

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

10-12 and 17 February 2026

Registrant name:	Tue Johansen
Registration number:	2052089
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Lubna Shuja (Chair) Esosa Osakue (Registrant member) Sarah Baalham (Lay member)
Committee Secretary:	Mark Mallinson (10 and 17 February 2026), Gemma Staplehurst (11-12 February 2026)
Registrant:	Present and represented by Michael Smalley (Solicitor)
General Pharmaceutical Council:	Represented by James Lloyd (Counsel) (10-12 February 2026) and Alejandra Tascon (17 February 2026)
Facts proved:	1, 1.1 and 1.2
Fitness to practise:	Impaired
Outcome:	Warning

The Committee warns the Registrant in the following terms:

“The Committee has found that your actions amounted to a serious failure to meet the Standards expected of pharmacists, in that you breached Standards 1, 3, 5 and 6.

The Committee is satisfied that you have demonstrated genuine insight and remorse and that you understand the importance of not expressing your personal opinions to patients. It is also satisfied that you understand that any medical information given to patients must be from reliable sources that are evidence-based. You have sufficiently remediated your conduct. You have been found impaired in the wider public interest of marking the seriousness of your conduct, declaring and upholding standards of behaviour and maintaining public confidence in the profession. The Committee is reassured that there is a low risk of repetition of your conduct and that you will comply with the Standards on all occasions in the future to ensure the safe and effective provision of pharmacy services.

The Committee considers that this Warning is necessary to mark the gravity of your conduct. A Warning ensures that public confidence in the pharmacy profession is maintained and that the professional standards expected from pharmacists are declared, promoted and upheld.

This Warning will be published in the register and will be available for 12 months. If you do not comply with this Warning, it may be taken into consideration by an Investigating or Fitness to Practise Committee in the future.”

You, a registered pharmacist, whilst working at Baden House Pharmacy, The Square, Marazion, Cornwall, TR17 0AP and carrying out your duties as Responsible Pharmacist:

1. On the 26 January 2024, made one or more of the following comments, or words to the same effect, to Patient A in relation to vaccinations:

1.1 The people in power are trying to control us through the COVID vaccine and/or

1.2. Around 30% of DNA has been altered through vaccinations.

As a result of the matter set out above your fitness to practise is impaired by reason of misconduct.

Documentation

- The Council's Hearing Bundle (34 pages)
- The Council's Statement of Case and Skeleton Argument dated 23 January 2026
- The Registrant's Bundle (8 pages)
- The Registrant's Skeleton Argument dated 10 February 2026
- The Registrant's Skeleton Argument on Impairment dated 11 February 2026
- Email from the Registrant's employer dated 15 February 2026
- The Registrant's Submissions on Outcome dated 16 February 2026

Witnesses

Patient A - gave evidence at facts stage

The Registrant – gave evidence at facts and impairment stage

Determination

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. The matter concerns Tue Johansen ('the Registrant') who is registered with the Council as a Pharmacist, registration number 2052089. He completed his pharmacy degree in Denmark in 1995, started working there as a pharmacist in 1998 and registered with the Council in October 2000.
3. 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").
4. 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.
- 5. The Committee also has regard to the guidance contained in the Council's '*Good decision making: Fitness to practise hearings and outcomes guidance*' (March 2024).
- 6. A Principal Hearing has up to three stages:
 - Stage 1. Findings of Fact – the Committee determines any disputed facts.
 - Stage 2. Findings of ground(s) of impairment and impairment – the Committee determines whether, on the facts as proved, a statutory ground for impairment is established and, if so, whether the registrant's fitness to practise is currently impaired.
 - Stage 3. Outcome – the Committee considers what, if any, outcome should be applied if the registrant's fitness to practise is found to be impaired.

Service of Notice of Hearing

- 7. A letter dated 6 January 2026 from the Council headed '*Notice of Hearing*' was sent to the Registrant. This had been sent by email to the Registrant's registered email address on the same date in compliance with Rule 3 of the Rules. No issue was taken by either party with service. The Committee was satisfied that the Registrant had been given no less than 28 days' notice of the hearing. Indeed, the Registrant was present and represented at the hearing. The Committee was satisfied that there had been good service of the Notice and that it contained all the required information in accordance with Rules 3 and 16.

Application for parts of the Hearing to be held in Private

- 8. During the course of the hearing, it became apparent that the Registrant's evidence referred to some matters related to his personal life. The Committee proposed under Rule 39(3) of the Rules to hold those parts of the hearing in private in order to protect his privacy and that of his family members. Neither party objected.
- 9. The Committee was satisfied that in order to maintain the Registrant's privacy, the hearing should be held partly in private. The public interest required hearings to be held in public, but this had to be weighed against the interests of the Registrant. This was a hearing during which there would be references to the personal circumstances of the Registrant and members of his family. Maintaining their privacy outweighed the public interest of holding the hearing in public. Accordingly, the Committee decided to hold certain parts of the hearing in private where there were references to the Registrant's family life in order to protect his and his family's privacy.

Background

10. The Registrant was at the material time, and continues to be, employed as a Locum Pharmacist at Baden House Pharmacy, The Square, Marazion, Cornwall, TR17 0AP ('the Pharmacy'). On 26 January 2024 he was working as the Responsible Pharmacist ('RP') at the Pharmacy.
11. On 30 January 2024, the Council was notified of a concern about the Registrant's conduct by Patient A. The concern stated as follows:

"I collected a prescription from the pharmacy on 19th January 2024 with no problems. Having completed the course of the prescription, and with no apparent improvement in my condition I returned to the pharmacy to get advice from the pharmacist about my best course of action. He suggested I seek alternative medicines from a local supplier, with which I have no problem, but didn't choose to do. But he then went on to say that he thought "They" (by which I assumed he meant the Authorities) were trying to control or get rid of us by putting stuff into our bodies! He told me that only about 30% to 40% of our bodies were made up of human DNA and the rest was introduced bacteria and harmful stuff. He then ask [sic] me if I had had any Covid Vaccinations and that given what he had told me he suggested I shouldn't have any more in the future.....These might not have been the exact words he used, but it is as I remember it. He was courteous to me at all times, and I made no comments. I was very concerned that given his profession, in my opinion, his views were quite dangerous, and needed reporting."

Summary of Evidence and Submissions

The Council

12. The Council relied on one witness, Patient A, who was called to give evidence under affirmation. She had provided a witness statement dated 10 May 2024 which she adopted.
13. Patient A confirmed that, on 19 January 2024, she had received a prescription for Nystatin oral solution. As her condition had not resolved a week later, she attended the Pharmacy on Friday 26 January 2024 to request a repeat prescription. She confirmed the Pharmacy was not her usual pharmacy, and she had noticed a parking space as she was passing, so had decided to stop and speak to the pharmacist there.
14. Patient A confirmed she had spoken to the Registrant who had advised he could not give her a repeat prescription and told her she should speak to her GP to obtain this. Patient A stated that the Registrant had also informed her about a health food store in Penzance which may be able to provide a product to help with her condition.
15. Patient A said she couldn't be certain due to the passage of time, but she thought the Registrant had initiated a conversation enquiring whether she had had a Covid vaccination. She stated that she had no fears about the Covid vaccine so didn't believe she had started the discussion. Patient A said the Registrant *"was not aggressive at all he was totally professional and courteous to me..."*. Whilst she

could not now recall the exact words he had used, she said that he had given her his opinion that *"the government used this method to control us."* Patient A stated that he was never aggressive in his manner towards her but was advising her that this was his opinion. She said that she did not think that a person in his position should be saying what he had said to her, as a member of the public. She stated that she had felt uncomfortable as her opinion differed from his and that she wanted to move away from the conversation.

