

General Pharmaceutical Council

Fitness to Practise Committee

Principal Review Hearing

Remote video-link hearing

1 September 2026

Registrant name:	Mohammed Habib
Registration number:	2071490
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Lubna Shuja (Chair) Cristian Ioanas (Registrant member) Stephanie Hayle (Lay member)
Legal Adviser:	Jayne Wheat
Committee Secretary:	Sameen Ahmed
Registrant:	Present and represented by Penny Maudsley (Counsel)
General Pharmaceutical Council:	Represented by Mike Ko, Case Presenter
Order being reviewed:	Conditions (6 months)
Fitness to practise:	Not impaired
Outcome:	Order of Conditional Registration to lapse on expiry on 18 September 2026

Particulars of Allegations found proved at the Principal Hearing by admission

You, a registered pharmacist, during the course of your engagement as a Pharmacist Independent Prescriber and, between approximately July 2020 to September 2021 as Clinical Lead, with UK Meds Direct Limited (“UK Meds”):

- 1. On or around, 5 November 2019 and 7 July 2022, prescribed medicines on 62,689 occasions using an online questionnaire based prescribing model.*
- 2. On or around 5 November 2019 and 7 July 2022, prescribed high-risk medicines on 4,859 occasions using an online questionnaire based prescribing model.*
- 3. In relation to 1 and / or 2 above, you failed to prescribe medicines in accordance with and/or pay due regard to the relevant guidance on prescribing from the General Medical Council (“GMC”), the Royal Pharmaceutical Society (“RPS”) and/or the General Pharmaceutical Council (“GPhC”) in that you prescribed in circumstances where you:*
 - 3.1 failed to obtain adequate information in relation to the patients’ health in advance of prescribing;*
 - 3.2 relied principally on the information received in an online questionnaire;*
 - 3.3 failed to access and/or attempt to access patients’ General Practitioner (“GP”) medical records and/or specialist clinic records in order to have a full picture of their physical and/or mental health, current prescribed medication and/or addiction history;*
 - 3.4 failed to request a face-to-face consultation with patients in order to adequately examine the clinical need for medication;*
 - 3.5 failed to adequately consider the possibility of medication dependence and misuse;*
 - 3.6 failed to refer patients back to their GP for appropriate assessment and/or review and/or monitoring; and/or*
 - 3.7 failed to put adequate safety-netting in place.*
- 4. On or around, 5 November 2019 and 6 October 2020, you prescribed in circumstances where UK Meds’ prescribing model or service was incapable of supporting safe prescribing decision in that:*
 - 4.1 no face-to-face consultation took place other than the use of an online questionnaire;*
 - 4.2 patients provided information primarily through an online questionnaire and/or;*
 - 4.3 the questionnaire at 4.2 above could be easily manipulated by patients as it notified them of answers which could prevent the supply of the medication they desired and permit the patient to change their answer.*

5. On or around, 7 October 2020 and 7 July 2022, you prescribed in circumstances where UK Meds' prescribing model or service was incapable of supporting safe prescribing decision in that:

5.1 no face-to-face consultation took place other than the use of an online questionnaire and/or;

5.2 patients provided information primarily through an online questionnaire.

6. In relation to 1 and/or 2 above, you prescribed a significant portion of prescriptions in circumstances where the time taken would not have been sufficient for you to clinically evaluate the suitability of the medicines to the patient including to:

6.1 read, consider and assimilate the completed online questionnaire;

6.2 consider if it was clinically necessary to check with the patients' GP and/or contact the GP;

6.3 consider if it was clinically necessary to contact the patient and/or conduct a face-to-face consultation with the patient;

6.4 consider if it was necessary to check the clinical background of the patient and/or check the clinical background and/or;

6.5 consider the steps you ought to take to prescribe in accordance with UK prescribing guidance as set out at 3 above.

