General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote Videolink hearing

Monday 5- Thursday 8 January 2026

Registrant name:	Alexander Philip Clarke
Registration number:	2057216
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Manuela Grayson (Chair) Sulthana Begum (Registrant Member) Fahmina Begum (Lay Member)
Committee Secretary:	Evie Davies (5-7 January 2026) Chloe Butler (8 January 2026)
Registrant:	Present, and unrepresented
General Pharmaceutical Council:	Represented by Tope Adeemi, Counsel
Facts proved by admission:	1, 2
Fitness to practise:	Impaired
Outcome:	Warning to be published for 12 months

Particulars of Allegation

"You, a registered pharmacist,

1. Between June and October 2023, purchased one or more of the following products for

delivery from China without a legal prescription:

a. Semaglutide;

b. Tianeptine;

c. Nitrofurantoin;

d. Amoxicillin;

e. Baclofen

2. In around August 2023, consumed Tianeptine that was not licensed/approved for use in

the United Kingdom without a legal prescription;

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

Documentation

Document 1 – Council's bundle of documents (66 pages)
Document 2- Council's Statement of Case and Skeleton Argument, 22 December 2025 (11 pages)
Document 3- Registrant's Reflective statement (2 pages), admitted in evidence on the first day of the hearing in accordance with Rule 18 of the Rules
Document 4- Supplementary package for Committee: 1 page document entitled "Supplementary Remediation Resources Reviewed (Learning & Reflection)"; plus two testimonials dated 6 January 2026

Witnesses

Witness statements on behalf of the Council were provided by:

- JP, Chief Pharmacist, Nottingham University Hospitals NHS Trust
- LD; Specialist Clinical Pharmacist, Adult Clinical Care, Queens Medical Centre Nottingham University Hospitals NHS Trust
- GC, GPhC Lead Case Officer

The Registrant gave evidence at the 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 had 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/Outcome – the Committee considers what, if any, outcome should be applied if the Registrant's fitness to practise is found to be impaired.

Service of Notice of Hearing

6. The Committee has seen an email letter dated 3 December 2025 from the Council headed 'Notice of Hearing' addressed to the Registrant at his email address as set out on the Register. The Committee was shown evidence demonstrating that the letter was sent to the Registrant's registered postal address by special delivery first class post on 4 December 2025 and also the Registrant's signature confirming delivery on 6 December 2025. The Committee concluded that good service had been effected in accordance with the Rules.

Council's Application for the hearing to be held in Private

7. The Committee heard an application from Ms Adeyemi on behalf of the Council under Rule 39(3) to hold all of the hearing in private in order to protect the privacy of the Registrant and/or members of his family given the context of the matter. The Registrant agreed with this application.

8. The Committee carefully considered this application bearing in mind that hearings should ordinarily be held in public in accordance with the principles of open justice, but that a registrant's right to privacy in relation to matters of health and/or private life must be weighed against this principle.

9. The Committee took into account that this is a misconduct case and was of the view that it would be possible to hear parts of the matter in public and to ensure that private matters would be heard in private.

10. Accordingly the Committee resolved to hold the hearing partly in public, and to hear some parts in private where necessary to protect the Registrant's or his family's private life.

Registrant's Application in relation to hearsay evidence

11. The Registrant drew the Committee's attention to the fact that there was significant evidence within the Council's bundle which though included as background material, related to matters which were not contained within the pleaded Particulars of Allegation. Much of it, he submitted was hearsay or opinion evidence from when he was [REDACTED]. He asked the Committee to approach all such evidence with caution and give it limited weight. Ms Adeyemi submitted that she had no objection to the Committee restricting its findings to the matters set out in the allegations, it was appropriate for the Committee to focus on the matters charged and treat the rest of the information as background information.

12. The Committee confirmed that it would take into account the submissions made and would focus its attention on the evidence relating to the matters charged.

Registrant's response to Particulars of Allegation

13. The Registrant admitted the facts alleged at particulars 1 and 2 of the Allegation.

14. In the light of the above, and by the application of Rule 31(6) of the Rules, the Chair announced that particulars 1 and 2 were found proved by the Committee on the basis of the Registrant's admissions.

15. The Committee then proceeded to hear an outline of the background to the referral and then to consider whether the Registrant's fitness to practise is currently impaired, which is a matter for the Committee's judgement.

