General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Held Remotely by videolink

4-6 August 2026

Registrant name:	Helen Louise Halliwell
Registration number:	2056375
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Manuela Grayson (Chair) Esosa Osakue (Registrant Member) Victoria Smith (Lay Member)
Committee Secretary:	Chelsea Smith
Registrant:	Present
Registrant's representative:	Tim Haines
General Pharmaceutical Council:	Represented by Mary Poku-Catani
Facts proved by admission:	1, 2, 3, 4, 5 (partial), 6
Fitness to practise:	Impaired
Outcome:	Removal
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 **4 September 2026** or, if an appeal is lodged, once that appeal has been concluded. However, the interim suspension set out in the decision take/s effect immediately and will lapse when the decision takes effect or once any appeal is concluded.

Documentation

Document 1 – Council's bundle of documents (58 pages)

Document 2- Council's Statement of Case and Skeleton Argument, dated 25 July 2026 (14 pages)

Document 3- Registrant's bundle of documents (42 pages)

Document 4- Statement of Case and Skeleton Argument on behalf of the Registrant, dated 24 July 2026 (14 pages)

Witnesses

- Ms J, Operations Manager, Boots Pharmacy gave oral evidence on behalf of the Council
- Mr P, Lead Case Officer, GPhC: did not attend the hearing to give oral evidence, however his witness statements and exhibits were agreed and read into the record.
- The Registrant gave evidence at the facts stage

Particulars of Allegation (as amended)

"You, a registered pharmacist, whilst working as the Responsible Pharmacist at Boots Bank Hey Street, Blackpool, Lanarkshire, FY1 4TE ("the Pharmacy"):

1. On 5 May 2024 removed one or more of the following items from the Pharmacy without permission and in the absence of a valid prescription:

1.1 A bottle of patient returned medication
1.2 A bottle of Oramorph
[ADMITTED]

2. On 12 May 2024 removed one or more of the following items from the Pharmacy without permission and/or in the absence of a valid prescription:

2.1 One or more Oramorph boxes of medicine
2.2 A bottle of Oramorph, a Controlled Drug
[ADMITTED, on basis that she removed a box of liquid Oramorph and some decanted liquid Oramorph from Boot's Pharmacy on 12 May 2024]

3. On 19 May 2024 removed one or more of the following items from the Pharmacy without permission and in the absence of a valid prescription:
3.1 Co-codamol
3.2 Codeine
3.3 Oramorph
[ADMITTED]

4. Your actions paragraphs 1-3 above were dishonest as you knew you were not entitled to remove the medicines from the Pharmacy;
[ADMITTED]

5. On 5 May 2024 consumed Methadone or Oramorph whilst working in the Pharmacy
[ADMITTED, on basis that she admitted consuming "a mouthful of liquid Oramorph on 5 May 2024 whilst working at Boot's Pharmacy in Blackpool". She denied consuming methadone on this or any other day]

6. On 27 February 2025 accepted a caution at Blackpool Custody Police Station for the offence of theft by employee, relating to the theft of Methadone during the period of 5 May 2024 to 19 May 2024, contrary to section 1(1) and 7 of the Theft Act 1968.
[ADMITTED]

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

1. misconduct
2. caution"

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 had regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and outcomes guidance* as revised March 2024.
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/Outcome – the Committee considers what, if any, outcome should be applied if the Registrant's fitness to practise is found to be impaired.

Service of Notice of Hearing

6. The Committee has seen letters dated 26 June 2026 and 16 July 2026 from the Council headed 'Notice of Hearing' addressed to the Registrant. The second letter gave notice that the hearing would be reduced by one day to three days instead of four, from 4-6 August 2026.

No issue was taken by the Registrant regarding notice. The Committee concluded that good service had been effected in accordance with the Rules.

Preliminary decision on privacy

7. Mr Haines, on behalf of the Registrant, made an application under Rule 39 (3) for matters concerning the Registrant's health which might be mentioned at Stage 2 of the hearing, to be heard in private.

8. Ms Poku-Catani made no objection to the application.

9. The Committee was satisfied that the interest of the Registrant in maintaining her privacy outweighed the public interest in holding those parts of the hearing in private. It therefore resolved that where reference might be made to the Registrant's health or other private matters these matters would be heard in private in accordance with Rule 39(3) of the Rules.

Application to amend the Particulars of Allegation

10. The Committee invited representations from both parties in relation to its proposal to make amendments under Rule 41(1) to particulars 2 and 5 of the Particulars of Allegation, given the evidence contained within the documentation before it.

Particular 2

11. In relation to particular 2, the Committee proposed an amendment to the words *"unidentified"* (sub-particular 2.1) and *"unknown"* (sub-particular 2.2), to describe "Oramorph" as the drug taken by the Registrant, given the contents of her written statement.

12. Neither representative objected to the Committee's proposal in relation to particular 2, and so the Committee amended particular 2 accordingly. It was satisfied that such an amendment would better reflect the evidence before it, and it would not prejudice the fairness of the proceedings to do so.

Particular 5

13. The Committee invited representations on a proposal to amend particular 5 from:

"5. On 5 May 2024 consumed Methadone whilst working in the Pharmacy" to
"5. On 5 May 2024 consumed Methadone or Oramorph whilst working in the Pharmacy".

14. This was not objected to by either representative.

15. The Committee, having taken into account the representations of both parties, was of the view that its proposed amendment would enable a determination to be made in due course which would reflect its assessment of all of the evidence before it. It was satisfied that the proposed amendment would not prejudice the fairness of the proceedings.

16. Accordingly, it amended particular 5 to include the words *"or Oramorph"*.

Registrant's response to Particulars of Allegation

17. The Registrant admitted particulars 1; 2 (as amended); 3; 4; 5, on the basis that she admitted consuming "a mouthful of liquid Oramorph on 5 May 2024 whilst working at Boot's Pharmacy in Blackpool". She denied consuming methadone on this or any other day; and 6.

18. In the light of the above, and by the application of Rule 31(6) of the Rules, the Chair announced that particulars 1, 2, 3, 4 and 6 were found proved by the Committee.

