

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote video-link hearing

16 - 19 February 2026

Registrant name:	Jamie Moran
Registration number:	2072845
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Jennifer Ferrario (Legally Qualified Chair) Hanad Osman (Registrant member) Victoria Smith (Lay member)
Committee Secretary:	Evie Davies
Registrant:	Present and represented
Registrant's Representative:	Ms Laura Nash, Counsel
General Pharmaceutical Council:	Ms Yesim Hall, Case Presenter
Facts proved:	1 & 3
Fitness to practise:	Impaired
Outcome:	Suspension Order for 12 months, with review
Interim measures:	Interim Suspension Order

This decision including any finding of facts, impairment and outcome is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until **19 March**

2026 or, if an appeal is lodged, once that appeal has been concluded. However, the interim suspension set out in the decision takes effect immediately and will lapse when the decision takes effect or once any appeal is concluded.

Particulars of Allegation (Original)

You, a Registered Pharmacist whilst working as a Pharmacist Independent Prescriber for

IQ Doctor, 123-131 Bradford Street, Birmingham, B12 0NS:

1. Between November 2024 and December 2024:

1.1 Accessed Patient A's contact information without clinical justification.

1.2 Sent a WhatsApp message to Patient A purporting that you were attempting to contact "Aaron" but may have sent the message to an incorrect number.

1.3 Accessed Patient B's contact information without clinical justification.

1.4 Sent a WhatsApp message to Patient B purporting that you were attempting to contact "Aaron" but may have sent the message to an incorrect number.

2. Your actions at paragraph 1 above were sexually motivated.

3. Your actions at paragraph 1 above were dishonest in that you:

3.1 Knew the information contained in your message referred to at 1.2 and/ or above 1.4 was untrue.

3.2 Sought to mislead Patient A and/or B to believe you had a legitimate reason to contact them.

By reason of the matters above, your fitness to practice may be impaired by reason of your misconduct.

Documentation

Document 1- Council's hearing bundle

Document 2- Council's skeleton argument

Document 3 – Registrant's skeleton argument

Witnesses

The evidence of the Council's witnesses was agreed by the Registrant in advance of the hearing, and the Council did not therefore call any witnesses to give oral evidence.

The Registrant gave evidence during the hearing.

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. This hearing is governed by *The Pharmacy Order 2010* ('the Order') and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ('the Rules').
3. The statutory overarching objectives for these regulatory proceedings are:
 - a. To protect, promote and maintain the health, safety and well-being of the public.
 - b. To promote and maintain public confidence in the professions regulated by the Council, and
 - c. To promote and maintain proper professional standards and conduct for members of those professions.
4. The Committee also has regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and outcome guidance* as revised March 2024 ('the Council's Guidance.')
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. 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 a letter dated 19 January 2026 from the Council headed 'Notice of Hearing' addressed to the Registrant and sent to his email address as noted on the Register.
7. The Committee is satisfied that there had been good service of the Notice of Hearing ('Notice') in accordance with Rules 3 and 16 of the Rules.

Preliminary Matters

8. Ms Nash on behalf of the Registrant made an application to the Committee for parts of the hearing to be heard in private when aspects of the Registrant's personal life were being discussed. Specifically, his personal life, PRIVATE and PRIVATE. She relied on rule 39(3) of the Rules and referred the Committee to the defence skeleton and said that she did not wish to add to it verbally.
9. Ms Hall, on behalf of the Council said that she did not object to the application.
10. The Legally Qualified Chair ('the Chair') gave advice to her Committee colleagues in the hearing. She advised that rule 39(1) of the Rules provides that the default position is that a hearing of this nature must be held in public, subject to exceptions as provided for in the rules. Rule 39(3) gives a discretion to the Committee to hold part or all of the hearing in private if it is satisfied that the interest of the Registrant in maintaining his privacy outweighs the public interest in holding the hearing, or part of the hearing in public.
11. The Chair referred to the case authorities *Yassin v General Medical Council* [2015] EWHC 2955 (Admin) and *Dixon v North Bristol NHS Trust* [2022] EWHC 1871 (QB) and advised that the application to hold part or all of a hearing in private has a high bar to overcome. The Rules and the case authorities are clear that the general principle is that fitness to practise hearings must comply with the principle of open justice. Any deviation from this principle requires cogent and compelling evidence.
12. The Chair advised her Committee colleagues to consider the evidence it had received and the skeletons from both parties and carry out a balancing exercise. The Committee should ensure that the public interest element of the hearing is maintained and that no unfairness will be caused to the Registrant. It should ask itself whether there is a public interest in the Registrant's evidence regarding his personal life, physical and mental health. The Committee was advised to have the overarching objective at the forefront of its mind when making its decision.
13. The Committee reminded itself of the content of the Council and the Registrant's skeleton arguments and the hearing bundle. It had the overarching objective in its mind, particularly the wider public interest element of upholding and maintaining public confidence in the profession.
14. The Committee noted that it had not received any evidence to indicate that if part of the hearing were to be held in private, that this would cause an adverse impact upon the Registrant. The Committee recognised that the circumstances of the case may involve evidence of a personal and sensitive nature, and this may be difficult for the Registrant. The Committee balanced this with its duty to act in accordance with the overarching objective, specifically the upholding of professional standards and the need for transparency. It considered that in relation to the disputed allegation, the Registrant in his witness statements, had relied on his personal circumstances, to

explain and defend his behaviour. There was therefore a direct connection between the disputed conduct and the evidence that the Registrant wished to give in private.

15. The Committee determined that in view of the direct link between the relevant evidence and the disputed allegation, the duty to hold a public hearing, outweighed the impact for the Registrant, in giving his evidence in a public hearing.
16. For these reasons, the application to hold part of the hearing in private, was refused by the Committee. The Committee decided that the entire hearing shall be heard in public.

Registrant's response to Particulars of allegation

17. The Registrant admitted Particulars 1.1, 1.2, 1.3, 1.4.
18. The Registrant denied Particular 2.
19. The Registrant admitted Particulars 3.1 and 3.2
20. In line with rule 31(6), and the Registrant's admissions, the Committee found Particulars 1.1, 1.2, 1.3, 1.4, 3.1 and 3.2 proved.

Background

21. The Registrant is a Pharmacist and he was first registered with the Council on the 21 July 2010.
22. In August 2024, the Registrant began working as a Pharmacist Independent Prescriber for IQ Doctor.
23. Patient A submitted an online request for Mounjaro, a weight loss injection, on 29 November 2024 and uploaded photographs of herself.
24. Patient A received an email from IQ Doctor after providing the photographs to confirm that her request had been sent to a prescriber for approval. The Registrant reviewed her request for the medication to ensure that it was clinically justified. Thirteen minutes after receiving this email, Patient A received the first WhatsApp message from the Registrant.
25. In the first WhatsApp message, the Registrant said that he was hoping that the receiver of the message was a person by the name of Aaron. He purported to be sending the message to offer help with a recruitment interview. This initial message led to an exchange of several WhatsApp messages from the 29 November 2024 until the 4 December 2024. On the 4 December 2024, Patient A stopped communicating

with the Registrant because she believed that he was married and had been untruthful to her about his marital situation.