7. On 10 May 2020, prescribed 28 tablets of propranolol 10mg to Patient 13 in circumstances where you:

7.1 failed to obtain adequate information in relation to the patient's health in advance of prescribing;

7.2 relied principally on questionnaire answers whereby it was unverified information;

7.3 failed to access and/or attempt to access patient's GP medical records and/or specialist clinical records in order to have a full picture of their physical and/or mental health, current prescribed medication and/or addiction history;

7.4 failed to request a face-to-face consultation with the patient in order to examine the clinical need for the medicine;

7.5 failed to adequately consider the possibility of medication dependence and misuse;

7.6 failed to refer the patient back to their GP for appropriate assessment and/or review and/or monitoring and/or;

7.7 failed to put adequate safety-netting in place.

8. On 25 June 2020, prescribed 84 tablets of amitriptyline 50mg to Patient 2 in circumstances where you:

8.1 failed to obtain adequate information in relation to the patient's health in advance of prescribing;

8.2 relied principally on questionnaire answers whereby it was unverified information;

8.3 failed to access and/or attempt to access patient's GP medical records and/or specialist clinical records in order to have a full picture of their physical and/or mental health, current prescribed medication and/or addiction history;

8.4 failed to request a face-to-face consultation with the patient in order to examine the clinical need for medication;

8.5 failed to adequately consider the possibility of medication dependence and misuse;

8.6 failed to refer the patient back to their GP for appropriate assessment and/or review and/or monitoring and/or;

8.7 failed to put adequate safety-netting in place.

9. On some or all of the occasions set out in Schedule A you prescribed the medicines to the patients outlined in that schedule in circumstances where you:

9.1 knew or should have known that the patient had already made repeated orders for the same medicine or other medicines from UK Meds;

9.2 failed to obtain adequate information in relation to the patient's health in advance of prescribing;

9.3 relied principally on questionnaire answers whereby it was unverified information;

9.4 failed to access and/or attempt to access patient's GP medical records and/or specialist clinical records in order to have a full picture of their physical and/or mental health, current prescribed medication and/or addiction history;

9.5 failed to request a face-to-face consultation with patients in order to examine the clinical need for medication;

9.6 failed to adequately consider the possibility of medication dependence and misuse;

9.7 failed to refer the patient back to their GP for appropriate assessment and/or review and/or monitoring and/or;

9.8 failed to put adequate safety-netting in place.

10. In relation to 1 above, you prescribed all or some of the medicines in Schedule B to patients in approximately the quantities outlined in that schedule on the basis of an online questionnaire when they were unsuitable to be prescribed on that basis.

11. Your approach to prescribing in all or some of the Allegations 1 to 9 was transactional in that you were processing patient requests by reference to a patient completed questionnaire rather than prescribing in accordance with UK prescribing guidance.

12. Between approximately July 2020 to September 2021 while working as Clinical Lead failed to ensure that other prescribers working for UK Meds, in respect of approximately 14,259 prescriptions for high risk medicines:

12.1 obtained adequate information in relation to the patients' health in advance of prescribing;

12.2 did not rely principally on questionnaire answers whereby it was unverified information and/or;

12.3 accessed and/or attempted to access patients' GP medical records and/or specialist clinical records in order to have a full picture of their physical and/or mental health, current prescribed medication and/or addiction history.

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

Schedule A

Date (s)	Medicine/quantity	Patient Customer ID/Patient No.
11 March 2020	Amitriptyline 25mg x 56	28505
4 June 2020	Amitriptyline 25mg x 56	28505
15 September 2020	Amitriptyline 25mg x 56	28505
5 November 2020	Amitriptyline 25mg x 56	28505
11 March 2020	Amitriptyline 25mg x 28	73391
19 January 2021	Amitriptyline 25mg x 56	73391
23 February 2021	Amitriptyline 25mg x 28	73391
29 April 2020	Amitriptyline 50mg x 84	434570
23 July 2020	Amitriptyline 50mg x 84	434570