19. The Committee then proceeded to receive evidence and submissions regarding particular 5 (as amended).

Background

Summary of Council's evidence which led to the referral and which was not disputed by the Registrant

20. The Registrant was working as a Locum and Responsible Pharmacist at the Pharmacy at the relevant time. The Registrant was the most senior person in the pharmacy whilst on duty and had access to the keys to the Controlled Drugs ("CDs") cupboard. She mainly worked during the weekends and in recent days only on Sundays.

21. The controlled drugs keys were kept in a locked cupboard, and the keys were signed out to the pharmacist daily. The keys could also be signed out to an authorised member of staff. The keys for the cupboard were kept in a safe within a bag which was stapled shut at the end of each day.

22. In accordance with Company policy, a weekly check of the CDs was carried out, in which all CDs were balanced with regards to the amounts received through delivery to the amount prescribed and given out. This was recorded in the controlled drug book, which was in paper format, and was stamped by the pharmacist who completed the check.

23. Logs for Methadone and sugar free methadone were kept in a separate book due to the amount prescribed and given out. Ms J confirmed that she would be responsible for investigating any discrepancies.

Initial reporting of discrepancies

24. Ms J (Statement for police 11.10.24) confirmed that she first became aware of the discrepancies regarding the Methadone when she received a call from a colleague on 27 May 2024. She was not at work on this day; however, she followed the matter up on Tuesday 28 May 2024. Upon arrival at work, Ms J did her own discrepancy check and found that there was still a discrepancy of 160 ml of Methadone. This was further checked to ensure there were no obvious mistakes such as mistaken entries of deliveries.

25. Ms J was concerned by the discrepancy as it was the second within a month. She noted that there had been a discrepancy when balances were done on 08 May 2024. The Registrant had worked a shift on 05 May 2024.

26. Ms J considered that the discrepancy could have arisen from issues with pouring. The Methadone is bought in 2500ml bottles which is dispensed as per prescription into small brown bottles, labelled and placed within the cabinet. This would usually happen on Mondays. The Methadone would be poured using equipment called a Varispenser which requires calibration.

27. Ms J decided to watch the CCTV to rule out issues with the tubes within the calibration equipment and user error.

28. The Council's case is that the Registrant's taking of the controlled drug Methadone, without permission and a prescription led to underage of the drug being discovered at Boots Chemists, Bank Hey Street, Blackpool, (the pharmacy) when weekly balanced checks were performed. The discovery of the underage led to a review of the CCTV footage of the Registrant's shifts during 5, 12 and 19 May 2024, as the underage coincided with when she was on duty as a Locum and Responsible Pharmacist at the pharmacy.

29. A Pharmacy Incidents Investigation Form was completed by Ms J on 27 May 2024 to report the controlled drugs discrepancy. An entry was made on the Boots internal investigation system. The identified incident type was described as "underage for a liquid CD" and the named controlled drug was Methadone. The strength was 1mg/ml and the balance recorded in the Controlled Drugs ("CD") register was 10505 whereas the physical balance present was 10345.

30. Ms J's evidence, as set out in her Investigation Report was that

"Upon reviewing the CCTV, locum pharmacist was seen on 05/05/2024, 12/05/2024 and 19/05/2024 pouring methadone and concealing the bottles in their belongings...The individual

can also be seen concealing tablet boxes and blisters in their personal belongings on these dates".

31. The matter was reported to the police, CDAO (Controlled Drugs Accountable Officer) and the GPhC.

32. On 27 February 2025, the Registrant accepted a Police Caution for theft of Methadone, as set out at particular 6.

Evidence

Evidence of Ms J

33. Ms J had provided a witness statement dated 4 September 2025 to which she exhibited a record of her MG11 police interview which took place on 11 October 2024. She also provided a further witness statement dated 19 January 2026, in which she described her understanding of what she considered she could ascertain from watching the CCTV footage of the various incidents.

34. In her statement to police, Ms J was recorded as stating:

"On CCTV from one of her previous shifts in May, I saw [the Registrant] take a drink from a bottle, which I believe will be a controlled drug".

35. She stated that it was difficult to say what the total amount taken was but from the CD book discrepancies there was "an amount of 160ml of methadone" with a value of "less than £2".

36. Ms J went on to say: "I believe [the Registrant] has also taken Oramorph because of the location of which it is situated on the shelf that she appears to take from". She was unable to say which exact tablets had been taken, but the Registrant was believed to have taken codeine tablets. These could not be quantified as they were not physically booked in and checked out. It was noted that a sleeve was taken out rather than a full box.

37. During live evidence, Ms J was shown the CCTV footage from 5 May 2024 in which the following could be seen:

i) Registrant was seen to fill some small brown bottles with liquid whilst standing near to the CD cabinet which contained methadone;

ii) Registrant was seen to fill a bottle from a larger bottle which was taken from a separate location in the Pharmacy where Oramorph was stored.

iii) She was later seen bringing bottles from the location near the methadone cabinet and placing them in her bag which was on a work bench; and

iv) Placing the bottle from the Oramorph location in her bag.

v) She was later seen to remove a brown bottle from her bag and drink one mouthful of the liquid in it.

38. Ms J told the Committee that she "believed" the liquid consumed by the Registrant was Methadone, because of the location where she had just previously been seen taking empty bottles to, that is, as she explained, the location near to the CD cabinet containing Methadone. She admitted however that she could not "100% confirm" that the bottle which the Registrant removed from her bag to drink from was a bottle she had seen being filled near the cabinet where Methadone was stored. She said "my presumption would be it's the same bottle she takes to drink from".

39. During cross examination from Mr Haines, when asked if she accepted that the bottle which the Registrant drank from could have been Oramorph Ms J replied "yes".

Evidence of the Registrant

40. The Registrant told the Committee, as she had stated in her witness statement, that her recollection of the alleged incidents was blurred because [REDACTED] and that was why she was stealing Methadone and Oramorph.

41. She said that she did not recall consuming any medication and only realised she had done so when she was first shown the CCTV this year in May 2026. This explained why she had told

the police in her interview on 17 February 2025 that "she didn't believe that she had consumed any medication whilst in work at the pharmacy". She told the Committee that she was "in a difficult place [and] was convinced that [she] wouldn't have behaved in that manner".

