General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

18-20 June 2025

(21 June 2025 adjourned without hearing parties) and

16 September 2025

Registrant name:	Adam Ahmed Patel
Registration number:	2045024
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Andrew Lewis (Chair) Adam Oxberry (Registrant member) Stephanie Hayle (Lay member)
Clinical Adviser:	Dr Sabarigivasan Muthukrishnan
Committee Secretary:	Gemma Staplehurst (18-20 June 2025) Sameen Ahmed (16 September 2025)
Registrant:	Present not represented
General Pharmaceutical Council:	Ayshe Sevdan (18 -20 June 2025) Gareth Thomas (16 September 2025)
Facts proved by admission:	Particular 1- 7 inclusive
Facts not proved:	None

Fitness to practise:	Impaired
Outcome:	Suspension for 12 months
Interim measures:	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 17 October 2025or, 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:

Between January 2022 and April 2023, whilst working as a Responsible Pharmacist and store manager at Boots Chemist 142 Huddersfield Road, Mirfield, West Yorkshire WF14 8AN:

1. Intentionally removed approximately 10 – 15 packs of Codeine 30mg from the pharmacy.

2. PRIVATE, whilst you were on duty as a Responsible Pharmacist and store manager.

3. Accessed the store, outside of trading hours and without authorisation, and amended pharmacy records in that you added staff initials without their permission.

4. Your actions in paragraph 1 were dishonest in that you did not pay for the medicines and/or knew that you were not permitted to remove the medicines from the pharmacy.

5. Your actions in paragraph 3 were dishonest in that you:

5.1.Knew the records were not accurate;

5.2.Knew your colleagues did not authorise you to sign on their behalf;

5.3. Sought to conceal that you had removed the medicines listed in paragraph 1.

6. On one or more occasions knowingly gave excessive quantities of Co-Codamol – PRIVATE to a patient:

6.1.Without assurance that there was a legitimate medical need for it and/or the medication was a legitimate treatment option;

6.2.In circumstances where you knew and/or ought to have known that there was a risk of the medication being misused or abused by the patient.

7. On one or more occasion, supplied medicines and/or other retail items to customers at a discount or free-of-charge without your employer's permission.

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

Documentation

Exhibit 1- GPhC hearing bundle 251 pages

Exhibit 2- GPhC skeleton argument 9 June 2025 13 pages

Exhibit 3- Registrant's bundle 64 pages

Witnesses

In light of the admissions made by the Registrant to each of the particulars of Allegation, the Council called no witnesses at stage one. Nevertheless, the Committee records that it read the statements of the following two witnesses contained in the Councils bundle.

1, MR H -Store Operations Support Specialist

2, RB Case Officer at the General Pharmaceutical Council

The Registrant gave evidence at the second (misconduct and impairment) stage.

Introduction

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

2. The hearing is governed by *The Pharmacy Order 2010* ("the Order") and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ("the Rules").

3. The statutory overarching objectives for these regulatory proceedings are:

    a. To protect, promote and maintain the health, safety and well-being of the public;

    b. To promote and maintain public confidence in the professions regulated by the Council; and

    c. To promote and maintain proper professional standards and conduct for members of those professions.

4. The Committee also has regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and outcomes guidance* as revised March 2024

5. A Principal Hearing has up to three stages:

Stage 1. Findings of Fact – the Committee determines any disputed facts.

Stage 2. Findings of ground(s) of impairment and impairment – the Committee determines whether, on the facts as proved, a statutory ground for impairment is established and, if so, whether the Registrant's fitness to practise is currently impaired.

Stage 3. Sanction – the Committee considers what, if any, sanction should be applied if the Registrant's fitness to practise is found to be impaired.

Application for the hearing to be held in Private Application for part of the hearing to be held in private

1. The Committee heard an application from Ms Sevdan under Rule 39(3) to hold parts of the hearing in private.

2. Ms Sevdan took the Committee to a number of passages in in two documents provided by the Registrant, which dealt with matters relating to his health. She submitted that those parts of the hearing relating to the Registrant's alleged misconduct must be heard in public, but submitted that the parts of the evidence relating to his health should be heard in private.

3. Mr Patel supported that application.

4. The Committee had regard to Rule 39 of the Rules which provides that:

39. (1) Except as provided for in this rule, hearings of the Committee must be held in public.

(2) Any hearing before the Committee relating to a health Allegation, or an interim order hearing before the Committee, must be held in private, unless the Committee is satisfied that the public interest in holding the hearing in

public outweighs the interest of the Registrant concerned or the third party in maintaining their privacy.

(3) A hearing before the Committee other than a hearing referred to in paragraph (2) may be held wholly or partly in private if the Committee;

(a) having given the parties (where present) and any third-party, from whom the Committee considers it appropriate to hear, an opportunity to make representations; and

(b) is satisfied that the interest of the person concerned or the third party in maintaining their privacy outweighs the public interest in holding the hearing, or the part of the hearing, in public.

5. The Committee reminded itself that a hearing relating to misconduct should as far as possible be held in public. However, it was right that matters relating to health and/or personal family matters should be heard in private where a Registrant's right to privacy outweighed the public interest in holding the whole hearing in public.

6. The Committee decided that in this case the balance was correctly struck by hearing evidence relating to the alleged misconduct in public but hearing evidence and submissions relating to the Registrant's health in private.

Application to admit further evidence

7. Before the Allegation was read to the Registrant, Ms Sevdan told the Committee that the Registrant had a number of documents which he believed had been put before the Committee because they had been disclosed to the Council and discussed.

8. Ms Sevdan indicated that she had no objection to those documents being put before the Committee at this late stage and indicated that she would prepare a paginated bundle and index it so that the Committee could understand the documents. The Committee was grateful to Ms Sevdan for her fair approach and assistance to the Committee.