26. The messages included a sharing of personal information, their thoughts, feelings, likes and dislikes. The hearing bundle contains a transcript of the messages.
27. Patient B, following a recommendation by Patient A, ordered Mounjaro from IQ Doctor on the 9 December 2024. Patient B uploaded photographs of herself fully clothed and also in her bra and shorts. On the 10 December 2024, Patient B received an email from IQ Doctor to say that her order was being processed. Within two hours of receiving this email, Patient B received a WhatsApp message from a person by the name of 'Jamie' and it was identical to the message that had been sent to Person A on the 29 November 2024.
28. When she received the message, Patient B sent it to Patient A. The WhatsApp message was from the Registrant. On the 11 December 2024, Patient A contacted IQ Doctor and the Council to report the Registrant's conduct.
29. RP, Pharmacist Manager for IQ Doctor, contacted the Registrant on or around the 11 December 2024 and he denied any knowledge of the WhatsApp messages. He was immediately suspended from working for IQ Doctor. On the 16 December 2024, the Registrant spoke to RP again and admitted that he had contacted Patients A and B and he asked to meet with RP.
30. On the 3 January 2025, in a statement of reflection to IQ Doctor, the Registrant admitted that he had sent a WhatsApp message to the patients on the pretence that he had contacted the wrong number. When Patient A replied and engaged with him, he continued the conversation.
31. The Registrant went on to provide further statements in writing, on the 6 June 2025 and the 5 December 2025 to the Council. He accepted the allegations save for the sexual motivation. He admitted that his conduct had been dishonest because he had known at the time of sending the initial WhatsApp message to Patients A and B that the content in the message had been untrue. He had misled the patients into believing that he had had a legitimate reason to contact them.

The Hearing

32. Ms Hall on behalf of the Council opened the Council's case. She referred the Committee to the Council's written statement of case and skeleton and took the Committee through the chronology.
33. In summary, she said that the Registrant's clinical ability is not in question and the allegation is behavioural in nature. In relation to sexual motivation, she invited the Committee to consider the thoughts that were in the Registrant's mind when he sent the WhatsApp messages to Patients A and B. She said that the Committee ought to

consider the evidence in the bundle, and draw inferences from it, to enable it to reach a decision. Ms Hall said *'the messages show that this was not someone simply seeking companionship. He was looking for sexual gratification or to pursue a sexual relationship.'*

34. Ms Hall invited the Committee to adopt the following witness statements in the hearing bundle, as agreed evidence:

Patient A

Patient B

RP

The Registrant

35. The Registrant invited the Committee to adopt his witness statements in the bundle, dated 6 June 2025 and the 5 December 2025. He confirmed that he denied the allegation regarding sexual motivation and admitted the remaining particulars of the allegation.
36. During his evidence in chief, the Registrant told the Committee that Patient A had been a patient of IQ Doctor prior to November 2024. He was one of three prescribers and having been given the order from Patient A to review he made notes on her account; agreed to prescribe, and sent it to customer service for processing. He said that a prescriber must verify a person's BMI which can be difficult to do remotely and for this reason, patients were asked to upload photographs of themselves. He said that IQ Doctor has a responsibility to monitor the patient's weight loss and will therefore request photographs regularly, usually at least every six months. The Registrant said that the Customer Service team stores the photographs in the patient's account.
37. The Registrant said that he accessed Patient A's dashboard which included personal details. He wrote her number in a diary that he had next to him in the knowledge that he may decide to contact her. He said that he chose to write her telephone number down because she was a similar age to him and it *'may have been someone that I would have conversed with in a more authentic setting'*. He said that he could not remember if the patient had lived close to his home address and he *'took no notice of her address.'* He told the Committee that when he wrote the patient's telephone number down, he had not at this stage, viewed her photographs.
38. The Registrant went on to say *'I wasn't really sure what I was going to do with the telephone number when I wrote it down. PRIVATE.'*

39. After writing the patient's telephone number in his diary, he said that he treated Patient A's prescription request in the usual manner. He said that the photographs of Patient A had not contributed to his decision to make contact.
40. The Registrant said that at the time of contacting Patient A, PRIVATE.
41. In terms of the content of the first WhatsApp message, the Registrant said that he had not planned it. He described it as a *'spur of the moment message.'* It related to a conversation that he had recently had with a friend and he used part of the conversation, as *'a template'* to create the WhatsApp message. He said that he had had no plan in terms of what he had hoped to achieve from contacting Patient A.
42. The Registrant told the Committee that when he received a response from Patient A, she appeared to be friendly and *'happy to talk.'* He said that in that moment he thought that he would continue the conversation. The Registrant said *'I was just happy to speak to someone that was neutral and friendly. I didn't have any plans about where it was going to go. I wasn't thinking clearly otherwise I wouldn't have done this. I was just happy to be having a conversation with somebody.'* PRIVATE.
43. He went on to say that he made a comment to Patient A about her WhatsApp profile photograph because he *'was trying to be nice.'* He said that she did not appear to be obese. He said that he was being friendly and *'the last thing I wanted was to be in another intimate relationship. I was just seeking a general connection.'* The Registrant said that he had asked Patient A about photographs to demonstrate her progress because they had been conversing about healthy eating, and as a fitness enthusiast, he had often used progress photographs for his own fitness journey.
44. The Registrant said that he understood that his enthusiasm to see Patient A's progress photographs may be interpreted as inappropriate but said that it was nothing more than friendly conversation and sharing a connection in relation to health. He said that he had acted *'playfully'* when he encouraged her to send him a photograph in her underwear and it had not been sexual. He went on to say that as she had referred to photographs in her underwear, that he had responded in a friendly manner. He accepted that he should not have done.
45. The Registrant said that he had not had an intention to develop a sexual relationship with Patient A. He said *'I just wanted to build a connection with someone. I was in survival mode. I had no long term plan. I was living in the moment and trying to get through each day. I didn't handle myself well. I didn't intend to have a sexual or flirtatious connection with Patient A when I first contacted her. I appreciate that the tone changed but there was no intention there for anything sexual.'* He said that he recognised that there was a sexual tone to the conversation in parts *'but it wasn't about gratification, it was about being playful and jokey. I didn't have any sexual*

desires that needed fulfilling. It was about having a conversation that made me smile.'

46. PRIVATE. He said that some of the messages that he had exchanged with Patient A had had a sexual and flirtatious undertone, however it did not reflect how he had been feeling at the time. He said *'I felt like a person that was being disliked and if I went over the top to compliment Patient A, she might want to continue messaging me and would see me in a positive light. It was me trying to re-build my confidence and nothing more than being friendly and playful. I can see though how it may be interpreted.'*
47. In relation to Patient B, the Registrant said that he was *'looking for someone to converse with.'* He said that as with Patient A, he had had no intention to pursue a sexual relationship with her, or for his own sexual gratification.
48. During cross examination, the Registrant told the Committee that he had considered the tone and content of Patient A's messages to be friendly. He accepted that when he wrote to IQ Doctor on the 3 January 2025 to try and explain his behaviour, he had said that the messages with Patient A had been *'centred largely on health related topics'* and this had been inaccurate. He accepted that the messages had not focused on Patient A's health.
49. The Registrant said that when he had suggested to Patient A that she could send photographs of herself to him in her underwear, he had wanted her to feel *'safe'* on the basis that he regularly saw similar photographs of other patients. He said that he would have had access to photographs that had been uploaded to her account.
50. The Registrant was asked about a message in which he told Patient A that he had been thirty six years of age when he had been thirty seven. He was asked if he had lied to try and appear the same age as Patient A. The Registrant said *'I don't know why I said that, for me personally, one year difference is not significant. There was no intent from my part to portray myself as younger.'*
51. He went on to agree that the conversation had become flirtatious. He said *'I can only try and remember how I felt at the time. I felt desperate. I was dishing out compliments. It sounds ridiculous now. I realise that it could be seen as flirtatious.'* When he was asked about the message in which he had suggested to Patient A that she send him photographs in her underwear, the Registrant agreed that Patient A had not mentioned sending him photographs of this nature, previously. He said *'I was being playful but I appreciate how it looks.'*
52. The Registrant denied that when he first contacted Patient A, it had been with the intention of receiving photographs of her, for his sexual pleasure. He said that at the time of sending the messages, he did not have a network of support. He had never

before experienced such loneliness and *'it had been a fight or flight response. I wasn't able to have any medium or long term goals, there was no rationale. I was living in the moment and not looking for a sexual relationship.'*