42. She accepted that her lack of memory of the alleged incident was not helpful but asserted that she was sure it was Oramorph that she could be seen consuming and not methadone. She explained that due to her many years dispensing methadone she was aware that it had a different colour, smell and taste from Oramorph; she also told the Committee that if it had been Methadone then she would have been "incapacitated somewhat, drowsy, unable to stand". She said she knew it was Oramorph based on the fact that she continued to work on 5 May 2024. She said "my thought process must've been to not take Methadone and I would have been able to tell by the smell…I don't know why I did what I did". She then had a week off [REDACTED].

43. The Registrant told the Committee that she has not taken any medication which was not prescribed for her before or after the CCTV incident took place on 5 May 2024.

Decision on Facts

44. Turning to consider particular 5, which the Registrant denied in relation to the alleged consumption of Methadone, the Committee took into account the written and oral evidence of Ms J, and all the exhibits before it, including the CCTV footage, and also the witness statements and oral evidence of the Registrant. The Committee also took account of the submissions made on behalf of the Council and the Registrant.

45. When considering the conflicting evidence in relation to particular 5, 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 particular 5 would be proved if the Committee was satisfied that what was alleged was more likely than not to have happened.

46. The Committee bore in mind that the Registrant was hitherto of good character, with no previous regulatory findings against her name. However, as Mr Haines conceded, given the admitted facts in this case, it may only be appropriate to take into account the Registrant's previous good character in relation to an assessment of her credibility but not of her propensity to act as alleged.

The Committee's Findings on Fact

The Stem of the Allegation

"You, a registered pharmacist, whilst working as the Responsible Pharmacist at Boots Bank Hey Street, Blackpool, Lanarkshire, FY1 4TE ("the Pharmacy"):

47. The stem of the Allegation had been found proved on the basis of the evidence before the Committee and the Registrant's admissions.

Particular 1

1. On 5 May 2024 removed one or more of the following items from the Pharmacy without permission and in the absence of a valid prescription:

1.1 A bottle of patient returned medication
1.2 A bottle of Oramorph

48. Particular 1 been found proved on the basis of the evidence before the Committee and the Registrant's admissions.

Particular 2

2. On 12 May 2024 removed one or more of the following items from the Pharmacy without permission and/or in the absence of a valid prescription:

2.1 One or more Oramorph boxes of medicine

2.3 A bottle of Oramorph, a Controlled Drug

49. Particular 2 had been found proved on the basis of the evidence before the Committee and the Registrant's admissions.

Particular 3

3. On 19 May 2024 removed one or more of the following items from the Pharmacy without permission and in the absence of a valid prescription:

3.1 Co-codamol

3.2 Codeine

3.3 Oramorph

50. Particular 3 had been found proved on the basis of the evidence before the Committee and the Registrant's admissions.

Particular 4

4. Your actions paragraphs 1-3 above were dishonest as you knew you were not entitled to remove the medicines from the Pharmacy;

51. Particular 4 had been found proved on the basis of the evidence before the Committee and the Registrant's admissions.

52. The Committee bore in mind the legal test for dishonesty as set out in the case of Ivey v Genting Casinos (UK) ltd (t/a Crockfords Club) [2017] UKSC 67, in addition to accepting the Registrant's admission of dishonesty. The Committee was satisfied that the evidence before it, including the CCTV footage of the Registrant taken whilst she was on duty at the Pharmacy, demonstrated that her conduct was covert in the knowledge that what she was doing was unauthorised. It took into account that the CCTV footage showed her filling bottles in stages, removing them to near her bag, then later, putting the bottles inside her bag and

concealing this by placing her coat over the contents of the bag. The CCTV footage also showed the Registrant removing drug blister packs (which could not be identified from the footage) and concealing them in her bag. There was no evidence that she had a prescription for the medication, or was for any reason entitled to remove the medication as alleged, and evidence gathered by police during their investigation confirmed that she was never prescribed any of the medication which they found during their searches of her home and her car, and which is set out in particulars 1-3.

53. The Committee was satisfied that ordinary decent people would consider that what the Registrant can be seen doing in the CCTV and to which she has in any event admitted, was dishonest given her knowledge at the time.

Particular 5

5. On 5 May 2024 consumed Methadone or Oramorph whilst working in the Pharmacy

54. The Registrant had accepted that she consumed what she stated was "a mouthful of liquid Oramorph on 5 May 2024 whilst working at Boot's Pharmacy in Blackpool". She denied consuming Methadone on this or any other day. As set out above, the Registrant did not in fact recall consuming the liquid, but she deduced from all of the circumstances that it must have been Oramorph and not Methadone.

55. Ms Poku-Catani submitted that the Committee could safely conclude that the Registrant had consumed Methadone. She referred the Committee to the evidence of Ms J, including her calculations about the discrepancies in the CD register for Methadone and the DNA found by the police on the rims of two bottles of Methadone found in the Registrant's car during their search on 29 May 2024.

56. However, the Committee was of the view that Ms J's evidence in relation to what was consumed by the Registrant on 5 May 2024, taken as a whole, was not conclusive. Ms J had drawn inferences from her interpretation of the CCTV footage which the Committee also saw and from the discrepancies within the relevant CD registers and the DNA evidence later found

by the police. In her live evidence, Ms J had accepted that the liquid could have been Oramorph, as asserted by the Registrant.

57. Furthermore, when considering whether it could rely on the Agreed Police Evidence report, the Committee was of the view that there was an inconsistency within the report which it could not resolve.

58. At paragraph 12 the police report stated that two bottles of liquid inside a pink zip bag were seized from the centre console of the Registrant's car:

"One of the bottles contained 79ml of methadone and the other 119ml of methadone. The Registrant's DNA was matched to the rims of both the seized bottles".

59. However, paragraph 25 of the police record states:

"when DC Burgess referenced the Oramorph (CHECK THIS) bottles which had the Registrants DNA around the rim the Registrant indicated that she had no recollection of stealing Oramorph from the Pharmacy". [sic]

60. Given the above clear conflict, the Committee was unable to come to a conclusion as to whether the bottles seized by the police with the Registrant's DNA on them contained Methadone or Oramorph.