Background

16. At the time of the allegations the Registrant was employed as a Commercial Product Operations Manager at Sciensus, a role that did not require him to practise as a pharmacist but relied on his knowledge as a pharmacist.

17. On 11 October 2023 [REDACTED]. It came to light [REDACTED] that he had purchased various drugs from a vendor in China without obtaining legal prescriptions. An investigation was started by the Council after the [REDACTED] reported the concern on 30 October 2023.

18. The Committee was provided with witness statements from two pharmacists who were working at the [REDACTED]. [REDACTED] stated that he became aware on 13 October 2023 that the Registrant had purchased a number of medicines from a website called Longilatbio in China. Within an email to his colleagues dated 13 October 2023 he lists the medication he understood the Registrant to have ordered.

19. [REDACTED]. She too stated that she came to learn that the Registrant had purchased various medications from a website in China. The Committee was provided with [REDACTED].

20. The Registrant admitted having purchased the medications listed at particular 1 both in his response to the Council dated 30 July 2024, and formally at this hearing.

21. In the Registrant's written responses to the allegations dated 30 July 2024, he accepts purchasing Tianeptine without a prescription for use [REDACTED].

22. In an email to the Council dated 24 March 2024, NI, a Clinical Advisor at the GPhC, describes Tianeptine as a drug not approved in the UK. She states that Tianeptine is a prescription only medicine which is not licenced / approved for use in the UK.

Stage 2: The Impairment Stage

23. Having made its determination in relation to the facts, the Committee went on to consider whether the facts found proved by admission at particulars 1-2 amount to misconduct and, if so, whether the Registrant's fitness to practise is currently impaired by reason of his misconduct.

24. "Misconduct" has been termed a "gateway" which may lead to a finding of current impairment. Article 51(1) of the Pharmacy Order 2010 provides that:

> *"A person's fitness to practise is to be regarded as "impaired" for the purposes of this Order only by reason of:*
> *(a) misconduct*
> *[various other grounds…]".*

25. Article 54(1) of the Pharmacy Order 2010 provides:

> *"The Fitness to Practise Committee must determine whether or not the fitness to practise of the person in respect of whom the allegation is made (referred to in this article as "the person concerned") is impaired".*

26. The Council's Good decision making: Fitness to practise Hearings and Outcomes Guidance (March 2024), Paragraph 2.12 states:

> *"2.12 A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist or pharmacy technician safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also keeping to the principles of good practice set out in our various standards, guidance and advice."*

Evidence

The Registrant's evidence

27. The Registrant provided a two -page document entitled: "Gibbs Reflective Cycle: Reflection on Pharmaceutical Raw Material Purchase", in which he summarised his reflections and the learning he has undertaken in relation to this referral. He also provided two positive testimonials dated in 2024, from his workplace: one from his line manager, AR, a registered pharmacist, and another from the Superintendent Pharmacist, GS.

28. At the end of the second day of the hearing, 6 January 2026, after the Committee had retired to deliberate in relation to Stage 2, (current impairment), but before the determination was handed down, the Registrant provided the Committee with a further document entitled "Supplementary Remediation Resources Reviewed (Learning & Reflection); plus two testimonials from the above workplace colleagues, dated 6 January 2026. The Committee accepted these new documents as part of the evidence in relation to the Registrant's insight and remediation, as it considered that doing so satisfied the requirements of relevance and fairness.

29. The Registrant also provided oral evidence to the Committee in relation to insight, remediation and current impairment. The Registrant read a statement he had prepared as evidence-in-chief, and answered questions from Ms Adeyemi and from the Committee.

30. In his reflective statement, the Registrant stated that he purchased the raw materials from China and stated:

"this was a personal venture, motivated by curiosity, and I had no intention of using or distributing the products. The materials remained unopened in a drawer with the exception of one product, which I tentatively used on two brief occasions [REDACTED]. At the time, I did not fully consider the professional and ethical implications of my actions".

31. The Registrant went on to describe his feelings about his conduct and this included that his:

"motivation for purchasing the materials was driven largely by novelty and curiosity. Additionally, I read compelling evidence supporting the [REDACTED].

32. As for insight, the Registrant wrote:

"I have since realised how my actions trivialised stringent regulatory and safety frameworks governing medicinal products and could have put me in danger. The resulting disapproval of fellow pharmacists led me to deeply reflect on how my behaviour appeared to others. Their reaction humbled me, as it became evident that they expected the highest professional standards from me. More broadly, I recognised that the public perceives pharmacist as 'gatekeepers of medicines', and my actions did not align with the responsibilities associated with my profession".

