General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing Review

Remote videolink hearing

24 September 2026

Registrant name:	Adam Ahmed Patel
Registration number:	2045024
Part of the register:	Pharmacist
Committee Members:	Janet Fisher (Chair) Cristian Ioanas (Registrant member) Sara Atkins (Lay member)
Legal Adviser:	Andrew Granville Stafford
Clinical Adviser:	Hakan Yonel, Consultant Psychiatrist
Committee Secretary:	Marjorie Maghinay
Registrant:	Present and not represented
General Pharmaceutical Council:	Represented by Yesim Hall, Case Presenter
Order being reviewed:	Suspension order for 12 months
Outcome:	Conditions of practice for 6 months
Interim measures:	Interim conditions of practice order
Documentation:	Council's PHR Bundle (56 pages) Council's Skeleton (13 pages) Registrant's Statement (4 pages) Registrant's Bundle (108 pages)

This decision including any finding of impairment and sanction is an appealable decision under *The General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010*. Therefore, this decision will not take effect until **23 October 2026** or, if an appeal is lodged, once that appeal has been concluded. However, the interim conditions set out in the decision take effect immediately and will lapse when the decision takes effect or once any appeal is concluded.

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

- 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, prior to returning to work as a pharmacist:

   - find a workplace supervisor (who must be a registered pharmacist) and obtain the GPhC's approval of your workplace supervisor;
   - put yourself, and stay, under the close supervision of your workplace supervisor. Close supervision for the purposes of this condition means working in the same place as your workplace supervisor, who should be available at all times you are at work;
   - give the GPhC your permission to exchange information with your workplace supervisor about your efforts to improve your practice.

5) You must arrange for your workplace supervisor to send reports on your progress, development and performance directly to the GPhC as follows:

   - no later than three months after resuming work as a pharmacist;
   - at least one week prior to the next review hearing;
   - when and if GPhC asks for one.

Particulars of Allegations found proved at Principal Hearing

You, a registered Pharmacist:

Between January 2022 and April 2023, whilst working as a Responsible Pharmacist and store manager at Boots Chemist 142 Huddersfield Road, Mirfield, West Yorkshire WF14 SAN:

1. Intentionally removed approximately 10 - 15 packs of Codeine 30mg from the pharmacy.

2. Consumed some of the medicines listed in paragraph 1 above, whilst you were on duty as a Responsible Pharmacist and store manager.

3. Accessed the store, outside of trading hours and without authorisation, and amended pharmacy records in that you added staff initials without their permission.

4. Your actions in paragraph 1 were dishonest in that you did not pay for the medicines and/or knew that you were not permitted to remove the medicines from the pharmacy.

5. Your actions in paragraph 3 were dishonest in that you:

5.1. Knew the records were not accurate;

5.2. Knew your colleagues did not authorise you to sign on their behalf;

5.3. Sought to conceal that you had removed the medicines listed in paragraph 1.

6. On one or more occasions knowingly gave excessive quantities of Co-Codamol - a habit forming medicine - to a patient:

6.1 Without assurance that there was a legitimate medical need for it and/or the medication was a legitimate treatment option;

6.2 In circumstances where you knew and/or ought to have known that there was a risk of the medication being misused or abused by the patient.

7. [Redacted as found not to amount to misconduct]

By reasons set out above your fitness to practise is impaired by reason of your misconduct.

Introduction

1. This is the written determination of the Fitness to Practise Committee ('the Committee') of the General Pharmaceutical Council ('the Council') at the Principal Hearing Review ('PHR') in respect of Mr Adam Ahmed Patel ('the Registrant'). The Registrant is registered with the Council as a pharmacist under registration number 2045024.

2. This PHR is convened pursuant to Article 54 of the Pharmacy Order 2010 ('the Order'). This is the first review of a 12-month suspension order made in September 2025.

3. At a PHR, 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 finds that the Registrant's fitness to practise is no longer impaired, the current order will lapse on expiry.

4. The Committee followed the procedure for review hearings which is set out in Rule 34 of the General Pharmaceutical Council (Fitness to Practise and Disqualification etc. Rules) Order of Council 2010 ('the Rules').

5. The Committee had regard to the guidance contained in the Council's Good Decision Making Hearings and Outcomes Guidance (2024) ('the Guidance').

6. 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.

