

General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

8-10 June 2026

Registrant name:	James Alexander
Registration number:	2086164
Part of the register:	Pharmacist
Type of Case:	Misconduct and/or Conditional Caution
Committee Members:	Manuela Grayson (Chair) Esosa Osakue (Registrant member) Roseann Kane (Lay member)
Committee Secretary:	Ivana Raimundova
Registrant:	Not Present and not represented
General Pharmaceutical Council:	Yesim Hall, Case Presenter
Facts proved:	1, 2, 3
Fitness to practise:	Impaired
Outcome:	Suspension for 12 months
Interim measures:	Suspension

This decision including any finding of facts, impairment and sanction is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until **9 July 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.

Documentation

Document 1- GPhC hearing bundle, 57 pages

Document 2- GPhC skeleton argument, 18 pages, dated 29 May 2026

Document 3- Proof of Service bundle, 11 pages

Document 4- Proceeding In Absence bundle, 17 pages

Oral Witnesses:

BJ gave evidence at the facts stage

Determination

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. The hearing is governed by *The Pharmacy Order 2010* ("the Order") and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ("the Rules").
3. The statutory overarching objectives for these regulatory proceedings are:
 - a. To protect, promote and maintain the health, safety and well-being of the public;
 - b. To promote and maintain public confidence in the professions regulated by the Council; and
 - c. To promote and maintain proper professional standards and conduct for members of those professions.
4. The Committee also has regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and sanction guidance* as revised March 2017.

5. A Principal Hearing has up to three stages:

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

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

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

Particulars of Allegation

“You, a registered pharmacist,

1. On 17 August 2024 whilst working as the Responsible Pharmacist at HealthPoint Pharmacy, 66 Load Street, Bewdley, DY12 2AW (“the Pharmacy”) worked whilst in an unfit state through the consumption of prescription only medication and / or controlled drugs.

2. On 17 August 2024 failed to sign in to the Responsible Pharmacist Log for the Pharmacy despite holding the position of Responsible Pharmacist.

3. On 24 November 2024 accepted a conditional caution for the offences of theft by an employee and having possession of a controlled drug -Class C Other, namely Zopiclone and Gabapentin.

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

a. Misconduct

b. Conditional Caution”.

Service of Notice of Hearing

6. The Committee has seen a letter dated 21 April 2026 from the Council headed 'Notice of Hearing' addressed to the Registrant. The Committee observed that the Notice was sent to the Registrant's email address as it appears on the register. The Particulars of Allegation were also sent to the Registrant along with the Notice of Hearing. The Committee was satisfied that there had been good service of the Notice in accordance with Rules 3 and 16.

Application to Proceed in the Absence of the Registrant

7. The Registrant was not in attendance at this hearing, nor was someone attending on his behalf. The Committee heard submissions from Ms Hall on behalf of the Council, to proceed in the absence of the Registrant in accordance with Rule 25. She informed the Committee that the Registrant, having consented to receiving Council communications via his email address, had not accessed any of the encrypted emails sent to him in connection with these proceedings. Ms Hall drew the Committee's attention to the case of GMC v Adeogba [2016] EWCA Civ 162, which, she submitted, emphasised that when deciding whether to proceed in a registrant's absence, the Committee should consider not only fairness to the registrant but also fairness to the regulator. She referred to the Council's Proceeding in Absence bundle which showed that correspondence she had sent to the Registrant's postal address by special delivery had been signed for, on 29 May 2026 and on 5 June 2026. She submitted that the evidence suggested that the Registrant should be aware of today's proceedings and had chosen not to engage at his own volition. She submitted that there is no evidence to suggest that the Registrant will engage if today's hearing is postponed, and there is a public interest in proceeding today.
8. The Committee took into account the contents of the Council's Proceeding in Absence bundle. It included correspondence sent by the Council to the Registrant's email address as it appears on the register, enclosing the Council's bundle on 22 May 2026, and also by Special Delivery post on 26 May 2026. There was a Royal Mail proof of delivery note dated 29 May 2026. The Council's correspondence invited the

Registrant to respond, however he did not do so. Ms Hall, on behalf of the Council, also sent the Registrant a letter enclosing the Council's skeleton argument and final bundle on 4 June 2026 and Royal Mail special delivery proof of delivery was dated 5 June 2026.

9. The Committee accepted the submissions of Ms Hall. It decided to proceed with the hearing in the absence of the Registrant for the following reasons:
 - The Committee has found good service of notice and the Registrant is, or should be, aware of today's proceedings.
 - There is no information before the Committee to suggest that the Registrant has engaged with the Council in relation to this regulatory process at all since it began. The Registrant did not access any of the egress emails sent to him.
 - He has not asked for a postponement or an adjournment.
 - There is no information to suggest that the Registrant might attend in future if this hearing is postponed from today.
10. The Committee is of the view, taking all of the above into account, that the Registrant has, as submitted by Ms Hall, has deliberately and voluntarily decided not to take part in this process.
11. It is in the public interest for proceedings to take place expeditiously and therefore it is fair and appropriate for this matter to be heard this week.
12. The Committee appreciated that the Registrant could be disadvantaged by this hearing proceeding in his absence and without representation however the Committee resolved to mitigate any risk by carefully examining any inconsistencies in the Council's case and at all times during its deliberations and during the hearing, bearing in mind that the Registrant is absent.