33. The Registrant stated that he had undertaken "self-directed professional development" in 2024, focusing on the role of the Medicines and Healthcare products Regulatory Agency (MHRA). He said this "reinforced the importance of the MHRA's role in safeguarding public health through medicines governance".

34. In oral evidence the Registrant confirmed much of the above and provided further details about his self-directed learning. He admitted to the Committee that what he did was wrong, in "bypassing lawful prescribing and the regulated supply chain". He accepted that "those are safeguards which..pharmacists are expected to follow even in their private life". He told the Committee that in future he "will not obtain prescription only or any other medicines outside lawful channels [REDACTED]. He told the Committee that there has been no repetition since 2023 and the risk of repetition, he said, is "nil". (Later, he submitted that the risk is "low").

35. In relation to his use of tianeptine, he explained that as far as he could recall he used it on two occasions meaning in relation to two episodes of [REDACTED]. As for the other medicines, the Registrant said that he believed his remediation and the safeguards he now has in place address the matter, regardless of his motive. He said his "fascination" with the medicines was not in relation to rarity – he accepted they are common – but in how these compounds can heal or interact with the system …it was "the opportunity to have a little bit of magic in a bottle for a private collection"- he wanted them as "ornaments", not for use.

36. The Committee asked the Registrant some questions to ascertain his understanding of the risks involved in obtaining and keeping prescription only medicines, including those which are injectable eg Semaglutide.

37. The Registrant accepted that he did in fact order the tianeptine intending to use it. He accepted that he knew using the product labelled as tianeptine from China

without knowing its origin, was "a very serious risk… I was very hesitant and tentative..it was a very poor decision".

Submissions

38. Ms Adeyemi, on behalf of the Council, referred the Committee to her skeleton argument and the case law summarised therein. She submitted that the Registrant's conduct was dishonourable, unprofessional and cast a negative light on the profession. He breached standards 5 and 6 of the Council's Standards for Pharmacy professionals (2017). Given his experience and seniority, purchasing and going on to consume a quantity of medicine, fell far short of what would be expected of him and was serious. His conduct fell within the "second limb" of the types of conduct set out in the case of Remedy UK Ltd v General Medical Council [2010] EWHC 1245 (Admin), as *"conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outside the course of professional practice, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession".* It amounted, therefore, to misconduct.

39. In relation to current impairment, (prior to receiving the additional documentation supplied by the Registrant on 6 January 2026), Ms Adeyemi drew attention to inconsistencies in the Registrant's evidence and to the fact that the two testimonials dated from 2024 were not recent; she submitted that that whilst the Registrant had demonstrated some knowledge, and had listed a number of relevant points in relation to MHRA regulations, the breadth appeared limited especially since he had provided no evidence of his knowledge having been tested or discussed in a learning environment, and so did not demonstrate that his learning had been embedded or properly understood. She submitted that the Registrant's conduct engaged Rules 5(2) (a), (b), and (c) of the Rules. His fitness to practise should be found impaired on both the personal and the public interest component.

40. The Registrant accepted that he breached standards 5 and 6 of the Standards for Pharmacy professionals (2017) and that what he did amounted to professional misconduct. He submitted that his conduct was capable of remediation, and that he had remediated it. He submitted that there was a low risk of repetition. He reiterated that he would not repeat his conduct.

41. After receipt of the supplementary documentation at the end of 6 January 2026, the Registrant gave further oral evidence in relation to the testimonials he had provided dated 6 January 2026. The Committee had noted that the testimonial of AR was not signed, was not on headed paper, and was in a different format style

from her testimonial of 2024, a similar one to the documentation produced by the Registrant. He confirmed that the testimonial had been prepared by AR. He said he had formatted his own document to match hers.

42. Ms Adeyemi made brief submissions in relation to the supplementary documentation, observing that the Registrant's supplementary documentation didn't take matters much further. It contained limited analysis and went no further in demonstrating any learning retained; she also queried the testimonial of AR, concluding that it was "an odd document".

43. The Registrant reassured the Committee that AR had prepared the testimonial and sent it to him, based on information he had supplied to her. In relation to current impairment, he submitted that there has been no repetition since 2023 and there will be no repetition in future, however he understood that the Committee was entitled to find impairment on public interest grounds: he asked the Committee to do so, if at all, on the narrowest basis.