9. The Committee reminded itself of rule 18(5) which provides that documents can only be provided late in "exceptional circumstances". The Committee was satisfied that the misunderstanding between the Council and an unrepresented Registrant about what would be before the Committee was an exceptional situation and the interest of justice required that these documents be put before the Committee.

Registrant's response to Particulars of Allegation

6. The Registrant admitted all particulars of the Allegation.

7. In the light of the above, and by the application of Rule 31(6) of the Rules, all the factual particulars were announced to be admitted and found proved.

8. The Committee went on to consider whether the Registrant's fitness to practise is currently impaired which is a matter for the Committee's judgement.

Background

9. The registrant is a registered pharmacist who qualified in 1996. From 2014 or 15, until April 2023, he was the manager and responsible pharmacist at a branch of Boots Chemist in Huddersfield, North Yorkshire (the Pharmacy).

10. In 2023, Boots computer records indicated that there was a discrepancy between the amount of codeine ordered and the quantities either supplied or retained in stock. That discrepancy was initially identified as 4,300 tablets.

11. An investigation was carried out by Mr H, a Boots Store Operations Support Specialist. He collated the records and interviewed the Registrant and other staff at the Pharmacy.

12. In the course of his investigation, Mr H discovered that the Registrant had entered the Pharmacy outside business hours (often at weekends or on bank holidays) and altered the stock records (on a system known as Columbus) to show that the other members of staff had wiped off the medication that was not accounted for. The records showed that the Registrant had done this on 14 occasions in respect of 2,430 tablets of Codeine.

13. Members of staff were interviewed, apparently on an anonymous basis, and denied that they had altered the records regarding the dispensing of codeine or that they had dispensed the quantities in question. They also indicated to the investigation that there were occasions when the Registrant sold excessive quantities of Co-Codamol to a patient and in respect of other patients sold goods more cheaply to them, using his staff discount card.

14. The Registrant was interviewed by Mr H on 31 March 2023 and 13 April 2023. After some initial prevarication to the effect that he could not remember, the Registrant, on 13 April 2023, made a number of admissions:

a. That he had taken codeine from the Pharmacy PRIVATE

b. He acknowledged taking codeine from the pharmacy on many occasions. PRIVATE

c. PRIVATE

d. He admitted altering stock records after work hours and days when the pharmacy was closed.

e. He admitted supplying additional tablets of Co-Codomol to a patient who requested more than the quantities recommended by her doctor. He acknowledged knowing that she was addicted. He said he did this to prevent her from going to other pharmacies in a way that would only increase the amount she took.

f. He described how he supplied the patient with four packs on occasions by putting them through the till as two separate transactions because two packs were the most he could sell at one time.

g. With regard to the use of his staff discount card, he admitted using it to supply some goods including dressings to customers who had difficulty paying.

15. The Registrant also attended a formal disciplinary hearing on 13 April 2023 and said the following:

a. He confirmed his admissions to the matter sent out above.

b. PRIVATE

c. He repeated his admission that he had used colleagues' initials on the Columbus stock recording system. He said he really didn't know why he had done that.

d. With regard to the use of his discount card, he said that he recalled it was used on one occasion for a patient who could not afford items. He described it as a charitable act. He acknowledged that there may have been two or three other people to whom he made "gifts" in that way.

e. With regard to the sale of Co-Codamol to a patient. He said that he had spoken to a doctor when he realised the patient was buying medication from a number of pharmacies and he had tried to help her to reduce her consumption.

Enquiries before the Committee dealt with Stage 2

16. Before turning to the second stage, the Committee conducted an inquiry of Ms Sevdan to ensure that the matters admitted properly reflected the alleged misconduct in this case.

17. First, the Committee enquired whether it was right that the Registrant was charged with taking between 10 and 15 packs, an amount between a few hundred and 1500 tablets while the enquiry by Mr H indicated stock discrepancies between 2000 and 4000 tablets.

18. Ms Sevdan reviewed the evidence, took instructions and discussed the position with the Registrant.

19. She confirmed that, with regard to Particular 1, the Council was satisfied that it was right to proceed on the basis of the Registrant's admissions to taking 10 to 15 packets, in light of all the documentation taken together. The Council's case was that the taking of the medication was a regular occurrence over a period of approximately 9 months.

20. With regard to the altering of the stock records, (Particular 3) the Council accepted that the Registrant had not admitted in detail each of the 14 occasions that the Council's evidence indicated he had altered the records but was satisfied that his

admission to particular 3 encompassed at least approximately that number of occasions.

21. With regard to the supply of Co-Codamol to a patient, in excess of her medical needs, (Particular 6) she was satisfied that the Registrant acknowledged doing this on many, although not every Saturday, until he left the Pharmacy. She had ascertained that the Registrant admitted the supply of sometimes two or three boxes on each occasion and sometimes four.

22. Ms Sevdan acknowledged that there was no documentary evidence in support of Particular 6 and was content that the Registrant's position reflected what the Council could prove.

23. The Registrant acknowledged that his admissions were made on this basis.

24. In light of these matters, the Committee was satisfied that it had sufficient material to protect the public and proceeded to stage two.

MISCONDUCT AND IMPAIRMENT

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

Evidence and documents from the Registrant

26. The Committee heard evidence from the Registrant.

27. The Committee records, for the sake of completeness, that Ms Sevdan made part of her submissions before the Registrant gave evidence in order to make good use of time and in fairness to an unrepresented Registrant, so that he could understand how the Council put the case against him.

28. The Committee were grateful to Ms Sevdan for this and will deal with her submissions in one place at the end of the evidence.

29. Before hearing the Registrants evidence from the Registrant, the Committee re-read the bundle of documents he had supplied and sets out its summary of those documents before his evidence so that his evidence could be seen against the background of those documents.