16. Patient A stated that she was sure the Registrant had used the words *"30% of DNA..."* as he told her that DNA was altered by these vaccinations. She said she had been *"taken aback"* that he had said this to someone he did not know and it was *"so unexpected"*. She said that it was a long time ago but she thought it was possible the Registrant had recommended she should not have any further vaccinations. She conceded that it was possible he may have told her that she should not have vaccines if she was feeling unwell but she had no actual recollection of him saying this.
17. Patient A could not remember if the Registrant had mentioned research into vaccines and had no memory of him mentioning any other vaccines that altered DNA.
18. Patient A stated that she changed the conversation to a more general topic by commenting on *"what a lovely day it was"*. She stated that the Registrant agreed with her and asked her whether she had seen three military aircraft flying overhead earlier that morning. Patient A stated that there was a naval air base close by, so low flying aircraft were not an unusual occurrence. She said that the Registrant had told her the aircraft *"were trying to alter us.... trying to observe us, or spray us or the countryside with something that was not good."* Patient A stated that she found it a very odd thing to say. She recalled these specific words because she said she *"was perturbed about what he was saying and didn't want to get into a confrontation with him.... My primary concern was the Covid vaccine not the aircraft."*
19. Patient A stated that she felt uncomfortable that the Registrant was saying things that were so different from what she believed, and that he, as a pharmacist, might have these views which he was sharing with her as a patient and a member of the public. She stated she thought this was not appropriate and that she strongly felt as a professional pharmacist, he should not be saying things against the government who were in the midst of a pandemic, as vaccinations had been recommended for people of her age. She felt that the Registrant, in his professional capacity was expressing personal views which could lead to people being placed at risk. She considered it was *"dangerous to those who might believe him as vaccinations were part of the programme of overcoming the pandemic."*
20. Patient A stated that she had been so concerned about what the Registrant had said that she had made *"notes"* about it. She said she had spoken to her usual pharmacist who told her to discuss the matter with her GP. She also tried to find out the Registrant's name by visiting the health food shop in Penzance which he had recommended but they were unable to assist. Patient A stated that she had returned

to the Pharmacy to request his name from staff members but they did not have his business card to give her. She said that she asked around some of the other local shops in the area and one of them had confirmed the Registrant's name. Patient A said she then discussed the matter with her GP during an appointment on Monday 29 January 2024. Her GP had advised her to report the concern to the Council which she had done.

The Registrant

21. The Registrant also gave evidence under affirmation and referred to the documents he had provided. He confirmed he had been a pharmacist in Denmark since 1998 and began working in England in October 2000 after registering with the Council. Since 2018, he had been working a three-day week as a locum at independent or small chain pharmacies. The Registrant stated that he had found out about Patient A's complaint a long time after the event, when his Superintendent Pharmacist ('SI') had asked him about it.
22. The Registrant confirmed that Patient A had attended the Pharmacy on 26 January 2024 enquiring about a repeat prescription for an oral fungal infection which had not cleared up following medication prescribed to her a week earlier. He confirmed that he had referred her back to her GP as he was unable to prescribe the medication. The Registrant stated he had recommended Patient A take cider vinegar to help with reducing alkaline in her diet.
23. The Registrant stated that as a pharmacist, he had wanted to know whether she was up to date with her boosters as *"I had seen peculiar patterns – repeated infections ... and repeated antibiotics. At the time I was worried that Covid vaccines may be affecting health. I always look for patterns. It was new to me, there was a lack of safety data and I was on new ground. I suggested Patient A should not go for a booster right now due to her fungal infection as assimilating a vaccine is hard on the body and is further compromised if the person is already unwell."*
24. The Registrant said there was a moment when he understood Patient A to say that she was not confident in her vaccine but he conceded this may have been something he misunderstood at the time. He accepted Patient A had not asked for his views and that he had expressed scepticism about the Covid vaccine to her. However, he stated that he did not express any opinion about *"people in power it's not my opinion."*
25. The Registrant said that he had been looking for patterns in repeated treatments of infections in patients where they had been having courses of antibiotics. He gave the example of the number of urinary tract infection cases which he had observed had increased in one patient in 2023. He thought Patient A might have fitted a pattern as the infection she was being treated for had not resolved within a week.
26. In relation to the alleged comment about DNA, the Registrant stated that he had read an article referring to a study that had found that DNA could transfer to liver

cells. The article related to the Pfizer Covid vaccine. His concerns were that he had come across information informing him that “MRNA” which was part of the vaccine, was seen to be incorporated in a human liver cell and could cause inflammation or “trouble for the cell”. The Registrant stated that he had not expressed this in those terms to Patient A but he had mentioned “DNA” and “MRNA” to her. He accepted that he had shown concern about the Covid vaccine. He stated that he had not stated 30% of DNA altered through vaccinations and said that he had “no knowledge of 30% being incorporated from other sources”. He stated that when he had looked this up, the Covid vaccine did not transfer to human DNA and that “if MRNA was incorporated in a human cell, 1 millionth of DNA could potentially be altered”. The Registrant accepted that he had mentioned “reverse transcriptase” during his discussion with Patient A and its relevance to the Covid vaccine being incorporated into liver cells.

27. The Registrant accepted that Patient A may have thought he was saying vaccines assert control from what he had said about DNA transferring to liver cells. He was mindful that he was Danish and there were cultural differences such that sometimes what he said did not come across in the way that it was intended. He realised that he had a directness which “could put some people out of kilter.” He said he came across as “more direct” and gave the example of his children saying to him “It’s not what you say, it’s the way that you say it.”
28. The Registrant maintained that he did not say the state could exert control, he had not mentioned the state or the government, although he conceded he may have said “something else was involved”. The Registrant said he did not say the vaccine was used as a method of control.
29. The Registrant accepted that he had told Patient A that his views might get him into trouble. He accepted that early on in the vaccination programme, he had raised concerns with his previous manager saying “what if all this goes wrong?” and this had resulted in his employment being terminated. He stated that this had been “....before they had suitable data. Maybe that was too much for her and me to deal with. The statement upset her. I told Patient A because it reminded me of it and I thought I may have put myself in trouble and out of line with my duty. I was not trying to persuade her of my views, not a matter of competing theories, I am a scientist, I question – it’s what I do.” The Registrant stated: “I had the wrong start with Covid”.
30. The Registrant accepted that Patient A may not have understood what he had said about DNA and MRNA. He conceded that he should never have said it. He said “I do not have a good answer why I told her, something in me was concerned. I should never have done it, I know that now..... I am so in the wrong. I had a lovely encounter with her. She was not alarmed. I was way out of line and admit that. I shared my concern with her and so shouldn’t have done. I can’t remember how I did that..... I accept I did not present vaccination as safe and effective. It confused me too and I’m sorry.”