The Committee's Decision

44. The Committee took into account all of the evidence before it in relation to misconduct and current impairment and the submissions of Ms Adeyemi and of the Registrant. It also took into account the relevant law and guidance, including reference to the Council's "Good Decision- making: Fitness to practise hearings and outcomes guidance" (March 2024).

45. It bore in mind that the question of grounds, that is misconduct, and current impairment of fitness to practise, were matters for the Committee's own professional judgement, based on an assessment of all of the evidence and bearing in mind the Council's overarching objective, namely, the protection of the public, by:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the profession
- promoting and maintaining proper professional standards and conduct for members of the profession.

Misconduct

46. The Committee therefore turned to form its own judgement as to whether the facts found proved reach the threshold of seriousness for a finding of professional misconduct.

47. The Committee took into account the relevant case law including the case of Roylance and General Medical Council (No.2) [2000] 1 A.C. 311 which states that:

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

48. It accepted Ms Adeyemi's submissions to the effect that the Registrant's conduct fell within the second limb of the two types of misconduct described in the case of Remedy, in which it was said:

"Misconduct is of two principal kinds. It may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outside the course of professional practice, but which brings disgrace upon the doctor and thereby prejudices the reputation of the profession…Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession […] into disrepute. It matters not whether such conduct is directly related to the exercise of professional skill".

49. The Committee turned to consider the nature of the Registrant's conduct. He purchased various prescription only medications through a supply chain that was outside of the UK regulatory framework. Thereafter he consumed a quantity of tianeptine, attempting, he admitted, [REDACTED].

50. The Committee accepted Ms Adeyemi's submissions to the effect that the UK regulatory procedures regarding medications are in place to ensure that only high-quality medications are prescribed and consumed.

51. The Committee accepted Ms Adeyemi's submissions in relation to the Council's "Standards for pharmacy professionals (May 2017). The Registrant's conduct in circumventing the framework through the purchase of the various medications via a vendor in China, created a risk to the public and to himself and was inconsistent with the exercise of good professional judgment and professionalism, and contrary to standards 5 and 6.

52. It determined that there had been breaches of the following Standards:
    a. **Standard 5: Pharmacy professionals must use their professional judgement:** The appropriate use of the Registrant's professional judgement would have entailed abiding by the regulations and guidance relating to obtaining

prescription only medicine and using prescription only medicine which is not licenced / approved for use in the UK.

b. **Standard 6: Pharmacy professionals must behave in a professional manner:…behaving professionally is not limited to the working day…The privilege of being a pharmacist or pharmacy technician, and the importance of maintaining confidence in the professions, call for appropriate behaviour at all times.** The Registrant breached this standard by ordering from China prescription-only medicines to keep at home which he said was due to his "curiosity" and because of their "magical" properties.

53. The Committee was aware that the Standards may be taken into account when considering the issues of grounds and impairment but that a breach of the Standards does not automatically result in a finding of misconduct (Rule 24(11) of the Rules).

54. The Registrant had accepted in oral testimony that he knew when he ordered the medicines that they were prescription-only, and that he should not do so. The Committee was of the view that the Registrant had provided inconsistent evidence as to his intention in relation to his purchase of tianeptine, having written in his reflective document that he did not intend to use the medicine he ordered, then before the Committee, admitting that he intended to use the tianeptine himself. The Committee was of the view that he must have known knew he could not be sure of its provenance and therefore of its contents. His evidence in relation to this use suggested that he knew full well, when he did use it, that this was at significant personal risk, in that he was very careful as to the quantities he took.

55. The Committee was of the view that the Registrant's conduct fell below what would be expected of him and it would have been considered deplorable by fellow professionals. It agreed with his own characterisation of his conduct as "complacent" – indeed, it was, the Committee considered, reckless: he had ignored the basic expectations of his profession and had put himself at risk of harm.

56. The Committee was of the view that the facts found proved at particulars 1 and 2, did cross the threshold for a finding of professional misconduct.

Impairment

57. Having found misconduct in relation to particulars 1 and 2, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired. Rule 5 of the Rules sets out the criteria which the Committee must consider when deciding, in the case of any Registrant, whether or not the requirements as to fitness to practise are met.