30. The bundle of documents comprised the following:

a. A large number of reviews and feedback from customers demonstrating their gratitude for the Registrant's work and care for the patients at the Pharmacy before during and after the pandemic.

b. An article in the Yorkshire post in February 2021 hailing the Registrant as "a hero" who helped save the lives of two people in a matter of months during the pandemic. The report highlighted an incident during the pandemic when the Registrant identified a patient with the symptoms of meningitis and telephoned the hospital to ensure that she was admitted to hospital immediately. On another occasion he received a phone call from a woman who had taken an overdose of medication apparently to end her life but then changed her mind. It is recorded that he spoke to her for 20 minutes, establishing what it happened and finding out where she lived so the paramedics could attend.

c. This report indicates that he was shortlisted in the "frontline hero store manager" category of the Retail Week Awards in June 2021 and invited to the World Retail Congress in Italy.

d. PRIVATE

e. PRIVATE

f. PRIVATE

g. PRIVATE

h. PRIVATE

i. PRIVATE

j. PRIVATE

31. The Registrant gave evidence at the misconduct/impairment stage. He told the Committee that he had qualified in 1996 and joined Boots in 1997. There had been a gap in his work in 2000. PRIVATE.

32. In 2014 or 15 he joined the Pharmacy and became the responsible pharmacist manager when he joined. He told the Committee that he had maintained good relations with his staff and the public and other professionals since he joined. He referred to the good reviews of which he was proud and which the Committee has summarised above.

33. PRIVATE.

34. PRIVATE.

35. With regard to altering the stock records to show that other members of staff had dispensed the codeine that he had taken, he acknowledged fully that this was wrong and would've had a serious negative impact on his colleagues. He acknowledged the evidence was that it had been done to cover up what he had taken, although he said that he could not himself remember why he had used other people's initials and insisted that he did not intend to get them into trouble. He reminded the Committee that he had not tried to blame his colleagues at any time during the investigation.

36. He described his alteration of the stock records as "spontaneous" but acknowledged that he had done it on many occasions. He told the Committee that he understood that his colleagues would have been shocked, devastated and distraught because of what he had done. He said he was truly apologetic to them.

37. In answer to questions he said that he was not trying to avoid responsibility and he did not lack insight into how serious his conduct was, which he described as gross misconduct. He said he knows it looks as if he was trying to conceal what he had done but at the time he was not "thinking ahead" and as he "stood there" his only answer was "I just don't know why".

38. In answer to further questions, the Registrant accepted that on at least one of the numerous occasions he had been in the Pharmacy after hours and on days the pharmacy was closed, when he altered stock records, he had not signed in as a Responsible Pharmacist when present in the premises, as he would be obliged to do if carrying out his duties as Responsible Pharmacist.

39. With regard to the over supply of Co-Codamol to a patient who he knew was addicted he explained that he had supplied her on many but not all Saturdays. He had not supplied four packets every Saturday, it was mostly two or sometimes three packets.

40. He explained that the patient was someone who was a long-term user of the drug and he found that she was attending many pharmacies to get additional medication. He told the Committee of his efforts to prevent this by speaking to other pharmacies and her doctor's surgery. He also instructed other members of staff not to sell Co-Codamol to her. He told the Committee of many occasions when he refused to supply her with additional Co-Codamol, and he tried to persuade her to go to an addiction clinic to limit her use, and she refused.

41. He told the Committee that he intended to help the patient by ensuring that she did not go to many other pharmacies and in this way he would help her reduce her consumption. He said that he understood now that this was completely the wrong way to go about it and he should have simply refused to supply. More than was prescribed to her.

42. With regard to the use of his staff discount card to supply items to customers at a discount rate or free of charge he said that this had occurred on a single occasion when a young mother had been unable to afford items including milk nappies and wipes for her baby. He said he had purchased them himself using his card and given them to her as a gift.

43. Turning to the present position, the Registrant told the Committee that he realised that what he had done was wrong and he could not change the past. However, he had taken steps to ensure that he was not in that position again PRIVATE.

44. He acknowledged that what he had done was hard to remedy and said that in the future he could only show that he had changed by demonstrating it and doing "a good job". He expressed his shame and remorse on a number of occasions. He had apologised to his former employer directly and his former colleagues on public record through the hearing.

45. He told the Committee that in the two years since he had left Boots he had not worked and PRIVATE. He said that he had learnt a hard lesson and would do things differently if allowed to practise in the future.

46. He told the Committee that if he were allowed to return to work, he would work as a locum so that he had no other responsibilities and could simply concentrate on his work. He had also considered remote working again to limit pressure.

Submissions

47. Ms Sevdan addressed the Committee on the law and guidance relevant to the questions of misconduct and impairment. There was no dispute about the law and guidance that is relevant to the Committee's decision and the Committee has set it out in its approach below.

48. She reminded the Committee that this stage is itself a two-stage process, in which the Committee must decide first whether what has been proved amounts to serious misconduct and if so, whether the Registrant's fitness to practise is currently impaired.

49. She submitted that the matters admitted and found proved all amount to serious misconduct. He submitted that the Registrant had breached the following provisions of the Council's Standards for Pharmacy Professionals (May 2017). (the Council's Standards)

Standard 2, Pharmacy professionals must work in partnership with others;

Standard 5, Pharmacy professionals must use their professional judgement

Standard 6 Pharmacy professionals must behave in a professional manner

50. Ms Sevdan submitted that the Registrant was in breach of standard 2 by using colleagues initials to “manipulate Pharmacy records” in circumstances where he not only attempted to conceal his own conduct but also implicated members of his team.