53. On the 1 December 2024, when the Registrant exchanged messages with Patient A about her physicality, the Registrant described it as *'a poor attempt to be humorous.'* He denied that his comments in the messages demonstrated that he had wanted a sexual relationship with Patient A. He said that he had been feeling very low and he had had no capacity to consider pursuing a sexual relationship with anyone.
54. He was asked about the message, *'So excuse me if this is inappropriate but you're looking pretty hot in that picture. Those legs 😊 and you don't look like you've lost too much shape in your... upper body region 😊.'* Ms Hall asked the Registrant if he had been referring to Patient A's breasts when he had referred to her upper body region. He said *'Yes, probably. She made certain comments that suggested that she was happy and comfortable with the level of our conversation. She talked about giving me a massage. I accept full responsibility for the inappropriateness of the conversations. I realise that I should not have had the conversations, I am the professional, the person with power. I can see that I steered some of the conversation to a sexual element, not all of it, but I certainly played my part in it.'*
55. The Registrant said that if he had wanted a photograph of Patient A's body, he would have directly asked for one. He said, *'I was not seeking sexual arousal. I can see how the messages look but it was not for sexual gratification. That's not to take away from what I have done.'*
56. He was asked about the messages that were exchanged regarding a mutual massage. The Registrant said that he had had no intention at the time of sending the messages, of either giving or receiving a massage to or from Patient A. He had engaged in a flirtatious conversation, which he said he should have stopped. He said *'A sexual relationship at the time was not on the agenda for me and eighteen months on, I am still not intending to pursue a sexual relationship with anyone.'*
57. The Registrant agreed that it was Patient A that brought a halt to the WhatsApp conversation. He said that when she did not respond to his last message, he did not pursue any further conversation with her. He denied that had the conversation continued, that he would have pursued a sexual relationship with her. The Registrant said *'There was an element of relief. I knew that what I was doing was unacceptable. I did not have a plan to cover my tracks. The gravity of the situation did start to dawn on me and I started to worry about what I was doing. My intention was never to seek a sexual relationship, I wasn't in the right frame of mind. PRIVATE. Starting a relationship was not something that I could have entertained.'*

58. He denied that his WhatsApp conversations had been sexually gratifying. He said, *'I don't want to excuse my actions. I fully accept that the tone of the conversation developed into something sexual but it wasn't for sexual gratification. PRIVATE. It wasn't for sexual gratification, I just wanted to connect with someone. I just needed validation that I wasn't a bad person. PRIVATE.'*
59. The Registrant accepted that six days after his WhatsApp conversation had come to an end, he contacted Patient B. He was asked why he made this contact, if he had felt relief when Patient A had brought their contact to an end. The Registrant said *'I felt relief with Patient A because I knew that the topics of conversation that we were having were highly inappropriate. At the time I thought that I was just being friendly. Engaging with Patient B was another attempt to build a connection to feel validated, and to try and feel some normality. It is very difficult to convey how I was feeling because it was irrational, there was no real cognitive thought process going on there and it was doing something on a whim. Which I deeply regret.'*
60. PRIVATE.
61. The Committee asked the Registrant about a WhatsApp message that he sent to Patient A on the 4 December 2024 in PRIVATE, and it was not something that he had wanted to share with Patient A. PRIVATE. This he said, explained why he had used the term 'amicable.'

Closing submissions

62. Ms Hall made closing submissions on behalf of the Council. She summarised the agreed facts. She submitted that the initial WhatsApp messages demonstrated that the Registrant had been in pursuit of sexual gratification. She said that as the messages had continued, the Registrant's tone clearly showed an intention to pursue a sexual relationship. Ms Hall submitted that the Registrant inaccurately described the WhatsApp messages as 'friendly and health related' to IQ Doctor in January 2025. He had accepted during his evidence, that this description had been inaccurate and did not provide an explanation.
63. Ms Hall referred the Committee to some of the WhatsApp messages and submitted that they demonstrated that the Registrant was *'steering the conversations to be sexual in nature, it was not Patient A, and he was doing this for sexual gratification.'* She submitted that some of the messages, including those referring to a massage, demonstrated that the Registrant wanted to be sexually intimate with Patient A.
64. In relation to Patient B, Ms Hall submitted that the Registrant, having approached her in exactly the same way as Patient A, had demonstrated a pattern of conduct. This

pattern of conduct was an attempt to engage in WhatsApp messages for his own sexual gratification or to pursue a sexual relationship with her. Ms Hall referred the Committee to the case authorities that she had relied upon in her written case opening.

65. Ms Hall invited the Committee to find that the Registrant had not produced independent evidence to corroborate his evidence PRIVATE, at the relevant time. She submitted that the content of the WhatsApp messages did not support this and she reminded the Committee that the Registrant accepted that some of the messages had contained a sexual or flirtatious overtone. She submitted that the Committee had sufficient evidence to find that his actions had been sexually motivated.
66. Ms Nash, during her closing submissions, referred the Committee to her skeleton argument. She said that the WhatsApp messages may have contained a sexual overtone however this in itself did not amount to him wanting a sexual relationship with Patient A or pursuing sexual gratification. Ms Nash invited the Committee to remind itself of the content of the WhatsApp messages. She submitted that the messages predominantly involved friendly conversations around weight, health, family, cooking, employment and exercise. Patient A had engaged in light hearted and jovial conversations, during which she asked several questions some of which were extremely personal. Ms Nash said that when the Registrant responded, he often talked about his profession and did not try and use it to his advantage. Patient A had considered him to be humorous and had specifically expressed that she had found it fun to be conversing with a pharmacist, because she was a nurse. Patient A went on to encourage flirtatious behaviour.
67. Ms Nash said that the messages did not demonstrate any clear, direct sexual advances by the Registrant towards Patient A. Ms Nash submitted that as the exchanges had continued, some messages had contained a sexual overtone. She invited the Committee to consider these *'not in a vacuum but in the context of the entirety of the conversations.'* She said that the messages were *'about day to day life rather than making any plans to meet up or to be intimate.'* Ms Nash submitted that messages from the Registrant inviting Patient A to send photographs of herself, should be considered alongside the conversations that they had been having regarding her progress with weight loss and fitness. She said *'you don't have any focused messages from him where he is asking for images from Patient A. What you do have is evidence of an organic conversation about daily life.'*
68. The Committee was invited by Ms Nash to refer to the relevant case authorities, and to consider the context, including the fact that Patient A had set the tone. PRIVATE. Ms Nash said that the conversations with Patient A reconcile with the Registrant's evidence which was that he had been looking for friendly companionship, because of his low self-esteem, and nothing more. She said that the Registrant had admitted the

allegations including dishonesty and had his actions been sexually motivated, he would have admitted to this too.

