Registrant returning to the dispensary after leaving the toilet for the third time and attempting to carry out tasks whilst being unable to focus, unable to speak properly or stand or walk properly. She describes the Registrant checking a prescription for Evacal tablets and looking at the box, spinning it around, unable to focus. Witness 3 describes in her statement that the Registrant was twirling the box of Evacal in his hand and staring at it like he was transfixed. Witness 2 also describes in their witness statement arriving at the Pharmacy and observing the Registrant working in the dispensary and swaying back and forth in front of the computer and the witness could see he was completing a visitor's log.
36. The Committee therefore considered that multiple witnesses had observed the Registrant working in the Pharmacy whilst unfit and, having found Particular 1.1 and 1.2. proved, the Committee was satisfied that the Registrant then worked as a pharmacist whilst in an unfit due by virtue of drugs.
37. This Particular is found proved.

Particular 4

38. The Committee then moved on to consider whether the Registrant has the medical conditions as listed in Schedule 1 (REDACTED).
39. For this Particular, the Committee relied on the evidence from the Council, specifically the two medical assessment reports produced by Dr Nadeem who assessed the Registrant on two occasions, the addendum he subsequently provided, and the (REDACTED).

40. The Committee also considered the emails sent by Dr Nadeem in June 2024 where he provided additional explanation on the clinical diagnoses he had reached. (REDACTED).
41. (REDACTED).
42. (REDACTED);
 - a. (REDACTED);
 - b. (REDACTED);
 - c. (REDACTED) and
 - d. (REDACTED).
43. Accordingly, this Particular is found proved.

Misconduct and/or Health and Impairment

44. The Committee heard submission from Ms Sevdan. Ms Sevdan began by clarifying that the Council's case was that Particulars 1-3 amount to misconduct and impairment, and/or that the Registrant was otherwise impaired on health grounds in relation to Particular 4. Ms Sevdan addressed these separately and the Committee has followed this approach in their assessment and determination.
45. 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 2017). Paragraph 2.11 reads:

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

Misconduct and impairment

46. Ms Sevdan reminded the Committee that this stage was a two-stage process and drew attention to the relevant authority of *Cheatle v GMC* [2009] EWHC 645 (Admin) (paragraph 19) which sets out the relevant approach which in summary requires the Committee to decide whether there has been misconduct and, if so, to determine whether as a result the practitioner's fitness to practise is impaired.
47. Ms Sevdan addressed the Committee firstly on the relevant law and guidance on misconduct particularly the need for the conduct to be serious (*Meadow v General Medical Council* [2007] 1 All ER 1 and *Forz Khan v Bar Standards Board* [2018] EWHC 2184 (Admin)). She submitted that the authority of *Remedy UK Ltd v General Medical Council* [2010] EWHC 1245 (Admin) ("*Remedy*") held that misconduct falls into two principal categories: conduct which involves sufficiently serious misconduct in exercise

of professional practice; and conduct of a morally culpable or otherwise disgraceful kind which occurs outside the course of professional practice.

48. She then submitted that the matters proved amounted to serious misconduct and the Council's case was that the matters proved in Particulars 1, 2 and 3 breached three of the nine Standards of the Council's Standards for Pharmacy Professionals (May 2017) ("the Council's Standards"):
 - a. Standard 1 – provide person-centred care.
 - b. Standard 5 – use professional judgement.
 - c. Standard 6 – behave in a professional manner.
49. In addressing the Committee on Standard 1, Ms Sevdan submitted that (REDACTED) a drug well known to cause drowsiness and dizziness and continuing to practice whilst under influence showed a failure to prioritise patient care. With regards to Standard 5, Ms Sevdan submitted that given the well known side effects of midazolam it was entirely foreseeable that (REDACTED) this during work hours would impair the ability of the Registrant to practice safely. Turning to Standard 6, Ms Sevdan submitted that the Council's position that dishonest removal of midazolam coupled with practicing whilst under influence fundamentally breaches this standard.
50. Ms Sevdan submitted that although breaches of the Standards do not automatically equate to misconduct, in this case a finding of misconduct is justified and in fact necessary. Ms Sevdan submitted that the conduct was not a momentary error or oversight, but a deliberate and calculated act of dishonesty in the removal (REDACTED) of a controlled drug. It therefore followed that such conduct was seriously reprehensible which would be regarded as deplorable, and which posed a significant risk of harm to patients and amounts to dishonesty.
51. Turning to impairment, Ms Sevdan reminded the Committee of Rule 54(1) of the Order which requires that the Committee determine whether or not the fitness to practise of the person in respect of whom the allegation is made is impaired. She further submitted that Article 51(1)(a) and (c) of the Order were relevant in that the Council were inviting the Committee to find the Registrant impaired on the grounds of misconduct (51)(a) and adverse physical or mental health which impairs their ability to practise safely and effectively (c).
52. Ms Sevdan drew the Committee's attention to *Cohen v General Medical Council [2008] EWHC 581 (Admin)* at (at para 65):

