

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

Via Remote videolink

26 February 2026

Registrant name:	Babak Gholamhosseini
Registration number:	2084131
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Chiew Yin Jones (Chair) Sulthana Begum (Registrant member) Victoria Smith (Lay member)
Legal Adviser:	Ashraf Khan
Committee Secretary:	Sameen Ahmed
Registrant:	Present
General Pharmaceutical Council:	Represented by Yesim Hall, Case Presenter
Order being reviewed:	Suspension (6 months)
Fitness to practise:	Impaired
Outcome:	Suspension (6 months), with review

This decision including any finding of impairment and sanction is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc.*

Rules) Order of Council 2010. Therefore, this decision will not take effect until 27 March 2026 or, if an appeal is lodged, once that appeal has been concluded.

Particulars of Allegations found proved at the Principal Hearing

You, a registered pharmacist and superintendent of Haoma Pharmacy/ My Private Pharmacist, Suite 203 Adelphi Court, 1-3 East street, Epsom Surrey, KT17 1BB ("Pharmacy 1") and My Private Pharmacist Suit 421, Highland House, 165-167 the Broadway, Wimbledon, London, SW19 1NE ("Pharmacy 2"):

- 1. Between approximately 19 August 2020 and 15 July 2021 you did not ensure that Pharmacy 1 held appropriate professional indemnity insurance.*
- 2. On 16 February 2021 you submitted a false declaration to the General Pharmaceutical Council ("the Council") that appropriate indemnity or insurance arrangements were in place for the pharmacy services provided at Pharmacy 1.*
- 3. On 30 July 2021 you submitted a false personal declaration to the Council stating you had appropriate indemnity insurance either through a personal arrangement or through your employer.*
- 4. Between 18 February 2021 and 14 June 2022 you dispensed approximately 93 POMs in the absence of professional indemnity insurance.*
- 5. Between 15 June 2021 and 14 June 2022, you did not ensure that the appropriate professional indemnity insurance cover was in place for Pharmacy 2.*
- 6. On 20 May 2021, you declared to the Council on your premises registration application form for Pharmacy 2 that you had arranged professional indemnity and public liabilities insurance as of the date of 'day one'.*
- 7. Your conduct in respect to 2, 3 and/or 6 above lacked integrity and/or was dishonest in that*
 - 8.1 you knew that you needed to have indemnity insurance in place from "day one";*
 - 8.2 you knew that at the time you completed the declaration or registration form that you:*
 - 8.2.1 did not have or would not have the appropriate indemnity insurance in place from "day one" for Pharmacy 1 and/or 2;*
 - 8.2.2 had not made any arrangements to obtain the appropriate indemnity insurance for Pharmacy 1 and/or 2.*
 - 8.3 you did not take any immediate steps to obtain indemnity insurance following the completion of the declaration and/or registration form.*

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

Documentation

Exhibit 1- Council's hearing bundle

Exhibit 2- Council's skeleton argument dated 13 February 2026

Exhibit 3- Registrant's bundle

Exhibit 4- Email Bundle

Exhibit 5- Addendum registrant's bundle served by the Registrant on 26 February 2026

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 had regard to the Council's guidance contained in *Good decision making: Fitness to practise hearings and sanctions guidance* and the *Hearings and outcomes guidance 2024*.
5. At this Principal Review Hearing, the Committee was required to determine whether the Registrant's fitness to practise remains currently impaired and, if so, what the appropriate outcome should be. If the Committee found that the Registrant's fitness to practise is no longer impaired the current order would lapse on expiry.

Admission of further evidence

6. The Registrant submitted further documents on 26 February 2026, the day of the Principal Review Hearing.
7. Miss Hall, acting for the Council, did not oppose the admission of the further documentation.

8. Given that the Registrant was unrepresented, and pursuant to Rule 18(5), the Committee determined that it was fair and appropriate to admit the documents into evidence as Exhibit 5.