Legal advice

69. The Committee received and accepted legal advice from the Chair. In summary, she said that the burden of proof rests with the Council, and the standard is 'on the balance of probability.' She said that the Registrant has nothing to prove.
70. The Chair reminded the Committee that there was one Particular that was disputed. This related to whether the Registrant's conduct as admitted in relation to Particular 1, had been sexually motivated towards Patients A and B. The Committee was advised that the civil standard of proof, 'balance of probability' does not alter and the Committee should consider the inherent probability and improbability of an event. It should carefully consider the whole of the evidence and take a flexible approach within the parameter of the civil standard. This was in line with *Byrne v General Medical Council* [2021] EWHC 2237 (Admin) and *Demanya v The General Medical Council* [2025] EWHC 247.
71. The Chair referred the Committee to the case *Hindle v The Nursing and Midwifery Council* [2025] EWHC 373 (Admin). She advised that it ought to serve as a reminder to the Committee that it should not find an allegation proven '*based on its own speculative guess as to what more probably happened. Instead, it will be the duty of the tribunal to find an allegation 'not proved' unless the party making the allegation has produced cogent evidence which is sufficient to satisfy the tribunal, on the balance of probabilities and after having considered the totality of the evidence before it, via careful and thorough forensic analysis, that the alleged conduct occurred.*'
72. The Chair advised that sexually motivated was defined in the case *Basson v GMC* [2018] EWHC 505 (Admin). A sexual motive means that the conduct was done either in pursuit of sexual gratification, or in pursuit of a sexual relationship. In *Arunkalaivanan v General Medical Council* [2014] EWHC 873 (Admin) the court noted that it is important not to equate inappropriate conduct with sexually motivated conduct. The Committee should consider whether there could be any other explanation for the inappropriate conduct. In *Sait v General Medical Council (2)* [2019] EWHC 3279 (Admin), Mr Justice Mostyn said that a tribunal does not need to decide if sexual motivation was the only motive for a registrant's conduct but whether his motivation in the overall sense, had a sexual element to it. In the case of *GMC v Haris (2020) EWHC 2518*, Mrs Justice Foster stated that to look for sexual gratification may be misleading and overcomplicating and that that Tribunal should have focussed on whether the actions 'may have been sexual'.

73. The Committee was also referred to the case of *Higgins v General Medical Council* [2024] EWHC 1906 (Admin) which stated that even where a witness does not provide direct evidence of a sexual element to the alleged inappropriate conduct, this does not preclude the Committee from identifying a sexual element. The Committee is entitled to consider the totality of the evidence when assessing if the conduct was sexually motivated. The issue is whether the actions of the Registrant come within the definition of sexual motivation. The Chair advised that as there is no specific allegation of sexual conduct, the Committee should concern itself with the definition of sexual in the context of the definition of sexual motivation as set out in the case of *Basson*.
74. The Chair advised the Committee to assess the credibility of the Registrant's evidence. She said that in line with *Hindle*, the Committee should '*when assessing reliability, consider if there are any other factors present which should cause their evidence to be viewed with caution for instance where on the basis of contemporaneous objective evidence the tribunal found that a witness gave an incorrect account, this should not be ignored when the tribunal is considering reliability.*' The Committee was advised to have regard to the Registrant's good character which he had had prior to these proceedings. The Chair advised that his good character should support his credibility and should also be taken into account in terms of his propensity to act in the manner alleged.

Decision on the Facts

75. The Committee considered the documentary evidence and the oral evidence from the Registrant very carefully. It had regard to the oral submissions that had been made during the hearing by Ms Hall and Ms Nash and their skeleton arguments.
76. When assessing the evidence the Committee, in line with the relevant case authorities, considered whether there was evidence of the Registrant acting in pursuit of sexual gratification or a future sexual relationship with Patient A and/or Patient B. In this regard, the Committee also considered whether the Registrant's actions 'may have been sexual.'

Patient A

77. The Committee reminded itself of the WhatsApp messages that had been exchanged between Patient A and the Registrant during the period 29 November 2024 to the 4 December 2024.
78. The Registrant had accepted that his initial message to Patient A had contained information that had been untrue and had been an attempt to engage a stranger in conversation.

79. Patient A had responded in a friendly manner and had encouraged an on-going conversation with the Registrant by asking him questions about himself.
80. The first reference to Patient A's physicality, was the message on the 29 November 2024 at 21.54 in which he had asked her to send a progress photograph. Patient A said that she had photographs of herself in her underwear which she would not be sending to him. She went on to say that she had had some with clothes on. When she asked if he had wanted to see them the Registrant replied *'hell yeah, I want to see. I love seeing people make positive changes to themselves.'*
81. The Committee considered this response from the Registrant was in the context of their conversation relating to healthy eating and fitness. The Registrant had commented that a photograph in her underwear may illustrate progress more clearly, however he had not directly asked Patient A to send a photograph of herself. He mentioned an underwear photograph once more however thereafter did not pursue it any further. He did however ask direct questions about her weight loss and eating habits.
82. On the 29 November 24 at 23.51, during an exchange, the Committee noted that there were no sexual messages from the Registrant. In fact, he fell asleep before she did according to the messages. The Committee further noted that when the two had exchanged messages during the evening or before bedtime, none of the messages had contained any sexual language.
83. The following day, the messages continued about daily life including children, pets and work. Patient A asked personal questions and wrote *'I'm going to assume with ?? children, a man like you has been snapped up'* followed by a ring emoji. The Committee considered that this was more likely than not, an attempt by Patient A to establish whether the Registrant was married. It was Patient A that encouraged a conversation about their personal lives. The Registrant wrote *'You're not overstepping the mark, you can ask me whatever you like.'*
84. On the 1 December 2024, as the exchange continued, Patient A and the Registrant referred to work and children. The Registrant said that he visited the gym, and thereafter he sent Patient A, a photograph of himself. The Committee has not had sight of this photograph. The Committee noted that there is no message from either the Registrant or Patient A to suggest that the photograph was in any way, sexual. Patient A commented on his tattoos and the size of his muscles. They then had a conversation about tattoos and Patient A wrote that she intended to have a tattoo on her thigh. The Registrant responded with *'if I knew you had one on your thigh I would probably ask to see it too.'* In the context of the conversations that were taking place, the Committee considered this comment to be flirtatious rather than sexual.

85. During their conversation, the Registrant wrote, PRIVATE The Committee considered this to be further evidence of flirtatious behaviour. The Registrant had not expressed any signs of pursuing sexual pleasure from their exchange nor was their evidence that he had attempted to pursue an intimate relationship. He told Patient A that he had had little time for anything other than work and his children.
86. There follows a conversation during which they discuss music preferences and fitness, and Patient A sent further progress photographs to the Registrant. The Committee has not had sight of these photographs and Patient A does not refer to them in her witness statement. The Committee noted that there is no message from the Registrant to suggest that he pursued or received sexual gratification from these photographs.
87. During the 1 December 2024, the Committee noted that the messages became more flirtatious in nature, and with a sexual undertone. Both from the Registrant and from Patient A.
88. The Registrant wrote *'I haven't seen your ass but it makes me sad to think you've lost it hahaha. I definitely like something to hold on to! So excuse me if this is inappropriate but you're looking pretty hot in that picture. Those legs 🥰 and you don't look like you've lost too much shape in your... upper body region 🤔.'* The Committee determined that the context of this message supported the Registrant's evidence that he wanted to compliment Patient A as much as possible, to encourage her to continue conversing with him. The Committee further determined that it had been written alongside several messages regarding weight loss and fitness progress.
89. The Committee noted that Patient A had been the first of the two to refer to a sexual part of the body.
90. During the evening of the 1 December 2024, she wrote *'I would quite like unexpected pics. 😊 nice ones, not the creepy hey look at my Wang pics 🤩. You're not one of those guys are you ? Lol. The Registrant replied with 'LOL I can tell you right now that you will never, ever, ever, receive a picture of my wang. I can confidently say that nobody has. PRIVATE If I'm with someone or messaging someone, there's a certain level of excitement that comes from sending and receiving pictures. But they have to be tasteful, you know, topless, in underwear, a booty pic, but that's it. I'm not gonna be sending you a weird video PRIVATE then think "yes, this is a masterpiece, will really love this.'*
91. The Committee considered that the Registrant, in this message, had described how he might engage in sending tasteful photographs of himself to a person with whom he was in a relationship. He did not ask Patient A to send him a sexual photograph of her body and he categorically told her that she would not receive a sexual

photograph from him. Patient A agreed with him and said *'Hahahahaha that has got to be the most reassuring message I think I've ever been sent. Now I feel totally safe 😊.'* She went on to say *'I love having a connection with someone and building on it.'*