Preliminary matters

7. At the outset of the hearing, the Committee heard an application from Ms Hall under Rule 39(3) to hold any part of the hearing which relates to the Registrant's health in private. The Registrant supported the application and, having taken advice from the Legal Adviser, the Committee allowed it.

8. During the course of his evidence, the Committee also ruled that any references by the Registrant to **[PRIVATE]** would be heard in private.

Background

9. The Principal Hearing ('PH') took place on 18 to 20 June 2025 and 16 September 2025. The Registrant attended the hearing and represented himself. He admitted all the Particulars of the Allegation.

10. The background to the Allegation was as follows.

11. The Registrant qualified as a pharmacist in 1996. From around 2014/15, until April 2023, he was the manager and Responsible Pharmacist at a branch of Boots the Chemist in Huddersfield, North Yorkshire ('the Pharmacy'). In 2023, Boots' computer records indicated that there was a discrepancy between the amount of codeine ordered and the quantities either supplied or retained in stock. That discrepancy was initially identified as over 4,000 tablets, though it was clarified during the PH that Particular 1 was pleaded and admitted on the basis that the Registrant had taken between 10 and 15 packs of either 28 or 100 tablets per pack

12. An investigation was carried out by a Boots Store Operations Support Specialist. He collated the records and interviewed the Registrant and other staff at the Pharmacy.

13. The investigator discovered that the Registrant had entered the Pharmacy outside business hours, often at weekends or on bank holidays, and had altered the stock to make it appear as though other members of staff had wiped off the medication that was not accounted for. The records showed that the Registrant had done this on 14 occasions in respect of 2,430 tablets of

Codeine. At the PH it was clarified that, whilst the Registrant had not admitted in detail each of the 14 occasions, the Council was satisfied his admission to Particular 3 'encompassed at least approximately that number of occasions'.

14. Members of staff were interviewed and denied that they had altered the records regarding the dispensing of codeine or that they had dispensed the quantities in question. They also indicated to the investigation that there were occasions when the Registrant sold excessive quantities of co-codamol to a patient.

15. The Registrant was interviewed by the Boots investigator on 31 March 2023 and 13 April 2023. After some initial prevarication, to the effect that he could not remember, at the second interview the Registrant made the following admissions:

    a. That he had taken codeine from the Pharmacy **[PRIVATE]**

    b. He acknowledged taking codeine from the Pharmacy on many occasions. **[PRIVATE]**

    c. He did not recall the time period but agreed that he had taken codeine over a period of 6-7 months (rather than the 9 months suggested by the records) and said he had taken between 10 and 15 packs. He was unclear if these were boxes of 28 or 100 tablets.

    d. He admitted altering stock records after work hours and days when the pharmacy was closed.

    e. He admitted supplying additional tablets of co-codamol to a patient who requested more than the quantities recommended by her doctor. He acknowledged knowing that she was addicted. He said he did this to prevent her from going to other pharmacies in a way that would only increase the amount she took.

    f. He described how he supplied the patient with four packs on occasions by putting them through the till as two separate transactions because two packs was the most he could sell at one time.

16. The Registrant also attended a formal disciplinary hearing on 13 April 2023 and said the following:

a. He confirmed his admissions to the matter set out above.

b. With regard to the taking of codeine from the Pharmacy, he emphasised that he thought the amount was 10 to 15 packs of either 28 or 100 tablets. He said he would take them in an afternoon when he was in pain. He did not believe it was 4,000 tablets, although he did not know the precise number he had taken.

c. He repeated his admission that he had used colleagues' initials on the stock recording system. He said he really didn't know why he had done that.

d. With regard to the sale of co-codamol to a patient, he said that he had spoken to a doctor when he realised the patient was buying medication from a number of pharmacies and he had tried to help her to reduce her consumption.

17. The PH Committee found all the Particulars proved by admission. It went on to consider whether the Particulars found proved amounted to misconduct and, if so, whether the Registrant's fitness to practise was currently impaired.

18. The Registrant provided the PH Committee with a bundle of documents. The bundle included **[PRIVATE]**

19. **[PRIVATE]**

20. The Registrant also provided the PH Committee with reviews and feedback from grateful customers; a newspaper article praising him as ‘a hero’ for helping to save the lives of two people in the pandemic; and a shortlisting for ‘frontline hero store manager’ in the Retail Week Awards in 2021.

21. The Registrant gave oral evidence at the PH. He told the PH Committee that **[PRIVATE]**

22. He accepted that he had altered stock records on many occasions to make it look as though other members of staff had dispensed the codeine he had taken. He told the PH Committee that he understood that his colleagues would have been shocked, devastated and distraught because of what he had done. He said he was truly apologetic to them.

