General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote videolink hearing

15, 16 and 17 June 2026

Registrant's name:	Osama Hamed
Registration number:	2205339
Part of the register:	Pharmacist
Type of case:	Misconduct
Committee Members:	Suzanne McCarthy (Chair) Thufela Haque (Registrant member) Paul Barton (Lay member)
Legal Adviser:	Andrew Granville Stafford
Committee Secretary:	Ivana Raimundova
Registrant:	Present and represented by Paul Summerfield
General Pharmaceutical Council:	Represented by Ben Schofield, Case Presenter
Facts proved:	All, by admission
Fitness to practise:	Impaired
Outcome:	Suspension order 6 months
Interim measures:	Interim suspension order

*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 **16 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.*

Particulars of Allegation

'You, a registered pharmacist, and as the Director, Superintendent and Responsible Pharmacist of Berkeley Court Pharmacy, 5-7 Melcombe Street, London, NW1 6AR:

1. Between September 2024 and June 2025, failed to secure approximately 1080 boxes of Xanax 500mcg – 60 tablets within the legal supply chain; and / or

2. Between September 2024 and June 2025 supplied approximately 1080 boxes of Xanax 500mcg – 60 tablets without the requisite wholesaler's licence.

And in light of the above, your fitness to practise is impaired by reason of your misconduct.'

Documentation:

Document 1 – GPhC Principal Hearing Bundle (272 pages)

Document 2 – GPhC Statement of Case and Skeleton Argument (18 pages)

Document 3 – Registrant's bundle (67 pages)

Document 4 – Registrant's additional bundle (6 pages)

Document 5 – Exhibit OH/1 (7 pages)

Introduction

1. This is the written determination of the Fitness to Practise Committee ('the Committee') of the General Pharmaceutical Council ('the Council') at the Principal Hearing in respect of Mr Osama Hamed ('the Registrant'). The Registrant is registered with the Council as a pharmacist under registration number 2205339.

2. The powers of the Committee and the procedure at this hearing are 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'). The Committee also had regard to

the guidance contained in the Council's Good Decision Making Hearings and Outcomes Guidance (2024) ('the Guidance').

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. A Principal Hearing has up to three stages:

    Stage One: Findings of fact - the Committee determines any disputed facts.

    Stage Two: Misconduct and impairment - the Committee determines whether the facts found proved amount to misconduct and, if so, whether the Registrant's fitness to practise is currently impaired.

    Stage Three: Outcome - the Committee considers what, if any, sanction should be imposed if the Registrant's fitness to practise is found to be impaired.

Preliminary applications

5. Mr Summerfield, on behalf of the Registrant, made two preliminary applications. He applied under Rule 18(5) of the Rules for a documentary exhibit containing contemporaneous emails be admitted into evidence. There was no objection to this application by Mr Schofield on behalf of the Council, who accepted that the Council would not be prejudiced by the introduction of this document. The Committee was satisfied that it was in the interests of justice for the Registrant to be able to refer to this evidence and allowed the application.

6. Mr Summerfield also applied under Rule 39(3) of the Rules for the Committee to go into private when any references were made to the Registrant's family life or his financial circumstances. The Committee was satisfied that, as family matters inevitably involve references to third parties who have no involvement in the case, it was appropriate that those matters should be heard in

private. However, the Committee was not persuaded that references to financial matters concerning the Registrant constituted good grounds to oust the normal public interest in holding the hearing in public. It therefore allowed the application only to the extent it related to family matters.

The Council's case

7. The Registrant is and was at the relevant time Superintendent Pharmacist and regular Responsible Pharmacist of Berkeley Court Pharmacy ('the Pharmacy'). The Pharmacy provides retail services to members of the public from its shop premises in central London. The Pharmacy has been owned and operated by Bloom Healthcare Ltd ('BHL') since October 2023. The Registrant is, and has been since 2020, the sole director of BHL.

8. Neither BHL nor the Pharmacy holds a 'Wholesale Distribution Authorisation (Human)' which would permit it to sell or supply medicines to anyone other than a patient using those medications.

9. The Pharmacy had previously been subject to an improvement notice following a routine unannounced inspection on 10 January 2024. On that occasion, failings had been found in relation to the prescribing and supply of private prescriptions. The improvement notice was met on 22 February 2024 and, at a re-inspection in August 2024, the Pharmacy was found to be meeting standards.