92. The Committee noted that during the conversation, the Registrant suggested to Patient A that she send *'an ass pick.'* The Committee determined that on its own as an isolated message, this message may be regarded as a means for the Registrant to receive sexual pleasure. However, in the context of the lengthy conversation that the two had shared around fitness, health and progress photographs, the Committee viewed this comment from the Registrant, on balance, as a flirtatious or cheeky suggestion, rather than sexual.
93. As the conversation continued, Patient A told the Registrant that a Cardiologist whom she knew at work, had sent her a photograph of his penis. The Registrant wrote that he did not understand this conduct and there was no suggestion from the Registrant that he and Patient A should exchange sexual photographs.
94. During the evening of the 1 December 2024 and early into the morning of the 2nd, the conversation continued and they conversed about foot rubs. This developed into a conversation about a body massage which Patient A instigated. She wrote *'I'm dying for a proper nice rub! In fact, I am a qualified massage therapist if you treat me right you get the special treatment in return 😊'* The Registrant wrote *'a massage for a massage sounds like a good deal!'* The two continued to write about various topics. Patient A later during their conversation referred back to the message from the Registrant about a massage and wrote, *'And you know reading that last message I was all like oh lovely yep yep then your last paragraph I went from 😊 to 😞 hahahahahahah maybe I worded it wrong!! But let's be honest a massage never is just a massage is it! Gota be done really, all relaxed and in the moment.... perfect time to carry it on I guess lol.'*
95. The Registrant replied with *'Hahaha. I was only joking, but yeah, it's generally where it's heading. Dont get me wrong, there have been times when I have been absolutely exhausted and so tired that I could just collapse in bed without even getting undressed. A little massage to help de-stress, would be ideal. 15 minutes massage and then sleep like a baby. PRIVATE.'*
96. The Committee considered this to be a flirtatious exchange by both of them and noted that when Patient A appeared to be unhappy with the Registrant's comment about a 'massage for a massage', the Registrant explained himself and pursued it no further.

97. At 23.41 on the 2 December 2024, Patient A wished the Registrant good night and concluded her message with two kisses. The following morning, the Registrant sent a kiss at the end of his message.
98. The conversation continued throughout the 3 December 2024, involving several innocuous topics including the Registrant's work. During the afternoon, the Registrant mentioned that he was going to the gym and when he offered to send Patient A, a photograph of himself after his workout, she said '*ha ha ha go on then.*' The conversation then moved to food; the Registrant used the words 'gobble gobble' however there is no sexual undertone to the message, nor did Patient A suggest that there had been.
99. The exchange moved from food to Christmas, followed by the Registrant's personal life. PRIVATE.
100. The Registrant sent his final message to Patient A on the 4 December 2024 at 1.17pm. According to Patient A's witness statement, she used social media to look for details about the Registrant and upon seeing that he was married, she stopped communicating with him.
101. On the 10 December 2024, the Registrant sent the same initial message to Patient B, that he had sent to Patient A. This had been in an attempt to engage with Patient B via WhatsApp. Patient B knew Patient A and told her about the contact. Patient A contacted IQ Doctor and the Council, and all communication ceased.
102. The Committee noted that when Patient A did not continue engaging with the Registrant, he did not pursue her. Neither did he pursue Patient B.

The Registrant

103. The Committee assessed the reliability of the oral evidence. It found the Registrant to be a genuine and credible person. He gave thoughtful, clear and consistent answers. There were several occasions during his evidence when he said that he had acted inappropriately and he took full accountability for his actions.
104. The Committee reminded itself of the Registrant's evidence in terms of the reason for sending the initial dishonest message to Patients A and B. His explanation had been that he had been lonely at the time, and he had been seeking friendly companionship from someone outside of his family, friends or work circles. He had told the Committee that he was experiencing low self-esteem and had initiated and engaged in the conversations to make himself feel better by being part of a friendly, positive, complimentary exchange. The Committee gave this careful consideration,

and reviewed the WhatsApp messages that had been exchanged between the Registrant and Patient A.

105. The Committee determined that the WhatsApp messages between the Registrant and Patient A corroborated the explanation provided by the Registrant. The conversations had been about day to day life and had not contained any direct sexual references about each other. The messages that had included mention of their body parts had related to fitness and weight loss progress. References to sexual organs, and the exchange of sexual photographs had related to the wider general public.
106. The Committee reminded itself of the WhatsApp message from the Registrant to Patient A on the 4 December 2024 at 10:18 when he had been writing about his then wife. PRIVATE The Committee reminded itself of the explanation provided by the Registrant for sending this information, during his evidence. PRIVATE.
107. The Committee, in light of the evidence, found that there was no sexual motivation in relation to Patient A

Patient B

108. The Committee determined that the Council had not produced any evidence of sexual motivation. Patient B suggested in her evidence that the Registrant must have accessed the photographs of herself that she had sent to IQ Doctor, in her underwear. The Committee does not however have any evidence to suggest that he did access the photographs and that if he did, that he contacted Patient B with an intention to pursue a sexual relationship with her, or for his own sexual gratification. There was no sexual element in the WhatsApp message that he sent to Patient B.
109. The Committee, in light of the lack of evidence, found that there was no sexual motivation in relation to Patient B.
110. For the reasons above, sexual motivation as alleged at Particular 2 of the allegation is found not proved.

Misconduct and Impairment

111. Having found some of the factual allegations proven, the Committee next considered in accordance with rule 31(8) of the Council's Fitness to Practise Rules, whether the Registrant's current fitness to practise is impaired by reason of misconduct.
112. The Registrant gave evidence.

113. In summary, the Registrant said that when he was first contacted by the owner of IQ Doctor on the 11 December 2024 asking about whether he had contacted Patients A and B, he said that he had not. He told the Committee that he panicked and this was why he had been untruthful. He said that he contacted the owner of IQ Doctor on or before the 16 December 2024 to tell them the truth because he had had an opportunity to reflect. He said that his reflection statement dated 3 January 2025 was an honest account of his conduct and it had been important to him to take full accountability for his actions as soon as possible.
114. PRIVATE
115. He said that in January 2025, PRIVATE. During 2025, the Registrant began to understand that at the time of contacting Patients A and B he had *'not been thinking straight.'* He has accepted his wrong-doing and addressed PRIVATE. He said that once he changed his approach, he began to engage regularly with PRIVATE and made lifestyle changes. PRIVATE.
116. The Registrant told the Committee that he PRIVATE moved to work as a pharmacist for another organisation from March 2025 to June 2025. He has not worked as a pharmacist since. PRIVATE
117. In terms of having accessed private information with no clinical reason to do so, the Registrant described this as *'incredibly unprofessional. I am sure that it must have caused them stress. I understand that it will have an impact on how people perceive me as a pharmacist. A lot of my actions were extremely unprofessional. I wasn't thinking about that when I accessed their telephone numbers. I put my own needs first, before my professional responsibilities. I shouldn't have allowed that to happen.'*
118. When he was asked if he had safeguarding measures in place to avoid repeat conduct PRIVATE.
119. Ms Hall asked questions of the Registrant. In his responses, he told the Committee that when he initially contacted Patients A and B, he had not had a close network of support. He acknowledged that he could have tried to join online groups or engaged other options to create a support network. PRIVATE He said, *'It manifested in the way that it did unfortunately.'* He accepted that there had been an element of premeditation however it had only been minutes prior to making the initial contact.
120. In terms of his future plans, the Registrant said that if permitted, he would prefer to work in an in-person role, rather than remotely. He said that he had previously found it difficult to separate his work life from his home life, whilst working remotely. He said that ideally, he wanted to work in a pharmacy setting. He said that he has relocated in a small town in Northern Ireland and the opportunity for in-person pharmacy work will likely be limited. He said that he may have to relocate.