31. The Registrant accepted that the concerns he had expressed later turned out to be incorrect and contrary to NHS guidance and established opinion. He conceded his research had *“led me up the wrong path”*. He said that he had been *“a little bit scared at the time to be honest”* and had asked at work to be left out of administering vaccines. He accepted that looking back, *“my interactions could have been done a whole lot differently. I wasn’t listening to her, what I had found out spilled out to her which I shouldn’t have done.”*
32. The Registrant could not remember any discussion about *“a lovely day”* but did recall a further discussion with Patient A advising her to take Vitamin D supplements, as they talked about the sunlight and the weather in terms of getting enough sunshine. He said that he had never said anything about aircraft or spraying but did remember talking about cloud cover linked to the Vitamin D discussion.
33. The Registrant accepted that at the time he had been acting in a professional capacity with a patient in a professional setting and that a patient was entitled to rely on what a pharmacist said. He accepted Patient A had attended for a professional consultation, that he had been the expert and that she had not requested his personal views. He *“completely”* accepted that what he had said could have been interpreted as giving professional advice and that he had not advised Patient A to seek NHS guidance. He said that he had not intended to impose his views on Patient A but accepted that had been the outcome. He said he had wanted her to delay her booster as he was worried about what could happen and had encouraged her to look after her immune system.

Submissions on Facts

34. On behalf of the Council, Mr Lloyd referred to his Skeleton Argument on which he relied. He submitted Patient A’s evidence had been compelling and she was a member of the public who had diligently taken action to raise her concerns. He submitted that even if the Registrant’s comments had been misunderstood, they had taken place during a consultation in a healthcare setting between a professional and a patient. Mr Lloyd submitted it was clear from the evidence that the Registrant harboured significant concerns about the Covid vaccine, he had ventured into discussions with Patient A about MRNA and DNA and whilst the precise words were not recorded at the time, the comments he had made were outside the role he occupied. He submitted that on the balance of probabilities, the Registrant had articulated himself as alleged.
35. On behalf of the Registrant, Mr Smalley submitted that the Registrant had not been charged with seeking to influence Patient A or giving her the wrong advice. Mr Smalley accepted that the Committee did not need to find he had spoken the exact words alleged but submitted the Committee did need to find he had used words to the same effect. The Registrant denied making the comments alleged and indeed Patient A accepted she could not recall the exact words. Mr Smalley referred the Committee to the statement provided by SI at the Pharmacy and submitted this should be taken into account when considering the Registrant’s propensity to act in

the way alleged. Mr Smalley submitted the Committee could not be satisfied on the balance of probabilities that the words alleged were used and therefore the Particulars were not proved.

Decision on Facts

36. In reaching its decisions on facts, the Committee considered the documentation listed at the start of this determination, the oral evidence given by Patient A and the Registrant as well as the submissions made by Mr Lloyd and Mr Smalley.
37. When considering each Particular of the Allegation, the Committee bore in mind that the burden of proof rests on the Council and that Particulars are found proved based on the balance of probabilities. This means that Particulars will be proved if the Committee is satisfied that what is alleged is more likely than not to have happened.
38. The Committee took into account the passage of time that has passed since the alleged events and that witnesses cannot be expected to precisely remember every date and detail. The Committee is not required to make a determination on every disputed issue so it focused on those material matters relevant to the Particulars of the Allegation whilst taking into account the content of contemporaneous records.
39. The Committee assessed the evidence of each witness with respect to credibility and reliability. It considered any consistencies with contemporaneous evidence, consistency with uncontroversial or admitted facts, internal consistency, consistency with previous accounts, whether or not the witness's account was supported by other evidence, probability and plausibility, possible motivations and any potential for mistake or conscious or unconscious bias.
40. The Committee found Patient A to be a genuine, credible and reliable witness. She was eloquent and measured in her evidence. She gave credit to the Registrant on his demeanour during the consultation, making it clear that he had not been aggressive at all, and that he had acted professionally and courteously towards her throughout. She had admitted when she was unable to remember specific words and had conceded what the Registrant might have said. She had tried to recall events as best she could with the knowledge that she now had. Her evidence was consistent with the initial report she had made to the Council and she did not appear to have any ulterior motive for making the complaint.
41. The Committee found the Registrant was a candid, straight forward and credible witness. He had done his best to assist the Committee, conceding that Patient A may have interpreted what he had said to her in a different way to what he had intended it to mean. He was not evasive or defensive, he did not seek to distract or absolve what he had said. He was transparent about what he had discussed with Patient A. He admitted when he could not remember things and conceded he may have made remarks that he did not now remember. He readily accepted, with hindsight, that he had made a number of comments that he should not have made to Patient A.

Particular 1.1 - Proved

“You, a registered pharmacist, whilst working at Baden House Pharmacy, The Square, Marazion, Cornwall, TR17 0AP and carrying out your duties as Responsible Pharmacist:

On the 26 January 2024, made one or more of the following comments, or words to the same effect, to Patient A in relation to vaccinations:

1.1 The people in power are trying to control us through the COVID vaccine...”

42. There was no dispute that a consultation took place between the Registrant and Patient A on 26 January 2024 at the Pharmacy where the Registrant was the RP or that a discussion had taken place between them about the Covid Vaccine. It was agreed that the conversation was initiated by the Registrant and that Patient A had been advised not to have a further Covid injection. It was not clear whether this advice was not to have an injection until Patient A had fully recovered from her infection and she conceded it was possible this is what the Registrant may have said.
43. The Registrant denied making any comment about *“people in power”* or about the state or the government using the Covid vaccine to exercise control over the public. Patient A could not recall the exact words that the Registrant had used but was clear that she understood him to be giving his opinion that the government used this method to control *“us”*. The Registrant had accepted Patient A may have understood him to be saying that vaccines assert control due to what he had said about DNA transferring to liver cells.
44. It was relevant that Patient A had raised her concern with the Council on 30 January 2024, four days after the consultation. That contemporaneous document recorded her complaint as:

“..... he then went on to say that he thought “They” (by which I assumed he meant the Authorities) were trying to control or get rid of us by putting stuff into our bodies! He told me that only about 30% to 40% of our bodies were made up of human DNA and the rest was introduced bacteria and harmful stuff. He then ask [sic] me if I had had any Covid Vaccinations and that given what he had told me he suggested I shouldn’t have any more in the future.....These might not have been the exact words he used, but it is as I remember it...”
45. The Committee noted that this Particular was pleaded on the basis that the Registrant had made the comment set out or *“words to the same effect”* to Patient A. Both Patient A and the Registrant made reference to the passage of time since these events took place which had impacted to some extent, unsurprisingly, on their memories. The Registrant confirmed that this complaint was raised with him some time after the event. The Committee took into account that this would have been an unusual encounter for Patient A, indeed she had expressed surprise at the Registrant’s views, she had made notes the same day and had attempted to identify the Registrant’s name as she had been so concerned that he had expressed his views

to her during their consultation. She had raised a concern with the Council four days later and had provided a witness statement dated 10 May 2024. This had been taken a few months after the consultation, and she repeated in her statement that she could not recall the exact words but they were similar to *“the people in power are trying to control us through the COVID vaccine”*. It was clear to the Committee that the consultation with the Registrant had had a big impact on Patient A and she had felt the need to take action quickly.