61. Turning to whether the CCTV footage could be of assistance in resolving what was in the bottles in the zip bag seized by the police, the Committee noted first that, from a careful viewing of the CCTV footage, the bottles placed in the zip bag on 5 May 2024 were likely to have contained Methadone. However, it took into account that the police search was conducted some days later, on 29 May 2024. In these circumstances the Committee considered it would be unsafe to conclude, as Ms Poku-Catani had submitted, that the bottles in the zip bag contained the same drug as the bottles in the CCTV footage of 5 May 2024.

62. Taking all of the evidence into account, the Committee could not be satisfied on the balance of probabilities that the Registrant consumed Methadone on 5 May 2024 given that she had placed unmarked bottles of both Methadone and Oramorph in the bag a short time beforehand.

63. Accordingly, the Committee found particular 5 proved, in that the Registrant consumed Methadone or Oramorph whilst working in the Pharmacy on 5 May 2024.

Particular 6

6. On 27 February 2025 accepted a caution at Blackpool Custody Police Station for the offence of theft by employee, relating to the theft of Methadone during the period of 5 May 2024 to 19 May 2024, contrary to section 1(1) and 7 of the Theft Act 1968.

64. Particular 6 had been found proved on the basis of the Registrant's admissions, and the evidence before the Committee, including the record of the Police interview with the Registrant on 17 February 2025 and the Certificate of Caution dated 27 February 2025.

Decision on grounds and impairment

65. Having found particulars 1-6 proved, the Committee then went on to the second stage of the hearing, 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 evidence of the Registrant, both written and oral, and the submissions of Ms Poku-Catani and Mr Haines.

66. 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".

67. 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."

68. Consideration of impairment is undertaken in two stages. First, the Committee has to consider whether, on the facts found proved, there has been misconduct. It then has to consider whether, as a result, the Registrant's fitness to practise is currently impaired. This approach was outlined by Mr Justice Cranston at paragraph 19 of Cheatle v GMC [2009] EWHC 645 (Admin):

"A Panel must engage in a 2-step process. First, it must decide whether there has been misconduct, deficient professional performance or whether the other circumstances set out in the section are present. Then it must go on to determine whether, as a result, fitness to practise is impaired. But it may be that despite a [practitioner] having been guilty of misconduct, for example, a Panel may decide that his or her fitness to practise is not impaired.

Evidence at Stage 2

69. The Registrant had provided a bundle of documentation relevant to Stage 2. This included:

- Witness Statement of the Registrant;
- Reflective Statement of the Registrant;
- Course certificates relating to courses undertaken entitled: "Rebuilding Trust of Patients, the Public, and Healthcare Regulator" and "Probity for Healthcare Professionals, both completed on 19 July 2026;
- Evidence of counselling and therapy undertaken by the Registrant and a timeline of the support she has engaged with;

- Documentation relating to ADHD;
- Two character references which confirm that the writers are fully aware of the Particulars of Allegation faced by the Registrant at this hearing.

70. In her Reflective Statement the Registrant provided detailed reflections in relation to her actions,
stating for example that

"by failing to disclose my difficulties, I allowed my judgement to be influenced by factors that should have led me to seek help, I made very poor decisions that didn't reflect my professional values or the basic principles of safe practice".

71. The Registrant also gave live evidence at the hearing. She told the Committee, in summary:

- That she did not have an explanation for the CCTV evidence of her consuming controlled medication at work on 5 May 2024. She said *"I don't really know who that is. It's awful to watch, disgraceful behaviour…[members of the public] would be shocked and disgusted at it…wouldn't think kindly of the person or the profession; it's not how you should behave as a healthcare professional".*
- She accepted that she "would have been potentially impaired" at the time and could have made an error which could have caused harm to a patient – "someone's life could have been affected forever and that would have been my fault".
- In relation to the Council's professional standards, the Registrant considered that her conduct breached most of them and accepted that the theft was "unacceptable… a complete breach of trust". She said the public might conclude that the person should never set foot inside a pharmacy, might never be able to forgive her, and she completely understood that members of the public might lose trust in her as a professional.
- All she could do was to prove she could do things differently by her actions. She said that there have been no concerns about her openness or her honesty in her current employed role as operations manager for a beverage company and she had been trusted with handling cash at industry fairs.
- [REDACTED]. This was why she was stealing the medication.

- As for remediation since the events, the Registrant had undertaken privately financed and NHS counselling and therapy, had reconnected with friends and whilst she was "not perfect", had learned a lot about herself including building her self-esteem and learning ways to manage stress. In future she would ask for help; could access her previous therapists (having completed a six-month holistic wellbeing course about regulating your nervous system in December 2025); and could contact her GP.
- Her friends knew all about these proceedings, did not condone what she had done but had offered to provide any support she needed.
- She had kept up to date as far as possible with developments in pharmacy and was willing, if permitted to return to pharmacy, to abide by any requirements put in place such as accountability measures, regular reviews, monitoring, second checks. She understood these might be needed.
- She had thought a lot about the risk or stress of working again in an environment where she would be surrounded by medication, but she believed that due to the work on herself that she had undertaken since the events, her coping mechanisms are different and she would not wish to put colleagues, the public or the profession in the same situation again.
- In response to Committee questions, she admitted that the bottles found in her car were Methadone and that she had drunk from them in the week after leaving work, which was planned annual leave, to [REDACTED]. She said what she drank made her feel lethargic and drowsy.

Submissions on behalf of the Council

72. Ms Poku-Catani referred the Committee to the relevant law and to her skeleton argument.

73. She submitted that the Registrant's proved and admitted conduct would be considered deplorable by fellow practitioners and by the public. The Registrant had breached all of the professional standards, save for Standard 7, which relates to confidentiality, would attract a degree of opprobrium and amounted to serious professional misconduct.

74. Whilst the Registrant had demonstrated remediation, she had not been tested in an environment with access to controlled medication and the evidence showed she had a

tendency to put her head in the sand when faced with stressful circumstances. The risk of repeating her misconduct could not be ruled out. Returning to work in a pharmacy environment would be difficult for her, and her conduct could not be easily remediated in these circumstances.