58. Rule 5(2) of the Rules states:

"In relation to evidence about the conduct or behaviour of the Registrant which might cast doubt on whether the requirement 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 upon."

59. Guidance on this issue was set out by Mr Justice Silber in Cohen v General Medical Council [2008] EWHC 581 (Admin) at paragraph 65:

"*It must be highly relevant in determining if a [practitioner's] fitness to practise is impaired that first … his 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".*

60. Those principles are echoed (and adapted in different words) in the Council's Guidance at paragraph 2.15:

"The committee should also 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 …"*

61. The Committee considered that the Registrant's conduct which led to the referral was in principle remediable, that is, able to be addressed. As for whether the Registrant had, in fact, addressed his conduct, the Committee carefully considered the evidence he had provided in relation to current impairment. It took into account that the Registrant has accepted all the particulars which were found proved which in itself demonstrated a degree of insight into his failings. There have been no further concerns raised in relation to his registration since the events of 2023.

62. The Committee observed that the Registrant has continued to work at the same place of work, in an operational/commercial role.

63. The Committee carefully considered the testimonials from the Registrant's two senior pharmacist colleagues: GS, Superintendent Pharmacist; and AR, Director of

NHS Services, dated in 2024 and also 6 January 2026. The testimonials of 6 January 2026 confirmed that the writers had seen the Notice of Hearing and the Particulars of Allegations faced by the Registrant.

64. The testimonial from AR (unsigned), stated:

"His role requires strong understanding of regulated healthcare operations and careful judgement, and I have found him to approach his responsibilities with professionalism and integrity".

GS stated:

"[The Registrant] demonstrates a strong commitment to patient safety and risk management which has been particularly evident in his involvement with an artificial intelligence initiative. This initiative illustrated his careful and structured approach to risk, compliance, and patient safety within a pharmacy regulated environment".

65. The Committee placed limited weight in these testimonials since his misconduct took place outside of his professional role. There was also some concern on the part of the Committee in relation to the testimonial from AR, given its format and lack of signature.

66. The Committee next turned to consider the Registrant's Reflective Statement, in which he had stated the following:

"This experience has led me to a profound reassessment of my professional responsibilities…I have been sternly reminded of a fundamental need for common sense, discipline and governance…I appreciate the impact that professional conduct has on both public perception and regulatory integrity. Upholding the standards expected of pharmacists is a responsibility I now take more seriously than ever before".

67. The Committee took into account that the Registrant unequivocally accepted responsibility for what he did. He admitted the alleged particulars and also accepted that his actions breached his professional standards and amounted to misconduct.

68. The Committee was of the view that at the time of his conduct, the Registrant was in breach of Rule 5(2) of the Rules. However, it is required to look forward rather than backwards, so it turned to consider whether any elements of Rule 5(2) are currently engaged.

69. As for whether there is a risk of repetition, the Committee took full account of the documentation provided by the Registrant in order to demonstrate remediation. It took into account not only the Registrant's expressions of remorse and his evidence of learning he has undertaken, but also the series of safeguards he says he has put in place to ensure no repetition. These were set out in his reflective document as follows:

*"**Action Plan** Moving forward, I will:*
• Consider the potential consequences of my actions.
• Maintain a strong commitment to regulatory compliance in all aspects of my professional activities.
• Continue my professional development in medicine regulation and ethical pharmaceutical practices.
• Strengthen my commitment to upholding high professional and ethical standards in every aspect of my decision-making and practice
Actions already undertaken include:
• Updating my knowledge of safeguards within the pharmaceutical industry, and professional and ethical decision-making through self-directed study.
• Engaging in discussions with fellow pharmacists to reinforce best practices and uphold professional integrity. I am fortunate to work within a close community of pharmacists, where I am able to do this.
By implementing these actions, I aim to ensure that my professional conduct remains aligned with the high standards expected of a pharmacist, while still fostering my natural curiosity in an ethical and responsible manner".

70. The Committee had been of the view that some of the Registrant's evidence had been somewhat inconsistent: there had been some equivocation as to whether he had an intention to use the tianeptine himself when he ordered it; and it also noted his wish to downplay any motive he might have had for ordering the medications in the first place. However, taken as a whole, the Committee considered that the evidence it had seen and heard was sufficient to reassure it that there was a low risk that the Registrant would repeat his conduct. He had demonstrated a proper awareness of the way he had acted in breach of his professional standards and had breached the expectations both of the public and of his fellow professionals. [REDACTED] though not conclusively due to his ingestion of unprescribed medication, must have caused him to consider the risks he took with his own safety, and, as he admitted himself, had caused great concern to the people working [REDACTED] so seriously unwell.