46. For the Registrant this would likely have been one of many consultations during that period of time so possibly less memorable although he did recall the encounter as *“lovely”*. The Registrant, although clear he had not used the words, *“The people in power are trying to control us through the COVID vaccine”* conceded that it was likely he had confused Patient A with the technical terms he had used and that he had advised her not to have a further Covid injection, certainly for the time being until she recovered from her infection. He had also raised the possibility of a misunderstanding in the way he spoke as he was Danish rather than English, and could come across as *“more direct”*. He admitted that he had expressed his personal views to Patient A during the consultation.
47. The Committee noted that there were some similarities and overlap in both Patient A and the Registrant’s recollections of their conversation and both had made concessions about what the other may have thought or said. The Committee concluded that it was very unlikely Patient A had invented what the Registrant had said to her. The Registrant, during his evidence, presented as concerned and anxious at the time about the lack of testing data and the safety of the Covid vaccine so much so that he had done some research on the matter, which subsequently he realised turned out to be incorrect. He clearly had reservations at the time about the effectiveness of the vaccine.
48. For all the reasons given above, whilst the Committee did not find the exact words *“the people in power are trying to control us through the COVID vaccine”* had been said by the Registrant, it was satisfied that, on the balance of probabilities, it was more likely than not that he had used some words that had the same effect such as to give the impression to Patient A that this had been his opinion.
49. The Committee found Particular 1.1 proved.

Particular 1.2 - Proved

“On the 26 January 2024, made one or more of the following comments, or words to the same effect, to Patient A in relation to vaccinations:

.....

1.2. Around 30% of DNA has been altered through vaccinations.”

50. Patient A had made reference to this comment in her complaint to the Council dated 30 January 2024. In that concern she stated *“He told me that only about 30% to 40% of our bodies were made up of human DNA and the rest was introduced bacteria and*

harmful stuff.” The Registrant accepted that he had spoken to Patient A about DNA and mRNA and that his comments had been technical in nature, discussing liver cells and other scientific terms. He accepted he may have confused Patient A with what he had said and that she probably did not understand. It was agreed between the parties that there had been some discussion about DNA and about vaccinations causing alterations of some sort to cells.

51. This Particular had also been pleaded on the basis that the Registrant had used the words *“Around 30% of DNA has been altered through vaccinations”* or *“words to the same effect”*. Patient A in her complaint referred to the figures *“30% to 40%”*. The Registrant in his evidence mentioned *“1 million %”* and percentages from other sources.
52. The Committee found that whilst the Registrant may not have used these exact words referring to 30%, there had clearly been some discussion about DNA and/or the alteration of cells due to vaccinations. The Committee concluded that on the balance of probabilities, it was more likely than not that the Registrant had used some words that had the same effect such as to give the impression to Patient A that his view was that DNA was altered through vaccinations.
53. The Committee was satisfied that Particular 1.2 was proved.

Misconduct and Impairment

54. Having found the Particulars of the Allegation proved, the Committee went on to consider whether the Particulars found proved amounted to misconduct and, if so, whether the Registrant’s fitness to practise is currently impaired.

Evidence on Misconduct and Impairment

55. The Registrant gave evidence on the issue of impairment. He stated that he realised now that he should never have expressed his reservations about the Covid vaccine to Patient A, and that he had been *“way out of line ... so in the wrong... I have failed in this instance on so many levels”*. Looking back, he confirmed that he would have acted very differently. He stated that he had had plenty of similar situations arise again and he had referred patients to the appropriate clinic for vaccinations or to NHS guidance. The Registrant stated that his views had changed and he saw vaccines very differently today, as he now believed they were effective. Whilst he had previously been concerned about the lack of safety data with Covid vaccines, he could now see that they worked. He no longer carried out any research himself and accepted it was not his role as a pharmacist to do so.
56. The Registrant accepted that his comments to Patient A had been inappropriate and that they amounted to misconduct. He said that there had not been a day when he had not thought about his actions. He regretted upsetting Patient A, not listening to her and not giving her the service that she had been entitled to. It had not been his intention to cause her distress and he apologised to her for his conduct. The

Registrant stated that he wanted to thank Patient A *“for teaching me a good lesson. I so regret any of my ways”*.

57. As soon as this incident had been drawn to his attention, the Registrant had contacted his SI at the Pharmacy to discuss the best way forward and the subsequent changes that needed to happen in his conduct with patients. They decided his SI would supervise all his encounters where patients asked for help regarding vaccinations and put in place a plan requiring the Registrant to note all encounters and at the end of each month, discuss these encounters with his SI, how he had dealt with them and what the outcome had been. The Registrant stated this had been a *“very empowering and insightful task”* which allowed him to be more conscious and considerate in his interactions. The Registrant stated that previously he had been frightened to talk about vaccines but he was fine now. He said that the Covid pandemic had been a very hard time for him and he had had many questions. At that time, he said he had also been frightened and confused about Covid. He said he had wanted to learn. Now he had a number of colleagues that he could speak to, as well as his SI who had been very supportive, and to who he was very grateful.
58. On questioning from the Committee about his personal circumstances, the Registrant informed the Committee that he had suffered a (Redacted) bereavement, (Redacted) in 2021-2022 at the height of the pandemic. (Redacted). The Registrant said that he could not understand what had happened, he had never seen anything like this before and it had frightened him. (Redacted). The Registrant confirmed that he had worked throughout the pandemic and had felt empowered in being able to serve, comfort and reassure patients during the lockdown periods. He recalled that it had felt strange to carry on working while everyone else was required to stay at home during the lockdowns.
59. The Registrant stated that he was up to date with his Continuing Professional Development (CPD) but had not done any courses with CPPE. In summer 2025, the Registrant stated that he had contacted his local CPPE representative to ask for help in identifying available training to assist with the situation he was in. He had spent some time discussing the training available but they had not been able to identify a suitable course. The Registrant stated that within the last year he had attended a Pharmacy First training course and he had updated himself on all the GPhC Standards. He said that he would be willing to do any further reading or training the Committee recommended.
60. The Registrant stated that now he only relied on information on the NHS website and if that was not available, he would refer a patient to their GP. He stated that if a new product came onto the market, he would initially look at the NHS website or speak to the local GP if he had questions about it. He also used the British National Formulary (BNF) manual as a resource and the EMC (Electronic Medicines Compendium) website which he found was very helpful and used by other colleagues. He said that he would also consult other healthcare professionals in future.
61. The Registrant stated that if a similar situation arose again, he would not share any information with patients that was not available on the NHS website or at GP surgeries. He said that even if he had personal concerns about a new vaccine, if the

NHS website said it was safe, he would trust that information and refer the patient to any leaflets that were provided with it. The Registrant had previously been reluctant to administer vaccines, although he had given flu jabs. He accepted that he may be hesitant if a new vaccine came out because he was anxious not to “harm” anyone. He said that he had previously decided not to administer Covid vaccines as he did not want to be in a situation “*where I might inflict harm on anyone. I couldn’t bear to harm anyone.... I don’t think I’ve got it in me to cause harm*”. He said that he would discuss any concerns that he had with other pharmacists and colleagues. He said that in future he would happily start being part of vaccine clinics.