Background, according to the Council

13. On 17 August 2024 the Registrant attended HealthPoint Pharmacy, 66 Load Street, Bewdley, DY12 2AW ("The Pharmacy") in order to assume the role of the Responsible Pharmacist ("RP") for the day.
14. Due to his late arrival at the Pharmacy, BJ, the Superintendent Pharmacist for the Pharmacy contacted the Registrant to ascertain his whereabouts. The Registrant informed him that he had a punctured tyre and was waiting for a recovery vehicle to assist him.
15. As a result of the Registrant's circumstances, BJ attended the Pharmacy where he assumed the role of the RP until 12:30pm, as evidenced by the RP log. When the Registrant arrived at the Pharmacy, he mentioned his diabetes for which he had an insulin pen which he placed in the Pharmacy's fridge. Following this, BJ left the Pharmacy.
16. Further to BJ's exit from the Pharmacy, the Registrant was the only pharmacist on the premises, and was assisted by dispenser AP, and JS.
17. AP in her Witness statement describes the Registrant's behaviour when he arrived at the Pharmacy as *'very flustered...very fidgety and was speaking really quickly so I could not understand what he was saying properly'*. This was very different from the previous occasion when AP had worked with the Registrant.
18. AP stated that once BJ had left the Pharmacy, the Registrant's behaviour changed. She describes him starting *'to sway back and forth a lot whilst standing still, and kept picking up prescriptions and putting them back down'*. This behaviour continued, and AP observed the Registrant looked very pale. When asked if he was okay, the Registrant said he was struggling to work because of a change to his insulin.

19. AP further recalls the Registrant take an unknown item out of his jacket pocket when he then walked to the sink in the Pharmacy, indicating he needed a drink. AP recalls he put something in his mouth, following which he then put his head under the tap for a drink of water.
20. AP then describes the Registrant as continuing *'to speak gibberish and could not stand up straight'*. When the Registrant suggested that he would accompany AP to a shop, she had to remind him that he needed to remain in the Pharmacy. He then pulled out a large amount of money, and invited AP to *"take as much as you want and get yourself something too"* or words to that effect.
21. AP left the Pharmacy and purchased the energy drink the Registrant had asked for. She estimates she had left the Pharmacy for around five minutes. She describes the Registrant's behaviour as aggressive when she returned to the Pharmacy and he asked her why she did not buy something for herself.
22. Following this, AP recalls the Registrant told her that he was going to take tablets as he was taking a new type of insulin. She also recalls he consumed a whole packet of sweets very quickly. He informed her that he was not feeling well and was waiting to feel the effects of the sugar. Importantly, AP cannot recall an occasion thorough the day where the Registrant checked his blood sugar levels.
23. In addition to his continued presentation of swaying side to side, she recalls that when the Registrant attempted to check a prescription, it *'was like he was not registering what he was doing'*.
24. As a result of the Registrant's presentation, AP informed the Registrant she would contact BJ. According to AP, the Registrant became angry and agitated in response to this. In her statement, AP noted: *'I found this strange because being diabetic would not be a reason for somebody to lose their job'*, indicating that at this point AP thought the Registrant's concerning presentation was a result of his diabetes.

25. Following this, AP recalls the Registrant slurring his words *'as if he was drunk'* and *'talking a lot of gibberish in my ear'*. She uses the phrase *'the lights were on, but nobody was home'* to describe the Registrant's vacant expression. As a result of the Registrant's presentation, he was not able to finish his workload by 5pm. AP therefore offered to stay in the Pharmacy for an extra hour to help clear the backlog of work.
26. AP then recalls the Registrant popped Gabapentin in his hand. Gabapentin is a Schedule 3 Controlled drug and Class C drug. When AP questioned what the Registrant was doing, he responded *"this is why you shouldn't leave me alone by myself in this state"* or words to that effect. When AP then removed the blister pack and loose tablets from the Registrant's hand, she noticed that the full blister pack was for 10 tablets. However, only 6 tablets could be retrieved from the Registrant's hand, with the other 4 missing.
27. AP then recalls the Registrant crouching down in the Pharmacy where the Zopiclone was stored. He had a pair of scissors and looked like he was about to cut something. However, AP was unable to see exactly what the Registrant was doing. When she asked him, he suggested he was *"just checking the boxes as there wasn't the correct amount in the split"*. AP queries the accuracy of the Registrant's statement, as she herself had double checked all of the medications. Following on from this, when AP went to find a batch of Zopiclone she had used previously, she was unable to find it. She recalls that this batch would be found later in the Registrant's possession.
28. At around 5:30pm, AP and her colleague decided to contact BJ to express their concerns about the Registrant's presentation. He suggested that they call an ambulance as based on the information the Registrant provided regarding his diabetes earlier in the day, it was thought that the Registrant may be suffering from a hypoglycaemic attack.
29. AP recalls that when the Registrant was informed that an ambulance had been contacted, he became agitated and stated he wanted to go home. AP goes on to