11 October 2020	Amitriptyline 50mg x 84	434570
2 August 2020	Propranolol 40mg x 84	66417
11 November 2020	Propranolol 40mg x 84	66417
10 January 2021	Propranolol 40mg x 84	66417
3 October 2021	Propranolol 40mg x 84	66417
14 May 2020	Propranolol 40mg x 84	169369
12 July 2020	Propranolol 40mg x 84	169369
14 October 2020	Propranolol 40mg x 84	169369

6 October 2021	Propranolol 40mg x 84	169369
20 February 2020	Propranolol 40mg x 84	176476
7 January 2020	Propranolol 40mg x 56	209292

Schedule B

Medicine	No. of prescriptions
Z drugs	18
Opioids	61
Modafinil	5
Amitriptyline	610
Propranolol	2086
Carbamazepine	19
Orlistat/Xenical	1007
Promethazine	933
Metformin	1162
Ventolin	7595

Documentation

Exhibit 1- Council's hearing bundle

Exhibit 2- Council's Combined Statement of Case and Skeleton Argument dated 28 August 2026

Exhibit 3- Registrant's bundle from the last Review Hearing (February 2026)

Exhibit 4 – Registrant's bundle for this Review Hearing

DETERMINATION

Introduction

1. This is the written determination of the Fitness to Practise Committee at the General Pharmaceutical Council ('the Council').
2. This hearing is governed by *The Pharmacy Order 2010* ('the Order') and *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010* ('the Rules').
3. The statutory overarching objectives for these regulatory proceedings are:
 - a. To protect, promote and maintain the health, safety and well-being of the public;
 - b. To promote and maintain public confidence in the professions regulated by the Council; and
 - c. To promote and maintain proper professional standards and conduct for members of those professions.
4. The Committee also had regard to the guidance contained in the Council's *Good decision making: Fitness to practise hearings and outcomes guidance (revised March 2024)* ('the Guidance')
5. At a Principal Review Hearing the Committee must decide whether the Registrant's fitness to practise remains currently impaired and, if so, what should be the appropriate outcome. If the Committee find that the Registrant's fitness to practise is no longer impaired the current order will lapse on expiry.

Service of Notice of Hearing

6. The Committee has seen a letter dated 24 July 2026 from the Council headed 'Notice of Review Hearing' ('Notice') addressed to the Registrant and sent to him via his email address as noted on the Register.

7. The Committee was satisfied that there had been good service of the Notice in accordance with Rules 3 and 16.

Background

8. Between November 2019 to July 2022, the Registrant was employed as a Pharmacist Independent Prescriber for UK Meds Ltd ('UK Meds'), an online pharmacy. Additionally, between July 2020 to September 2021, the Registrant was further employed as a Clinical Lead at UK Meds. The prescribing model at UK Meds involved patients submitting an online questionnaire requesting the medicines they wanted, which would then be reviewed by UK Meds' prescribers. If approved, the prescriber would issue a prescription for the medicine and the medicine would be delivered to the patient by post or courier. As a Clinical Lead at UK Meds, the Registrant also held supervisory responsibilities over the other prescribers.
9. Between March 2019 to July 2021, UK Meds was the subject of multiple inspections and enforcement actions carried out by the Council following concerns that vulnerable patients had been inappropriately supplied medicines, some of whom had passed away due to an overdose following such supplies from UK Meds. During those inspections, systemic weaknesses were identified in UK Meds' services, including:
 - a. The absence of risk assessments in relation to high-risk medicines liable to abuse, overuse, or misuse;
 - b. The absence of risk assessments in relation to medicines requiring ongoing management or monitoring of the patient;
 - c. Evidence supporting patients' answers in their questionnaires were not routinely requested;
 - d. No face-to-face consultation took place between patients and prescribers; and
 - e. Patients GPs were not routinely contacted nor notified of the prescription.

10. On 7 September 2021, UK Meds voluntarily removed itself from the Council's register and no longer fell under the Council's regulatory remit. The Registrant resigned from UK Meds on 10 July 2022.