75. Ms Poku-Catani submitted that given the above, the Registrant's fitness to practise continued to be impaired at today's date both due to a risk of repetition and also in the public interest.

Submissions on behalf of the Registrant

76. Mr Haines referred the Committee to his skeleton argument and to the relevant law. He reminded the Committee that decisions at Stage 2 were matters for the Committee's professional judgement however he would not seek to resist a finding that the Registrant's conduct found proved and to which she had admitted amounted to serious professional misconduct.

77. As for current impairment of fitness to practise, Mr Haines submitted that case law did not require that a finding of dishonesty should automatically lead to a finding of impairment; a member of the public if appraised of all of the circumstances of this case, might not insist on a finding of current impairment bearing in mind all the remediation she has undertaken since 2024. It was open to the Committee to find no current impairment given all the circumstances and yet impose a warning. The Registrant had supplied two positive testimonials including from her current employer and had been shown to be trusted and trustworthy in her employment since the events in question; she had practised without concerns in community pharmacy since 2003 prior to the events of May 2024.

78. Mr Haines submitted that the Committee should take into account that the Registrant had been candid and honest in her demeanour and her evidence: she accepted that she breached most or all of the professional standards which are in place to prevent practitioners bringing her profession into disrepute. Whilst dishonesty is not "easily remediable", it was now highly unlikely to be repeated; and a finding of impairment should only be made if there is a "real need", or "necessity" to do so.

The Committee's Decision

Grounds

79. Article 51(1) of the Order sets out the possible grounds or "gateways" to a finding of impairment. The relevant gateways in this matter are:

- "misconduct" (Article 51(1) (a)); and
- "a police caution in the British Islands" (Article 51(1) (j)).

80. The Committee accepted the Certificate of Caution dated 27 February 2024 as proof of the ground set out at Article 51(1)(j).

81. The Committee next turned to consider whether the facts it had found proved at particulars 1-5 amount to the ground of misconduct, Article 51(1)(a).

82. The Committee first considered the facts proved in light of the Council's Standards for Pharmacy Professionals (May 2017).

83. It was of the view that the Registrant breached the following Standards:

- Standard 1 – Pharmacy professionals must provide person-centred care: in stealing a number of medications including a Schedule 2 controlled drug, Methadone, and consuming a controlled medication whilst at work when not entitled to do so, the Registrant gave no consideration to the risks she might be taking with her ability to provide appropriate care to patients, thinking only, it would seem, of her own interests at the time;

- Standard 2 – Pharmacy professionals must work in partnership with others: the Registrant did the opposite by her conduct which she has admitted and which has been found proved; by clandestinely and deliberately stealing controlled medication she would

have placed her colleagues under suspicion and also caused them trouble because they had to deal with what they had discovered about her conduct;

- Standard 3 – Pharmacy professionals must communicate effectively: the Registrant admitted that she told no-one of the difficulties she was suffering and tried to deal with them alone which led to her theft and consumption of controlled medication; she accepted in her oral evidence that she ought to have told someone and sought help;

- Standard 4- Pharmacy professionals must maintain, develop and use their professional knowledge and skills: the Registrant breached standard 4, by using her professional knowledge entirely inappropriately to source and steal controlled medication for personal use;

- Standard 5 – Pharmacy professionals must use their professional judgement: the Registrant breached this standard by her lack of judgement in stealing medications and consuming a controlled substance from a bottle she had filled whilst on duty;

- Standard 6 – Pharmacy professionals must behave in a professional manner: the Registrant's proven conduct demonstrated flagrant breaches of this fundamental expectation of a pharmacist;

- Standard 8 – Pharmacy professionals must speak up when they have concerns or when things go wrong: the Registrant admitted that she told no-one of the difficulties she was suffering and tried to deal with them alone which led to her theft and consumption of controlled medication; she accepted at Stage 2 that she ought to have told someone and sought help;

- Standard 9 – Pharmacy professionals must demonstrate leadership: as the locum Responsible Pharmacist the Registrant accepted that she was the most senior person on duty and was expected to be an example to the staff; her conduct was an egregious breach of her professional responsibilities as a leader.

84. 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).

85. However, given the proven facts of this case, the Committee was satisfied that the Registrant's conduct, which included theft of a number of medications including Methadone a Schedule 2 controlled drug, and Oramorph, Schedule 5, and consuming a controlled substance when she knew she was not entitled to do so whilst at work clearly fell short of what would be proper in the circumstances. It was of the view that her conduct would be regarded as deplorable by fellow practitioners and would convey a degree of opprobrium to the ordinary citizen. Her behaviour was, in the words of the case of Forz Khan v Bar Standards Board [2018] EWHC 2184 (Admin), *"seriously reprehensible".*

86. The Committee therefore determined that the Registrant's conduct was serious enough to amount to professional misconduct.

Impairment

87. The Committee went on to consider whether the Registrant's fitness to practise is currently impaired.

88. 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."

89. 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".*

90. These principles are echoed in the Council's "Good decision making: Fitness to practise hearings 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".

91. The Committee took into account the information before it relevant to the question of current impairment.

92. It was clear that the Registrant genuinely regretted her misconduct and had been open and honest with her current employer and her friend and ex-colleague both of whom had provided positive testimonials as to her honesty and excellent work ethics. She had shown remorse for what she did and a thorough understanding of the seriousness of her misconduct and her police caution. The documentary evidence she had provided demonstrated that she had made significant efforts to remediate her misconduct and caution by engaging in structured and relevant counselling and therapy from which she learned not only more about herself but also strategies which she hopes will prove helpful to her at future times of stress in her life.

93. However, the Registrant's conduct in May 2024 was, in the Committee's view, shocking and

extremely egregious for a pharmacist and particularly given that she was in a position of seniority working as a locum Responsible Pharmacist, with many years' experience. She stole a variety of controlled medications, all of which are known to be open to abuse and misuse, from the Pharmacy on successive Sundays, 5, 12 and 19 May 2024. She was caught on CCTV consuming one of medications she stole, which was Methadone or Oramorph, both known to be addictive and open to abuse, straight from a bottle into which she had decanted it, whilst on duty. This conduct, if it had affected her ability to work competently, could have put both her and members of the public to whom she owed a duty of care, at very real risk of harm.