describe the Registrant's behaviour when trying to eat food bought for him *'like he was drunk and could not eat properly. His eyes were droopy'*.

30. When the ambulance arrived, the Registrant refused to give consent for the paramedics to access his medical records, stating "*...I know my rights, you can't do that*" or words to that effect. Consent was eventually granted after approximately 45 minutes, when it was confirmed that the Registrant did not have a diagnosis of diabetes and was not prescribed insulin. After the Registrant consented to a blood test, the paramedics confirmed his blood sugar levels were okay.
31. When AP retrieved the pens that the Registrant had placed in the fridge at the beginning of the day, she noticed that they were not labelled. She described them as looking *'like fresh stock'*.
32. AP then observed the Registrant trying to locate something from the inside pocket of his blazer that was on the floor. When a paramedic helped him take out some of the items from his pocket, medication including a box of Zopiclone was found. The Registrant's bag was then emptied by the paramedics, who found several boxes of Amitriptyline, Gabapentin and Mirtazapine in addition to insulin needles with another person's name on the label.
33. When the paramedics asked the Registrant where he got the medication from, he replied that it was either his medication or his partners. Following this, AP recalls the police arrived at the Pharmacy and arrested the Registrant.
34. Photographs taken by the police indicate that a number of drugs were found on the Registrant, including:
 - Pregabalin;
 - Mirtazapine
 - Tramadol

- Codeine Phosphate
- Amitriptyline
- Zopiclone.

35. On 24 November 2024 the Registrant accepted a conditional caution for the offences of Theft by an employee and having possession of a controlled drug -Class C-Other. The 'Notice to offender taking part in a Community Resolution Disposal' signed and dated by the Registrant on 14 October 2024 confirms that the offence related to: 'Pharmacist taking drugs from store for p (assumed to mean personal) use'. It was agreed that the Registrant would attend a rehabilitation course for drug abuse.

The Registrant's response to the allegations

36. The Registrant has not provided a response to the Council's allegations.

DETERMINATION ON THE FACTS

37. The Committee had regard to Rule 28 (1) of the Rules which states as follows:

"Consideration of allegations that relate to more than one category of impairment

28.—(1) *As regards any fitness to practise allegation before the Committee, if—*

(a) the particulars of the allegation in the Notice of Hearing relate to more than one category of impairment of fitness to practise; and

(b) those particulars include a conviction or caution,

the chair must ensure (by adapting the procedure for the hearing, where necessary) that at the principal hearing, the Committee makes its findings of facts in relation to the allegations that do not relate to the conviction or caution before it hears and makes its findings of fact in relation to the conviction or caution.

(2) In the circumstances set out in paragraph (1), the chair must also ensure (by adapting the procedure for the hearing, where necessary), that the Committee only makes its decision as regards impairment of fitness to practise once it has made its finding of fact in relation to all the allegations set out in the Notice of Hearing.

38. Accordingly, the Committee first heard submissions from Ms Hall in relation to particulars 1 and 2, which, if proven, related to the ground of misconduct. The Committee then turned to make its determination in relation to those alleged facts in the first instance.
39. In reaching its decisions on facts, the Committee considered the documentation listed at the start of this determination, the oral evidence of BJ, and the submissions made by Ms Hall on behalf of the Council.
40. When considering each particular of allegation, the Committee bore in mind that the burden of proof rests on the Council and that particulars are found proved based on the balance of probabilities. This means that particulars will be proved if the Committee is satisfied that what is alleged is more likely than not to have happened.

Particular 1 and Stem

“You, a registered pharmacist,

1. On 17 August 2024 whilst working as the Responsible Pharmacist at HealthPoint Pharmacy, 66 Load Street, Bewdley, DY12 2AW (“the Pharmacy”) worked whilst in an unfit state through the consumption of prescription only medication and / or controlled drugs.