121. The Registrant said that when he worked for IQ Doctor, he believed that the pharmacist prescriber role had been a remote role. The company however, wanted him to work in a pharmacy. He was informally given the role 'Clinical Lead' by the owner of IQ Doctor when he agreed to take on more responsibility. The business was growing in 2024 and he was asked to provide training to newly recruited clinicians. He said that he assisted with inductions but did not deliver training. The Registrant accepted that he had had a leadership role whilst working for IQ Doctor. He said *'to some degree, I did. The big decisions were made by the owner. New recruits would come to me to ask about processes. It didn't really extend much beyond that. The business was based in Birmingham and that's where the owner and customer service were based.'* The Registrant said that, in reality, when he accepted the role of Clinical Lead, his role did not change significantly.
122. The Committee asked the Registrant if he had acquired any further CPD since January 2025. The Registrant said that he had not refreshed the previous CPD that he had undertaken in December 2024 and January 2025 because the sessions served as a sufficient reminder that he should handle personal data appropriately. PRIVATE. He told the Committee that he has kept himself up to date with clinical knowledge by reading articles and educational material. He said that as he had not worked as a pharmacist, he had had no practical experience since June 2025. In terms of his future plans, he said that ideally he wanted to return to work as a pharmacist in an in-person setting.
123. Ms Hall made submissions on behalf of the Council. She referred the Committee to the Council's skeleton argument in relation to the approach to be adopted in relation to current impairment. She took the Committee through the alleged breaches of professional standards as set out in her skeleton. Ms Hall submitted that when considering current impairment, the Committee ought to consider that dishonesty is often difficult to remediate. She said that at the heart of this case is an abuse of a privileged position and the unlawful use of private and entrusted information. Ms Hall said that in light of the Registrant's evidence, it would be reasonable for the Committee to find that there is a risk of repeat conduct.
124. Ms Hall submitted that regardless of whether current impairment is found on a personal level; a finding of current impairment on a public interest level is appropriate and justified. Ms Hall said that use of an online pharmacy, particularly for weight loss medication is a subject of national interest. She submitted that the Committee ought to send out a message to pharmacists involved in this area of work, that this type of conduct is wholly unacceptable. She reminded the Committee of its overarching objective, including a duty to uphold and maintain confidence in the profession and invited the Committee to find current impairment, both on a personal and public interest level.

125. Ms Nash made submissions on behalf of the Registrant. She said that misconduct is accepted and her submissions related to current impairment, which the Registrant denies. She submitted that the Registrant had provided genuine and credible evidence regarding impairment. He had described significant changes in his life to address his wrong-doing, and strategies for preventing repeat conduct. She said that he recognised that he had acted dishonestly and had *'worked hard on his level of insight such that he accepted that remote working was not his ideal choice however if he was working remotely he has put tools and safeguards in place. This demonstrated that it is highly unlikely that the conduct will be repeated.'*
126. Ms Nash acknowledged that the dishonest aspect of the case involved a breach of a fundamental tenet of the profession. She said *'it is a forward facing test and he has done the work to address the driving causes for the misconduct. To such an extent that he said that he does not recognise the person that he was in November 2024.'*
127. In relation to the public interest element of current impairment, Ms Nash said, *'this was not dishonesty of the usual type. There was no clinical impact on the patients. It was about drafting a WhatsApp message that he knew was not true. The Committee should consider this alongside the context of his mental health at the time.'* She said that the remote aspect of the misconduct was not relevant because it could have taken place during an in-person setting. She said *'It doesn't go to the heart of the online weight loss industry, it just so happens to be about weight loss medication. I accept that it is serious however this must be considered along with all the circumstances.'* Ms Nash invited the Committee to find that the Registrant is not currently impaired.
128. The Chair gave legal advice in the hearing in relation to misconduct and current impairment. In summary, the Chair advised that there is no burden or standard of proof and the decision of impairment is a matter for the Committee's professional judgment.
129. The Committee was advised to consider misconduct first and to consider whether there had been any breaches of professional standards and if so, whether the breaches were sufficiently serious to amount to misconduct. The Committee was referred to the cases of **Roylance v GMC [2000] 1 AC 311** and **Nandi v GMC [2004] EWHC 2317**. The Chair advised that the leading case authorities provide that a 'high threshold' exists for conduct to amount to misconduct and only serious misbehaviour can apply. The Chair said that the threshold is not rigid however the words used to describe misconduct often include 'reprehensible', 'morally culpable' or 'disgraceful.' The Chair advised that the reputation of the profession and whether the conduct brings the profession into disrepute are relevant factors.
130. The Committee was advised that if it does not find misconduct, it cannot find current impairment. The Committee will not be required to move to the second stage,

namely, to consider whether the Registrant can be trusted to practise safely and effectively.

131. If the Committee does find misconduct, it should go on to consider whether the Registrant's current fitness to practise is impaired. The Committee was referred to the principles established in the cases of **CHRE v NMC and Grant [2011] EWHC 927 (Admin)** and **Cohen v GMC [2008] EWHC 581 (Admin)**. The Committee was advised to consider personal impairment first; specifically, whether the Registrant had provided any evidence in terms of insight, reflection, remorse or remediation and if so, the extent of that evidence. The Chair referred to **Cohen** in which Mr Justice Silber states,
- 'It must be highly relevant in determining if a doctor's fitness to practise is impaired that; first his or her conduct which led to the charge is easily remedied, second that it has been remedied and third that it is highly unlikely to be repeated.'*
132. The Committee was further advised to consider the public interest element of impairment and whether an ordinary well-informed person would expect a declaration of current impairment to promote and maintain public confidence in the profession. The Chair referred to the questions posed by Dame Janet Smith in the Fifth Shipman Report as referred to in **Grant** and advised the Committee to work its way through the questions posed, applying the conduct that had been found proven.
133. The Chair highlighted the recent case authority **GMC v Dugboyele [2024] EWHC 2651 (Admin)**. She advised that according to this case, the Committee must consider making a finding of current impairment on public interest grounds even if there is no risk of repetition, to uphold the overarching objective.

Decision on Misconduct

134. The Committee had regard for its findings on the facts. In reaching a decision as to whether the Registrant's fitness to practise is impaired, the Committee followed the two step process as set out in the authorities. Firstly, the Committee determined whether the facts found proved were serious enough to amount to misconduct and secondly, whether that misconduct amounted to current impairment of the Registrant's fitness to practise. The Committee recognises that not every act of misconduct necessarily amounts to an impairment of fitness to practise.
135. The Committee first considered the Professional Standards for Pharmacy Professionals (May 2017 version) and determined that the following standards had been breached:

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

Standard 7: Pharmacy professionals must respect and maintain a person's confidentiality and privacy.

Standard 9: Pharmacy professionals must demonstrate leadership.