10. The allegations in this case relate to supply of a controlled drug known as Xanax. Xanax is the brand name for alprazolam, a type of benzodiazepine, used primarily in the treatment of anxiety disorders. Xanax is a Class C controlled drug under the Misuse of Drugs Act 1971. It is a prescription only medication and a Schedule 4 controlled drug under the Misuse of Drugs Regulations 2001. Xanax is available in packs of 60 tablets in two strengths, 250mcg and 500mcg.

11. The NHS does not prescribe Xanax, and therefore it is only available by private prescription. It is known that there is an illicit trade in Xanax and that it can be subject to misuse.

12. In May 2025, the Council received information suggesting BHL had purchased unusually high quantities of Xanax. Ms SS, a GPhC inspector, attended the Pharmacy on 24 June 2025 to carry out an unannounced inspection. The Registrant was not present at the time of the inspection,

but Ms SS spoke to him on the telephone. Ms SS asked the Registrant about the Pharmacy's use of Xanax. She says in her statement:

> *'Mr Hamed did not provide any explanation for the unusual purchasing pattern of Xanax described. He acknowledged Xanax could not be prescribed on the NHS, and he stated that the pharmacy did not often supply Xanax against private prescriptions to his knowledge.'*

13. Ms SS conducted a search and located seven complete packs and one split pack of Xanax in the Pharmacy. She checked the Pharmacy's prescription record and could find no private prescriptions for Xanax in the period dating back to 1 August 2024.

14. The following day, after email exchanges between Ms SS, the Registrant and another pharmacist, a further 88 boxes of Xanax were located at the Pharmacy. These were found on a shelf behind other medicines.

15. Ms SS spoke to the Registrant about these matters on the telephone on 30 June 2025. He admitted he was responsible for ordering and overseeing stock medicines. Ms SS says in her statement:

> *'I asked Mr Hamed if he could account for the discrepancy between the amount (approximately 160 packs) ordered by the pharmacy and the exiting amount in stock as records indicated that none had been supplied legitimately by the pharmacy according to records. Mr Hamed suggested some stock may have been damaged by water or rats. I asked why he would continue to order Xanax tablets when there was no legitimate use for them, Mr Hamed explained that he had been stockpiling them with the intention of supplying them to an overseas charity which supported refugees. He stated he had a letter which confirmed this. When asked on what legal basis these supplies would be made. Mr Hamed suggested he thought he may be able to wholesale under his pharmacy licence. I advised Mr Hamed this was not permitted, that he should quarantine existing stock, cease ordering Xanax and inform his insurers as this was a serious matter. I advised that I would be making further inquiries and considering what other action may be necessary.'*

16. Because of the concerns raised as a result of Ms SS's inspection, conditions were imposed on the Pharmacy on 4 July 2025 prohibiting it from obtaining, selling or supplying medicines containing alprazolam.

17. Further enquiries by the GPhC show that, between September 2024 to June 2024, 1,177 packs of 500mcg tablets of Xanax had been delivered to the Pharmacy from three different pharmaceutical wholesalers. Excluding the 95 packs found at the Pharmacy, that leaves 1,082 packs, or over 60,000 tablets, unaccounted for.

18. A GPhC case officer wrote to the Registrant on 23 July 2025, informing him that an investigation had been opened into concerns that he had failed to ensure that there was proper oversight and management by the Pharmacy in relation to Xanax.

19. On 13 August 2025, a response was received from the Registrant's legal representative, Mr Summerfield.

20. Mr Summerfield said that the Registrant did not supply Xanax on prescription, as the drug was not dispensed to be used in the UK. He said that the Registrant had provided Xanax to international charitable organisations. Those organisations were The Wellplus Medicals of Lagos, Nigeria; the Embassy of the Republic of The Sudan in London; Tyre human assembly (sic) of Tyre (country not stated); Bedaya Charity Organization of Giza, Egypt; and Noralataa (country not identified). Mr Summerfield provided letters from them confirming that requests had been made to the Registrant for the supply of medication.

21. Mr Summerfield explained in his letter that the process for supplying these organisations was as follows. The Registrant was informed over the phone who, on behalf of the charities, would be coming to the Pharmacy to collect the medicine. On their arrival, the Registrant would check their identity and hand over whatever stock he had of the medication.