"It must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct that led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated."
53. Ms Sevdan referred to the authority of *CHRE v NMC and Grant [2011] EWHC 927 (Admin)* (para 74) where the court said that the relevant panel should consider not only *"whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold professional standards and*

public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances.”

54. Ms Sevdan referred the Committee to Rule 5(2) of the Rules and submitted that the conduct impaired the Registrant’s current fitness to practise as it engaged grounds (a) (b) and (c), as it presents a potential risk to patients through his practising whilst unfit through drugs, that his removal and (REDACTED) of the drug represented a serious departure from the professional standards expected of pharmacists and damages the reputation of the profession and that in breaching standard 1, 5 and 6 the Registrant has breached fundamental principles of the profession of pharmacy.
55. The Committee accepted the advice of the Legal Adviser.

Decision on Misconduct

56. The Committee also had regard to the provisions of the Council’s Standards.
57. The Committee began by examining the matters found proved in Particulars 1-3. The Committee found the matters proved breached the following Standards:
- Standard 1 - provide person-centred care*
- Standard 5 – use professional judgment*
- Standard 6 - behave in a professional manner*
- Standard 9 – demonstrate leadership.*
58. The Committee was satisfied that in removing midazolam, (REDACTED) and then proceeding to return to the dispensary, the Registrant was in breach of these standards as he failed to provide person centred care and prioritise the patient, he failed to use professional judgement and act in the best interests of the patient, he behaved in an unprofessional manner which put patients at risk and he failed to demonstrate leadership by abusing his position (his access to midazolam).
59. The Committee reminded itself that a breach of one or more Standards will not always amount to misconduct but was satisfied that the conduct was so serious, putting patients and the Registrant at risk of harm, and so deplorable that the conduct did amount to serious misconduct.

Decision on impairment on the ground of misconduct

60. Having found that the Particulars found proved did amount to serious misconduct, the Committee then went on to consider whether the Registrant’s fitness to practise is currently impaired.
61. The Committee had regard to Paragraph 2.15 of the Guidance which provides that the Committee should consider whether:

- a. The conduct which led to the complaint is able to be addressed.
 - b. The conduct which led to the complaint has been addressed.
 - c. The conduct which led to the complaint is likely to be repeated.
 - d. A finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession.
62. The Committee took into account the Registrant's statement dated 30 April 2025. The Committee considered that conduct of the nature in Particulars 1-3 is in principle able to be addressed, albeit that dishonesty is considered to be more difficult to remediate, but that the Registrant has not addressed it and shows limited insight into his behaviour or what led to it. The Registrant apologised for his behaviour in his statement and acknowledged his actions "*were beyond unacceptable for what should be expected from a Pharmacist*". However, he also stated that he had no recollection of his thought processes in the lead up to the incident, although he did remember elements of the day as he recalled oversleeping his alarm and being late for work, which he attributed to other health conditions.
63. The Committee could find no evidence that the Registrant has taken steps to try to understand his behaviour in order to address it. Furthermore, the Committee noted that two witness statements and photographic evidence exhibited in the Council's bundle relate to a syringe that was found some time after the incident occurred which was not of a type stocked by the Pharmacy, indicating a level of premeditation by bringing a syringe into the Pharmacy.
64. As the Registrant lacks applied understanding and insight into his conduct and there is no evidence that he has taken steps to remediate this, the Committee felt the conduct was likely to be repeated. They were further satisfied that a finding of impairment is needed to declare and uphold the proper standards of behaviour, and maintain public confidence in the profession.
65. The Committee therefore determines the Registrant's current fitness to practise to be impaired on public protection and public interest/otherwise in the public interest grounds.