23. In respect of the over-supply of co-codamol to a patient, the Registrant told the Committee that she was long-term user of the drug and he found that she was attending many pharmacies to get additional medication. He said that by ensuring that she did not go to many other pharmacies he would be helping her reduce her consumption. He said that he now understood that this was completely the wrong way to go about it, and that he should have simply refused to supply more than was prescribed to her.

24. The Registrant told the PH Committee that he had not worked since leaving Boots. He said that he had learnt a hard lesson and would do things differently if allowed to practise in the future.

25. The PH Committee accepted **[PRIVATE]** Nonetheless, it found Particulars 1 to 6 amounted to misconduct.

26. The Registrant had also admitted a further allegation, Particular 7. However, as the PH Committee found this did not amount to misconduct, no further reference to it is contained in this decision.

27. The PH Committee considered rule 5(2) of the Rules, which sets out the criteria for impairment.

28. The PH Committee did not find that the Registrant presented a risk of putting patients at risk in the future. However, it went on to consider whether the Registrant presented a risk to the public in a broader sense, including employers and colleagues. It was satisfied that he presented an actual potential risk in the future to the public in the broad sense.

29. The PH Committee was satisfied, in light of the Registrant's dishonesty and inappropriate supply of medication, he had brought the profession into disrepute and had breached fundamental tenets of the profession. Though the risk of the Registrant behaving dishonestly in the future had been reduced, the PH Committee found that there was a risk he would act dishonestly in the future.

30. The PH Committee also considered the wider public interest, and was of the view that a finding of impairment was necessary to demonstrate that the Registrant's misconduct was unacceptable to the profession.

31. The PH Committee therefore found the Registrant's fitness to practise was impaired both because of the need to protect the public in the future and also because of the need to promote and maintain public confidence in the profession and proper professional standards of conduct.

32. The PH Committee went on to consider what the appropriate outcome was. It identified the following aggravating and mitigating circumstances.

Aggravating circumstances:

a. the Registrant was employed as both a Responsible Pharmacist and a manager at the time of the allegations; thus, was in a position of seniority;

b. the Registrant's actions in relation to Particulars 1 and 3 were repeated and dishonest;

c. in relation to Particular 3 the Registrant implicated his staff members in his conduct in circumstances where he was their manager; and

d. in relation to Particular 6, the Registrant's actions caused actual or potential harm to a vulnerable patient.

Mitigating circumstances:

a. the Registrant's exemplary record over 25 years, evidenced by testimonials and newspaper articles and national awards which show the Registrant was well regarded by colleagues, patients and the public.

b. **[PRIVATE]**

c. with regard to the supply of co-codamol in Particular 6, the Registrant's good intentions;

d. the Registrant's admissions to both his employer and to the Committee, after initial denials to his employer.

33. The PH Committee said that a ‘severe outcome’ was likely to be necessary in this case for two reasons:

a. The Registrant's misconduct included persistent dishonesty which breached not only the trust of his employers but the staff who worked with him;

b. The Registrant's misconduct was wide ranging and also included putting a vulnerable patient at risk by means of his inappropriate sale of co-codamol.

34. The PH Committee considered that neither a warning nor a conditions of practice order would be an appropriate outcome. It decided that the risk that the Registrant presented to the public and the wider public interest in maintaining public confidence in the profession, was sufficiently serious for it to impose suspension. It concluded that a period of suspension would be sufficient to protect the public. It nonetheless considered whether exclusion would be a more appropriate outcome. It said:

> ‘151. The committee also reminded itself. [sic] Paragraph 6.9 of the Guidance which provided that cases that involve intentionally defrauding an employer are so serious that a committee should consider removal. It also reminded itself of the provisions in paragraph 6.10 that the committee should balance all the relevant issues and have regard to the "context in which the dishonest act took place."
>
> 152. The committee was satisfied that the misconduct in this case, including repeated dishonesty and implicating colleagues was capable of amounting to conduct that was incompatible with continued registration.
>
> 153. Nevertheless, the committee reminded itself of the following matters that it had already found:
>
> a. The Registrant had a genuinely distinguished career before his misconduct in this case. The committee does not find that this in any way excuses the Registrant's conduct, but it does demonstrate, in the committee's view, that it was genuinely out of character.
>
> b. **[PRIVATE]**
>
> c. The Registrant was not motivated by any financial motive;

d. Although the Registrant initially implicated his colleagues, by the way he altered records, he immediately confessed to his misconduct and explained that he and he alone was responsible as soon as it became apparent to him that others might be blamed;

e. The Registrant made full admissions to all matters alleged against him.