41. The Committee took into account the Witness statement of AP who was the dispenser in the Pharmacy on 17 August 2024. She described the conduct of the Registrant as set out above, which included that he was swaying from side to side,

speaking gibberish, unable to follow through on carrying out his duties and behaving as though he was drunk. When she offered to go out to buy him an energy drink, the Registrant appeared to forget that as RP, he should remain on the premises:

“...the Registrant continued to speak gibberish and could not stand up straight. I asked him, “are you ok? Do you need me to get you anything from the shops?”. The Registrant said “yes, I’ll come with you”. He seemed adamant that he wanted to leave and kept repeating that he wanted to come with me. I told the Registrant that he needed to stay at the pharmacy, to which he replied “oh right, ok”, or words to that effect. It seemed like it had registered with him that he needed to stay at the pharmacy”.

42. Whilst AP did not provide oral witness evidence, the Committee was of the view that the evidence in her Witness statement was consistent with what she told the police on the day after the alleged events, and it had no reason to believe she was not telling the truth as far as she was aware.

43. In considering this particular, the Committee also took into account the medicines that were found in the Registrant’s backpack in his possession by the paramedics, and also took into account the record of what the Registrant told the police, which included the following:

“I was working at Bewdley Pharmacy, taking items that belong to the Pharmacy and keeping them for myself [...] it’s for personal use [...] it’s an addiction [...] Pharmacies have returns procedure, they are thrown away, I’ve taken them out of bins, it’s opportunistic [...] for personal use for mental health [...] I am addicted”.

44. The Committee was of the view that the evidence in relation to this particular was cogent and reliable.

45. Accordingly, the Committee found particular 1 proved.

Particular 2

“On 17 August 2024 failed to sign in to the Responsible Pharmacist Log for the Pharmacy despite holding the position of Responsible Pharmacist”.

46. The evidence in support of this particular was the Responsible Pharmacist log for the week beginning 12 August 2024, in which, for the relevant date, 17 August 2024, the only signatures were from BJ, recording that he took on the role of RP at 10.48 and ended it at 12.30. There was no entry from the Registrant.
47. The Committee also took into account the oral evidence of BJ where he explained that he had been asked by the Council to print the RP log for that week. He explained that since he had printed it after the date in question, “if there were more entries on that day, it would have shown up”.
48. The Committee was of the view that the documentary evidence of the RP log for the week ending 17 August 2024, together with BJ’s further evidence regarding how he had come to provide it for the purposes of this hearing, could properly be relied on as proof to the required standard of the alleged facts.
49. Accordingly, the Committee found the facts alleged at particular 2 proved.
50. The Committee next turned to consider particular 3.

Particular 3

3. On 24 November 2024 accepted a conditional caution for the offences of theft by an employee and having possession of a controlled drug -Class C Other, namely Zopiclone and Gabapentin.

51. Ms Hall drew the Committee's attention to the Certificate of Caution and submitted that, on the basis of that document, the facts alleged at particular 3 had been sufficiently evidenced.
52. The Committee had sight of the Certificate of Conditional Caution dated 24 November 2024. The Registrant had provided no evidence to prove that he was not the person referred to in the Certificate. The Committee was satisfied that the Certificate was reliable evidence of the Registrant having received the conditional caution and of its contents as alleged at particular 3. The Committee noted that the Registrant had admitted to the theft in his police interview.
53. The Committee therefore found particular 3 proved.

THE COMMITTEE'S DECISION ON GROUNDS AND IMPAIRMENT

54. Having found the facts proved, the Committee then went on to the second stage of the proceedings, that is, to determine whether or not the Registrant's fitness to practise is currently impaired. It took into account the relevant law including case law, and also took into account the submissions of Ms Hall on behalf of the Council.
55. Article 54(1) of the Pharmacy Order 2010 provides:
- "The Fitness to Practise Committee must determine whether or not the fitness to practise of the person in respect of whom the allegation is made (referred to in this article as "the person concerned") is impaired".*
56. The Council has set out the meaning of 'fitness to practise' in its guidance entitled: "Good decision-making: Fitness to practise hearings and Outcomes Guidance" (Revised March 2024). Paragraph 2.12 states:

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

Grounds

57. Article 51(1) of the Order set out the possible grounds or “gateways” to a finding of impairment. The relevant gateways in this matter are:
- “misconduct” (Article 51(1)(a), in relation to particulars 1 and 2);
 - “a police caution in the British Islands” (Article 51(1)(j) in relation to particular 3).
58. The Committee considered each of the relevant grounds.
59. The Committee was satisfied that the ground at Article 51(1)(j) was met by the police caution as found proved at particular 3.
60. The Committee next turned to consider whether the facts it had found proved at particulars 1 and 2 amounted to the ground of misconduct.
61. The Committee first considered the facts in light of the Council’s Standards for Pharmacy Professionals (May 2017).
62. It determined that the Registrant was in breach of all of the Standards submitted by Ms Hall, and for the reasons she had helpfully summarised. These are as follows:
- Standard 2: Pharmacy Professionals work in partnership with others: On 17 August 2024 the Registrant had attended the Pharmacy with the intention of

acting as the RP. He should have promoted effective team working between himself and the more junior members of staff. Instead, his presentation, as described by AP in her statement, was highly unstable. AP notes that the discovery of medication on the Registrant/ in his belongings, was very stressful and upsetting, demonstrating the impact that the Registrant's actions had on his work colleagues.