51. Ms Sevdan submitted that the Registrant was in breach of standard 5 when he supplied excessive quantities of Co-Codamol to a patient because he failed to exercise the clinical and ethical judgement required of a pharmacy professional. She submitted that whatever his good intentions may have been, the Registrant’s actions facilitated and perpetuated a patient’s addiction.

52. Ms Sevdan submitted that the Registrant was in breach of standard 6 because he had failed to act with trustworthiness honesty and integrity in respect of the matters that he had admitted, including taking medication, accessing premises out of working hours, altering records and betraying the trust of his colleagues by implicating them.

53. Ms Sevdan submitted that the matters proved each amounted to serious misconduct because they not only amounted to a breach of the Standards but also either amounted to serious and prolonged dishonesty, breached the trust of both the Registrant’s employers and colleagues, or put patients at risk of serious harm.

54. Ms Sevdan further submitted that that the Registrant’s fitness to practise is currently impaired both because there remained a risk that the Registrant would repeat misconduct and because a finding of impairment was necessary to promote and maintain public confidence in the profession and promote and maintain standards of conduct.

55. Ms Sevdan reminded the Committee the Registrant’s evidence about altering the stock records was not always consistent with his admission that he had done so to conceal his removal of the medication and showed that his insight was not yet complete. She also submitted that there was no evidence of remediation carried out by the Registrant.

56. The Registrant submitted that he had not changed his position with regard to paragraph 5.3 and he understood what he had done was totally wrong and that he

was “guilty of an attempt to conceal”. He acknowledged also that his alteration of stock records was repeated.

57. He’s submitted that the Committee should bear in mind that he had been a pharmacist since 1996, and these matters were the only matters that had given rise to scrutiny. PRIVATE it was his evidence that he really understood what he had done wrong and wanted an opportunity to show that it would never happen again.

58. He reminded the Committee that PRIVATE he would never act again so that his integrity was in question.

59. He reminded the Committee of the reviews by patients and the other documents he had supplied and submitted that these showed he was not a bad pharmacist, and he can learn. He submitted that he had learned from this process so that he would never do it again.

60. He told the Committee that he had so much regret and remorse but needed an opportunity to work to prove himself again and show that he could be a good pharmacist PRIVATE.

Advice of the Clinical Adviser

61. Dr Muthukrishnan assisted the Committee with advice about the nature of Co-Codamol. He told the Committee that it was an addictive drug (in contrast to a painkiller such as paracetamol) and its administration must be carefully monitored because taking the drug can lead to tolerance so that the patient needs to take more and more in order to achieve relief from pain and can then become dependent upon it.

Advice of the Legally Qualified Chair

62. The legally qualified chair summarised the position with regard to the law on misconduct and impairment and the Committee has adopted this approach in its decision set out below.

The Committee's approach to misconduct

63. The Committee reminded itself that this stage of the proceedings is itself a two stage process. The Committee must first decide whether the matters admitted and found proved amount to serious misconduct and if it concludes that they do, it must go on to consider whether the Registrant's fitness to practise is currently impaired.

64. Turning to the question of misconduct the Committee reminded itself of the case of **Roylance v GMC (No.2)** [2000] 1 AC 311, para 38 in which the court stated that 'misconduct' was:

"a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed…in the particular circumstances…And such falling short must be serious."

65. In deciding whether misconduct is serious, the Committee followed the approach set out in **Solicitors Regulation Authority v. Day and others** [2018] EWHC 2726 (Admin) which gave the following guidance to Committees: "*We do not, we emphasise, say that there is a set standard of seriousness or culpability for the purposes of assessing breaches of the core principles in tribunal proceedings. It is a question of fact and degree in each case. Whether the default in question is sufficiently serious and culpable thus will depend on the particular core principle in issue and on the evaluation of the circumstances of the particular case as applied to that principle."*

66. The Committee also had regard to the provisions of the Council's Standards as set out in the Committee's decision.

The Committee's approach to impairment

67. Turning to the question of impairment, the Committee reminded itself that impairment is a matter for its own professional judgement. It is not bound to accept

the submissions of the parties, even if they are agreed, and must decide the issue of impairment for itself.

68. The Committee bore in mind that a finding of impairment is separate from the finding of misconduct and that a finding of misconduct does not automatically mean that the practitioner's fitness to practise is impaired.

69. The Committee reminded itself that it must decide current impairment and that is a significant consideration when nearly 3 years have elapsed since the Registrant's misconduct, there has been no repetition and there is evidence that he has developed insight and taken steps to remediate.

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

71. The Committee had regard to Paragraph 2.11 of the Guidance which provides that:

> *"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 your various standards, guidance and advice."*

72. The Committee also had regard to Rule 5(2) of the rules which provides:

"(2) In relation to evidence about the conduct or behaviour of the Registrant which might cast doubt on whether the requirements as to fitness to practise are met in relation to the Registrant, the Committee must have regard to whether or not that conduct or behaviour –

(a) presents an actual or potential risk to patients or to the public;

(b) has brought, or might bring, the profession of pharmacy into disrepute;

(c) has breached one of the fundamental principles of the profession of pharmacy; or

(d) shows that the integrity of the Registrant can no longer be relied on."

73. The Committee had regard to paragraph 2.15 of the Guidance which provides that the Committee should consider whether:

• the conduct which led to the complaint is able to be addressed

• the conduct which led to the complaint has been addressed

• the conduct which led to the complaint is likely to be repeated

• a finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession.