62. The Registrant had now read the Council’s Guidance on religion, personal values and beliefs and knew that pharmacy professionals must not impose their personal views on others. He confirmed he would never suggest patients should not take treatment recommended by their doctor. He also assured the Committee that he would never share his personal views again as he realised this was inappropriate, impacted on trust placed in pharmacists and on the reputation of the pharmacy profession. He knew he was in a position of trust and should not misuse that.

Submissions on Misconduct and Impairment

63. On behalf of the Council, Mr Lloyd submitted that the Registrant’s conduct had breached of Standards 1, 3, 5 and 6 of the Council’s ‘*Standards for Pharmacy Professionals*’ (‘May 2017’) (“the Standards”). He submitted the Registrant’s conduct amounted to misconduct as he had expressed his personal views which were contrary to NHS guidance during a consultation with a patient when he should not have done so, and this was a serious falling short of the standards required. He submitted there had been a power imbalance between them. Mr Lloyd submitted the Registrant had initiated the topic, discussed scientific terms and that this had not been a momentary lapse on his part. It was a significant failure during a time of public importance.
64. Mr Lloyd referred the Committee to the case of *Adil v General Medical Council [2023] EWHC 797 (Admin)* in which it had been held that expressions by a healthcare professional of misinformation or conspiracy-based views about Covid-19 “*squarely engaged his professional responsibilities*” regardless of whether they were expressed in the course of formal treatment or in another context. The use of professional status to promote opinions on matters of medical importance diminished the trust the public placed in the profession.
65. On the issue of impairment Mr Lloyd submitted that it was accepted the Registrant had shown some insight, remorse and had indicated what he would do differently. It was a matter for the Committee to decide if this was sufficient. Mr Lloyd submitted that there was an absence of structure on remediation as evidence had not been provided of cogent training, discussions and courses relevant to professional boundaries. He submitted it was difficult to know how the Registrant would manage his personal views in a clinical setting in future and whilst the Registrant had shown some insight. Mr Lloyd submitted this exercise was not yet complete. He submitted there was still some risk of repetition and the Registrant’s fitness to practise is currently impaired.

66. Mr Lloyd also submitted that a finding of impairment was necessary to maintain and declare professional standards due to the gravity of the Registrant's conduct.
67. Mr Smalley, on behalf of the Registrant, accepted the Registrant's conduct amounted to misconduct, indeed the Registrant had confirmed this in his evidence, accepting that his behaviour had fallen significantly below the standards expected of a pharmacist. The Registrant accepted that what he had said had conveyed speculative information to a patient which he should not have done.
68. Mr Smalley referred to his Skeleton Argument on the issue of impairment. He submitted that the context and environment of this case was very important. He reminded the Committee that 2024 was the back end of the Covid pandemic. The Registrant had not been alone in feeling scared and worried during that pandemic. He stated that the Registrant had worked throughout the Covid lockdowns and his personal circumstances were aspects which had been at the forefront of his mind at the time of this incident. Mr Smalley referred the Committee to the Registrant's written reflections and submitted the Registrant had demonstrated insight as he recognised the impact of his conduct on Patient A, and the importance of ensuring he only consulted evidence-based sources. He submitted the Registrant had acknowledged the distress caused to Patient A throughout and had not wished to harm anyone. This was indicative of his character and borne out by the character references provided.
69. Mr Smalley submitted that, in his reflections the Registrant had shown he was a person who had considered his error, changed his thought process and shown a high level of insight. He submitted the Registrant had remediated the concerns as, immediately after the incident, he had contacted his SI and put in place a supervision process relating specifically to vaccinations. He submitted the Registrant had recognised what he needed to do, identified a plan, recorded his interactions and done what he could to move forward. Mr Smalley stated that the Registrant wanted to make it clear to the panel that he had been "*mortified*" that he had caused Patient A distress or concern, so much so that he took immediate steps to rectify the issue when it was raised with him.
70. In relation to the risk of repetition, Mr Smalley referred the Committee to the character references provided. A glowing character reference had been provided by the Registrant's SI confirming he was providing a good service in the Cornish community. Mr Smalley submitted that the risk of repetition was low. The Registrant had continued working since these concerns and no further issues had arisen. Mr Smalley submitted that the Registrant's fitness to practise was not currently impaired on the personal component.
71. In relation to the wider public interest, Mr Smalley submitted that public confidence in the profession should be balanced against a Registrant who performed a public service for 20 years without any regulatory findings and had provided evidence that he was a good, thoughtful and caring pharmacist. Mr Smalley submitted there was a strong public interest in having a qualified, caring pharmacist serve the public,

particularly in an area where NHS services were not readily available. Mr Smalley submitted that the general public would be reassured by the steps the Registrant had taken and therefore the public interest could be marked by a finding of misconduct. He reminded the Committee that it could also give the Registrant guidance or a warning, which would be a proportionate and realistic way of dealing with this case. He submitted there was no need to make a finding of impairment on public interest grounds.

Decision on Misconduct

72. When considering whether the Particulars found proved amounted to misconduct the Committee took into account all the documents provided, the evidence given and the submissions of both parties.

73. The Committee also took into account 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’* (March 2024). Paragraph 2.12 states:

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

74. The Committee took into account the case of *Roylance and General Medical Council (No.2)* [2000] 1 A.C. 311 in which Lord Clyde stated at paragraph 38:

*“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 by a medical practitioner in the particular circumstances.
.... the misconduct is qualified by the word ‘serious’. It is not any professional misconduct which will qualify. The professional misconduct must be serious.”*

75. The Committee also noted that in *Meadow v General Medical Council* [2007] 1 All ER 1, the Court of Appeal made clear that misconduct should not be viewed as anything less than “*serious professional misconduct*”. At paragraph 200 Lord Justice Auld said:

*“As to seriousness, Collins J. in Nandi v General Medical Council [2004] EWHC 2317 (Admin), rightly emphasised at [31] the need to give it proper weight, observing that in other contexts it has been referred to as “conduct which would be regarded as deplorable by fellow practitioners.
201. It is also common ground that serious professional misconduct for this purpose may take the form, not only of acts of bad faith or other moral turpitude, but also of incompetence or negligence of a high degree....”*

76. In *Nandi v General Medical Council* [2004] EWHC 2317 (Admin), Collins J stated:

"31..... The adjective 'serious' must be given its proper weight, and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners. It is of course possible for negligent conduct to amount to serious professional misconduct, but the negligence must be to a high degree."