- Standard 3: Pharmacy professionals must communicate effectively: While there is no evidence before the Committee as to whether the Registrant experienced difficulties communicating with patients, AP describes several problems communicating with the Registrant, describing him as talking '*gibbering*', and using the phrase '*the lights were on but nobody was home*'. This is in addition to his slurred speech and aggressive behaviour. This suggests that while in an unfit state, the Registrant was unable to uphold standard 3.
- Standard 5: Pharmacy professionals must use their professional judgement: The Registrant's decision to attempt to work not only as a pharmacist, but as an RP whilst under the influence of medication or controlled drugs, demonstrates a profound lack of professional judgement. His criminal actions of theft by an employee and possession of a class C drug also reflects a lack of judgement.
- Standard 6: Pharmacy professionals must behave in a professional manner: The Registrant accepted a conditional caution for the criminal offences of theft by an employee and possession of a Class C drug. These offences are inherently dishonest and suggest that the Registrant's honesty and integrity cannot be relied upon. The fact that the theft from the Pharmacy related to the unlawful removal of Prescription Only Medicines or Controlled Drugs is an aggravating factor.
- Standard 9: Pharmacy professionals must demonstrate leadership: The Registrant failed to uphold this standard in relation to all 3 allegations particularised. As the RP in the Pharmacy, he had a legal duty under Regulation 5 of the Medicines

(Responsible Pharmacist) Regulations 2008, to ensure that he recorded the time that he assumed this role and the time it ended. He failed to do so. He was also unable to demonstrate leadership in relation to two junior colleagues due to his unfit state. AP's Witness statement suggests that rather than the Registrant demonstrating leadership, both she and her colleague had to ensure that the Registrant's condition did not worsen throughout the day. His conditional caution demonstrates an abuse of power, specifically relating to his unfettered access to Prescription Only Medicines and Controlled Drugs. This standard was therefore breached.

63. The Committee bore in mind that the Standards may be taken into account when considering the issues of grounds and impairment but that a breach of the Standards does not automatically result in a finding of misconduct (Rule 24(11) of the Rules). It therefore turned to consider whether the Registrant's conduct in breach of a number of his professional Standards was serious enough to amount to professional misconduct.
64. The Committee took into account the relevant case law to which Ms Hall had helpfully referred in her submissions.
65. In the case of Remedy UK Ltd v General Medical Council [2010] EWHC 1245 (Admin), the High Court reviewed several authorities in relation to misconduct and derived a number of principles which included the following at paragraph 37:

"Misconduct is of two principal kinds. It may involve sufficiently serious misconduct in the exercise of professional practice such that it can properly be described as misconduct going to fitness to practise. Second, it can involve conduct of a morally culpable or otherwise disgraceful kind which may, and often will, occur outside the course of professional practice, but which brings disgrace upon the [registered practitioner] and thereby prejudices the reputation of the profession."

Misconduct within the first limb need not arise in the context of a [registered practitioner] exercising [their] clinical practice, but it must be in the exercise of the [registered practitioner's professional] calling. There is no single or simple test for defining when that condition is satisfied.

Conduct falls into the second limb if it is dishonourable or disgraceful or attracts some kind of opprobrium; that fact may be sufficient to bring the profession into disrepute. It matters not whether such conduct is directly related to the exercise of professional skill."

66. More recently in the judgment of Forz Khan v Bar Standards Board [2018] EWHC 2184 (Admin), it was stated that:

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

67. The Committee was of the view that the Registrant's proven conduct at particulars 1 and 2 fell within both limbs of the test articulated in the case of Remedy. The conduct of the Registrant in attending work whilst in an unfit state through the consumption of prescription only medication and / or controlled drugs, and also in accepting a conditional caution for stealing medicines including prescription- only and controlled drugs from his place of work was conduct which fell below what was to be expected of him by his fellow professionals. The Committee accepted Ms Hall's submissions to the effect that the Registrant's actions can be described as deplorable or unacceptable conduct and amounted to a significant departure from the standards expected of a pharmacist.
68. The Committee was satisfied that its findings of fact at particulars 1 and 2 were serious enough to amount to professional misconduct by the Registrant.
69. Accordingly, the Committee concluded that both grounds, misconduct and police caution, were established by the proven facts of this case.

Impairment

70. Having found that the grounds of misconduct and police caution were established, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired.

71. Rule 5(2) of the Rules provides:

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

- a) presents an actual or potential risk to patients or to the public;*
- b) has brought, or might bring, the profession of pharmacy into disrepute;*
- c) has breached one of the fundamental principles of the profession of pharmacy; or*
- d) shows that the integrity of the registrant can no longer be relied upon."*

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

"It must be highly relevant in determining if a [practitioner's] fitness to practise is impaired that first ... her conduct that led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated".