71. The Committee concluded that there is a low risk that the Registrant will repeat his misconduct in future.

72. In relation to Rule 5(2) (a), the Committee was of the view that it could not reasonably be said that the Registrant currently presents an actual or potential risk to patients or to the public. Turning to Rule 5(2)(b) – whether the Registrant has brought, or might bring, the profession of pharmacy into disrepute, the Committee was of the view that the Registrant's conduct did bring his profession into disrepute at the time of events and might do so at present were members of the public to hear of what he did.

73. As for Rule 5(2)(c) - whether he breached one of the fundamental principles of the profession, the Committee's view was that by breaching his professional standards as set out above, the Registrant did breach fundamental principles of the profession: not only to act according to his professional standards but by knowingly ignoring those standards and purchasing prescription-only medications from abroad without prescriptions and then by ingesting one of them in the full knowledge that it is not licensed for use in this country.

74. The Committee did not consider that the facts proved raised serious issues in relation to the Registrant's integrity, so Rule 5(2)(d), the question of whether his integrity can no longer be relied on, is not engaged.

75. The Committee finally had regard to the wider public interest, and asked itself whether, applying the principles from the case of CHRE v NMC and Grant [2011] EWHC 927 (Admin), 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.

76. The Committee had concluded that the Registrant's conduct constituted serious breaches of his professional standards: he knowingly violated the principles of good governance of prescription only medicines which are in place for public protection, and he used tianeptine himself without medical advice or oversight. The Committee was of the view that members of the public would expect the regulator to make a finding of current impairment in the wider public interest to ensure that professional standards are maintained and that the public can have confidence in the profession.

77. Taking into account all the facts of this case, the Committee was of the view that the need to uphold professional standards and public confidence in the profession would be undermined if it were not to make a finding of impairment in the particular circumstances of this case.

78. The Committee is therefore of the view that the Registrant's fitness to practise is currently impaired in the wider public interest.

Decision on Outcome

79. Having found the Registrant's fitness to practise to be currently impaired, the Committee went on to consider the appropriate outcome.

80. The Committee's powers in relation to sanction are set out in Article 54(2) of the Pharmacy Order 2010.

81. Article 54(2) of the Order provides:

> *"If the Fitness to Practise Committee determines that the person concerned's fitness to practise is impaired, it may–*
>
> a. *give a warning to the person concerned in connection with any matter arising out of or related to the allegation and give a direction that details of the warning must be recorded in the person concerned's entry in the register,*
> b. *give advice to any other person or other body involved in the investigation of the allegation on any issue arising out of or related to the allegation;*
> c. *give a direction that the person concerned be removed from the register;*
> d. *give a direction that the entry in the Register of the person concerned be suspended, for such period not exceeding 12 months as may be specified in the directions; or*
> e. *give a direction that the entry in the Register person of the person concerned be conditional upon that person complying, during such period not exceeding 3 years as may be specified in the direction, with such requirements specified in the direction as the Committee thinks fit to impose for the protection of the public or otherwise in the public interest or in the interest of the person concerned."*
>
> The Committee may also make no order.

82. The Committee was aware that it should consider the available outcomes in ascending order from the least restrictive, taking no action, to the most restrictive, removal from the register, in order to identify the appropriate and proportionate outcome that meets the circumstances of this case. It bore in mind that 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 and uphold professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.

83. The Committee had regard to the GPhC's guidance, entitled: Good decision making: Fitness to practise hearings and outcomes guidance (March 2024), ("the Good decision making Guidance") which reminds the Committee that it must consider the full range of outcomes.

Submissions

84. Ms Adeyemi referred the Committee to her skeleton argument and submitted that the Registrant had shown some insight but this was not full which would have been preferable. He had demonstrated some relevant reflection and regret. She submitted that the imposition of a Warning was the appropriate outcome. The Registrant had set a poor example using poor judgement as to the risks associated with his actions and issues related to public perception.