77. The Committee took into account the case of Forz Khan v Bar Standards Board [2018] EWHC 2184 (Admin), in which it was stated that:

"behaviour must be "seriously reprehensible" before it can amount to professional misconduct".

78. Finally, the Committee carefully considered the case of R (Calhaem) v GMC [2007] EWHC 2606 (Admin) in which Jackson J stated at paragraph 39:

"(2) A single negligent act or omission is less likely to cross the threshold of "misconduct" than multiple acts or omissions. Nevertheless, and depending upon the circumstances, a single negligent act or omission, if particularly grave, could be characterised as "misconduct"."

79. The Committee was mindful that registrants were perfectly entitled to hold personal views and beliefs, and could decide whether they wished to personally participate in administering vaccinations. It was acceptable for them to decide not to do so. However, all pharmacists must be mindful of the Council's Guidance: *'In practice: Guidance on religion, personal values and beliefs'*. This stated that people received safe and effective care when pharmacy professionals recognised their own values and beliefs but did not impose them on other people and ensured that patient-centred care was not compromised as a result of them.

80. The Committee first considered whether the Registrant had breached any of the Council's Standards. Both Particulars 1.1 and 1.2 related to inappropriate comments the Registrant had made to Patient A. The Committee determined that as a result there had been a breach of the following Standards:

- a. Standard 1: Pharmacy professionals must provide person-centred care.
 - Although the Registrant had initially provided relevant information to Patient A about her medical condition, he had gone further by expressing his personal views on Covid vaccinations which the patient had not requested. He had accepted in his evidence that he had not listened to the patient, he had not considered the impact of his opinions on her and, as a result, he had failed to provide patient centred care. He had also failed to recognise that he should not impose his own beliefs on Patient A or ensure that they did not compromise person centred care.
- b. Standard 3: Pharmacy professionals must communicate effectively.
 - There was no doubt the Registrant had not communicated effectively with Patient A. Whilst there appeared to be some level of misunderstanding between them, the Registrant should have ensured that he did not

communicate personal views on medical matters which were not in line with NHS guidance to her. The conversation that had taken place had focused on the Registrant's own views and he had used technical terms which Patient A was unlikely to have understood.

c. Standard 5: Pharmacy professionals must use their professional judgement.

- The Registrant had failed to use his professional judgement as he did not make the care of Patient A his primary concern. He failed to consider whether the information he had given to her was in her best interests and seemed to be more concerned about expressing his own views rather than listening to hers.

d. Standard 6: Pharmacy professionals must behave in a professional manner.

- The Registrant had crossed a professional boundary by discussing his own unvalidated personal views on Covid vaccinations with Patient A during a consultation on an unrelated medical condition. These were not expressed in response to concerns or questions from Patient A. He had therefore failed to act professionally.

81. The Committee bore in mind that the Standards may be taken into account when considering the issues of grounds but that a breach of the Standards does not automatically result in a finding of misconduct.
82. The Registrant accepted that his conduct amounted to misconduct.
83. This was a case where the Registrant, as a medical professional, had shared his personal views about Covid vaccinations with a patient during a consultation at work. Those views were not properly evidence based and subsequently transpired to be incorrect. They were given towards the end of the Covid pandemic but during a time when NHS guidance recommended continued vaccinations for large sections of the public, particularly those who were vulnerable such as the elderly. Many of these vaccinations were being administered by pharmacists. The Registrant's opinions could have influenced Patient A not to have the treatment recommended by other healthcare professionals, thereby placing her at risk of potential harm although, fortunately, that did not happen in this case.
84. There had been a further risk in that if Patient A had shared the Registrant's opinions given as a medical professional, with other members of the public, this could have influenced others not to take Covid vaccinations. This had a potentially wider public impact. If patients stopped taking recommended vaccinations, not only could this impact on their own health but in a pandemic, there was a risk of a virus not being properly contained and possibly placing others at risk. Such views also placed the public at potential risk of harm as undermining one vaccination programme could lead some members of the public to also lose confidence in other public health programmes.
85. The Committee concluded that the Registrant had been in a position of trust and authority due to his professional status at the material time. He had discussed his personal reservations about Covid vaccinations with Patient A when he should not

have done so. Furthermore, his opinions did not rely on factual, evidence-based information. Sharing his personal views on the vaccinations with Patient A had seriously fallen short of the standards expected of pharmacists. Pharmacists have a duty to explain and provide information to patients which is accurate, relevant, based on evidence from reliable sources and sufficiently clear for the patient to be able to make decisions about their own care. The Committee was satisfied that the Registrant's conduct was serious and fell short of what would have been proper in the circumstances and did amount to Misconduct.

86. The Committee took into account that this had been a single incident involving one patient and no actual harm had been caused save for the distress and concern to Patient A. However, it concluded that the Registrant's behaviour had been so serious as to cast doubt on an important government health programme relating to Covid and therefore it did amount to Misconduct.
87. Accordingly, the Committee concluded that the ground of Misconduct is established.
88. The Committee therefore proceeded to consider whether the Registrant's fitness to practise is currently impaired.

Decision on Impairment

89. Having found that the Particulars of the Allegation amounted to Misconduct, the Committee considered whether the Registrant's fitness to practise is currently impaired. In doing so the Committee considered Rule 5(2) of the Rules and whether the Particulars found proved showed that the Registrant's 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*
 - (d) means that the integrity of the Registrant can no longer be relied upon.*
90. The Committee understands that the purpose of fitness to practise proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise, as well as to maintain public confidence in the profession and to uphold professional standards.
91. The Committee was mindful of the character references provided and took into account the documents provided, the evidence given by the Registrant on impairment and the submissions of both parties.
92. The Committee was satisfied that Rules 5(2)(a), (b) and (c) were engaged in this case. Whilst there was no evidence of actual harm caused, the Registrant's conduct had breached Rule 5(2)(a) because his conduct had presented a potential risk to patients. Had Patient A been influenced by the Registrant's personal views she could have refused further vaccinations and encouraged others to do the same, which could have had wider ramifications on public health programmes designed to promote and maintain health during and following a pandemic.