136. The Committee determined that the Registrant acted in breach of these professional standards when he accessed Patient A and B's details for non-clinical reasons for his own personal gain. In summary, the Registrant used private information that had been entrusted to IQ Doctor by both patients. He stepped beyond the professional boundary between a pharmacist and patient by contacting Patients A and B for a non-clinical purpose. On the same day that he prescribed medication to Patient A, he sent her a dishonest message in an attempt to make contact and engage her in conversation on WhatsApp. The Registrant abused his position as a pharmacist when he irresponsibly copied the private telephone numbers of two patients from a secure location and wrote them in his diary. He then used the telephone numbers for his own personal benefit. The patients' personal information should have been safe. The Registrant told Patient A during their conversations that he was a pharmacist however he did not tell her that he had been the prescribing pharmacist on the 29 November 2024 for her Mounjaro medication.
137. It was Patient A that brought the exchange of messages to a halt. The Registrant subsequently sent the same initial and dishonest message to Patient B on WhatsApp.
138. The Committee considered whether the facts found proved and the breaches of the professional standards were a sufficiently serious departure from the standards expected of the Registrant, so as to amount to misconduct.
139. The Committee reminded itself of the factual circumstances. It determined that a serious feature of the proven conduct was the Registrant's abuse of his position as a prescribing pharmacist. He deliberately took the telephone numbers for both patients and decided to contact them, for his own personal benefit. He did not tell them that he was the prescribing pharmacist and lied in the initial WhatsApp message about the reason for contacting them. The Registrant had continued a conversation over several days with Patient A and the exchange came to an end only when Patient A decided that she no longer wanted to be in touch with him. Six days later, the Registrant sent the same dishonest WhatsApp message to Patient B, which the Committee considered increased the seriousness.
140. After careful consideration of the Registrant's conduct, the Committee determined that the Registrant's conduct had been sufficiently serious to amount to misconduct.

141. Having found that the particulars of allegation amounted to misconduct, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired.
142. At the outset, the Committee considered the Registrant's insight, remorse, and remediation.
143. The Committee considers that the Registrant has partial insight due to the following:
- (a) The Committee accepts that the Registrant has during the hearing, accepted full responsibility for his actions. The Committee noted that when he was first asked about his actions by the owner of IQ Doctor, in December 2024, he had denied having any knowledge. The Committee considered that since the 16 December 2024, the Registrant had demonstrated that he fully accepted his wrong-doing and had taken accountability for it. He has recognised that he was entirely to blame for the exchanges with Patient A, and the initial contact with Patient B.
 - (b) The Committee noted that the Registrant, in demonstrating insight, focused on himself. He referred briefly to the impact on the patients and the wider profession, however the Committee would have expected to have heard more from him about this. The Committee reminded itself of the Registrant's reflective statement dated 3 January 2025 in which he referred to the patients concerned and public confidence in the profession however it had, in the Committee's view, been limited.
144. The Committee considers that the Registrant has shown partial remorse given his apologies to the Committee for his behaviour. However, the Committee determined that the apology did not seem to cover the patients whose confidentiality had been breached; pharmacy colleagues; or the wider profession.
145. The Committee considers that the Registrant has completed partial remediation, given that:
- (a) The Registrant voluntarily acquired relevant CPD in 2024 and 2025. The Committee reminded itself that when he gave his evidence about CPD the Registrant said *'I didn't need to go on a course to tell me that I had acted inappropriately because I knew that I had.'* The Committee recognised that notwithstanding this, the Registrant had attended courses designed to educate him in data privacy and safeguarding.

- (b) The Registrant gave evidence during the hearing that since PRIVATE. He told the Committee that he lives in a small town, and whilst he is not in work currently, he is hoping to return to a pharmacy role, in an in-person setting.
146. The Committee determined PRIVATE the Registrant had made inroads into remediating himself. The Registrant appeared to be suggesting that he had acted dishonestly because he had been at a low point in his personal life. PRIVATE. He did not provide evidence of cogent, tangible steps that he has taken, and will take in the future to ensure that he will not act in a dishonest or unprofessional fashion. In the absence of this type of evidence, the Committee is not reassured that there will be no repeat behaviour.
147. The Committee considered whether the particulars found proved show that the actions of the Registrant,
- (a) present an actual or potential risk to patients or to the public;
 - (b) have brought, or might bring, the profession of pharmacy into disrepute.
 - (c) have breached one of the fundamental principles of the profession of pharmacy;
- or
- (d) mean that the Registrant can no longer be relied upon to always act honestly.
148. The Committee determined that this is not a case involving patient harm.
149. The Committee went on to consider whether the Registrant's misconduct has brought the profession of pharmacy into disrepute. It determined that it had because the Registrant had abused his position as a pharmacist by using information that had been entrusted to him in his role, for his own personal benefit.
150. For the reasons set out above, the Committee considered that the Registrant's conduct and behaviour has breached fundamental principles of the profession of pharmacy, namely the requirements not to breach patient confidentiality, not to risk the protection of the public, and to act honestly.
151. Given the partial insight, partial remorse expressed, and partial remediation completed by the Registrant, and risk of repetition, as set out above, the Committee considers that the Registrant's conduct or behaviour might breach one or more of the fundamental principles of the pharmacy profession in the future.
152. The Committee considers that these proceedings have been a salutary experience for the Registrant, which reduces the risk of repetition. Nevertheless, given the partial insight, partial remorse expressed, and partial remediation completed by the Registrant, the Committee considers that there is a potential risk of repeat behaviour.

153. In light of the above, the Committee considered the Registrant's fitness to practise to be impaired on a personal basis.
154. Further, members of the public would be concerned to learn that a pharmacist had breached patient confidentiality, and used the entrusted information to reach out to two patients, with a dishonest message. The Committee went on to remind itself that in line with the overarching objective, it had a duty to uphold proper professional standards to maintain confidence in the pharmacy profession.
155. Consequently, the Committee determined that the Registrant's fitness to practise is impaired on the wider public interest element, namely maintaining public confidence in the pharmacy profession and upholding professional standards.
156. The Committee found current impairment on both a personal and public basis.

Decision on Outcome

157. The Committee received submissions on outcome from Ms Hall on behalf of the Council. She referred to the document '*Good decision making: Fitness to practise hearings and outcomes guidance*' (March 2024). In summary, she said that the misconduct involved two acts of dishonesty to two different patients, and the Registrant's behaviour was halted only because Patient A reported him to his employer and to the Council.
158. Ms Hall submitted that in light of the Council's findings, including a potential risk of repeat conduct, the most appropriate and proportionate outcome is a period of suspension for three months. She said that this will send a clear message to the Registrant's colleagues and the wider public, that this type of conduct is unacceptable. Ms Hall went on to say that a period of suspension will provide the Registrant with an opportunity to progress his journey of remediation, and she submitted that a review hearing will be appropriate, to assess whether there continues to be a potential risk of repeat conduct.
159. Ms Nash on behalf of the Registrant said that the Registrant understands that a finding of dishonesty is serious. She invited the Committee to accept that the dishonesty did not fall at the more serious end of the spectrum. Ms Nash said that in all the circumstances including the absence of harm to patients, and the remediation that he had undertaken, that the Committee ought to be able to step back from removal from the register. She described the misconduct as short in time; it had been

out of character; and the Registrant had not at the time, been in a position of leadership.