Hearing history

11. History:
- a. Principal Hearing 27 January 2025 to 4 February 2025* - Suspension for 12 months
 - *These dates were verified via the Council's records and also confirmed as correct by Ms Maudsley on the Registrant's behalf. The dates of hearing appear on the original determination incorrectly.*
 - b. Review hearing 12 February 2026 – Conditions of Practice for 6 months
 - c. The current conditions are due to expire on 18 September 2026
12. The Committee at the Principal Hearing found the Registrant's fitness to practise to be impaired by way of misconduct on public protection and public interest grounds. At the Principal Hearing, the Committee found the Registrant's insight to be *'recent and incomplete and remains fragile until he has demonstrated that he can maintain his insight and continue the personal and professional development he has begun.'* It determined that the Registrant still presented a potential risk of serious harm to patients.
13. The Committee at the last Review Hearing (February 2026) also determined that the Registrant's misconduct meant he remained impaired on public protection and public interest grounds. In finding the Registrant remained impaired, that Committee found that the Registrant had undertaken considerable learning and reflection, commenting:

'The Committee was impressed with the number of reflections and learning the Registrant undertook, and they were satisfied that there was nothing more that he

could have done. It considers his submissions to be detailed and comprehensive, deeply reflective using various tools, models and frameworks. It noted his dedication to his profession and his role and considered all suggestions from the previous Committee sufficiently met.'

'The Committee found that whilst his learning and reflections were commendable, it remained concerned that the Registrant had not yet had an opportunity to demonstrate that he has applied his learning and reflection to his practice. The Committee appreciates this would have been difficult to demonstrate whilst suspended, however it could not be fully satisfied that the Registrant can return to work unrestricted without showing how he applies his learning in practice.'

14. The Committee at the last Review Hearing determined the following with regard to sanction, and imposed a period of six months of conditions:

'The conditions would be sufficient to protect the public in the areas of concern, although very serious, the Committee has determined that it is possible to formulate conditions to provide a sufficient degree of protection.'

'The Committee was satisfied that the Registrant has already been subject to a 12 months suspension, which was imposed primarily to address the public interest. The Committee considered that a well-informed member of the public aware of the history of this case, the fact that he worked on conditions prior to the Principal Hearing, and had continued to reflect and do training, would be satisfied that public confidence would be maintained and standards would be upheld if he would return to his practice'.

'The Committee also had regard to the testimony provided by the Oak Medical Centre which demonstrated his professional behaviour whilst he was working at the GP Practice.'

'The Committee therefore determined that the following conditions should be

imposed on the Registrant for a period of 6 months, which will give the Registrant sufficient time to demonstrate his knowledge in practice'

15. The first review Committee imposed the following conditions:

1. *You must:*

- *give the GPhC the contact details of your place of employment and anyone who is likely to be the manager or persons supervising you (employer, pharmacy owner, agency, superintendent pharmacist responsible pharmacist)*
- *tell the GPhC before you take on any position for which you must be registered with the GPhC*
- *give the GPhC details of the role and the hours you will work each week, including locum or relief work*
- *tell the GPhC if any of the above details change*

2. *You must notify the following people in writing of these conditions before you commence any work, in relation to any paid or unpaid work for which registration with the GPhC is required:*

- *All employers or contractors*
- *Agents acting on behalf of employers and locum agencies*
- *Superintendent Pharmacists*
- *Responsible Pharmacists*
- *Line Managers*
- *Workplace supervisors*
- *Accountable Officers for Controlled drugs*
- *Prospective employers (notification should be given at the time of applying)*
- *You must provide the GPhC with a copy of the notification(s)*