94. The Committee was concerned to learn that the best she could do when asked to explain her misconduct was to say: *"I don't have an explanation; I don't know why that's my honest answer. I don't really know who that is".*

95. She told the Committee that she didn't even know she had consumed medication at work until she saw the CCTV footage in May of this year.

96. The evidence before the Committee is that the Registrant's conduct in stealing and consuming the controlled medication was pre-planned, deliberate, surreptitious, and, as the Registrant herself accepted, she has never denied that it was dishonest.

97. The Committee accepted the submissions of Mr Haines that there are varying degrees of dishonesty, and that dishonesty can in principle be remediated as is set out in case law. It took into account that she has shown herself to be reliable, honest and trustworthy in her employment since the events.

98. However, despite the efforts which the Registrant has made to remediate her misconduct, the Committee is of the view that it is not easily remediable.

99. Given that she was not able to explain how she came to be in the position which led to the referral to the GPhC, and appears only to have realised she consumed the medication about two months ago, the Committee cannot conclude that there is no risk of repetition if the

Registrant were to return to practice in a pharmacy with the easy access to controlled medication which that would necessarily entail. As she accepted, she has not since the relevant events, been in a situation where she has been exposed to the potential to access controlled medication.

100. The Committee does not therefore consider that the Registrant's misconduct and caution have been remedied or fully addressed.

101. The Committee next turned to consider its findings in light of Rule 5(2) of the Rules.

Rule 5(2)(a)

102. Given the Committee's concerns above it follows that Rule 5(2)(a) is engaged in that the Registrant's conduct demonstrates behaviour that presents both an actual and potential risk to the public. Since she cannot explain how she came to behave as she did, the Committee cannot be assured that if faced with stress of personal difficulties in future, she would recognise the warning signs and seek help or remove herself from the workplace rather than repeating her previous misconduct. This, in turn, could present a risk to the Registrant's ability to act responsibly and safely in a professional context, and the risk that she could make errors of judgement which could affect the public.

Rule 5(2)(b)

103. The Registrant's misconduct and police caution for theft of Methadone clearly brought the profession of pharmacy into disrepute, as the Registrant readily accepted.

Rule 5(2)(c)

104. Fundamental principles of the profession of pharmacy include honesty, and safeguarding controlled medication so as to ensure it remains in the legitimate supply chain – stealing controlled medication and consuming some of it whilst at work clearly engaged this Rule.

Rule 5(2)(d)

105. The Committee carefully considered whether the Registrant's integrity can no longer be relied on. It accepted that the events occurred when she was in a very stressful situation in her life, dealing without help with multiple real difficulties and that she was [REDACTED]. It also took into account that she has worked hard to remediate her previous misconduct, has fully engaged with this process, and that, upon seeing the CCTV footage, she has accepted that she consumed controlled medication whilst at work though she told the Committee that she did not recall doing so.

106. But the misconduct found proved was not isolated nor spontaneous. The Registrant was the locum RP responsible for access to the drugs, and she violated that responsibility repeatedly on a series of Sundays, by helping herself to controlled medication including Methadone when she knew she had no right to do so. Stolen medication was found in her car and in her home, including bottles of Methadone which she had been drinking from.

107. Given the seriousness of the facts of this case, in the context of the Registrant's professional responsibilities, and the trust placed in her as a pharmacist by the public, and despite having taken fully into account the Registrant's explanation of her state of mind at the time, the Committee is of the view that her integrity can no longer be relied on.

108. 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.

109. The Committee was satisfied that this case is 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.

110. 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.

Outcome stage

Decision on Outcome

111. Having found impairment, the Committee went on to consider the matter of outcome.

112. The Committee's powers in relation to outcome (formerly referred to as sanction), are set out in Article 54(2) of the Pharmacy Order 2010.

113. Article 54(2) of the Order provides:

> *"If the Fitness to Practise Committee determines that the person concerned's fitness to practise is impaired, it may–*
>
> a. *give a warning to the [Registrant] in connection with any matter arising out of or related to the allegation and give a direction that details of the warning must be recorded in the [Registrant's] entry in the register,*
> b. *give advice to any other person or other body involved in the investigation of the allegation on any issue arising out of or related to the allegation;*
> c. *give a direction that the [Registrant] be removed from the register;*
> d. *give a direction that the entry in the register of the [Registrant] be suspended, for such period not exceeding 12 months as may be specified in the directions; or*
> e. *give a direction that the entry in the Register of the [Registrant] be conditional upon [the Registrant] complying, during such period not exceeding 3 years as may be specified in the direction, with such requirements specified in the direction as the*

Committee thinks fit to impose for the protection of the public or otherwise in the public interest or in the interest of the [Registrant]."

The Committee may also make no order.

114. The Committee was aware that it should consider the available outcomes in ascending order from the least restrictive, taking no action, to the most restrictive, removal from the register, in order to identify the appropriate and proportionate outcome that meets the circumstances of this case. It bore in mind that the purpose of the outcome is not to be punitive, though an outcome may in fact have a punitive effect. The purpose of the outcome is to meet the overarching objectives of regulation, namely the protection of the public, the maintaining of public confidence and to promote and uphold professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.

Submissions on Outcome

115. Ms Poku-Catani, on behalf of the Council, referred the Committee to her updated skeleton argument and reminded the Committee of the law including the case of Bolton v The Law Society [1994] 2 All ER286, and guidance on outcome. She reminded the Committee that it must take into account the extent to which the registrant has breached the professional standards and that in this case, she had breached nearly all of them, as she had herself accepted. Ms Poku-Catani submitted that it was with regret bearing in mind that the Registrant has been in the past, and is, in other circumstances in her current non-pharmacy employment, a hard-working and effective worker, that the Council's recommendation was for removal from the register.