154. Taking all these matters together, the committee concluded that the Registrant's misconduct, in the context in which it occurred, fell just short of being fundamentally incompatible with his continued registration.'

35. Accordingly, the PH Committee found that a 12-month suspension order was the appropriate and proportionate sanction. That suspension took effect on 17 October 2025 and therefore is due to expire on 16 October 2026.

36. The PH Committee suggested that the Committee considering this review may be assisted by:

a. The Registrant's attendance at the review;

b. A written reflection which deals with why the Registrant conducted himself as he did, why it was wrong (including the impact his actions had on fellow professionals and the wider public and their confidence in the profession) what steps he has taken to ensure that he does not repeat his misconduct;

c. **[PRIVATE]**

d. Evidence of recent CPD and any other training the Registrant has undertaken to keep his knowledge up to date and to address the concerns in this case (including dispensing practice and ethics); and;

e. Should the Registrant return to work for which he does not require registration, testimonials, including from work colleagues who have knowledge of his work and conduct at work.

37. The Registrant confirmed in writing to the Council's monitoring team on 7 August 2026 that he was compliant with the suspension.

The Council's case

38. Ms Hall, on behalf of the Council, submitted that the Registrant's fitness to practise remains impaired.

39. In her written skeleton argument, Ms Hall submitted that it was necessary for a reviewing committee to consider a Registrant's previous conduct as well as their current attitude and remediation when determining whether they are currently impaired. Case law indicates that the Registrant needs to show acknowledgement of why his past conduct was deficient and fell far below the standards expected from a pharmacy professional and what steps have been taken since to remedy it. There is a persuasive burden on a Registrant to demonstrate he is no longer impaired (*Abrahaem v General Medical Council* [2008] EWHC 183 (Admin)).

40. In her oral submissions, Ms Hall noted that there was welcome evidence of **[PRIVATE]**

41. Though the Registrant had undertaken CPD, it had not been targeted towards the failings which underlie the misconduct in this case. Furthermore, the dishonesty in this case was very serious. The Council's position was that the Registrant had not fully remediated his misconduct. The limbs of impairment found by the PH Committee were still, in Ms Hall's submission, relevant. In the circumstances, she suggested that the Committee may consider a further suspension order for six months was the appropriate outcome.

The Registrant's case

42. The Registrant provided a written statement by email dated 22 September 2026. He expressed an apology for the people he had let down by his dishonesty and unprofessionalism. As a condition of the termination of his contract with Boots, he has not been allowed to contact former colleagues directly, but he wanted to express his remorse and say sorry to them for what they may have gone through.

43. He addressed in his statement the question of why he had done what he did, and why it was wrong. He said:

[PRIVATE]

44. **[PRIVATE]**

45. The Registrant said he also now accepts that selling excessive amounts of co-codamol to a patient who was addicted was wrong and was causing her harm, and he wanted to apologise to her for that.

46. In terms of insight, the Registrant said:

> 'THIS TIME LAST YEAR WITH HINDSIGHT AND A LOT OF REFLECTION I THINK I DID NOT REALISE THE CONSEQUENCE AND SERIOUS NATURE OF MY ACTIONS, THE TRUE IMPLICATIONS NOT JUST FOR ME BUT OTHERS. HAVING READ THE FINAL REPORT FROM THE PRINCIPAL HEARINGS IT DAWNED ON ME THAT I WAS MAKING EXCUSES AND TRYING TO JUSTIFY MY ACTIONS WHEREAS NOW I CAN CLEARLY SEE EVERYTHING STEMMED FROM ME AND MY BEHAVIOUR.
>
> ALL OF THE ABOVE HAS BEEN EXTREMELY HARD TO WRITE ABOUT AND IT DOES STILL AND ALWAYS WITH UPSET ME AND PUT ANGER WITHIN ME. I PUT MY CAREER, MY FAMILY AND MY COLLEAGUES UNDER INTENSE SCRUTINY INSTEAD OF BEING A DECENT HUMAN AND I **[PRIVATE]** THE FINAL REPORT REALLY DOES OUTLINE MY VERY VERY POOR CONDUCT AND I DID DESERVE THE RULING I GOT.I DESERVED TO LOSE MY JOB AND I WAS EXTREMELY DEVASTATED TO LOSE THE FRIENDSHIP OF WORK COLLEAGUES ON TOP. . .
>
> ADMITTING TO ANY WRONGDOING IS ALWAYS HARD ON A PERSON AND I THINK LAST YEAR MY THINKING AND ATTITUDE WAS IMPAIRED, BUT WITH ADVICE, SUPPORT AND FURTHER LEARNING I HAVE REALISED WHERE I HAVE GONE WRONG, THE CONSEQUENCES OF MY ACTIONS AND WHAT NEED TO DO AND SHOW SO THAT HISTORY NEVER EVER REPEATS ITSELF.'