Health

66. Having found Particular 4 of allegation proved, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired by reason of their health condition.
67. The Committee received submissions from Ms Sevdan. Ms Sevdan reminded the Committee that when considering impairment by reason of adverse health the Committee must consider Rule 5(3) which requires the Committee to have regard to whether or not the evidence shows actual or potential self-harm or harm to patients or the public.
68. (REDACTED).
69. (REDACTED).

70. (REDACTED).
71. (REDACTED).
72. (REDACTED).
73. The Committee accepted the advice of the Legal Adviser.
(REDACTED)
74. (REDACTED).
75. (REDACTED).
76. (REDACTED).

Sanction

77. Having found the Registrant's fitness to practise impaired for the reasons set out above, the Committee went on to consider what, if any, sanction to impose.

Submissions and advice

78. The Committee heard submissions from Ms Sevdan who reminded the Committee of the Council's Sanctions Guidance (revised March 2024) ("Sanctions Guidance") and drew attention to Article 54(2) which confer the powers on the Committee in respect of sanction and the approach that should be taken.
79. Ms Sevdan reminded the Committee that, when determining the appropriate sanction, the Committee should consider the full range of outcomes, and that any sanction they do impose must be necessary and proportionate, which means a sanction that is no more serious than it needs to be to achieve its aims. Ms Sevdan submitted that the Committee should apply the Sanctions Guidance by beginning with the least restrictive sanction available and only if this is not appropriate should they go on to consider the next available sanction on an ascending scale.
80. Ms Sevdan drew the Committee's attention to the relevant case law to take into account when making their decision on sanction. The authority of *Bolton v Law Society* [1994] 2 All ER 486 emphasised that the reputation of the profession is more important than the fortunes of an individual member of that profession and this has been confirmed as good law in the more recent case of *Law Society v Brendan John Salsbury* [2008] EWCA Civ 1285. Ms Sevdan referred to the case of *Professional Standards Authority for Health and Social Care v Nursing and Midwifery Council and Wilson* [2015] EWHC 1887 which emphasised the overriding factor in fitness to practice proceedings is the public interest in maintaining the reputation of the

profession. Ms Sevdan also drew attention to the authority of *Meadow v General Medical Council [2006] EWCA Civ 1390* (para 23) which underscored the purpose of fitness to practice proceedings is not the punish the practitioner for prior wrongdoing but “to protect the public against the acts and omissions of those who are not fit to practise”.

81. Ms Sevdan submitted that the following were aggravating features in this case:
 - a. The Registrant had acted dishonestly in removing (REDACTED) the midazolam;
 - b. His conduct in (REDACTED) the midazolam whilst on duty posed a serious risk to patient safety;
82. Ms Sevdan submitted that the following were mitigating factors:
 - a. The Registrant’s attitude. Whilst he had not attended the hearing, he had given reasons for not doing so, and this was not a case where he had not simply avoided the regulatory consequences of his actions. Ms Sevdan submitted that the Registrant had been compliant with Council’s investigations including health processes.
 - b. The Registrant had apologised for his actions.
 - c. The Registrant had informed the Council of his difficult and personal circumstances.
83. Ms Sevdan submitted that a warning would not be appropriate in this case given the seriousness of the matters. Ms Sevdan further submitted that conditions of practise would also not be suitable, as this case involved dishonesty, which is an attitudinal problem relating to the individual’s mindset rather than a gap in technical skills or knowledge, and imposition of conditions is often difficult in such cases. (REDACTED).
84. Ms Sevdan submitted that the Council’s position was that a suspension of 12 months, with a review, would be appropriate in this case, to reflect the seriousness of the matter and the public interest and the need to maintain proper professional standards. (REDACTED).
85. The Committee accepted the advice of the Legal Adviser.