74. The Committee also had regard to the following passages in the judgment of Cox J in the case of **High Court in *CHRE v NMC and P Grant [2011] EWHC 927 (Admin)***: *"Do our findings of fact in respect of the (Registrant's) misconduct, deficient professional performance, adverse health, conviction, caution or determination show that his/her fitness to practise is impaired in the sense that s/he:*

a) has in the past acted and/or is liable in the future to act so as to put a patient or patients at unwarranted risk of harm; and/or

b) has in the past brought and/or is liable in the future to bring the …..profession into disrepute; and/or

c) has in the past breached and/or is liable in the future to breach one of the fundamental tenets of the medical profession; and/or

d) has in the past acted dishonestly and/or is liable to act dishonestly in the future."

e) It examined the risk that the misconduct found would be repeated and reminded itself of the observations of Silber J in **Cohen v GMC [2008] EWHC 581 (Admin):**

"There must always be situations in which a Committee can properly conclude that the act of misconduct was an isolated

error on the part of a medical practitioner and that the chance of it being repeated in the future is so remote that his or her fitness to practice has not been impaired. Indeed, the Rules have been drafted on the basis that once the Committee has found misconduct, it has to consider as a separate and discreet exercise whether the practitioner's fitness to practice has been impaired."

75. The Committee also had regard to the following guidance from the same case:

> "*Any approach to the issue of whether a doctor's fitness to practise should be regarded as 'impaired' must take account of 'the need to protect the individual patient, and the collective need to maintain confidence [in the] profession as well as declaring and upholding proper standards of conduct and behaviour of the public in their doctors and that public interest includes amongst other things the protection of patients, maintenance of public confidence in the (profession)'*

76. The Committee reminded itself that the importance of considering the wider public interest in promoting and maintaining confidence in the profession and maintaining standard of conduct was approved in the Grant case (above) and repeated in a number of subsequent cases.

The Committee's decision on misconduct

77. The Committee first examined Particulars 1, to 5 of the Allegation. The Committee was satisfied that they did represent a breach of standards 2 and 6 for the reasons sent out by Ms Sevdan

78. The Committee was satisfied that they, each and together, represented a prolonged course of dishonesty in breach of the trust placed in the Registrant by his employer and his colleagues.

79. For those reasons the Committee was satisfied that they do amount to misconduct that is serious.

80. PRIVATE

81. PRIVATE

82. The Committee found that Particular 6 fell into a different category of conduct because there was no allegation of dishonesty and there are good reasons to accept that the Registrant acted with good intentions.

83. Nevertheless, the Committee was satisfied that the Registrant's actions at the very least risked facilitating and perpetuating a patient's addiction rather than acting properly to help reduce her consumption. The Committee was satisfied that he was blameworthy in this conduct in particular because he was sufficiently experienced to know that what he was doing was wrong.

84. In those circumstances, the Committee was satisfied that the Registrant showed such poor judgement that he was in breach of standard 5.

85. Taking those matters together, the Committee was satisfied that particular 6 amounted to misconduct that was serious.

86. The Committee considered particular 7 and was not satisfied that this amounted to misconduct that was serious. In particular there is no evidence of gain by the Registrant.

The Committee's decision on impairment.

87. Turning to the question of impairment, the Committee examined each of the questions set out in Rule 5(2) and the case of **Grant**, set out above.

88. The Committee reminded itself that the questions largely over-lap although there are some differences. Nevertheless, taken together with the Guidance, referred to above, both make it clear that the Committee must consider the misconduct found proved and the risk, if any of repetition.

89. The first question in Rule 5 (2) is on its face directed only at the present and future. The first question in **Grant** invite Committees to look at both the past and present when looking at risks to patients.

90. The Committee has drawn attention to this because it has already found that the Registrant actions, admitted at Particular 6, did put a vulnerable patient at risk of further addiction by supplying her with Co-Codomol.

91. As far as the likelihood of the Registrant putting patients, at risk in the future, the Committee had regard to the Registrant's reflections on what he had done and concluded that he had sufficient understanding of what he had done wrong, how he had been misled by his own belief that he could resolve the patient's problems and his understanding of what he should do in the future. The Committee also accepted the Registrant's evidence that he had "learnt a painful lesson" that this conduct did not help anyone and could end his career.

92. For these reasons the Committee did not find that the Registrant presents a risk of putting patients at risk in the future.

93. Nevertheless, the Committee then considered the question of whether there remained an actual or potential risk that the Registrant would present a risk to the public in the broader sense, including employers and colleagues.

94. The Committee carefully balanced the evidence of the Registrant's previous exemplary conduct and reputation over many years against the significant period of time over which he was persistently dishonest, not only in taking medication but altering stock records. PRIVATE Nevertheless, it is not satisfied that he has developed sufficient understanding of why he acted as he did, in particular with regard to the alteration of records, and has not yet been able to demonstrate that he can act honestly when he feels that his own career is threatened.

95. For those reasons the Committee is satisfied that the Registrant presents an actual potential risk in the future to the public in the broad sense.

96. Looking at the Registrant's misconduct, the Committee is satisfied that there is effectively no question that his actions in being persistently dishonest and supplying medication inappropriately, has brought the profession into disrepute. With regard to

matters of dishonesty, it has already found that it is not satisfied that it is possible to conclude that he might not do so in the future.

97. Taking the dishonesty matters and the supply of medication together the Committee is satisfied that the Registrant has breached fundamental tenets of the profession including the requirement to act honestly and exercise judgement in the best interests of patients.

98. For the reason sat out above, the Committee is not satisfied that there is no longer a significant risk that he will do so in the future, with regard to matters of dishonesty.

99. Turning to the last question in rule 5(2), the Committee notes that Ms Sevdan dealt with this question, with admirable caution. The Committee has considered this question with the simpler question set out in Grant mainly whether the Registrant has acted dishonestly and/ or is liable to do so in the future.

100. The Committee has already recorded that the Registrant has admitted dishonesty in the past and that it is not satisfied that he has had sufficient opportunity to demonstrate that he will no longer do this in the future if under the pressure he felt under in the past.