Hearing history

9. At the Principal Hearing held between 26 and 29 August 2025, the Committee found the Registrant's fitness to practise impaired by reason of misconduct. The misconduct included practising and dispensing medicines without appropriate professional indemnity insurance and making false declarations to the Council. The Committee found that aspects of the Registrant's conduct lacked integrity and were dishonest.
10. In finding impairment at that time, the previous Committee noted the Registrant's limited insight into the seriousness of his misconduct, the absence of meaningful remediation, and the risk of repetition. Particular concern was expressed about the Registrant's understanding of his regulatory obligations and the importance of honesty and integrity in his dealings with the regulator.
11. The previous Committee imposed a Suspension Order for a period of six months and indicated that a reviewing Committee may be assisted by evidence of enhanced insight, remediation directed at governance and regulatory compliance, and steps taken to ensure appropriate indemnity insurance arrangements were maintained going forward.

Council's Submissions

12. The Committee received submissions from Miss Hall on behalf of the Council.
13. Miss Hall submitted that the original misconduct was serious and involved dishonest and inaccurate declarations to the regulator and a prolonged failure to ensure appropriate indemnity insurance was in place. She emphasised that the findings of dishonesty and lack of integrity went to the core of professional standards and engaged fundamental tenets of honesty, transparency and regulatory compliance.
14. The Council acknowledged that the Registrant had provided additional documentation for this review, including reflective statements, CPD evidence and governance policies. However, Miss Hall submitted that the Committee should carefully scrutinise the depth and quality of the Registrant's insight, particularly given the seriousness of the dishonest conduct.

15. It was submitted that, while the Registrant had undertaken training and had expressed remorse, the insight demonstrated remained limited and at times lacked sufficient depth, particularly in relation to the attitudinal issues underpinning the findings of dishonesty and lack of integrity. The Council submitted that remediation in cases involving dishonesty requires clear and sustained evidence of a fundamental attitudinal shift rather than merely procedural or documentary compliance.
16. Miss Hall further referred to the issue concerning declarations made in connection with the Registrant's independent prescribing course undertaken at a higher education institution, in which he indicated that he was in good standing whilst fitness to practise proceedings were ongoing. She clarified that this was not a new allegation but submitted that it was relevant to the Committee's assessment of the Registrant's candour, insight and understanding of his regulatory obligations.
17. In relation to risk of repetition, the Council accepted that the Registrant now had indemnity insurance in place and had implemented governance policies intended to prevent recurrence and therefore accepted the risk of repetition is low. However, it was submitted that the Committee should consider whether these measures fully addressed the underlying attitudinal concerns, particularly those relating to honesty and transparency with the regulator.
18. On sanction, the Council submitted that if the Committee were to find current impairment, a further period of suspension for 6 months would be the appropriate and proportionate outcome. It was submitted that conditions of practice would not sufficiently address concerns rooted in dishonesty and integrity and would not adequately mark the seriousness of the misconduct or maintain public confidence.

Registrant's Evidence and Submissions

19. The Committee heard oral evidence from the Registrant and considered the documentary evidence he submitted, including reflective statements, CPD records, governance policies and Standard Operating Procedures, and further documents provided on the day of the hearing.
20. The Registrant accepted the findings made at the Principal Hearing and acknowledged that his conduct in failing to ensure appropriate indemnity insurance and in making inaccurate declarations to the Council had been wrong. He accepted that the Committee had found his conduct to lack integrity and to be dishonest, and he stated that he now understood why those findings had been made.
21. The Registrant emphasised that he now appreciates that honesty and transparency with the regulator are fundamental professional duties and that any failure in this

regard undermines public confidence in the profession. He stated that he regrets the inaccurate declarations and accepts that he should have ensured that indemnity insurance was in place from the outset and should have been candid and accurate in all communications with the regulator.

22. The Registrant explained that since the suspension he has undertaken further professional development, including responsible pharmacist and statutory compliance training addressing legal duties, professional accountability and ethical obligations. He stated that this training had reinforced his understanding of the regulatory framework and the seriousness of the dishonesty findings made against him.
23. He gave evidence that he has now ensured that appropriate indemnity insurance is in place and maintained, with systems to monitor renewal and compliance. He also referred to the development and implementation of governance documentation, including Standard Operating Procedures and policies requiring explicit checks that indemnity insurance is valid before services commence and providing structured oversight of governance, risk and compliance.
24. The Registrant also relied on a supportive email from his Designated Prescribing Practitioner, who confirmed that the Registrant had been transparent about the on going fitness to practise proceedings in relation to his indemnity insurance issue and supported his application. The Registrant submitted that this demonstrated openness and a commitment to practising in a compliant and transparent manner.
25. In relation to the declarations made in connection with his independent prescribing course, the Registrant provided an explanation and maintained that he had not intended to mislead. He stated that he now appreciates the need for absolute clarity and transparency when making any declaration concerning his regulatory status.
26. Overall, the Registrant submitted that he has reflected extensively on his misconduct, developed meaningful insight, undertaken relevant training, and implemented governance systems designed to prevent repetition. He contended that the risk of repetition is now low and invited the Committee to find that his fitness to practise is no longer impaired. In the alternative, he submitted that if impairment were found, any further sanction should recognise the progress he has made and be proportionate.