22. Also enclosed with Mr Summerfield's letter were 'To Whom It May Concern' letters from three individuals who said that they had introduced the Registrant to one or more of these organisations. These letters praised the Registrant for his compassion and support of charitable and humanitarian causes. None of these letters gave the correspondent's physical address but one, from Ms G, included an email address.

23. The GPhC case officer attempted to contact the organisations, using email details found through internet searches. She received an acknowledgement of receipt from The Wellplus Medicals but no substantive response to her enquiries. Despite chasers, she has not received any other replies.

24. In September 2025, the case officer communicated with Ms G, using the email address she provided. The case officer asked for information about how Ms G knew the Registrant and the charity. Ms G said that she passed the Registrant's contact details to the charity, Tyre human assembly, because she knew of the Registrant's charitable character.

The Registrant's case

25. The Registrant provided the Committee with a bundle which included a witness statement dated 18 May 2026 and formal admissions dated 3 June 2026. He admitted both particulars of allegation, subject to 'a dispute over the statement of [Ms SS]'. He further admitted that his conduct amounted to misconduct.

26. The Registrant said in his statement that since his purchase of the Pharmacy in 2023 he had worked diligently to enhance the range and quality of services provided to its patients. He said that he takes pride in spending time with his patients, and this personal and empathetic approach has strengthened the Pharmacy's relationship with the community, and dispensing volumes had more than doubled.

27. The Registrant also said in his statement that he had strived to help various charities through his business venture. He had, he said, been approached by registered charitable organisations operating in crisis zones and, having personally experienced conflict and humanitarian suffering, felt a strong moral and emotional obligation to assist.

28. The Registrant said in his statement that, before engaging with any charity he took care to confirm the organisation's status. The requests for medicines were from individuals who represented the organisations requesting support and were made by voice calls through encrypted messaging platforms. He did not dispute that he had supplied Xanax. He said in his statement:

'At the time, I understood that the medicines were being requested by representatives of recognised charitable and/or medical organisations for onward use in a healthcare setting. I did not understand the request to be a commercial wholesale transaction, and I did not receive or seek any commercial profit from the supply. My intention was to support humanitarian medical need. I now understand that the regulatory position required greater formal verification and documentation than I had in place at the time.

My understanding, at the time, was that I could supply a small amount of medication without a wholesale licence. I had understood a small amount to mean 5% to 10% of the turnover of the pharmacy.'

29. The Registrant said in his statement that he only handed over medicines after carrying out an identification check to match the person's name and date of birth to the information he had been provided with. He subsequently checked by voice call that the medicines had reached their intended destination. Whilst no formal records were kept, he received confirmation from the charities that the supplies had arrived and had been handled by their medical teams.

30. These donations, he said, took place over a period of time, as and when the medicines were needed and only when he was in a position to support with the supply.

31. Following the inspection in June 2025 and his conversations with Ms SS, he had learnt that his interpretation of wholesale dealing was incorrect, and that he could not 'wholesale' any medication without a licence, no matter how small the amount.

32. The Registrant also provided the Committee with a reflective statement. He accepted the seriousness of what occurred. He said that he engaged in reflection, sought professional mentoring, and taken steps to change the way he approaches charitable work. He said:

'On reflection, I can see that I wrongly treated the situation as an exceptional humanitarian circumstance rather than as a medicines governance issue. I allowed the proposed charitable destination to reassure me when it should instead have caused me to ask more questions. A request involving medicines for overseas use, particularly a controlled drug, should have triggered the highest level of caution: checking the legal route, confirming whether a wholesale dealer's licence was required, verifying the

recipient organisation, obtaining written regulatory advice, documenting the decision-making process, and refusing to proceed unless every requirement was met. I did not do that.'

33. In the conclusion to his reflective statement, the Registrant said this had been a humbling and transformative experience for him. He remained committed to helping vulnerable people and supporting humanitarian causes, but he said he now accepted that this must be done only through appropriate, lawful, and regulated channels. He deeply regretted what happened and was determined that it would not be repeated.

34. The Registrant provided a report from a 60-minute mentoring session conducted by telephone on 7 May 2026 by Mr Paul Summers, a Clinical Pharmacist. Mr Summers said it was clear to him that the Registrant had responded reflexively to the situation and appeared to him to have spent considerable time reflecting, learning and making positive changes to the way that he conducts his chartable work.

35. The Registrant's bundle contained a number of testimonials from fellow pharmacists, healthcare professionals and others who spoke highly of his personal and professional qualities. It also included correspondence from some of the charities in question which confirmed that he had supplied medication to them.