101. For those reasons the Committee has found that the risk of the Registrant behaving dishonestly in the future has been reduced. Nevertheless a risk remains and the consequences of further misconduct are potentially serious.

102. The Committee also reminded itself that when considering the issue of impairment, it must have regard to the wider public interest of maintaining public confidence in the profession and upholding standards of conduct.

103. The Committee reminded itself of the seriousness of the Registrants misconduct and the effect upon public confidence in the profession, in particular because of the senior position he held as manager and Responsible Pharmacist. This finding relates both to his persistent dishonesty and the inappropriate supply of an addictive drug.

104. For these reasons, the Committee was satisfied that a finding of impairment was necessary in the wider public interest to demonstrate that the misconduct in this case is unacceptable to the profession.

105. Accordingly, the Committee finds that the Registrant's fitness to practise is impaired both because of the need to protect the public in the future and also because of the need to promote and maintain public confidence in the profession and proper professional standards of conduct.

Decision on Outcome

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

Submissions

107. The Committee first heard submissions from Ms Sevdan who drew the Committee's attention to the general principles set out above and reminded the Committee of the key factors set out in paragraph 5.2 of the Guidance regarding the matters the Committee should consider:

• the extent to which the professional has breached the standards as published by the GPhC

• the interests of the professional, weighed against the public interest

• the overall objectives of the GPhC

• the personal circumstances of the professional and any mitigation they have offered or which the committee has identified in its findings

• that the decision is sufficient to protect the public

• any testimonials and character references given in support of the professional

• any relevant factors that may aggravate the professional's conduct in the case

• any statement of views provided to the committee by a patient or anyone else affected by the conduct of the professional

• any submissions made to the committee by the GPhC's representative, the professional or their representative

• the contents of the Guidance

108. Ms Sevdan submitted that the following were aggravating factors in this case:

the Registrant was employed as both a Responsible Pharmacist and a manager at the time of the allegations; thus, was in a position of seniority;

• the Registrant's actions in relation to allegations 1 and 3 were repeated and dishonest;

• in relation to allegation 3, the Registrant implicated his staff members in his conduct in circumstances where he was their manager; and

• in relation to allegation 6, the Registrant's actions caused actual or potential harm to a vulnerable patient.

109. Ms Sevdan also identified the following mitigating factors:

a. The Registrant's exemplary record over 25 Years, evidenced by testimonials and newspaper articles which show the Registrant was well regarded by colleagues, patients and the public.

b. PRIVATE

c. With regard to the supply of Co-Codamol in Particular 6, the Registrant's good intentions

d. The Registrant's admissions to both his employer and to the Council and the Committee.

110. Ms Sevdan submitted that the appropriate outcome was suspension PRIVATE

111. After Ms Sevdan made her submissions the Committee adjourned to hear submissions from the Registrant and decide outcome. The outcome hearing was adjourned on two occasions. PRIVATE

112. The committee resumed the hearing on 16 September 2025.

113. The Registrant put before the committee a statement in mitigation, PRIVATE

114. In his written and oral submissions, the Registrant reminded the committee of the many awards he had received and to which the committee has referred above. He reminded the committee that he was Boots pharmacist of the year on two occasions and along with a number of other prestigious awards he was invited to Buckingham Palace for the garden party celebrating his contribution to the community in 2024.

115. PRIVATE

116. He invited the committee to accept that he had learnt his lesson and would never be guilty of misconduct again. PRIVATE He told the committee that for some 10 months he had felt ready to return to work. He planned to work only as a locum so that he could work part time and be free of the responsibilities of running a pharmacy PRIVATE

117. He acknowledged that he had being guilty of very serious misconduct. He submitted that the committee could accept that he would never be guilty of misconduct again and should impose an outcome that gave him an opportunity to show that.

118. The committee heard the advice of the legally qualified chair which is accepted and followed in its approach set out below.

The Committee's approach

119. The Committee bore in mind the following matters set out below.

120. Outcome is a matter entirely for its own judgment and it is not bound by the submissions or agreement of the parties.

121. The Committee's powers are set out in Article 54(2) of the Order. The Committee should consider the available outcomes in ascending order from least restrictive, take

no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate outcome that meets the circumstances of the case.

122. The Committee must take into account the Council's '*Good decision making: Fitness to practise hearings and outcomes guidance', revised in 2024* (the Guidance), including the matters set out in in paragraph 5.2 (set out above)

123. The purpose of the outcome is not to be punitive, though an outcome may in fact have a punitive effect. The purpose of the outcome is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.

124. Any outcome imposed must be proportionate, that is to say it must balance the need to protect the public against the rights of a Registrant to practise his profession and be no more restrictive than is necessary to protect the public and the wider public interest.

125. The Committee had regard to paragraph 5.7 of the 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:

i. protecting the public

ii. maintaining public confidence in the profession

iii. maintaining proper standards of behaviour

126. The Committee had regard to the decision of the High Court *in Bolton v Law Society* [1994] 2 All ER 486 at paragraph 14:

"It often happens that a solicitor appearing before the tribunal can adduce a wealth of glowing tributes…He can often show…the consequences of striking off or suspension would be little short of tragic. Often he will say convincingly that he has learned his lesson and will not offend again…But none of them touches the essential

issue, which is the need to maintain among members of the public a well-founded confidence that any solicitor who they instruct will be a person of unquestionable integrity, probity and trustworthiness.

The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is part of the price."

127. The Committee should first identify the aggravating and mitigating factors. It will not merely list them but balance them to arrive at a view of the seriousness of the misconduct and the impairment of the Registrants' fitness to practise.

128. It should state its conclusions with regard to the current need, if any, to protect the public from repetition and what if any sanction is required in the wider public interest.