Determination

Decision on Impairment

27. The Committee considered whether the Registrant's fitness to practise remains currently impaired. In doing so, the Committee took into account all of the documentary evidence before it, the oral evidence of the Registrant, and the submissions made on behalf of both the Council and the Registrant.
28. The Committee accepted the legal advice from the Legal Adviser. The Committee recognised and applied the guidance in *Abraham v GMC* [2008] EWHC 183 (Admin), namely that at a review hearing there is a persuasive burden on the Registrant to demonstrate that he has fully acknowledged the deficiencies in his past conduct and has sufficiently addressed them through insight, education, training, supervision or other remediation. The Committee also had regard to the principles in *Cohen v GMC* [2008] EWHC 581 (Admin) and *CHRE v Grant* [2011] EWHC 927 (Admin), reminding itself that the assessment of current impairment is forward-looking and requires consideration of both the personal component (risk of repetition and risk of harm) and the wider public interest component (maintaining public confidence and upholding professional standards).
29. The Committee first considered whether the concerns identified in the original determination were remediable. The misconduct involved practising without appropriate professional indemnity insurance and making false declarations to the regulator. The previous Committee found that aspects of this conduct lacked integrity and were dishonest.
30. The Committee noted that misconduct involving dishonesty and lack of integrity is particularly serious and can be more difficult to remediate because it concerns attitudinal failings rather than clinical competence. Nevertheless, the Committee accepted that such concerns are capable of remediation where a registrant demonstrates genuine insight, meaningful reflection and sustained behavioural change supported by robust systems and safeguards.
31. The Committee carefully considered the Registrant's oral evidence and reflective material. The Registrant accepted the findings of the original Committee and acknowledged that his conduct in making inaccurate declarations to the regulator and practising without appropriate indemnity insurance had been wrong. He stated that he now understands that honesty, integrity and transparency in dealings with the regulator are fundamental professional duties.
32. The Committee was satisfied that the Registrant had demonstrated a developing level of insight. He recognised the potential risks to patients, the seriousness of providing inaccurate information to the regulator, and the damage such conduct could cause to public confidence in the profession. He expressed remorse and accepted personal responsibility for his actions.

33. However, the Committee noted that at times the Registrant's reflections referred to external pressures and operational challenges that existed at the relevant time. While the Committee accepted that such context may have existed, it considered that full insight requires an unequivocal appreciation that the responsibility for ensuring accurate declarations and appropriate indemnity arrangements rested solely with him. The Committee therefore concluded that the Registrant's insight, although improved and genuine, was not yet fully developed or complete.
34. The Committee next considered the steps taken by the Registrant to remediate the concerns identified. The Registrant provided evidence of CPD and training, including responsible pharmacist and statutory compliance learning addressing legal duties, professional accountability and ethical obligations. The Committee accepted that these steps were relevant and demonstrated engagement with the regulatory framework.
35. The Registrant also provided governance documentation, including Standard Operating Procedures and policies setting out structured oversight responsibilities, explicit checks to ensure indemnity insurance is valid before services commence, and processes for governance review and compliance monitoring. The Committee considered that these documents were directly targeted at the failings identified in the original determination and represented meaningful practical remediation.
36. The Committee also noted the supportive email from the Registrant's Designated Prescribing Practitioner confirming that the Registrant had been transparent about his ongoing fitness to practise proceedings in relation to his indemnity insurance issue and expressing support for his professional development. While such support does not in itself demonstrate remediation, the Committee accepted that it was indicative of engagement with professional colleagues and a degree of openness about past misconduct.
37. Taking these matters together, the Committee was satisfied that the Registrant had undertaken some relevant and meaningful remediation directed at governance and regulatory compliance. However, given that the original findings involved dishonesty and lack of integrity, the Committee considered that remediation of the attitudinal aspects of the misconduct required further consolidation over time.
38. Applying the approach in *Cohen*, the Committee considered whether the concerns had been remedied and whether repetition was highly unlikely. The Committee accepted that the Registrant has now ensured that appropriate indemnity insurance arrangements are in place and has implemented governance systems designed to prevent recurrence of the specific failings relating to indemnity cover. These steps reduced the practical likelihood of a repetition of the original misconduct.
39. However, the Committee remained concerned about the underlying attitudinal issues relating to honesty, integrity and full regulatory candour. Although the Registrant had shown progress, the Committee was not yet satisfied that his insight into these

matters was sufficiently deep or fully embedded to eliminate the risk of repetition entirely.