47. In his bundle, the Registrant provided evidence of CPD learning in respect of various health conditions. The Registrant also provided **[PRIVATE]** including:

(b) **[PRIVATE]**

(c) **[PRIVATE]**

48. The bundle also contained two testimonials from colleagues at an estate agents' firm where the Registrant had worked for four months from April 2026. One said that the Registrant had consistently demonstrated professionalism, integrity, and a strong commitment to work. The other said he has a very positive attitude towards his work and was always willing to help, and that they were particularly impressed by how quickly he learnt.

49. The bundle also contained a number of emails from former patients of the Pharmacy praising the Registrant for his helpfulness and care and customer service.

50. The Registrant gave oral evidence to the Committee. He repeated that he fully accepted responsibility for his actions, which he acknowledged was an abuse of his power and position. He also accepted the findings of the PH Committee. He said he was truly sorry to the staff for the position he put them in.

51. The Registrant said he had reflected on everything that had happened. **[PRIVATE]**

52. **[PRIVATE]**

53. The Registrant told the Committee that, apart from the four months at the estate agency, he has not worked in the last four years. He had looked for work as a dispenser, which is something you can do within the terms of a suspension. Though he had tried at least 12 pharmacies, none had been able to take him on, even though he had gone as far as to offer to work for free. He also explained to the Committee the financial difficulties that had followed from the loss of his job at Boots and why, in consequence of those difficulties, the outcome of this hearing was vital to him and his family.

54. If permitted to return to work as a pharmacist, he told the Committee his intention is to work alongside a friend who is a pharmacist for four to five weeks to get himself up-to-date. Thereafter, he would look for work as a locum pharmacist. A locum position would avoid the risks inherent in working alone or being responsible for stock.

55. In closing, the Registrant asked that he be given a chance to prove he is ready to return to work as a pharmacist and to demonstrate that he is a changed person. He has worked in pharmacy for over 30 years, and he urged the Committee not to dismiss all the good work he has done.

Clinical Adviser

56. **[PRIVATE]**

The Committee's determination

57. The Committee considered all the documentation before it, the submissions of both parties, the oral evidence of the Registrant and the opinion of the Clinical Adviser. It heard and accepted the advice of the Legal Adviser.

Decision on impairment

58. The Committee first considered whether the Registrant's fitness to practise remains currently impaired. The Committee was reminded of the definition of fitness to practise set out in paragraph 2.12 of the Guidance. It bore in mind the finding made by the PH Committee in relation to impairment and focused on the new information available to it at this hearing. It was reminded that there is what has been described as a persuasive burden on a Registrant at a review hearing to demonstrate they are no longer impaired, if they are to be permitted to return to unrestricted practice (*Abrahaem v GMC*).

59. In the Committee's view, the Registrant had made significant progress since the PH. The Committee accepted that he had reflected on the reasons for his misconduct, and the remorse he had demonstrated in his written statement was genuine. He has not sought to deflect responsibility for his behaviour. The Committee also accepted the Registrant's evidence **[PRIVATE]**

60. The Committee noted that in his oral evidence the Registrant had recognised the responsibilities that come with the job of a pharmacist and his commitment to not putting anyone at risk in the future, as he accepted he had done in the past. The Committee also noted his openness to scrutiny. This, in the Committee's view, evidenced understanding and insight into his previous failings.

61. Furthermore, the Registrant had largely done what the PH Committee suggested would assist him. As well as a reflective statement, he had provided **[PRIVATE]** He had provided certificates from CPD learning, although none of that had been related to dispensing practice or ethics. He had provided testimonials from two former colleagues at the estate agency. He had additionally provided testimonials from former patients of the Pharmacy, although the Committee found these were of limited assistance given that they were not written in the knowledge of findings that had been made against him.