The Committee's determination

36. The Committee considered all the documentation before it, the submissions of both parties, the oral evidence of the Registrant and Ms SS and the advice of the Legal Adviser.

<u>Stage one: Findings on facts</u>

37. At the outset of the hearing, the Registrant admitted particulars 1 and 2 of the allegation. Pursuant to Rule 31(6) of the Rules, the Committee found these proved on the basis of admission.

38. The parties agreed that, in light of the fact that the Registrant had indicated he did not accept all of Ms SS's evidence, it would be appropriate for the Committee to conduct a Newton-style

hearing. Ms SS gave evidence on affirmation and was cross-examined by Mr Summerfield. The Registrant also give evidence and he was cross-examined by Mr Schofield.

39. The Committee was advised that, where allegations have been admitted but facts are disputed which are or may be material to its determination, the burden of proof lies on the Council. The standard of proof is on the balance of probabilities.

40. The evidence that the Committee heard from Ms SS and the Registrant related in particular to the telephone conversations between the two of them on 24 and 30 June 2025. Taking into account both their oral evidence and their respective written accounts of those conversations, the Committee was unable to determine any real divergence between the accounts. It accepted that the focus of the first conversation was on the whereabouts of the Xanax that had been purchased by the Pharmacy. Though neither witness had, or would be expected to have, a perfect recall of everything said during that conversation, there does not appear to be any dispute that there was some general discussion about why the Pharmacy had Xanax; and that the Registrant did not give his explanation as to why until the second phone conversation on 30 June. However, the Committee noted that it is not being alleged by the Council in this case that the Registrant has acted dishonestly or with a lack of integrity. So, given that the Committee has not been told that the Registrant's explanation is being challenged as being false or untrue, whether that explanation was given on 24 or 30 June 2025 does not appear to the Committee to be material to any of the determinations it may need to make in this case.

41. In summary, therefore, the Committee considered there was no material divergence between the evidence of Ms SS and the Registrant. Further, any difference there might be between the accounts given by the two of them in relation to their phone conversations was not going to be relevant at Stage Two or Three of this hearing.

Stage Two: Misconduct and impairment

42. Having found all of the particulars of the allegations proved by admission, the Committee considered first whether the conduct set out in those particulars amounted to misconduct and, if so, whether the Registrant's fitness to practise is thereby currently impaired.

43. The Committee heard further evidence at this stage from the Registrant. He reiterated the account given in his witness statement. He emphasised that he has a passion for charitable work and said that when people had reached out to him for help, he had supplied medicines where he was able to. The introductions had been made by people he knows and whom he regards as respected members of the community. He verified the existence of the end users, be they a charity or a hospital, by online searches and by making enquiries of various people. He was asked why he did not deliver the medications directly to those organisations. He told the Committee that they said their representatives would attend the Pharmacy to collect them and he accepted that without questioning it. He was given a name and date of birth and he matched that against the person's passport when they came to collect the medicines. He also told the Committee that he confirmed the medications had arrived at their intended destination by making a phone call.

44. The Registrant accepted he had not kept any records in relation these supplies. He said that, at the time, he had considered that if he was not selling the Xanax for a profit, or supplying it in large quantities, he did not need a wholesale licence. He now accepts this was a misunderstanding. When he was told he could not operate in this way, he was shocked **PRIVATE**. He has now stopped making any supplies to these charities. What he has learned from this experience, he told the Committee, was that compassion without governance can lead to unsafe practice.

45. On behalf of the Council, in his written submissions on misconduct, Mr Schofield said that pharmacists are important gatekeepers for keeping medicines contained within the safe and legitimate supply route. The Registrant had failed in that duty and the failure, he submitted, was serious.

46. Mr Schofield also referred the Committee to the Standards for Pharmacy Professionals and, in particular, standards 2, 5, 6 and 9 which he submitted had been breached by the Registrant's conduct.

47. In relation to impairment, Mr Schofield contended that all four paragraphs of Rule 5(2) of the Rules have been breached. Even if the Committee accepted that the Registrant has now shown insight and remediation, Mr Schofield submitted that a finding of impairment was necessary to uphold public confidence in the profession and to declare and maintain proper professional standards.