93. The Registrant's conduct had breached Rule 5(2)(b) because he had brought the profession of pharmacy into disrepute. His comments had been unsolicited. They had surprised Patient A and caused her so much concern that she had submitted a complaint about them. The public place a great deal of trust in pharmacists and rely on them to provide authoritative, accurate information about medicines, which is evidence-based and from reliable sources. Providing personal opinions on medical matters, other than in this way, undermines what the public expect from pharmacists.
94. In relation to Rule 5(2)(c), the Registrant's conduct had breached the fundamental principles of the profession of pharmacy. He had failed to ensure he provided safe and effective care which was fundamental to the pharmacy profession. He had breached Standards 1, 3, 5 and 6 and in so doing had not ensured the health, safety and wellbeing of the public was properly protected, promoted and maintained. As a result, he had failed to maintain public confidence in the profession.
95. There was no need for the Committee to consider Rule 5(2)(d) as there had been no concerns raised about the Registrant's integrity.
96. The Committee then considered whether:
- the conduct which led to the complaints is able to be addressed
 - the conduct which led to the complaints has been addressed
 - the conduct which led to the complaints 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.
97. The Committee was satisfied that the conduct which had led to the complaint was capable of being addressed. The guidance provided by the Council made it clear that registrants were not prevented from holding personal views and beliefs, but were required to consider that guidance and use their professional judgement when applying it. The Committee did not consider the Registrant's conduct was attitudinal and could not be remedied. The guidance made it clear that referral to another health professional or handing over to another pharmacist/service provider may be an appropriate option.
98. The Committee then considered whether the Registrant's misconduct had been addressed. The Committee was satisfied that he had acknowledged what had happened, understood the impact of it on Patient A and on the reputation of the pharmacy profession, and now realised what he should have done differently. He accepted unreservedly that he should not have expressed his personal opinions about the vaccination to Patient A and made it clear that he would keep his opinions to himself in future. Several times in his evidence he referred to being "*wrong*". He apologised to Patient A for the distress he had caused her and was "*mortified*" that he had done so. He was grateful to her for "*teaching me a good lesson*" and expressed genuine remorse and regret for his actions. He accepted that it was not his role as a pharmacist to conduct research and assured the Committee that he now only used reliable sources for information, such as NHS websites and professional resources when he had a query. If he had concerns to which he could not find an

answer in those sources, he said he would discuss the matter with other professional healthcare colleagues.

99. The Committee considered carefully the steps the Registrant had actually taken since the complaint had been raised with him. He had undertaken reflective practice as soon as the complaint had been brought to his attention by working with his SI to implement a programme of audits for his consultations with patients in relation to vaccinations. He gave some detail about what he had learnt from these in his written reflections in which he stated:

“Through my process of self-evaluation and reflection I have changed my outlook from being at times too upfront and quick in my responses and coming across at its worst as “all knowing” to a more modest and considerate approach which allows me to pause and listen well to my customer’s needs and give advice only where it is appropriate and in alignment with the national medical profession and its knowledge bank.”

100. In his oral evidence, the Registrant had explained how he would deal with a similar situation again, assuring the Committee that he would discuss his concerns with his local GP and SI. He confirmed that he would never share his personal views with a patient again and conceded that his behaviour at the time had been partly impacted by his challenging personal circumstances.
101. Whilst the Registrant stated that he was up to date with his CPD, he indicated that he had not done any additional training specific to the concern that had been raised as he had been unable to identify a suitable CPPE course. It would have been helpful if the Registrant had been able to provide evidence of some training to refresh his knowledge on communication skills and professional boundaries, but having heard from the Registrant, the Committee was satisfied he had taken sufficient steps to improve his communication with patients in relation to vaccinations through the audits he was doing under his SI’s supervision and no further concerns had been raised since this incident. In relation to professional boundaries, the Registrant had made it clear that he had read the GPhC Standards and guidance documents again and understood his obligations under these as a pharmacist. The Committee accepted his assurances that he would not discuss his personal views or beliefs with any patient in future.
102. The Registrant had been asked what he would do if he identified a pattern of symptoms again in patients in the future. He confirmed that he would not embark on research of his own, but instead would discuss his queries with colleagues. He said that he had done this already with a view to establishing whether patient medication needed to be changed and to ascertain how he could help them with their health. He had realised from his previous experience that he should only rely on reliable sources for information.
103. It was clear from the character references provided that he was highly regarded and providing an otherwise good pharmacy service to his local community.
104. The Committee was satisfied that the Registrant had apologised for his behaviour and expressed genuine remorse and regret. It concluded that he had undertaken

sufficient remediation to address the concerns that had been raised. The Committee took into account the particular personal circumstances that he had found himself in at that time, which had been difficult for him and had clearly impacted on his behaviour. Whilst the Committee considered the Registrant could have done a little more by way of training to demonstrate full insight, it concluded that his insight was now sufficient for it to be satisfied that the risk of repetition was low. He had learnt a valuable lesson from this incident and was unlikely to repeat the misconduct. The Committee concluded the Registrant's fitness to practise is not currently impaired on the personal component.

105. The Committee then considered whether a finding of impairment was necessary in the wider public interest. The Committee took into account that the Registrant's misconduct had been serious. He had given incorrect information to a patient who had not requested it, which was not relevant to the issue the patient had raised and which was not based on reliable evidence. The information given was about important public health matters which were related to a programme to address a pandemic. Patient A had been surprised by the Registrant's comments and the Committee had no doubt that members of the public would be extremely concerned to learn that a pharmacist in a position of authority had disseminated false information about vaccinations which he had not properly verified. His conduct could have led to serious consequences had Patient A or other members of the public heeded what he had said.
106. Whilst the Committee took into account this had only happened on one occasion and had not led to actual harm, it concluded that the conduct was sufficiently serious to undermine public confidence in the profession. The Committee concluded that a finding of impairment is necessary in the wider public interest to mark the seriousness of the misconduct, maintain confidence in the pharmacy profession and also to send a clear message to other pharmacists that such conduct is unacceptable. This was the type of case that was likely to attract public interest due to the effect it could potentially have had on public health initiatives. A finding of impairment is necessary to promote and uphold the professional standards expected from pharmacists and deter them from failing to meet those standards.
107. The Committee therefore finds the Registrant's fitness to practise is currently impaired on the grounds of the wider public interest.

Decision on Outcome

108. Having found impairment, the Committee considered the matter of outcome. 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.
109. 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.