73. These principles are echoed in the Council's "Good decision making: Fitness to practise and outcomes guidance (2024)" at paragraph 2.15:

"The committee should also consider whether:

- the conduct which led to the complaint is able to be addressed*
- the conduct which led to the complaint has been addressed*
- the conduct which led to the complaint is likely to be repeated*
- a finding of impairment is needed to declare and uphold proper standards of behaviour and/or maintain public confidence in the profession".*

74. The Committee was of the view that this case is one in which the Registrant's behaviour will not be "easily remediable". The Registrant's conduct included theft of prescription only and controlled drugs from his work premises and therefore brought into question his honesty and integrity and also included attending work in an unfit state due to using drugs.
75. His conduct suggests an apparent wilful disregard of his responsibilities as a professional who had privileged access to medications which are known to be open to misuse.
76. Given that the Registrant has not engaged with this regulatory process, the Committee has no information before it on the basis of which it could have assessed the Registrant's insight or reflections upon his failings, or whether he has in any respect remediated his conduct. In these circumstances, the Committee concludes that the risk of repetition remains high.
77. Applying the tests set out above, the Committee is of the view that his conduct was not easily remediable, has not been remedied and it cannot be said that it is highly unlikely to be repeated.
78. The Committee noted however the Registrant's statement to police which suggested

that he had been taking the medication to self-treat his mental health and or because of an addiction. It noted that he had repeatedly told the police that he had taken the medications only for personal use and not to give them to anyone else. There was no evidence before the Committee to suggest otherwise. In this context, the Committee considered that though not easily remediable, the Registrant's conduct could in principle be remedied if he were to access appropriate support in relation to his alleged addiction.

79. The Committee next turned to consider its findings in light of Rule 5(2) of the Rules. It took into account and accepted Ms Hall's submissions that all four limbs of Rule 5(2) are engaged by the Registrant's conduct.

Rule 5(2)(a)

80. Whilst there was no evidence before the Committee of actual harm to the public arising from the Registrant's conduct on 17 August 2024, the Committee was of the view that his presentation as described in detail by AP, and the risk of repetition, raise concerns about the Registrant's ability to act responsibly and safely in a professional context, and to fulfil his professional role not only as a pharmacist but also as an RP. The Committee noted that AP's evidence was that he didn't seem able to carry through his duties and even tried to leave the Pharmacy with her when she was going to get him a drink. The Committee is therefore satisfied that the Registrant's conduct demonstrates behaviour that presents both an actual and potential risk to the public.

Rule 5(2)(b)

81. Pharmacy professionals are expected to model reliable and trustworthy conduct. A conditional caution for theft and the Registrant's demeanour when attending work on the date in question, are incompatible with these expectations. Such behaviour, if

associated with a pharmacy professional, has the clear potential to diminish public trust in the profession and to call into question the reliability and professionalism expected of pharmacy professionals. Such conduct would undermine public confidence in the profession of pharmacy and bring the profession into disrepute.

Rule 5(2)(c)

82. Ms Hall had submitted that a fundamental principle of the profession is that pharmacists are “gatekeepers” of medications which are open to misuse and diversion and their privileged and unfettered access to such medications brings with it a duty to safeguard their use. The Registrant’s theft and consumption of prescription only and/or controlled drugs breached this duty thereby breaching a fundamental principle of his profession. The Committee agreed.

Rule 5(2)(d)

83. The Committee considered that the Registrant’s conditional caution for an offence of theft which involves dishonesty called into question his integrity. The Registrant has not provided any evidence of insight, remorse, or reflection on the impact of his actions on the public, and confidence in the profession, or otherwise engaged in the Council’s investigation in any capacity. In these circumstances, the Committee considers that the Registrant’s conduct demonstrates that his integrity can no longer be relied upon.
84. Turning lastly to consider the public interest, the Committee bore in mind the well-known case of CHRE v NMC and Grant [EWHC] 927 (Admin), in which Mrs Justice Cox stated that a panel must consider whether *“the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances”* of a case.
85. The Committee was satisfied that this case is clearly one, given its facts, in which there is a need to make a finding of current impairment in order to declare and

uphold proper standards of behaviour and maintain public confidence in the profession.

86. For all the reasons set out above, the Committee finds the Registrant's fitness to practise is currently impaired on grounds of public protection and otherwise in the public interest, that is, in order to promote and maintain public confidence in the professions regulated by the Council; and to promote and maintain proper professional standards and conduct for members of those professions.

Stage 3: Decision on Outcome

87. Having found current impairment, the Committee went on to consider the matter of outcome. The Committee's powers are set out in Article 54(2) of the Order. The Committee should consider the available outcomes in ascending order from least restrictive, take no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate outcome that meets the circumstances of the case.
88. The purpose of the outcome is not to be punitive, though an outcome may in fact have a punitive effect. Its purpose is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest than to the Registrant's interests.