129. The Committee should consider each sanction in term and have regard to the guidance given in the tables under paragraph 4.3 (conditions and suspension at page 23 and removal at page 24 and the particular guidance given in relation to dishonesty at 6.8 to 6.10 which the Committee sets out here in full for ease of reference:

6.8 Regulators ensure that public confidence in a profession is maintained. This is a long established principle and our standards state that professionals should act with honesty and integrity to maintain public trust and confidence in the profession. There are some acts which, while not presenting a direct risk to the public, are so serious they undermine confidence in the profession as a whole. The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacy professionals. However, cases involving dishonesty can be complicated – committees should carefully consider the context and circumstances in which the dishonesty took place. Therefore, although serious, there is not a presumption of removal in all cases involving dishonesty.

6.9 Some acts of dishonesty are so serious that the committee should consider removal as the only proportionate and appropriate outcome. This includes cases that

involve intentionally defrauding the NHS or an employer, falsifying patient records, or dishonesty in clinical drug trials.

6.10 When deciding on the appropriate outcome in a case involving dishonesty, the committee should balance all the relevant issues, including any aggravating and mitigating factors. It is important to understand the context in which the dishonest act took place and make a decision considering the key factors. The committee should then put proper emphasis on the effect a finding of dishonesty has on public confidence in the profession".

130. In light of the decisions of the High Court **Ahmedsowida v** GMC 2025 EWHC 823, the committee could only take into account the period of the Registrant's interim suspension if imposing a suspension solely in order to mark the gravity of the misconduct but not if the outcome was also imposed to give the Registrant further time to rehabilitate.

The Committee's decision

131. The Committee first identified the aggravating and mitigating factors.

132. The Committee identified the following aggravating factors:

a. the Registrant was employed as both a Responsible Pharmacist and a manager at the time of the allegations; thus, was in a position of seniority;

b. the Registrant's actions in relation to allegations 1 and 3 were repeated and dishonest;

c. in relation to allegation 3, the Registrant implicated his staff members in his conduct in circumstances where he was their manager; and

d. in relation to allegation 6, the Registrant's actions caused actual or potential harm to a vulnerable patient.

133. The Committee identified the following mitigating factors

a. The Registrant's exemplary record over 25 Years, evidenced by testimonials and news paper articles and national awards which show the Registrant was well regarded by colleagues, patients and the public.

b. PRIVATE

c. With regard to the supply of Co-Codamol in Particular 6, the Registrant's good intentions;

d. The Registrant's admissions to both his employer and to the Committee, after initial denials to his employer.

134. The Committee balanced the aggravating and mitigating factors. The Committee found that the mitigating factors were very powerful in this case. Nevertheless, the committee found that the Registrant's misconduct was very serious and concluded that, despite the powerful mitigation a severe outcome was likely to be necessary in this case.

135. The committee reached this decision for two reasons:

a. The Registrant's misconduct included persistent dishonesty which breached not only the trust of his employers but the staff who worked with him;

b. The Registrant's misconduct was wide ranging and also included putting a vulnerable patient at risk by means of his inappropriate sale of Co-Codamol.

136. Before turning to the individual sanctions available, the committee reminded itself that it made findings at the impairment stage regarding the Registrant's insight and remediation and the risk that he would repeat dishonest conduct if under pressure once again.

137. The Committee observed that there is no further material before it to change its view or further reassure it about these matters despite, personal mitigation it had heard.

138. In light of those findings, the Committee considered each of the available outcomes in turn.

139. The Committee first considered taking no action. The Committee was satisfied that taking no action would be inconsistent with its findings and the identified need to

protect the public and maintain confidence in the profession and uphold standards of conduct.

140. The Committee then considered whether it should give a warning to the Registrant.

141. The Committee noted the relevant passage at paragraph 4.3 of the Guidance which sets out that a warning may be appropriate when, *"There is a need to demonstrate to a Registrant, and more widely to the profession and the public, that the conduct or behaviour fell below acceptable standards. There is no need to take action to restrict a Registrant's right to practise, there is no continuing risk to patients of the public and when there needs to be a public acknowledgement that the conduct was unacceptable."*

142. The Committee concluded that this would not be a sufficient outcome to protect the public, because it would not restrict the Registrant's practice and would be insufficient to maintain public confidence in the profession in light of the serious misconduct the Committee has found proved.

143. The Committee next considered the imposition of conditions of practice.

144. The Committee reminded itself of the paragraph of the Guidance, within paragraph 4.3, which indicates that conditions are most likely to be appropriate where, *"There is evidence of poor performance, or significant shortcomings in a Registrant's practice, but the Committee is satisfied that the Registrant may respond positively to retraining and supervision." There is not a significant risk posed to the public, and it is safe for the professional to return to practice but with restrictions.*

145. Accordingly, the Committee concluded that conditions were not relevant to the concerns in this case, relating to dishonesty. The Committee noted that the Registrant's misconduct was conducted to a significant extent outside working hours when there were no colleagues present, and there were no restrictions which could protect the public in those circumstances. The Committee was also satisfied that conditions would not be sufficient to uphold public confidence in the profession or uphold proper standards of conduct.

146. The Committee next considered whether suspension would be a proportionate outcome. The Committee noted the relevant paragraph of the 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. It may be required when necessary to highlight to the profession and to the public that the conduct of the Registrant is unacceptable and unbefitting a member of the pharmacy profession. Also, when public confidence in the profession demands no lesser outcome."*

147. The Committee reminded itself that the Guidance identifies dishonesty as something that can undermine public confidence in the profession.

148. Having reminded itself of all the matters set out above, the Committee was satisfied that the risk that the Registrant presented to the public and the wider public interest in maintaining public confidence in the profession, was sufficiently serious for the Committee to impose suspension.