62. Notwithstanding the progress that has been made, as the Registrant had accepted in his evidence, strengthened practice can only be fully demonstrated on return to work as a pharmacist. It was a feature of the Registrant's misconduct that, when faced with a pressurised situation, his judgment had failed him. The Committee could not at this stage be sure that, if he returned to unrestricted practice, he would not succumb to similar pressures as he had done in the past. The Committee accepted that his words and intentions were in the right place, but that the true test would come when he resumed practice.

63. In those circumstances, though the Committee considered that the risk to the public had reduced, it could not be satisfied that there was no risk of repetition. In the Committee's view, therefore, there remained a risk to the public, and accordingly the Registrant's fitness to practise remained impaired on public protection grounds.

64. Having served a 12-month suspension, the Committee was satisfied that a finding of impairment was no longer required on the grounds it was necessary to declare and uphold proper standards of conduct and performance. However, given that there remained a risk of repetition, the public would expect the Council to take action to protect patients, colleagues and other members of the public. Therefore, the Committee also found that the Registrant's fitness to practise remained impaired on public interest grounds.

65. Having found current impairment, including an ongoing risk to the public, it was not appropriate to allow the Registrant to return to unrestricted practice. The Committee therefore considered the available sanctions, which are as set out in Article 54(3) of the Order.

66. The Committee bore in mind that the purpose of a sanction is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence and the

promotion of professional standards. It also bore in mind the principle of proportionality, and that any outcome should be no more than is necessary to protect the public and promote the public interest.

67. The Committee concluded that an order of conditional registration was the appropriate and proportionate outcome. It was satisfied that conditions could be formulated which address the shortcomings in the Registrant's practice whilst protecting the public. In particular, the Committee was of the view that working under the close supervision of a registered pharmacist would permit the Registrant to practise without risk to the public whilst giving him the opportunity to demonstrate he was able to return to safe and effective practice.

68. The Committee considered whether an extension of the current suspension order or removal from the register would be more appropriate than a conditions of practise order. However, the Committee was of the view that neither of these outcomes would properly reflect the progress that the Registrant has made since the PH.

69. The Committee considered the length of the order, which can be up to maximum of three years. It was of the view that an order of conditional registration for six months would, in the circumstances of this case, be appropriate. Towards the end of that period there will be a further review to assess the progress that the Registrant has made under the order.

70. The Committee therefore ordered that the Registrant's registration be made subject to the following conditions for a period of six months.

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
   - 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, prior to returning to work as a pharmacist:

   - find a workplace supervisor (who must be a registered pharmacist) and obtain the GPhC's approval of your workplace supervisor;
   - put yourself, and stay, under the close supervision of your workplace supervisor. Close supervision for the purposes of this condition means working in the same place as your workplace supervisor, who should be available at all times you are at work;
   - give the GPhC your permission to exchange information with your workplace supervisor about your efforts to improve your practice.

5) You must arrange for your workplace supervisor to send reports on your progress, development and performance directly to the GPhC as follows:

- no later than three months after resuming work as a pharmacist;
- at least one week prior to the next review hearing;
- when and if GPhC asks for one.

71. The Committee directed that this order should be reviewed before it expires, and considered that the reviewing Committee would be assisted by:

a. The Registrant's attendance at the review;

b. Evidence of recent CPD and any other training, learning or reflection that the Registrant has undertaken in relation to the concerns in this case, including ethical decision making, honesty and integrity.

c. Testimonials from work colleagues.

Decision on interim measures

72. The decision to make the Registrant subject to a conditions of practice order will not take effect for at least 28 days, or longer if the Registrant lodges an appeal against this decision. The current suspension order is due to expire in less than 28 days. The Committee heard submissions on whether interim measures should be imposed which would have effect until the order comes into effect or the appeal is disposed of. Ms Hall invited the Committee to impose an interim conditions of practice order under Article 60 of the Order for the same reasons that the Committee has made the substantive order, namely on public interest and public protection grounds. The Registrant did not oppose that.

73. As there are less than 28 days between today's hearing and the current order lapsing and the Committee has varied the order, the Committee has decided to impose an interim conditions of practice order.

74. The Committee imposed that order on the grounds it was necessary to protect the public and otherwise in the public interest. The reasons are those which have been given for the imposition of the order of conditional registration.

75. This concludes the determination.