40. The Committee also considered the issue raised during the hearing concerning declarations made in connection with the Registrant's independent prescribing course. The Committee did not treat this as a new allegation but considered it relevant to the assessment of the Registrant's current understanding of honesty and transparency in regulatory declarations. The Registrant provided an explanation, which the Committee took into account, but the matter nevertheless reinforced the Committee's view that further reflection on regulatory candour and integrity remained necessary.
41. In light of the above, the Committee concluded that there remains a residual risk of repetition arising from incomplete attitudinal remediation. While the practical risk associated with indemnity insurance has significantly reduced, the Committee was not yet satisfied that the underlying issues relating to honesty and integrity had been fully addressed. Accordingly, the Committee found that the Registrant's fitness to practise remains impaired on public protection grounds.
42. The Committee then considered the wider public interest, in accordance with *Grant*. The misconduct involved dishonest declarations to the regulator and a prolonged period of practice without indemnity insurance, which represent serious breaches of fundamental professional standards.
43. The Committee concluded that a finding of no current impairment would undermine public confidence in the profession and fail to uphold proper professional standards, particularly given the seriousness and duration of the misconduct and the central findings of dishonesty and lack of integrity.
44. For all these reasons, the Committee determined that the Registrant's fitness to practise remains currently impaired on both public protection and public interest grounds.

Decision on Sanction

45. Having found the Registrant's fitness to practise currently impaired, the Committee went on to consider the question of sanction. The Committee had regard to Article 54(3) of the Pharmacy Order 2010 and the Council's *Hearings and outcomes guidance 2024*.
46. The Committee reminded itself that the purpose of sanction is not to be punitive, although it may have that effect. The purpose is to protect the public, maintain public confidence in the profession and the regulator, and to promote and uphold proper professional standards. The Committee also reminded itself that it should consider the available sanctions in ascending order of seriousness and impose the least restrictive sanction that is sufficient to meet the overarching objectives.

47. The Committee accepted the advice of the Legal Adviser and took into account the submissions made on behalf of the Council and by the Registrant.
48. The Committee first considered whether it would be appropriate to take no further action. Given the continuing finding of impairment, and the seriousness of the misconduct which included dishonest declarations and lack of integrity, the Committee determined that taking no action would not protect the public, would fail to maintain public confidence in the profession, and would not adequately mark the seriousness of the misconduct. This option was therefore rejected.
49. The Committee next considered whether to impose a warning. The Committee accepted that the Registrant has demonstrated some developing insight and has taken steps towards remediation. However, the Committee considered that a warning would not be sufficient to address the ongoing concerns arising from the attitudinal nature of the misconduct, in particular the findings of dishonesty and lack of integrity. A warning would also be insufficient to maintain public confidence or to uphold proper professional standards in light of the seriousness and duration of the misconduct. Accordingly, the Committee determined that a warning would be inadequate.
50. The Committee then considered whether a Conditions of Practice Order would be appropriate. The Committee noted that conditions are most suitable where the concerns relate to identifiable and remediable deficiencies in clinical practice that are capable of being addressed, monitored and complied with.
51. In this case, the Committee recognised that the Registrant had implemented governance systems and procedures aimed at ensuring appropriate indemnity insurance arrangements and regulatory compliance going forward. However, the central concerns in this case related to honesty, integrity and transparency in regulatory declarations. The Committee considered that such attitudinal concerns are not easily addressed or sufficiently mitigated by conditions of practice alone.
52. The Committee was not satisfied that workable and measurable conditions could be formulated that would adequately address the risk arising from the Registrant's incomplete insight into the dishonesty findings, nor that conditions would sufficiently mark the seriousness of the misconduct or maintain public confidence. The Committee therefore concluded that a Conditions of Practice Order would not be appropriate or proportionate in this case.
53. The Committee next considered whether a further period of suspension would be appropriate. The Committee noted that suspension may be suitable where the misconduct is serious, including cases involving dishonesty or lack of integrity, but

where there is evidence of developing insight and remediation and a realistic prospect that the Registrant will be able to return to safe and compliant practice.