149. The Committee concluded that a period of suspension would be sufficient to protect the public whilst it was in force. Nevertheless, the committee examined this case carefully to decide whether suspension was sufficient to not only protect the public but also maintain public confidence in the profession and uphold standards of conduct for the profession.

150. The Committee therefore considered the relevant paragraph at 4.3 of the Guidance: *Removing a professional's registration is reserved for the most serious conduct. The Committee cannot choose this outcome in cases which relate solely to the professional's health. The Committee should consider this outcome when the professional's behaviour is fundamentally incompatible with being a registered professional.*

151. The committee also reminded itself. Paragraph 6.9 of the Guidance which provided that cases that involve intentionally defrauding an employer are so serious that a committee should consider removal. It also reminded itself of the provisions in

paragraph 6.10 that the committee should balance all the relevant issues and have regard to the "context in which the dishonest act took place."

152. The committee was satisfied that the misconduct in this case, including repeated dishonesty and implicating colleagues was capable of amounting to conduct that was incompatible with continued registration.

153. Nevertheless, the committee reminded itself of the following matters that it had already found:

a. The Registrant had a genuinely distinguished career before his misconduct in this case. The committee does not find that this in any way excuses the Registrant's conduct, but it does demonstrate, in the committee's view, that it was genuinely out of character.

b. PRIVATE

c. The Registrant was not motivated by any financial motive;

d. Although the Registrant initially implicated his colleagues, by the way he altered records, he immediately confessed to his misconduct and explained that he and he alone was responsible as soon as it became apparent to him that others might be blamed;

e. The Registrant made full admissions to all matters alleged against him.

154. Taking all these matters together, the Committee concluded that the Registrant's misconduct, in the context in which it occurred, fell just short of being fundamentally incompatible with his continued registration.

155. Accordingly, the committee concluded that suspension was the appropriate and proportionate sanction in this case.

156. The Committee then considered the appropriate length of that suspension. The Committee acknowledged that the Registrant is anxious to return to work as soon as possible. Nevertheless, the committee was satisfied that it must impose suspension for the maximum period of 12 months PRIVATE to mark the seriousness of his misconduct which fell only just short of requiring removal.

157. Accordingly, the Committee directs that the Registrant's registration be suspended for a period of twelve months.

158. The Registrant's suspension will be reviewed shortly before it expires. The Committee does not purport to bind a future reviewing Committee but wishes to assist the Registrant by noting that the Reviewing Committee is likely to be assisted by the following matters:

a. The Registrant's attendance at the review;

b. A written reflection which deals with why the Registrant conducted himself as he did, why it was wrong (including the impact his actions had on fellow professionals and the wider public and their confidence in the profession) what steps he has taken to ensure that he does not repeat his misconduct;

c. PRIVATE

d. Evidence of recent CPD and any other training the Registrant has undertaken to keep his knowledge up to date and to address the concerns in this case (including dispensing practice and ethics) and;

e. Should the Registrant return to work for which he does not require registration, testimonials, including from work colleagues who have knowledge of his work and conduct at work;

159. The documentation referred to above should be submitted at least 24 hours before the review hearing.

Interim measures

160. After the Committee announced its decision on sanction, Mr Thomas made an application for an interim measure to be imposed on the Registrant's registration, pursuant to Article 60 of the Pharmacy Order 2010 (the Order), pending the coming into force of the Committee's substantive order.

161. He reminded the Committee that the sanction it had imposed would not come into force for 28 days at the earliest and, if the Registrant appealed the Committee's decision, the Committee's sanction would not come into force until the appeal had been dealt with.

162. He submitted that, in light of the sanction imposed by the Committee, the interim measures could only be one of immediate suspension.

163. He submitted that interim suspension was necessary to protect the public and in the public interest and drew the Committee's attention to the findings it had already made regarding the risk of repetition.

164. The Registrant made no submissions but indicated he understood the position.

165. The Committee received the advice of the legally qualified chair which it followed in its decision, set out below.

166. The Committee had regard to Article 60 of the order which provides:

"If the Fitness to Practise Committee is satisfied that to do so is necessary for the protection of members of the public or is otherwise in the public interest or in the interests of the Registrant, it may order that the entry of the Registrant who is the subject of the direction in the part or parts of the Register to which the direction relates be suspended forthwith, pending the coming into force of the direction."

167. The Committee also had regard to the following paragraphs of the Guidance:

3.3 A Committee may impose interim measures if it is satisfied that they are needed to protect the public, or are otherwise in the public interest or in the interests of the professional. Any interim measures will take effect immediately and can cover the 28-day 'appeal period'. If the Registrant appeals against the decision, they will stay in force until that appeal is decided.

3.7 Interim measures in the form of a suspension, may be imposed only if the Committee has decided to suspend the professional or remove them from the

register. Interim conditions on the professional's entry in the register may only be imposed if the Committee's decision is to impose conditions.

168. The Committee reminded itself that it had a discretion whether to impose interim measures and could only do so if it was satisfied that, in this case, an interim measure of suspension was necessary to protect members of the public or in the public interest.

169. The Committee reminded itself that it had already found that there was a risk of repetition as well as a need to impose a measure to maintain public confidence in the profession.

170. The Committee found that, in those circumstances, an interim measure was necessary to protect members of the public (including potential colleagues) and also to maintain public confidence in the profession. It was satisfied that an informed member of the public would be shocked if the Registrant could return to unrestricted practice following the Committee's decision, in particular while there was an identified risk of repetition.

171. Accordingly, the tribunal imposes an interim measure of suspension.

172. The period of suspension imposed will cover the 28 days until the direction to suspend the Registrants' name from the Register comes into effect and, if the Registrant appeals, will continue until the appeal is disposed of.

Interim Order

173. The Committee has been told that there is an interim suspension in place, and it revokes that order.