48. Mr Summerfield, on behalf of the Registrant, accepted that the conduct set out in the allegations amounts to misconduct. Although that remains a matter for the Committee's determination, Mr Summerfield submitted that the Registrant's acceptance that his conduct fell below expected standards itself shows that he has insight. Insofar as the personal component of impairment is concerned, Mr Summerfield submitted that the Registrant has taken substantial steps to remediate. He now appreciates the trigger factors which led to the failings in this case and now realises that he must not allow his compassionate side to overrule his judgment.

49. Mr Summerfield submitted that the conduct in this case was remediable and, furthermore, had been remediated. The risk of repetition was, he argued, bordering on the zero. Whilst the Registrant acknowledged that he had breached fundamental principles and brought the profession into disrepute, Mr Summerfield contended that this could be appropriately addressed by a warning under Article 54(5) of the Order without a finding of current impairment.

Decision on misconduct

50. There is no statutory definition of misconduct. In *Roylance v General Medical Council* (No.2) [2000] 1 A.C. 311, misconduct was described as a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The falling short must be serious before it would amount to misconduct. It has been also been described as conduct which would be regarded as deplorable by fellow practitioners (*Nandi v General Medical Council* [2004] EWHC 2317 (Admin)).

51. The Committee took into account that the Registrant accepted that his conduct in this case amounted to misconduct. Nonetheless, the question of misconduct remains a matter for the judgment of the Committee.

52. The Committee was of the view that the Registrant's actions constituted a serious falling short of acceptable standards. This case concerns repeated failures by the Registrant, over a significant period of time, resulting in inadequate safeguarding of large quantities of a controlled drug. Although the Registrant appeared somewhat reluctant to accept it when he gave evidence, there was no doubt in the Committee's mind that his actions had put members of the public at risk. He had failed to show the judgment expected of someone in his position, occupying as he did a leadership role as a Superintendent Pharmacist, and the Committee was satisfied that his

conduct would be regarded as deplorable both by fellow professionals and members of the public.

53. The Committee noted the Council had submitted the Registrant's conduct in this case was contrary to a number of standards in the Standards for Pharmacy Professionals. In this case it was not necessary for the Committee to analyse those standards in any detail. It is quite clear that the repeated supply of significant quantities of a controlled drug without the requisite lawful authority is conduct which falls seriously below the standards expected of a pharmacist.

Decision on impairment

54. 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. In doing so, in accordance with Rule 5(2) of the Rules, the Committee considered whether the Registrant's 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;

(d) shows that the integrity of the Registrant can no longer be relied on.

55. There was no doubt in the Committee’s mind that the Registrant's conduct in this case put the public at risk of harm. Indeed, albeit somewhat reluctantly in the Committee's view, the Registrant had accepted as much when he gave evidence. The issue for the Committee to consider was whether there is any ongoing or potential future risk.

56. The Committee accepted that, as a consequence of these proceedings, it would be unlikely that the Registrant would in the future supply controlled drugs to overseas charitable organisations without lawful authorisation. However, the failings in governance in this case were so fundamental that the Committee could not find there was no possibility that the Registrant would act in a way which puts patients or the public at potential risk. The facts of this case demonstrate a cavalier attitude towards record keeping, professional inquisitiveness and management of controlled drugs. In 2024, the Pharmacy was served with an improvement notice

where poor record keeping concerning controlled drugs was issued and, although addressed seven months later, the Registrant has not used this learning when supplying controlled drugs in this instance. Furthermore, there is no indication that this would have ceased had the GPhC not intervened. The Committee was not satisfied that the risks inherent in conduct of this nature had been fully remediated.

57. The Committee accepted that, through his admissions and reflections, the Registrant had shown some insight into, and remorse for, his misconduct. It was encouraged by the provision of an Action Plan, though it noted that a number of the points represented proposals for change rather than implemented change. It gave credit to the Registrant for engaging in mentoring, though it had concerns as to whether one session shortly prior to the hearing was sufficient in light of the underlying failings in this case.

58. The Committee considered that, in light of the Registrant's conduct, there remains a potential risk to patients and the public. It was not assured that his mindset had sufficiently altered so it could be sure that other values or motivations would never again be allowed to get in the way of his professional responsibilities. Therefore, the Committee determined that a finding of impairment was required on public protection grounds.

59. The Committee was also satisfied that a finding of impairment was required on public interest grounds in order to uphold proper professional standards and public confidence in the pharmacy profession.