110. The Committee again had regard to the Council's '*Good decision making: Fitness to practise hearings and outcomes guidance*' (March 2024) to inform its decision and the '*Good decision-making: Conditions bank and guidance*' (July 2023).
111. The Committee again took into account the submissions made by both parties, the evidence it had heard, the character references and the documents provided.
112. The Committee had been provided with an email dated 23 January 2026 from the Registrant's SI at his current employment which described the Registrant as "*an exemplary pharmacist. His level of care and kindness to patients is exceptional.... He is a conscientious, compassionate and competent healthcare professional ...*". In a further email from the Registrant's SI dated 15 February 2026, the SI stated: "*Pharmacist cover is very difficult in Cornwall, especially west Cornwall. A suspension would not just affect Tue but also my company and the community of Marazion.....A suspension would also be punitive to my company and to the patients who have relied on Tue for a consistent, high quality pharmaceutical service for over fifteen years.*"
113. Ms Tascon, on behalf of the Council, referred the Committee again to the case of Adil v GMC in which a suspension of 6 months had been imposed. She submitted there were some similarities in that and the Registrant's case. Ms Tascon submitted the appropriate outcome in the Registrant's case would be a suspension for a period of 6 months with a review requiring the Registrant to set out the steps he had taken to reduce any risk of repetition.
114. Mr Smalley, on the Registrant's behalf, referred the Committee to his written "*Submissions on Sanction*" which he adopted. He took the Committee through these and submitted that although the Registrant had denied the allegation, this had been on the basis that he could not recall the exact words he had used. Mr Smalley submitted the Registrant had not denied his conduct had been inappropriate and had taken immediate steps to address it with his SI as soon as it had been raised with him.
115. In relation to the case of Adil v GMC, Mr Smalley submitted this was not binding on this Committee. He submitted Dr Adil's misconduct had been at the other end of the spectrum relating to Covid cases when compared to the Registrant. He reminded the Committee that there was a public interest in allowing a competent pharmacist to continue to serve the community, particularly in this case where there was likely to be a bigger impact in the area where the Registrant worked, as confirmed by his SI. Mr Smalley confirmed the Registrant continued to work as a locum for three days a week at the Pharmacy and he provided details of the Registrant's financial circumstances. The Registrant was the main breadwinner and restricting his ability to practise would have an adverse effect on those who relied upon him. Mr Smalley submitted the Registrant had accepted this was a serious matter. He submitted the

appropriate and proportionate outcome to meet the public interest in this case would be a Warning.

116. The Committee first considered what, if any, aggravating and mitigating factors there may be.
117. The Committee identified some aggravating factors which included:
 - a. The Registrant had been in a position of authority and had made the comments to Patient A in a clinical setting
 - b. The Registrant's comments had not been based on reliable evidential sources, and as such he had provided incorrect information in circumstances which had not been solicited by Patient A
 - c. The Registrant's comments had undermined an important public health initiative and could have potentially had wider serious ramifications.
118. The Committee identified a number of mitigating features including:
 - a. This had been an isolated incident involving one patient
 - b. The Registrant had been dealing with challenging personal circumstances at the time which appeared to have clouded his judgement when making the comments
 - c. The Registrant had immediately admitted his conduct was inappropriate when it was brought to his attention, and he had taken immediate steps to address it with his SI to ensure there would be no repetition
 - d. The Registrant had expressed genuine insight and remorse
 - e. He had been open and candid when giving evidence and had apologised to Patient A
 - f. The Registrant had a previously long unblemished career and there had been no repetition since this incident
 - g. The character references provided spoke highly of the Registrant and his clinical abilities
 - h. The Registrant had not gained anything personally from his conduct
 - i. There had been no actual harm to any patient, although this was primarily due to Patient A not agreeing with his comments
 - j. There was a low risk of repetition
 - k. The Registrant had fully co-operated with his regulator throughout these proceedings.
119. The Committee first considered whether to take no action in this case. Although the Committee had decided there was no risk of repetition of the Registrant's conduct, it had found impairment on the grounds of the wider public interest. The Committee

therefore concluded that taking no action would be insufficient to mark the seriousness of the misconduct.

120. The Committee then considered a Warning. It took into account the aggravating and mitigating factors in this case and, in particular, the Registrant's personal circumstances at the time of the misconduct which had impacted on his decision to make the comments he had made to Patient A. Nevertheless, these comments expressed his personal opinions and should not have been shared with any patient, which the Registrant had accepted.
121. The Committee took into account the case of Adil v GMC but considered the facts in that case to be more serious than the position the Registrant had been in. In that case, Dr Adil had appeared in videos on social media on a number of occasions between April 2020 and October 2020 in which he had stated (i) the Covid-19 disease did not exist; (ii) that the Covid 19 pandemic had been a conspiracy brought by the UK and other governments; (iii) that it was a multi-billion scam being manipulated for the benefit of various individuals and bodies; (iv) that the Covid 19 pandemic was being used to impose a new world order; (v) that Covid 19 vaccines potentially contained technology that affected the human body, transformed human psychology and beliefs; and (vi) Covid 19 vaccines could be used to control the world's population. Dr Adil had also referred to his position as a doctor to promote his opinions on one or more occasions.
122. The Committee was satisfied that the Registrant's position was quite different in that it had been an isolated incident involving one patient and the remarks he had made were less extreme or wide ranging, albeit serious in themselves. The Committee had found that there may have been some level of misunderstanding between the Registrant and Patient A, but none the less his remarks had led Patient A to believe that his opinions were effectively those contained in the Particulars. The Committee concluded the Registrant's conduct was less serious compared to that of Dr Adil.
123. The Committee was satisfied that, in the particular circumstances of this case, there was no need to restrict the Registrant's right to practise as it had found there was no continuing risk to patients or to the public. There had been no concerns expressed about the Registrant's clinical skills and he had clearly understood the seriousness of his actions and the potential implications these could have had, not only on Patient A but also on the wider public.
124. However, there was still a need for a public acknowledgement that the Registrant's conduct was unacceptable because he should not have shared his personal opinions with Patient A in the first place, and any medical information given should have been based on reliable evidence-based sources. The Committee was satisfied that, in the specific facts of this case, taking into account the number of mitigating factors, a Warning was proportionate, sufficient and the minimum necessary to mark the Registrant's misconduct. The Committee concluded that any greater outcome would be disproportionate and punitive on the Registrant, who was otherwise of good character and a competent pharmacist.
125. The Committee concluded that a Warning would demonstrate to the Registrant, the profession and the wider public that the Registrant's conduct fell below acceptable

standards. It would ensure that the professional standards expected from pharmacists were upheld and promoted and would deter other pharmacy professionals from failing to meet those standards. The Committee concluded that a Warning was the appropriate and proportionate outcome in this case. It was satisfied that a more serious sanction was not necessary and would have a punitive effect on both the Registrant as well as the community he served.

126. Accordingly, the Committee warns the Registrant in the following terms.

“The Committee has found that your actions amounted to a serious failure to meet the Standards expected of pharmacists, in that you breached Standards 1, 3, 5 and 6.

The Committee is satisfied that you have demonstrated genuine insight and remorse and that you understand the importance of not expressing your personal opinions to patients. It is also satisfied that you understand that any medical information given to patients must be from reliable sources that are evidence-based. You have sufficiently remediated your conduct. You have been found impaired in the wider public interest of marking the seriousness of your conduct, declaring and upholding standards of behaviour and maintaining public confidence in the profession. The Committee is reassured that there is a low risk of repetition of your conduct and that you will comply with the Standards on all occasions in the future to ensure the safe and effective provision of pharmacy services.

The Committee considers that this Warning is necessary to mark the gravity of your conduct. A Warning ensures that public confidence in the pharmacy profession is maintained and that the professional standards expected from pharmacists are declared, promoted and upheld.

This Warning will be published in the register and will be available for 12 months. If you do not comply with this Warning, it may be taken into consideration by an Investigating or Fitness to Practise Committee in the future.”

127. This concludes the determination.