Decision on sanction

86. The Committee had regard to paragraph 5.7 of the Sanctions Guidance which provides:

5.7. In reaching a decision on what outcome to impose, the Committee should give appropriate weight to the wider public interest. In the context of a fitness to practise hearing, public interest considerations include: protecting the public; maintaining public confidence in the profession; and maintaining proper standards of behaviour.
87. The Committee identified the following aggravating factors:

- a. The misconduct involved an element of pre-planning, as the evidence was that the syringe found in the Pharmacy was not one stocked by the Pharmacy;
 - b. The serious risk posed to patients and colleagues by the Registrant practising whilst unfit by virtue of drugs;
 - c. The serious risk posed to the wider public, specifically road users, when the Registrant drove his vehicle after the index incident; and
 - d. The lack of insight as to the factors that led to his behaviour on the date of the index incident and no remediation shown by the Registrant.
88. The Committee identified the following mitigating factors:
- a. The Registrant had apologised for his behaviour;
 - b. The Registrant had complied with the health aspects of the Council's investigation;
 - c. The incident itself was a single incident.
89. The Committee weighed up the aggravating and mitigating factors in this case. Whilst acknowledging that the Registrant had apologised for his behaviour in his statement dated 30 April 2025, the Committee had no further evidence of the Registrant's understanding of his behaviour, that he had taken accountability for it, or taken steps to remedy it. Although the statement provided some contextual information about the personal circumstances of the Registrant at the relevant time, these were not applied by the Registrant to the misconduct itself, and the Committee was therefore not satisfied that the Registrant had a developed understanding of his conduct and how this may be remedied.
90. The Committee considered that the Registrant had been subject to an interim suspension since October 2022 but that there was no evidence before the Committee that he had developed insight into his behaviour during that time, nor put anything in place to remedy this and reduce the risk of the behaviour occurring again in future.
91. Turning to the health elements of this case, (REDACTED).
92. (REDACTED).
93. Taking all of this into account, the Committee was satisfied that conditions would not be suitable in this case, due to the seriousness of the misconduct and risk to patients, and because the Registrant had shown no insight and taken no action to remediate his behaviour.
94. The Committee considered whether a suspension would be appropriate. The Committee noted the relevant part of paragraph 4.3 of the Sanctions Guidance which indicates that suspension may be appropriate where:

"The Committee considers that a warning or conditions are insufficient 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 to 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.”

95. The Committee took full account of the submissions made by Ms Sevdan and of the evidence before it. It reminded itself of the need to weigh the aggravating and mitigating factors that it had identified. The Committee did not consider that a suspension, even for 12 months, would satisfy the need to adequately mark the seriousness of the Registrant’s misconduct and the egregious breaches of the professional standards which the misconduct represented. The Committee was not satisfied that a suspension, even for 12 months, was sufficient to deal with the risk to patient safety and the public, or to maintain public confidence in the profession.
96. The Committee then turned to consider whether this was a case in which the most serious sanction of removal was appropriate. They referred to the Sanctions Guidance which states that removal is *“reserved for the most serious conduct”* and should only be considered *“when the registrant’s behaviour is fundamentally incompatible with being a registered professional”*.
97. Whilst the Committee took account of the mitigating factors in this case, the aggravating factors far outweigh the mitigating factors because the misconduct involved the removal and (REDACTED) of a drug with serious side effects whilst the Registrant was practising, and this posed serious risks to patients. The lack of insight into the conduct, the underlying causes of it and any action to remediate it, means that there is a high risk of the conduct being repeated. The Committee concluded that the Registrant’s conduct was fundamentally incompatible with him remaining on the register and therefore determined that removal was the appropriate sanction.

Interim measures

98. Ms Sevdan made an application for an interim measure of suspension to be imposed on the Registrant’s registration, to take effect from today’s date, pursuant to Article 60 of the Pharmacy Order 2010, pending the coming into force of the Committee’s substantive direction. She submitted that given the Committee’s findings in relation to the Registrant’s misconduct, it would be entirely inappropriate for him to be permitted to remain on the register during the interim period before the substantive direction comes into effect. She submitted that such a direction was necessary to protect the public and was otherwise in the public interest.
99. The Committee carefully considered Ms Sevdan’s application. It took account of the fact that its decision to direction removal of the Registrant’s name from the register will not take effect until 28 days after the Registrant is formally notified of the outcome, or until any appeal is concluded.

100. The Committee found that it would be inconsistent with their direction if the Registrant was free to practise during this period. Pursuant to Article 60(2), the Committee therefore hereby directed that the entry of the Registrant in the register be suspended forthwith, pending the coming into force of the substantive direction.