85. The Registrant told the Committee that he respected the finding of impairment on wider public interest grounds; he highlighted that the Committee had found a low risk of repetition; and he told the Committee he did not wish to minimise the seriousness of his conduct. He fully accepted that the conduct was reckless. He submitted that a Warning was the appropriate outcome. He confirmed that he is currently in a non-practising role at his workplace and sought again to reassure the Committee that, with the safeguards he now has in place, his conduct will not be repeated.

The Committee's Decision

86. The Committee had regard to the relevant law and to the Council's *'Good decision making: Fitness to practise hearings and outcomes guidance* (March 2024)' ("the Good decision making Guidance"), to inform its decision. It took into account the submissions made by Ms Adeyemi and by the Registrant.

87. The Committee first considered what, if any, aggravating and mitigating factors there may be.

88. The Committee identified the following aggravating factors:

- Repeated purchase of the medication;

- The Registrant had many years of experience therefore should have known better;
- A risk of harm arose from the conduct;
- There is no evidence that the Registrant sought any medical advice in relation to his use of a product which is unlicenced in this country;
- The behaviour had the potential to cause reputational harm to the profession.

89. The mitigating factors are as follows:

- The Registrant has expressed regret for what occurred.

90. The Committee next turned to consider the outcomes available to it in ascending order.

91. Take no Action: The Committee first considered where it would be appropriate to take no action, however it was of the view that this outcome would not it be sufficient to reflect the seriousness of the Registrant's misconduct.

92. Warning: The Committee next considered whether issuing a Warning would be appropriate. It had regard to the Council's Guidance for committees on issuing, and drafting the wording for, a warning (April 2025), ("the Warnings guidance"). It took into account that the Council had submitted on behalf of the Council that a Warning would be the appropriate outcome in this case, and that the Registrant agreed.

93. By Article 54(5)(a)(i) the Committee may give *'a warning to the person concerned in connection with any matter that the Committee considers necessary or desirable taking into account the Committee's findings and give a direction that details of the warning be recorded in the Register.*'

94. Paragraph 19 of the Warnings guidance, states that a Warning may be appropriate where:

"• there is a need to demonstrate to a professional, 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 professional's right to practise, there is no continuing risk to patients or the public and when there needs to be a public acknowledgement that the conduct was unacceptable".

95. In accordance with the Warnings guidance, the Committee has kept in mind the overall objectives of the Council, which are set out above. The Committee is satisfied, as set out above, that there is a low risk of repetition. It therefore has not identified a risk to patients or the public arising from its findings, and there is no need to take action to restrict the Registrant's right to practise. It has borne in mind that if it imposes a Warning, this will remain on the register against the Registrant's name for 12 months.

96. The Committee considered that a Warning would serve to underscore the seriousness of the conduct and demonstrate to the profession and the public that the obtaining and consumption of imported prescription-only medicine is unacceptable and falls below the expected standards of a professional. It accepted the submissions of Ms Adeyemi that this outcome would reflect the seriousness of the issue, and the importance of the wider public interest, which includes the need to maintain proper professional standards and confidence in the profession.

97. The Committee considered whether the available outcomes higher in the ascending scale would be appropriate but it concluded that they would not. It would not be appropriate to impose conditions on the Registrant's practice since the conduct took place outside of his work; and suspension or removal would be disproportionately penalising given the nature of the misconduct found.

98. The Committee therefore issues a Warning to the Registrant in the following terms:

"Your failings amount to breaches of the following standards for pharmacy professionals:

c. ***Standard 5: pharmacy professionals must use their professional judgement:*** *The appropriate use of your professional judgement would have entailed abiding by the regulations and guidance relating to obtaining prescription-only medicine and using prescription-only medicine which is not licenced / approved for use in the UK.*

d. ***Standard 6: Pharmacy professionals must behave in a professional manner:…behaving professionally is not limited to the working day…The privilege of being a pharmacist or pharmacy technician, and the importance of maintaining confidence in the professions, call for appropriate behaviour at all times.*** *You breached this standard by ordering from China prescription-only medicines to keep at home which you said was due to your "curiosity" and because of their "magical" properties, despite knowing the risks of procuring medicines outside of the approved supply chain. You consumed a prescription-only medicine which was unlicenced in the UK, without a valid prescription.*

The Committee is reassured that you have implemented changes to your practice in order to avoid similar conduct in future.
The Committee considers that this warning is necessary to uphold and declare proper professional standards and thereby ensure public confidence in the profession.
This warning will be published in the register and remain in place for 12 months".

99. That concludes this determination.

END