60. There was no doubt, as was conceded on the Registrant's behalf, that his conduct had breached fundamental principles of the profession and had brought it into disrepute. Public confidence in the profession would, in the Committee's view, be undermined by knowing that a pharmacist had been involved in the supply of 60,000 tablets of a controlled drug without the requisite lawful authority.

61. The Committee did not accept Mr Schofield's submission that paragraph (d) of Rule 5(2) was engaged. The Committee noted, as it has done previously in this decision, that the Council has not made any allegation in this case that the Registrant has acted dishonesty or with a lack of integrity.

62. The Committee does however find, for the reasons set out above, that paragraphs (a), (b) and (c) of Rule 5(2) are engaged. It is satisfied, again for the reasons set out above, that though the conduct in question is remediable it has not been fully remediated. Further, in light of the seriousness of the conduct in this case, a finding of impairment is necessary to maintain public confidence in the profession.

63. The Committee therefore found that the Registrant's fitness to practise is currently impaired on public interest and public protection grounds.

64. The Committee went on to consider the issue of outcome.

Decision on outcome

65. The Committee heard submissions on outcomes from Mr Schofield and Mr Summerfield.

66. Mr Schofield acknowledged that the Registrant had shown a degree of insight, had made admissions and had fully engaged with the disciplinary process. However, this case involved a large quantity of a controlled drug exiting the legitimate supply chain, and was therefore serious. Not only was there a risk of harm to the public but it was, Mr Schofield submitted, tantamount to an abuse of his position of trust as a pharmacist.

67. Mr Schofield addressed the various outcomes available to the Committee. This included the possibility of removal from the register.

68. Mr Summerfield invited the Committee to find that the Registrant has been candid in his evidence and has taken these matters seriously. He ceased this supply as soon as it was brought to his attention that he should not be doing it. He has put in place an Action Plan to ensure there is no risk of repetition.

69. Mr Summerfield informed the Committee that the Registrant has been under an interim suspension order since October 2025. As he is the owner of the Pharmacy, he has continued to work there but not as a pharmacist or pharmacy technician in order to comply with the terms of the interim suspension. He has engaged other Responsible Pharmacists to ensure the Pharmacy has remained open and able to provide a service to the public.

70. Mr Summerfield reminded the Committee that, at Stage Two, it had not found that the Registrant lacked the integrity required to practise as a pharmacist. Removing a passionate and skilled registrant would, he submitted, be a major detriment to the profession. In the circumstances, Mr Summerfield said that the Committee may consider an order for conditional registration is the appropriate and proportionate outcome in this case. Conditions could be formulated, including structured formal mentoring, a report from the mentor prior to a review hearing and a personal development plan, which would provide the necessary degree of protection for the public. Mr Summerfield accepted that, if a harsher sanction is required, the Committee may consider suspension. In that case he submitted that a short period of suspension would be appropriate in all the circumstances.

71. The Committee bore in mind that the purpose of a sanction is not to be punitive, though it may in fact have a punitive effect. The purpose of a sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and the promotion of professional standards.

72. The Committee considered the following to be aggravating factors.

- the conduct involved repeated failures over a significant time frame;
- the quantity and nature of the drugs involved;
- the failings relate to the Registrant's role as Superintendent Pharmacist which is a position of leadership and trust;
- the conduct involved a risk of harm to the public;
- continued errors relating to controlled drugs and record keeping following the previous inspection in 2024.

73. The Committee was made aware of the efforts the Registrant has made to gain insight and remediation, but noted that these have not yet been fully delivered.

74. The Committee considered that the following were mitigating factors:

- the Registrant has admitted and apologised for his misconduct and has shown remorse;

- he has fully engaged with the disciplinary process;

- he provided the Committee with testimonials which spoke positively of his personal and professional attributes.

75. The Committee's powers in relation to outcomes are set out in Article 54(2) of the Order. The Committee should consider the available outcomes in ascending order from least restrictive to most restrictive, in order to identify the appropriate and proportionate outcome. Proportionality means weighing the public interest with the Registrant's own interests. The Committee had regard to the guidance in respect of outcomes in the Guidance.

76. The Committee first considered taking no action. However, given the Committee's finding of current impairment including an ongoing risk to the public it determined that this outcome would not be appropriate.