116. Whilst the Registrant had made significant efforts in developing insight and remediation, she had not accepted the central problem, by engaging with what she did in the past and acknowledging her vulnerability to relying on controlled drugs in the admittedly difficult personal circumstances which prevailed in May 2024. The calibration of Methadone was a central part of a senior pharmacist's responsibility, because it can be so unsafe otherwise;

however, the Registrant had not properly self-reflected so as to recognise that the person in the CCTV footage *was* her, and that she *could* be vulnerable when in an environment with access to controlled drugs. Ms Poku-Catani acknowledged that it was difficult to watch the footage, but proper reflection included engaging with what the Registrant had "grudgingly" accepted; case law stated that what happened in the past has to be engaged with when assessing risk of repetition in future.

117. Ms Poku-Catani referred the Committee to the Council's Good Decision making hearings and Outcomes Guidance (2024) ("The Outcomes Guidance"), including the guidance on the importance of considering the public interest when assessing the appropriate outcome and the paragraphs dealing with findings of dishonesty, which state that some acts of dishonesty are so serious that removal is the only proportionate option.

118. She submitted that the Registrant had a duty of candour but took deliberate steps to avoid being candid with anyone including her colleagues; with regret the Council's submission was that though through no choice of her own but due to interim suspension, she had not worked since the relevant incidents in a pharmacy context; there was a very high risk of repetition. Addressing the available outcomes in ascending order of severity she submitted that only a removal order would adequately mark the risk which the Registrant presents to patients and the public. She submitted that the Committee should give appropriate weight to protecting the public, maintaining public confidence in the profession and maintaining proper standards of behaviour. She submitted that the Registrant's conduct, was so serious that removal is the only option in the circumstances of this case.

119. Mr Haines, on behalf of the Registrant, reminded the Committee that the purpose of outcome is not to punish but to uphold the overarching objectives of the regulator, however, as is accepted in the case of Bolton, the Committee is entitled to give greater weight to the public interest than to the right of a professional to remain in practice. He reminded the Committee that it should balance aggravating with mitigating factors, and whilst the Registrant had never shied away from admitting her wrongdoing, the only area of dispute had been as to what liquid she had consumed, and the Committee itself could not be sure.

120. Mr Haines reminded the Committee of its determination at Stage 2 that the Registrant had made substantial progress in remediation; it was important to take that into account though it did not alter the acknowledged seriousness of her behaviour.

121. He reminded the Committee that case law and the Outcomes Guidance specify that there should not always be a "presumption of removal" in cases of dishonesty - it should be a case-by-case decision. This was not a case of stealing for financial gain or onward supply, but a personal reason; the footage showed the Registrant acting during working hours when other staff were in the pharmacy with her which may reflect her state of mind at the time. It was important not to lose sight of the catalyst which was the intention formed in the Registrant's mind at the relevant time.

122. He asked the Committee to take into account the testimonials which demonstrated that previously for a significant period of time as a pharmacist, and currently working in a non-pharmacy environment, the Registrant had been and is now a valued worker. The admitted facts took place against a background of an otherwise unblemished career that faltered due to the Registrant's difficult personal circumstances at the time.

123. He acknowledged on the Registrant's behalf that the Committee was likely to consider no less than a suspension and submitted that it should take into account the principles in the case of Kamberova v NMC [2016] WL when considering the length of any suspension; a removal, he submitted would be disproportionate.

124. Mr Haines also referred the Committee to the case of Giele v GMC [2005] EWHC 2143 [admin] which stated that the public interest can be served by the need to keep otherwise competent pharmacists working so that they may serve the public they have been trained to help and advise.

The Committee's Decision on Outcome

125. The Committee had regard to the Council's 'Good decision making: Fitness to practise Hearings and Outcomes guidance' (March 2024), which sets out that when deciding on

outcome, key factors to consider include the public interest and an assessment of mitigating and aggravating factors. The Committee should give appropriate weight to protecting the public, maintaining public confidence in the profession, and maintaining proper standards of behaviour.

126. The Committee took into account the submissions made on behalf of the Council and the Registrant.

127. The Committee identified the following aggravating factors:

- The Registrant's actions were repeated and not impulsive or isolated
- At the time of the misconduct, the Registrant was on duty as a Responsible Pharmacist and repeated her dishonest conduct over at least 14 days
- Her actions involved careful planning
- Her admissions have been in a piecemeal manner, and there is no assurance that the misconduct would not have continued if colleagues had not raised their concerns after viewing CCTV footage covering her Sunday shifts at the pharmacy
- The Registrant's actions were dishonest in nature
- The Registrant's actions also demonstrated a serious breach of trust

128. The Committee identified the following mitigating factors:

- She was a woman of good character prior to the hearing
- She qualified in 2003 and hitherto had an unblemished professional working record
- The originating acts that led to the allegations took place over 2 years ago
- She co-operated with the Police and when fully advised prior to her supplemental interview made appropriate admissions. She expressed genuine remorse and regret for her behaviour
- She has cooperated with the Regulator throughout the regulatory process.
- Her admissions to the Committee at the start of the hearing
- Whilst she has been dishonest there were mitigating circumstances that led to the Registrant acting as she did
- There is no evidence of actual patient harm
- She has shown understanding and insight by virtue of her reflection

- She has submitted positive character references
- She has endeavoured to maintain her professional knowledge
- She has been subject to meaningful counselling and therapy to address issues giving rise to the admitted allegations
- She, when taking up unrelated non-regulated work in July 2024, notified her then employers as to the reasons behind the regulatory proceedings brought against her and has worked free from incident or concern for over two years now securing a promotion during this period.

129. The Committee had regard to the principles of proportionality and weighed the interests of the public against those of the Registrant. It took into account the principles set out in the case of Bolton v Law Society *(1994) 1 WLR 512 CA (Civ Div)* in which it was said that:

> "*The reputation of the profession is more important than the fortunes of any individual member. Membership of a profession brings many benefits, but that is a part of the price*".

130. The Committee also took into account the principles in the case of Professional Standards Authority for Health and Social Care v Nursing and Midwifery Council *[2015] EWHC 1887* in which Mrs Justice Laing DBE emphasised (at para 121) that:

"The overriding factor… was the public interest in maintaining the reputation of the profession. The [regulator] and the public are entitled to the highest standards of honesty and integrity from the Registrants….".