Evidence contained within the Council's Supplemental Bundle

89. The Committee was provided with a 46- page Supplemental Bundle for the purposes of Stage 3 of this hearing.

90. In summary, the supplemental bundle contained documentation which showed that there had been a previous regulatory concern about the Registrant relating to alleged conduct whilst he was at work in 2017. This was dealt with by the Council's Investigating Committee.

91. **PRIVATE**

92. The matter was dealt with by the Council's Investigating Committee (IC) by way of proposed undertakings which the Registrant accepted and agreed to in a signed document dated 4 June 2018. These were continued by the IC with slight amendments on 2 April 2020, and they were ceased on 10 February 2021. The evidence before this Committee was that the Registrant engaged with the IC process throughout and complied willingly and fully with the undertakings. The Committee noted, in this regard, the comments of the IC of 10 February 2021 set out below:

"[the Registrant] engaged positively and proactively with his regulator".

Application for parts of the hearing to be heard in private:

93. Ms Hall made an application under Rule 39 for parts of the hearing to be heard in private **PRIVATE**. The Committee agreed that this was an appropriate approach given the contents of the Supplemental Bundle.

Submissions

94. Ms Hall on behalf of the Council referred the Committee to the Council's "Good decision making: fitness to practise hearings and outcomes guidance" revised edition March 2024. She confirmed that the supplemental bundle relating to this stage of the hearing had been sent to the Registrant by Royal mail post along with the 16-day

bundle and reminded the Committee that this correspondence had been signed for as received at the Registrant's address.

95. She submitted that the supplemental bundle should be regarded as evidence of a mitigating nature as it outlined **PRIVATE**, and also demonstrated that he had been able, in the past, to engage with the regulator and to comply with undertakings imposed by the regulator.
96. Ms Hall submitted that given the seriousness of the facts, the appropriate outcome should be a suspension from practice for 12 months.

The Committee's Decision

97. The Committee had regard to the Council's 'Good decision making: Fitness to practise hearings and outcomes guidance' (2024) ("the Outcomes Guidance") to inform its decision, and carefully considered the contents of the Supplemental Bundle and Ms Hall's submissions.
98. The Committee first considered what, if any, aggravating and mitigating factors there may be.
99. The Committee identified the following aggravating features of its findings:
 - The Registrant's past regulatory history as summarised in the Council's Supplemental Bundle
 - The Registrant was in a position of authority as RP and he breached his responsibility in that due to his unfit state, his junior staff had to look after him. They were so concerned that they called the Superintendent Pharmacist.
 - The Registrant's theft of medication from his place of work was a breach of the trust of his employer.

100. The Committee identified the following mitigating feature:
- The Registrant had shown some limited insight into his wrongdoing by accepting the Police conditional caution.
101. The Committee next turned to consider the outcomes available to it in ascending order of severity.
102. Take no Action: The Committee first considered whether it would be appropriate to take no action, however it was of the view that this outcome would not be sufficient to protect the public given its conclusions at Stage 2 that there was a risk of repetition; nor would taking no action satisfy the wider public interest by sending out a message to the profession and the public about the seriousness of the Registrant's conduct and conditional caution, in light of the standard of conduct expected of him as a professional.
103. Warning: The Committee next considered whether issuing a Warning would be appropriate. In the absence of any information today about whether the Registrant has reflected on his conduct and made any efforts to remediate it, the Committee was of the view that a Warning would not be sufficient to mark the seriousness of the Registrant's conduct nor to protect patients and the public from the risk of repetition.
104. Conditions of Practice. The Committee next considered whether to impose conditions of practice. The Outcomes Guidance states that conditions may be appropriate where there is evidence of poor performance or of significant shortcomings in a registrant's practice. The Committee had regard to the fact that the Registrant's conduct took place whilst he was at work, however, it was of the view that conditions would not appropriately deal with the matters raised by this case. Although the evidence relating to the Registrant's previous regulatory matter demonstrated that he is in principle capable of engaging with and complying with

undertakings set out by his regulator, his non-engagement with the current process suggests that the Committee could not reassure itself that he is currently willing or able to comply with any conditions it might formulate. In any case, the Committee agreed with Ms Hall that, given that the misconduct involved the theft of medications from his work place, any conditions it formulated to guard against repetition would be tantamount to a suspension from practice as a pharmacist;

105. Moreover, an order for conditions would undermine public confidence in the profession as it would not be sufficient, in the Committee's view, to send out a clear message, both to practitioners and to the public, of the gravity of the findings in this case.