3. *You must tell the GPhC if you apply for work as a pharmacist or pharmacy technician outside Great Britain.*
4. *You must restrict your pharmacy practice as to one substantive employer which cannot be an online pharmacy.*
5. *You must:*
 - *find a workplace supervisor (who must be a registered prescriber) and ask the GPhC to approve your workplace supervisor*
 - *put yourself, and stay, under their direct supervision for the first 3 months and solely in relation to prescribing, and close supervision for the following 3 months*
 - *ask the GPhC to approve your workplace supervisor*
 - *give the GPhC your permission to exchange information with your workplace supervisor about your efforts to improve your pharmacy practice*
 - *If you are not employed, you must ask the GPhC to approve your workplace supervisor before you start work*
6. *You must arrange for your workplace supervisor to send a report on your progress and development in relation to prescribing directly to the GPhC after the first 3 months, and a second report in relation to your overall performance before your next Review Hearing, or when the GPhC asks for one.*
7. *You must not carry out any prescribing practice unless directly supervised by a registered prescriber for the first 3 months of your employment.*
8. *You must not work as a superintendent pharmacist or in any managerial role.*

16. The Committee at the last review hearing did not make any specific suggestions that today's Committee may be assisted by. It did state that the Registrant had not had an opportunity to put his learning and reflection into practice. That Committee considered, as set out above, that a period of 6 months of conditional registration would allow the Registrant sufficient time to demonstrate his knowledge in practice.

Decision on Impairment

17. The Committee considered whether the Registrant's fitness to practise remains impaired. The Committee has taken into account all of the documentation before it and the submissions on behalf of the Council, and on behalf of the Registrant.
18. The Council's full submissions are set out in its Combined Statement of Case and Skeleton Argument. In summary, Mr Ko, on behalf of the Council, acknowledged the Registrant's extensive reflections, remediation and insight shown, and did not oppose a return to unrestricted practice. Mr Ko submitted that the Committee should ensure it was acting in line with the overarching objective in Article 6 but stated that it was more appropriate to find no impairment now, than it had been six months ago.
19. Ms Maudsley, for the Registrant, submitted that following the imposition of conditions, the Registrant had initially struggled to find employment, but did so in May 2026, at a small GP Practice, Iver Medical Practice, where he was supervised in accordance with his conditions. She invited the Committee to consider the entirety of the Registrant's evidence of remediation, in particular the two recent supervisor's reports which were based upon work directly reviewed and observed, and which set out many examples of the Registrant directly addressing the Council's concerns. In addition, she drew the Committee's attention to a recent, extremely positive testimonial dated 27 August 2026, in which Dr B, a GP Partner at Iver Medical Practice, sets out a number of areas in which the Registrant has made changes to his day-to-day practice. Ms Maudsley also drew the Committee's attention to Dr B's intention to offer the Registrant a full-time role, subject to the outcome of this review process. In conclusion, Ms Maudsley submitted that the Registrant's fitness

to practise is no longer impaired, given his high level of insight and the significant amount of learning which he has put into practise. She submitted that he was a safe practitioner who had learnt a great deal and stressed that he would never work for an online pharmacy again.

20. The Committee recognised and applied the following guidance in *Abrahaem v GMC [2008] EWHC 183*:

“...the review has to consider whether all the concerns raised in the original finding of impairment through misconduct have been sufficiently addressed to the Panel's satisfaction. In practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievement sufficiently addressed the past impairments.”

21. The Committee accepted the advice of the Legal Adviser. That advice contained relevant points arising from case law in relation to review hearings. (*Arkorful v Social Work England [2024] EWHC 73 (Admin)*, (*Khan v GPhC [2017] 1 WLR 169 SC (Sc)*, (*Abrahaem v GMC [2008] EWHC 183 (Admin)*)). In addition, the Legal Adviser advised on the general principles in relation to imposing an outcome and commended the Guidance and its relevant sections to the Committee.
22. The Committee agreed with the Principal Hearing Committee and the first Review Hearing Committee, that the Registrant's misconduct, albeit extremely serious in nature, was conduct which was remediable.
23. The Committee had regard to all the information before it, in determining whether or not the misconduct has been remedied. In particular, it had regard to the previous Review Hearing Committee's findings that *'there was nothing more that he could have done'* in terms of the evidence of remediation the Registrant had produced in February 2026, which this Committee has also seen and read. This Committee therefore focused upon the evidence provided by the Registrant specifically for this review hearing, which it considered to be comprehensive and targeted to demonstrate how he has now been able to put his learning into practice.