160. Ms Nash submitted that having acknowledged his wrong-doing at the beginning of the fitness to practise investigation, and taken opportunities to reflect and develop his mental health, the Committee ought to impose a less punitive sanction than removal from the register. She invited the Committee to consider imposing conditions on his practice and if that was not appropriate, to impose a short period of suspension.
161. The Committee received and accepted advice from the Committee Chair. In summary, she advised the Committee that its powers are set out in Article 54(2) of the Pharmacy Order 2010. The Chair referred to the Council's guidance on outcomes and advised her Committee colleagues to work through it carefully.
162. The Chair went on to advise that the Committee should have the statutory objective of public protection at the forefront of its mind. She advised that the least restrictive outcome should be considered first and the Committee should move onto the next more restrictive option only where it is satisfied that an outcome is not appropriate or proportionate. The Committee was advised that the leading case authorities on outcome provide that the reputation of the profession '*is more important than the fortunes of any individual member*' as stated in *Bolton v Law Society* [1994] 1WLR 512.
163. The Committee went on to consider outcome. It had regard to its findings; the submissions by both advocates; the Chair's legal advice, and the Council's Guidance.
164. The Committee first considered the aggravating and mitigating factors and decided on the following,

Aggravating factors

- (a) The dishonesty involved the use of information that was obtained by the Registrant, in the course of his pharmacist role. He abused the trust that was placed in him as a pharmacist by using private information for his own personal benefit.
- (b) He went on to use the private information, to fabricate a WhatsApp message to Patient A. He used exactly the same fabricated WhatsApp message to try and engage with Patient B.
- (c) The Registrant told the Committee that the initial fabricated WhatsApp message had been borne out of a conversation that the Registrant had had with another

person. There had therefore been some planning by the Registrant in relation to the content of the initial message.

- (d) The pattern of behaviour came to a stop because Patient A reported the Registrant to IQ Doctor and to the Council.

Mitigating factors

- (a) The Registrant had had no previous disciplinary findings against his name.
 - (b) The Registrant made early acceptances of his wrong-doing.
 - (c) He has shown remorse for his behaviour and taken steps to remediate his actions.
165. The Committee considered whether this was a case where it could take no action or issue a warning. The Committee reminded itself that the Registrant's actions had been serious. Taking no action or issuing a warning would not therefore adequately meet the wider public interest of maintaining public confidence in the profession, and declaring and upholding proper standards of conduct and behaviour.
166. The Committee next considered the imposition of conditions of registration. A Conditions of Practice Order would allow the Registrant to practise albeit with restrictions. However, the Committee did not consider that conditions would be appropriate as no relevant or proportionate conditions could be formulated given the Registrant's dishonest conduct. Specifically, it would not be possible to formulate workable conditions to ensure that the Registrant did not use private information for his own personal gain.
167. Further, the Committee did not consider that conditions are the appropriate vehicle to protect the public where a Registrant has acted dishonestly, in the course of his role as a pharmacist. It would not reflect the seriousness of the misconduct or uphold the overarching objective, including the need to promote and maintain public confidence in the profession.
168. The Committee next considered whether suspension would be a proportionate sanction. The Committee noted the Council's Guidance which indicates that suspension may be appropriate where:

"The committee considers that a warning or conditions are not sufficient to deal with any risk to patient safety or to protect the public, or would undermine public confidence. When it is necessary to highlight to the profession and the public that the conduct of the professional is unacceptable and unbefitting a member of the

pharmacy profession. Also when public confidence in the profession demands no lesser outcome.”

169. The Committee considered that a suspension may be appropriate and proportionate for the following reasons,
- (a) Although the Registrant has demonstrated partial insight, remorse and remediation, this can be developed further. The Committee is of the view that the Registrant still has some work to do in these areas, in terms of considering the impact of his actions, and developing cogent strategies for reducing the risk of repeat conduct. The Committee is hopeful that the Registrant will have gained further guidance on how to further develop his insight, remorse and remediation during the principal hearing process.
 - (b) A suspension should instil public confidence in the profession as it would adequately protect the public, sufficiently uphold public confidence, and demonstrate that the Council will not tolerate this type of behaviour.
170. Having reminded itself of the aggravating and mitigating factors, the Committee considered that this was a serious case. Whilst it was not at the top end of the dishonesty spectrum, it was certainly towards the top end. At the very heart of this case was an abuse of trust by the Registrant during the course of his work. Pharmacists are entrusted with private information and the wider public must be confident that pharmacists will not abuse this trust. The Registrant used this trust to approach two patients, for his own personal gain. It is inevitable that these two patients will have had their confidence in the pharmacy profession significantly reduced.
171. For these reasons, the Committee considered whether the Registrant’s actions had been fundamentally incompatible with being a registered pharmacist.
172. The Committee determined that in the circumstances, it could step back from a removal order, because the harm caused to the patients had been limited, and had primarily focused on their confidence in the pharmacy profession. The Committee decided that a lengthy period of suspension ought to redress the loss of public confidence and demonstrate to the Registrant, the patients; the wider profession and members of the public, that the Registrant’s conduct had been wholly unacceptable. The Committee went on to determine that a review hearing, towards the end of a period of suspension will further address the loss of public confidence because a reviewing committee will consider whether the Registrant can be trusted to practise safely and effectively.
173. The Committee, having carried out a careful balancing exercise, determined that a period of suspension for 12 months is appropriate and proportionate. Imposing the

maximum period of time for a suspension ought to reflect the finely balanced decision that has been reached by the Committee in terms of whether to impose a suspension order or a removal order. It will also provide the Registrant with an opportunity to continue with his journey in relation to insight, remorse and remediation.

174. It is therefore the decision of the Committee that the Registrant will be suspended from practise for a period of 12 months.
175. The Committee directs that a review hearing is held before the period of suspension comes to an end. During the review hearing the reviewing committee will consider whether the Registrant's fitness to practise remains impaired after considering all the information that is made available to it.
176. The Committee considers that a reviewing committee will be assisted by the following, from the Registrant:
 - (a) A reflective piece of writing in which the Registrant demonstrates an understanding of the impact or potential impact of his conduct on Patients A and B; the pharmacist profession; and the wider public.
 - (b) Evidence of up to date Continuing Professional Development training including seminars on data protection; the safeguarding of patient information and any other relevant training to keep his skills up to date.
177. The Committee considers that the recommended actions as set out above ought to assist the Registrant in developing his insight, remorse and remediation. This in turn, should reduce any risk of repeat conduct.

Decision on Interim Order

178. The Council applied for an interim suspension order, pursuant to Article 60 of The Pharmacy Order 2010. She said that in light of the Committee's findings regarding a risk of repetition, an interim order is necessary. She went on to say that it would also serve to promote and maintain public confidence in the regulator, and in the profession.
179. Ms Nash said that in the circumstances she did not object to the application.
180. The Committee received and accepted advice from the Committee Chair. In summary, she advised the Committee that its powers are set out in Article 60 of the Pharmacy Order 2010 and she referred to the necessity test. The Chair advised that it is for the Committee to arrive at its own independent decision, and that it should decide whether the necessity test has been met, having regard to the Registrant's conduct, and the Committee's findings.

181. In considering the Council's application, the Committee took account of the fact that its decision to suspend the Registrant will not take effect until 28 days after the Registrant is formally notified of the outcome, or until any appeal is concluded.
182. The Committee has found that there remains a risk that the Registrant might repeat his conduct, if permitted to return to work unrestricted. It accepts the submissions of Ms Hall that unrestricted registration would have an impact on public confidence, and it was satisfied that it was necessary for an interim measure to be put in place to safeguard the risk of repetition and the public interest during the appeal period.
183. The Committee is satisfied that it is therefore appropriate for an interim measure to be in place prior to the taking effect of the substantive order.
184. The Committee hereby orders that the entry of the Registrant in the register be suspended forthwith, pending the coming into force of the substantive order.
185. This concludes the determination.