General Pharmaceutical Council

Fitness to Practise Committee

Principal Hearing

Remote video link hearing

3 November 2026- 6 November 2026

Registrant name:	Ansar Mahmood
Registration number:	2057763
Part of the register:	Pharmacist
Type of Case:	Misconduct
Committee Members:	Paul Barton (Chair) Esosa Osakue (Registrant member) Becky Farren (Lay member)
Legal Adviser:	Ms Charlotte Mitchell-Dunn
Committee Secretary:	Chelsea Smith (Day 1 and 2) Mark Mallinson (Day 3 and 4)
Registrant:	Present and represented by Ms Wendy Hewitt
General Pharmaceutical Council:	Represented by Ms Zahra Ahmed Case Presenter
Facts proved:	N/A
Facts proved by admission:	1, 2, 3, 4, 5.1, 5.2
Facts not proved:	None
Fitness to practise:	Impaired
Outcome:	Warning
Interim measures:	N/A

Particulars of Allegation (as amended)

You, a registered pharmacist/pharmacy technician

You, a registered pharmacist, and at the relevant times were the Responsible Pharmacist at Alans pharmacy, 173 Mossley Road, Ashton Under Lyne, OL6 6NE:

1. On or around 20 August 2024, you removed the paper prescription prescribing a course of Methadone to PATIENT LK, ("the prescription") from Adams pharmacy. **ADMITTED**

2. On or around 20 August 2024, you dispensed methadone as per the prescription to PATIENT LK. **ADMITTED**

3. On or around 22 August 2024, you dispensed methadone as per the prescription to PATIENT LK. **ADMITTED**

4. On or around 24 August 2024, you dispensed Methadone as per the prescription to PATIENT LK. **ADMITTED**

5. In respect of paragraphs 1, 2, 3 and/or 4 above:

5.1 You took the prescription from Adams pharmacy and/or dispensed the Methadone at Alans pharmacy without the appropriate consent from Patient LK and/or communication with the other partner at Adams pharmacy as to your intention; and/or **ADMITTED**

5.2 You dispensed the prescription for Methadone notwithstanding that it had already been part dispensed by Adams pharmacy. **ADMITTED**

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

Documentation

Document 1 - Council's hearing bundle

Document 2 - Council's skeleton argument

Document 3 - Registrant's bundle

Document 4 - Registrant's Addendum bundle

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 has 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. Outcome – the Committee considers what, if any, outcome should be applied if the Registrant's fitness to practise is found to be impaired.

Application to amend the particulars of allegation

6. The Committee heard an application from Ms Ahmed, on behalf of the Council under Rule 41 to amend particular 5.1 as follows:

    "*"took the prescription from Adams pharmacy and/or dispensed the Methadone at ~~Adams~~ <u>Alans</u> pharmacy…"*

7. Ms Ahmed submitted that the amendment causes no injustice and corrects an obvious error that the Methadone was dispensed at Alans pharmacy.

8. On behalf of the Registrant, Ms Hewitt agreed with the proposed amendment.

9. The Committee accepted the advice of the Legal Adviser.

10. The Committee considered the amendment clarified the allegation and did not materially change the substance of the allegation. The amendment clarifies the error with regard to the titles of the pharmacies. The Committee considered the amendment did not prejudice the fairness of the proceedings and noted that it was agreed by both parties. The Committee therefore allowed the amendment.

Application for the hearing to be held in Private

11. The Committee heard an application from the Registrant's representative Ms Hewitt under Rule 39(3) to hold parts of the hearing in private which related to the Registrant's health and private life. Ms Ahmed, on behalf of the Council did not oppose the application.

12. The Committee accepted the advice of the Legal Adviser.

13. The Committee agreed to the application to hear any evidence provided by the Registrant concerning his health or private life in private, pursuant to Rule 39(3)(b). The Committee considered that maintaining the Registrant's privacy, in relation to his health, outweighed the public interest in holding those parts of the hearing in public.

Background

14. The Registrant is a registered pharmacist. The case concerns the Registrant's removal, on 20 August 2024, of a part-dispensed FP10MDA (blue) instalment prescription for methadone belonging to Patient LK from Adams Pharmacy, 167–169 Mossley Road, Ashton-under-Lyne, Greater Manchester, and his subsequent dispensing of the remaining instalments against that prescription at Alans Pharmacy, 173 Mossley Road, on 20, 22 and 24 August 2024, while he was the Responsible Pharmacist ("RP") at Alans Pharmacy.

15. The Registrant and his partner SZ share superintendent responsibility for, Adams Pharmacy. The Registrant is also the Superintendent of Alans Pharmacy, which is owned by Mossley Healthcare Ltd and was formerly a Boots Pharmacy, purchased on 16 April 2024. The two pharmacies are a few doors apart on Mossley Road.

16. The Registrant's own correspondence describe a long-standing and severely deteriorated relationship with his partner in Adams Pharmacy, SZ.

17. Patient LK was supplied methadone (Physeptone sugar-free 1mg/1ml, 38ml daily) on a 14-day FP10MDA instalment prescription covering 13–26 August 2024 for 532ml in total, with collections scheduled on 13, 15, 17, 20, 22 and 24 August.