24. In relation to insight, the Committee was particularly impressed by the Registrant's reflections, which it considered demonstrated an in-depth micro analysis of his behaviour and of each concern. The Committee was of the view that the Registrant no longer sought to excuse his misconduct in relation to contextual factors. He now recognised that he should have behaved very differently regardless of the circumstances he had been in. In the Committee's view the Registrant gave numerous examples of how he has directly changed his practise in prescribing. For example, in successfully advocating to his superiors at the Medical Centre for longer appointment times for consultations, from 10 minutes to 15 minutes, recognising that previously he had allowed time pressures to influence his clinical decision making.
25. The Committee also considered both the workplace supervisor reports, which demonstrated the Registrant consistently addressing issues relevant to the previous concerns, for example, the Registrant had identified limits to his current knowledge in relation to a particular medication he was unfamiliar with and had requested appropriate training and support in relation to this before prescribing it to any patients.
26. The Committee had regard to the testimonial dated 27 August 2026, from Dr B, his workplace supervisor. Dr B identifies and provides details of no less than 7 areas of change to the Registrant's day to day practice; prescribing no longer being transactional, recognising boundaries of competence, raising concerns independently, cautious and comprehensive management of high-risk prescribing, records demonstrating reasoning, continued remediation after returning to clinical practise, and appropriate self-management. Dr B considers these areas are:
- '...significant not because they are isolated examples of good practice, but because together they demonstrate a consistent change in the way Mohammed approaches professional responsibility.'*
27. The Committee also took into account that Dr B had expressed to the Committee in his testimonial that the GP Practice intends to offer the Registrant a full-time position within the Practice, subject to the outcome of this review. The Committee considered

this was further positive affirmation that the Registrant had demonstrated precisely how he had set about making changes to his practice which were successful and integrated. He clearly had the confidence of those he had worked with over the previous months to practise unrestricted.

28. The Committee took into account the Registrant's documentary evidence, which was voluminous and often repeated, of reflections and CPD undertaken by the Registrant, which it considered to be relevant and demonstrative of his learning and development. Indeed, the previous review committee had concluded there was little more the Registrant could have done in relation to this.
29. The Committee concluded that the Registrant clearly understands where he went wrong and why. He has shown that he now acts differently and has addressed all the areas of concern raised by both the Principal Hearing Committee and the First Review Committee. This Committee therefore found that the Registrant's insight is now satisfactorily complete. He has demonstrated genuine remorse and regret and has made it clear that the safe and effective care of patients is his priority at all times. He is managing his time and workload much better and understands that his own health and wellbeing are important in ensuring he is able to work competently and within his own limitations. His misconduct has had a long and meaningful impact on him and the Committee had no doubt that the Registrant had learnt a very salutary lesson from these regulatory proceedings.
30. The Committee further finds that through his sustained and concerted efforts; the Registrant has remediated his misconduct.
31. The Committee therefore determined that the risk of repetition or a risk to patients is now minimal, as the Registrant's conduct is very unlikely to be repeated.
32. The Committee concluded that the Registrant no longer poses an unwarranted risk of harm. It therefore determined that the Registrant's fitness to practise is no longer impaired on this ground.
33. In relation to public confidence in the profession being upheld, the Committee was satisfied that the imposition of a suspension for 12 months followed by conditional

registration for 6 months, had satisfied the public interest, particularly in circumstances where the Registrant has demonstrated comprehensively that there is a very low risk of him repeating his behaviour. Therefore, a finding of impairment on public interest grounds is no longer required. A reasonable and well-informed member of the public would also be satisfied that the high standards expected of pharmacists are upheld.

34. The Committee therefore finds the Registrant's current fitness to practise to be no longer impaired on either public protection or public interest grounds.
35. Having found that Registrant's fitness to practise is no longer impaired the current Order of Conditions will lapse on expiry, namely on 18 September 2026. The Registrant may return to unrestricted practise after this date.
36. This concludes the determination.