131. The Committee turned to consider the outcomes available to it in ascending order of severity.

132. 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 determination in relation to a risk of repetition. In any case taking no action would not reflect the seriousness of the proven facts because it would not send out a message to the profession and the public that the Registrant's conduct went to the heart of the trust expected of her as a registered professional.

133. Warning: The Committee next considered whether issuing a warning would be appropriate, but it decided that, for the same reasons as above, a warning would not sufficiently protect the public nor be sufficient to mark the wider public interest.

134. Conditions of Practice. The Committee next considered whether to impose conditions of practice. The Council's Good decision-making: Hearings and 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 concluded that conditions would not be appropriate or relevant in this case since the Particulars of Allegation do not involve the Registrant's standard of clinical practice but rather her dishonest act of stealing of controlled medication and consumption thereof whilst on duty. Even if conditions could be formulated so as to guard against repetition, which is doubtful, since it is fundamental to the role of a pharmacist that they can be trusted with access to controlled drugs, conditions would not adequately reflect the seriousness of the Registrant's dishonest misconduct and theft, so as to maintain public confidence in the profession and the Regulator.

135. Suspension Order. The Committee next considered whether suspension would be a proportionate outcome. The Council's Good Decision-making: Hearings and Outcomes Guidance (2024) 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. [It may also be appropriate] [w]hen it is necessary to highlight to the profession and to 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 sanction.*"

136. In considering whether suspension was a proportionate outcome given the facts of this case, the Committee had regard to relevant paragraphs of the Good decision making guidance set out below, which are applicable when a committee makes a finding of dishonesty:

" 6.9 The GPhC believes that dishonesty damages public confidence, and undermines the integrity of pharmacy professionals. However, cases involving dishonesty can be complicated – committees should carefully consider the context and circumstances in which the dishonesty took place. Therefore, although serious, there is not a presumption of removal in all cases involving dishonesty. Some acts of dishonesty are so serious that the committee should consider removal as the only proportionate and appropriate outcome. This includes cases that involve intentionally defrauding the NHS or an employer, falsifying patient records, or dishonesty in clinical drug trials.

6.10 When deciding on the appropriate outcome in a case involving dishonesty, the committee should balance all the relevant issues, including any aggravating and mitigating factors. It is important to understand the context in which the dishonest act took place and make a decision considering the key factors. The committee should then put proper emphasis on the effect a finding of dishonesty has on public confidence in the profession".

137. Thus, as submitted by Mr Haines, the Committee's role was to assess the level of dishonesty in this case to decide upon the appropriate outcome. It took into account Mr Haines' submissions to the effect that a suspension would be sufficient to mark the seriousness of the Registrant's conduct, and those of Ms Poku-Catani that it was "with regret" that the Council's recommendation was for removal from the register.

138. The Committee considered the seriousness of the Registrant's dishonest misconduct and police caution in light of her professional responsibility. It took into account the difficult circumstances prevailing in the Registrant's life at the time of the events and also the evidence before it of the efforts she has made since then to remediate her conduct. It fully appreciated her engagement as far as it went with this process and the evidence of her previous unblemished and successful career as a senior pharmacist, along with her professional achievements in her current employment.

139. However, what she did in May 2024 could not be considered anything less than an egregious derogation from the professional standards expected of her by the regulator and the public. Taking advantage of her privileged access to controlled medication by stealing it on a series of occasions – whenever she was working at the Pharmacy – and furthermore, by drinking a

controlled substance whilst on duty as the Responsible Pharmacist, were matters which flagrantly breached her most basic responsibilities as a registered healthcare practitioner.

140. After careful consideration, the Committee concluded that even if there was no risk of repetition and consequent risk of harm to the public during a period of suspension, that would not be sufficient to send a message to patients and to the public, nor to the profession, reflecting how seriously the regulator views the Registrant's dishonest misconduct.

141. Removal. Having concluded that a period of suspension would not be sufficient to satisfy the public interest which it has identified, the Committee considered whether removal is in fact more appropriate. The Committee took into account that removal is reserved for the most serious conduct. The Good decision making guidance states that:

> *"Removing a professional's registration is reserved for the most serious conduct… The committee should consider this outcome when the professional's behaviour is fundamentally incompatible with being a registered professional".*

142. The Committee has taken into account all of the evidence before it and has carefully considered whether removal is appropriate. It has borne in mind the Registrant's right to continue to practise in her professions and also the public's right to have competent practitioners they can consult.

143. The Committee bore in mind that the Registrant's intention was not to gain financially nor for onward supply but was in the context of [REDACTED]. However, the Committee has come to the conclusion, regrettably, given the Registrant's previous unblemished career and her engagement with this regulatory process, and despite the context at the time, that her conduct was so seriously in breach of the trust placed in her by the public and by the regulator, that it was fundamentally incompatible with what is expected of a registered professional.

144. It follows that removal of her name from the register is the only appropriate and proportionate outcome in this case, so as to protect the wider public interest by maintaining

public confidence in the profession, and in the regulator, and upholding proper standards of conduct.

145. The Committee therefore resolved to give a direction that the Registrant's entry in the Register be removed.

ORDER: The Committee directs the Registrar to remove the name of Helen Louise Halliwell (Registration number 2056375) from the Register.

146. The Committee hereby revokes the interim order of suspension which was in place in respect of the Registrant.

Decision on Interim Measure

147. Ms Poku-Catani 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 was necessary to protect the public and was otherwise in the public interest.

148. Mr Haines did not oppose the Council's application.

149. The Committee carefully considered the Council's application. It took account of the fact that its decision to order the removal 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. The Committee also took into account the Council's Good Decision-making: Hearings and Outcomes Guidance of 2024.

150. The Committee has found that the Registrant's conduct merits an order of removal. It has also found that there is a risk of repetition. It is satisfied that it is therefore necessary for an interim measure of suspension to be in place from today, both because it is necessary to protect the public from potential harm should the Registrant repeat her conduct, and also

otherwise in the public interest, to uphold proper professional standards and maintain confidence in the profession and the Regulator.

151. The Committee therefore hereby orders that the entry of the Registrant in the register be suspended forthwith, both on grounds of public protection and in the public interest, pending the coming into force of the substantive order.