18. On 20 August 2024 ZZ, a member of staff at Adams Pharmacy, saw the Registrant, between 8am and 9am leaving Adams with two blue prescriptions which she did not see him bring in. On being asked, the Registrant told her they were Patient LK's methadone prescriptions, and that he was taking them to Alans Pharmacy. ZZ told the Registrant he could not do this, and that the patients would need to attend and remove their prescriptions themselves; he nonetheless left with them.

19. The Registrant accepted to the NHS adviser that he had picked up the prescription from Adams Pharmacy, ultimately stating that he had *"seen red"* and *"intentionally picked up the prescriptions".* In his written response he stated he "*went to pick up"* the prescription*, "I don't deny that the Rx [was] part dispensed"*, and *"The mistake was mine when I picked up the Rx to not fully check".* He has stated that he takes full responsibility for his '*lapse of judgment'*.

20. SS, another member of staff at Adams Pharmacy, described being sent to Alans Pharmacy to recover the methadone prescription which Alans Pharmacy staff then denied having, and which it later transpired was at Alans Pharmacy.

21. The Alans Pharmacy CD register records supply of methadone to Patient LK on 20, 22 and 24 August 2024. The patient's name and address match the Adams Pharmacy records. The Alans Pharmacy RP log shows the Registrant as RP on 20 August (9am–1pm), 22 August (9am–8pm) and 24 August (9am–5pm). The dates correspond with the remaining collection days on the prescription (20, 22, 24 August) and there are no Adams Pharmacy entries for 20, 22 or 24 August.

22. The Registrant accepts *"full responsibility for the Rx being dispensed eventually at the two pharmacies Adams then Alans"*.

23. The Council's case is that the Registrant *"dispensed"* in the sense that the supplies were made under his authority and supervision as the RP, with him in personal control of the premises and responsible for each CD supply.

24. The Registrant has provided a witness statement setting out the following reflection;

"I genuinely regret my conduct in dispensing a prescription for Methadone that had already been part dispensed by Adams pharmacy. I recognise that a prescription should never be part-dispensed by one pharmacy and then completed by a different one. In particular, I recognise the issues this causes in terms of CD records, traceability and audits and am deeply ashamed of my conduct on this occasion.

Throughout this process I have been devastated to look back at how I conducted myself and am grateful that no patient harm occurred as a result of this. I remain sincerely remorseful for my actions.

I would like to take this opportunity to reassure the Committee that I acknowledge and understand the importance of the GPhC Standards and specifically the requirement

that pharmacists provide person centred care and use their professional judgment. Upholding these standards is essential as pharmacists are respected by the community and must be held accountable. Providing safe and effective care by adhering to these Standards is vital.

I completely understand the importance of behaving professionally, both when dealing with patients and the public, but also in my interactions with colleagues and appreciate how my conduct could negatively affect the public's perception of the pharmacy profession.

The GPhC Standards are vital in protecting patients and the reputation of our profession, whilst allowing better health outcomes for patients and maintaining their personal respect and dignity. The autonomy of the patient must be the centre of decision making rather than a top-down approach where a health professional assumes they know best. The decision of how, what, why and when has to be in collaboration with the patient. After reflection, I can see that lines are crossed when a health professional removes that autonomy or withholds information or does not share it openly to allow others to be adequately informed of their actions that impact on patients and other healthcare professionals. In this standard, I fell short and I recognise that it was wrong for me to have behaved in the way I did as outlined in these allegations.

I think my conduct would be rightfully viewed as creating a negative impact on the profession. My actions as an individual have an impact on the greater profession because I am a representative of the pharmacy profession. In my conduct as outlined in the allegations, I have fallen short of the standards set by the GPhC. These standards are intended to safeguard patients and maintain the public's trust in the pharmacy profession. My actions could potentially lead to a weakening of this trust. I hope that, if I am allowed to continue practicing, I can remedy this and go back to conducting myself in pursuit of the standards to help rebuild the trust of my fellow professionals, the public and patients.

Reflecting on my conduct in relation to the allegations, I have been embarrassed to see how irrationally I behaved, without any clear concise thought process. I allowed myself to be derailed from my core role as a pharmacist and subsequently I have taken time to re-centre myself back towards my prime responsibilities as a pharmacist. I recognise that my business interests and personal circumstances are never an excuse to act outside my jurisdiction as a pharmacist. I have also reflected on my responsibilities to patients and how their consent does not extend to a blanket permission to deal and act on their behalf on everything. Consent has to be sought on a case-by-case basis. I also recognised that my knowledge in pharmacy and law and specifically the handling of CD's and prescriptions needed refreshing, which I have now done by refreshing myself on the MEP Medicines, Ethics and Practice and Methadone prescriptions via Gov.uk information on the 'Community pharmacy: delivering substance misuse services' link.