77. The Guidance indicates that a warning may be appropriate where:

> *'There is a need to demonstrate to a professional, and more widely to the profession and the public, that the conduct or behaviour fell below acceptable standards. There is no need to take action to restrict a professional's right to practise, there is no continuing risk to patients or the public, but there needs to be a public acknowledgement that the conduct was unacceptable.'*

78. The Committee was not satisfied that a warning was an appropriate outcome. The conduct in this case was too serious. A warning would not be sufficient to uphold professional standards or satisfy the public interest.

79. The Committee next considered the imposition of an order of conditional registration. This would allow the Registrant to practise albeit with restrictions. The Committee must consider whether conditions of practice would protect the public from harm, be sufficient to mark the seriousness of the matter so as to maintain public confidence in the profession and the regulator, and whether it would be sufficient to uphold standards within the profession.

80. The Guidance indicates that conditions may be appropriate where:

> *'There is evidence of poor performance, or significant shortcomings in a professional's practice, but the committee is satisfied that the professional may respond positively to retraining and supervision. There is not a significant risk posed to the public, and it is safe for the professional to return to practice but with restrictions.'*

81. The Committee considered, given that there was an attitudinal element underlying the Registrant's misconduct in this case, conditions of practice would not be appropriate. Furthermore, given that the conduct in question involves a failure to implement proper systems and governance processes and also failings in respect of the Registrant's role as Superintendent Pharmacist, the Committee was not satisfied it could formulate conditions which would adequately address the underlying behaviour and be workable and enforceable. The Committee also considered that imposing conditions would not meet the public interest, given the seriousness of these allegations.

82. The Committee next considered whether suspension would be a proportionate outcome. The Committee noted the Guidance 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.'*

83. Taking that guidance into account, the Committee was satisfied that a period of suspension was the appropriate and proportionate sanction in this case. It would give a clear signal to both the Registrant and the profession that conduct of this nature is unacceptable and would, in the Committee's view, adequately mark the seriousness of it. Furthermore, it would give the Registrant an opportunity to demonstrate he had developed his insight and fully remediated his misconduct. The testimonials suggest the Registrant has the potential to be a good pharmacist and a suspension would give him time to show that. Adopting the words of the Guidance, the Committee considered that in this case public confidence in the profession would demand no lesser outcome.

84. The Committee did consider whether removal would be a more appropriate outcome. However, in light of the fact it has found that this conduct is capable of remediation and that the Registrant has made some progress towards remediating it, the Committee was of the view that removal from the register would be disproportionate in the circumstances of this case.

85. The Committee considered the length of the suspension order. It determined that a mid-length suspension period would be adequate to allow the Registrant to reflect on his conduct and develop his insight and remediation. It therefore directed that the Registrant's registration be suspended for a period of six months. Given that impairment has been found in this case on both public protection and public interest grounds, the Committee directed that a review of that suspension order shall take place prior to its expiry.

86. The Committee considered that the reviewing Committee may be assisted by:

- an updated reflective piece from the Registrant, addressing in particular the risk of harm to the public resulting from his misconduct and how he has strengthened record keeping within his business;
- evidence that he has undertaken regular mentoring;
- evidence that he has implemented effective governance procedures in his pharmacy business.

Decision on interim measures

87. The Interim Suspension Order that the Registrant has been under since October 2025 is now, pursuant to Article 56(10) of the Order, revoked.

88. The decision to impose a six-month suspension order on the Registrant will not take effect for at least 28 days, or longer if the Registrant lodges an appeal against this decision. The Committee invited submissions on whether interim measures should be imposed which would have effect until the order comes into effect or the appeal is disposed of.

89. Under Article 60 of the Order, interim measures may be imposed after an order for suspension of registration. The Committee can only impose interim measures if it is satisfied that they are

necessary to protect the public, are otherwise in the public interest or are in the interests of the registrant themselves.

90. The Committee heard submissions on interim measures from the parties.

91. Mr Schofield submitted that it was appropriate to impose an interim suspension for the reasons referred to in paragraph 88 above. In light of the risk to the public that the Committee has found exists in this case he submitted it was necessary to protect the public. Further, he submitted that public confidence in the profession requires the imposition of an interim order also on public interest grounds.

92. Mr Summerfield did not oppose the application.

93. The Committee was satisfied that an Interim Suspension Order was necessary for the protection of the public and otherwise in the public interest. The Committee's reasons are the same as those that have been given for the imposition of the substantive suspension order. Further, not to impose an interim suspension order would be inconsistent with that decision.

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

95. That concludes this determination.