54. The Committee recognised that the Registrant has engaged with the process, expressed remorse, undertaken relevant training, and implemented governance policies designed to prevent recurrence of the failures relating to indemnity insurance. These steps demonstrated progress and a willingness to address the concerns identified.
55. However, the Committee remained concerned that the Registrant's insight into the attitudinal aspects of his misconduct, namely dishonesty and lack of integrity in his dealings with the regulator, was not yet fully developed. The Committee considered that further time was required for the Registrant to consolidate his insight, to demonstrate a deeper and sustained understanding of the importance of absolute honesty and transparency in regulatory matters, and to evidence that the governance measures he has implemented are embedded in his professional practice.
56. The Committee concluded that a further period of suspension would adequately protect the public, maintain public confidence in the profession and the regulator, and uphold proper professional standards, whilst also recognising the progress made by the Registrant and the realistic prospect of full remediation.
57. The Committee finally considered whether removal from the Register was necessary. The Committee reminded itself that removal is a sanction of last resort, generally reserved for cases where there is no realistic prospect of remediation or where the misconduct is fundamentally incompatible with continued registration.
58. In this case, the Committee was satisfied that the Registrant has demonstrated developing insight, meaningful engagement with remediation and a commitment to future compliance. The Committee therefore concluded that removal would be disproportionate and would not appropriately reflect the progress made.
59. Having considered all of the available options in ascending order, the Committee determined that the appropriate and proportionate sanction is to extend the current Suspension Order for a further period of six months. This period will provide the Registrant with additional time to deepen his insight into the dishonesty and integrity concerns, to further embed robust governance and compliance systems, and to demonstrate sustained attitudinal remediation.
60. The Committee therefore directs that the Registrar extend the Suspension Order for a further period of six months.

Review Hearing

61. This decision will be reviewed by a Committee before the Suspension Order expires. The purpose of the review will be to assess whether the Registrant's fitness to practise remains impaired and, if so, what further action, if any, is required to protect the public and maintain public confidence in the profession and the regulator.
62. A future Committee may be assisted by the following:
 - A detailed reflective statement demonstrating deeper and more developed insight into the findings of dishonesty and lack of integrity, addressing why the conduct was wrong, its impact on patients, the profession and the regulator, and how similar concerns will be avoided in future;
 - Evidence of clinical pharmacy CPD to demonstrate that the Registrant has maintained up to date knowledge of practice;
 - Testimonials or references from professional colleagues, supervisors or employers addressing the Registrant's integrity, honesty, professionalism and compliance with regulatory requirements;
 - Any further evidence the Registrant considers relevant to demonstrate full remediation of the concerns identified, particularly those relating to honesty, integrity and transparency in regulatory declarations.
63. The Committee emphasises that it will be for the Registrant to satisfy a future reviewing Committee that he has learned and has developed full and sustained insight into the attitudinal aspects of his misconduct, including the importance of honesty and integrity in all professional and regulatory dealings, and that the risk of repetition has been reduced to a level that no longer requires a finding of impairment.

Decision on Interim Measure

64. The Committee considered whether it was necessary to impose an interim order. It noted that the current Suspension Order is due to expire on 25 March 2026 and that the extended Suspension Order imposed by this decision will not take effect until the expiry of the statutory appeal period, or, if an appeal is lodged, until the conclusion of that appeal.
65. The Committee reminded itself that an interim order may be imposed where it is necessary for the protection of the public, otherwise in the public interest, or in the interests of the Registrant, pending the coming into effect of the substantive order.
66. The Committee observed that the Registrant remains subject to the existing Suspension Order until its expiry on 25 March 2026. As such, there is no gap in regulatory protection between the present time and the expiry of the current order.

67. The Committee therefore concluded that an interim suspension order was not necessary, as the existing Suspension Order remains in force until it expires and will continue to protect the public and maintain public confidence until that date.
68. Accordingly, the Committee determined that it was not necessary to impose an interim order.
69. This concludes the determination.