106. Suspension Order. The Committee next considered whether suspension would be a proportionate outcome.

107. The Council's Outcomes Guidance indicates that suspension may be appropriate where:

"The Committee considers that a warning or conditions are insufficient to deal with any risk to patient safety or to protect the public, or would undermine public confidence. It may be required when necessary to highlight to the profession and to the public that the conduct of the registrant is unacceptable and unbefitting a member of the pharmacy profession. Also, when public confidence in the profession demands no lesser outcome."

108. The Committee reviewed the facts which it had found proved. The Registrant deliberately stole prescription-only medication and controlled drugs and consumed them thereby attending work whilst unfit to do so. A significant amount of medication including controlled drugs was found in his rucksack. He later accepted a police conditional caution for theft by an employee and having possession of a controlled drug -Class C Other, namely Zopiclone and Gabapentin.

109. On the basis of the evidence before it today, the Committee does not consider that the Registrant is currently safe to practise. There is nothing before the Committee to suggest that the Registrant has appropriately reflected on his conduct or taken any steps to remediate it. In these circumstances, the Committee has determined that there remains a risk of repetition of the Registrant's conduct.
110. The Committee is satisfied that a suspension from practice would protect the public whilst it remains in force.
111. The Committee is also of the view that these are very serious matters which would significantly undermine the public's right to trust pharmacists if not appropriately marked by the regulator. A suspension would highlight to the profession and to the public that the conduct which led to the Registrant's caution is unacceptable and unbefitting of a member of the pharmacy profession. Public confidence in the profession demands no lesser outcome.
112. The Committee turned to consider whether this was a case in which it was necessary to impose the most serious outcome, that of removal. The Outcomes Guidance states that removal is *"reserved for the most serious conduct"* and that it should be considered *"when the registrant's behaviour is fundamentally incompatible with being a registered professional"*.
113. The Committee took into account the information contained within the bundle which included that the Registrant had told the police that his theft was "opportunistic" to deal with **PRIVATE**. This was also borne out by the information contained within the Council's Supplemental Bundle. There was no evidence that he was stealing the medication to pass on to someone else. The Committee took into account that the Registrant had not engaged with this regulatory process and did not attend this hearing, and therefore it has no up to date information from him as to

whether he has been taking measures to deal with the factors which may have led to his misconduct and caution.

114. Taking all of the evidence before it into account, the Committee was of the view that the Registrant's conduct, though serious and amounting to substantial breaches of his professional standards, was not fundamentally incompatible with being a registered professional and therefore a removal order today would be unduly punitive.
115. Having taken into account all of the available evidence before it, the Committee was of the view that the Registrant ought to be afforded a further opportunity to engage with this regulatory process should he wish to, and therefore a period of suspension together with a review towards its end, is the appropriate and proportionate outcome at this stage.
116. Turning to consider the appropriate period of time for the suspension, the Committee accepted Ms Hall's submissions. It is satisfied that a period of 12 months' suspension would be proportionate to mark the seriousness of its findings. This would also provide a period of time in which the Registrant might reflect on this Committee's findings and engage with any assistance or support which might be helpful to remediate his conduct and thereby reduce the risk of repetition.
117. The Committee considers that this is a case in which a review ought to be carried out before the expiry of the period of suspension, at which point the Registrant may be able to demonstrate to a reviewing committee that there is no longer a risk of repetition.
118. The Committee considers that the Reviewing Committee would be assisted by the Registrant providing the following:

- i) The Registrant's attendance at the review;
- ii) A reflective document demonstrating that he fully appreciates the seriousness of his misconduct and criminal caution, and their effect both on his own professional reputation and that of his profession more generally;
- iii) **PRIVATE**
- iv) Any other documentation the Registrant considers will be helpful at that stage, for example testimonials in relation to paid or unpaid work.

119. The Committee hereby revokes the interim suspension which was in place against the Registrant until today.

ORDER: The Committee directs the Registrar to suspend Mr James Alexander (Registration number 2086164) from the Register forthwith for a period of 12 months.

Decision on Interim Measures

120. Ms Hall, on behalf of the Council, made an application for an interim measure of suspension to be imposed on the Registrant's registration, pursuant to Article 60 of the Pharmacy Order 2010, pending the coming into force of the Committee's substantive order. She submitted that such an order would be congruent with the Committee's outcome decision in the substantive order and was necessary to protect the public and was otherwise in the public interest.

121. The Committee took account of the fact that its decision to order the suspension of the Registrant's name from the register will not take effect until 28 days after the Registrant is formally notified of the outcome, or until any appeal is concluded.

122. The Committee has found that an order of suspension is appropriate and proportionate in this case, not only in the public interest but also because there remains a risk of repetition. It is satisfied that it is therefore necessary for there to be some measure of public protection in place prior to the taking effect of the substantive order, in addition to taking account of the public interest considerations.

123. The Committee therefore hereby orders that the entry of the Registrant in the register be suspended forthwith, pending the coming into force of the substantive order.

END