I now recognise that I had stretched myself across too many responsibilities and did not take into account the unexpected additional work that comes with running multiple pharmacies, however much you plan. As a direct result, I have diversified the management team and reduced my direct management responsibilities. I have also restricted myself from being an RP where I have large amounts of management duties outside of pharmacy. I have done this by booking locum or employed pharmacists for day-to-day RP roles in the 5 branches I am involved in. I am currently busy full-time with the admin and business lead of 4 of these branches and do not envisage my role being reduced in the next decade or so hence do not envisage myself realistically working as an RP in branch going forward. This allows me to fully devote my time to staff development and training and helping to navigate the 10-year government plan. (Redacted)

I regularly note my actions in management groups, to allow me to continuously reflect upon my actions and have built a broader and stronger support team to provide checks and balances on my executive functions within my businesses. I have also had a number of peer discussions to help me reflect on my behaviour.

I have engaged in a process to carry on separating from my business partner, (Redacted) and have limited my direct contact with him to assist with this. For all of these reasons, I am confident that there is no risk of me repeating such behaviour in the future.

I would like to take this opportunity to apologise sincerely to Patient LK and to my business partner (Redacted) and the GPhC for my conduct. I am acutely aware of the impact this had on Patient LK and (Redacted) and the wider impact it could have had on the reputation of my profession and public confidence in pharmacists. I have always taken great pride in my work as a pharmacist and being part of a profession which people respect.

I sincerely hope to be allowed to continue to practice as a pharmacist, to help patients and support colleagues, thereby contributing to helping more patients, which is why I got into this profession in the first place. I especially enjoy mentoring colleagues in the logistics of pharmacy supply and feel I have a good skillset in being able to decipher and simplify the dispensing workflow.

Over the last 10 years I have been heavily involved in three primarily independent pharmacist led support groups for pharmacy contractors: I set up the VETTED group (a contractor forum of vetted contractors), which then evolved into the IPCN (Independent Pharmacy Community Network), and has now become the CPN network (Community Pharmacy Network). The purpose of the groups is to help navigate professional and business life as a contractor as well as mentoring newer contractors in helping to deliver patient centric pharmacy outcomes and sharing ideas on financial matters and providing a peer-to-peer support network.

I have currently restricted myself to only my CPN role as it is less involved than IPCN and more suited to my work life balance. Through my involvement, I hope to give

pharmacy a strong voice and to help contribute towards a confident profession that has the trust of the public as well as patients. I look forward, if possible, to pursuing an amicable separation with my business partner (Redacted) and continuing to collaborate with my other pharmacy colleagues, partners and investors to help make community pharmacy into a sustainable profession.

I would like to reassure the Committee that I will take the lessons learnt and reflections undertaken from this and channel them in a positive manner to help me become a more productive pharmacy professional that can present and uphold the standards of the pharmacy profession. I am particularly excited about the roles that hubs can play in decluttering pharmacies and helping the pharmacists in branch to work towards more clinical services.

I very much hope that the Committee will see that I care passionately about being a good pharmacist and providing the best care to patients and that the GPhC will allow me to continue in the profession that I love and hold in such high regard."

Admissions

25. Through Ms Hewitt, when read out, the Registrant admitted to the following allegations: 1, 2, 3, 4, 5.1 and 5.2. The Committee accepted that the Registrant has admitted to these allegations.

26. By the application of Rule 31(6), the admitted factual allegations were found proved.

27. On the basis that all of the allegations were admitted by the Registrant the Committee proceeded to stage 2 to consider 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.

Evidence on Grounds and Impairment

28. Having found all of the allegations proved, the Committee went on to consider whether the particulars found proved amounted to misconduct and, if so, whether the Registrant's fitness to practise is currently impaired.

29. The Registrant gave evidence under affirmation. He confirmed the content of his witness statement. The below is a summary of the evidence he gave.

30. The Registrant confirmed he had been a Pharmacist, registered with the GPhC since 2003, and until these concerns were first raised, he had an unblemished career.

31. He confirmed he set up his first pharmacy, Adams, Mossley Road in partnership with SZ in December 2012 and worked there as a pharmacist and Responsible Pharmacist from the start. He confirmed a year into setting up Adams Pharmacy his working

relationship with SZ began to deteriorate. He confirmed this was prior to him opening the second branch (Alans Pharmacy) and was due to their inability to agree on certain issues. He described himself and his partner disagreeing on even minor issues, including staffing decisions. He stated they were unable to resolve their differences and are sadly now left as business partners in Adams Pharmacy and they have been unable to agree an amicable dissolution of their partnership.

32. In April 2024, the Registrant stated he decided to purchase Alan's Pharmacy with a different business partner. He stated he wanted to avoid another competitor buying it and setting up in direct competition with Adams. His intention with Alans Pharmacy was to use it to finally bring his business partnership with SZ to an end, either by merging it with Adams Pharmacy, through selling his shares or buying shares.

33. He spent time at Alans Pharmacy to set it up as the building was in disarray. The intention was that he would not take on new staff in case SZ bought Alans Pharmacy and didn't want to take on the new staff. He stated matters still remain unresolved with SZ and the resolution of issues remains difficult.

34. (Redacted).

35. In respect of the issues between himself and SZ, he stated SZ kept nominating patients back to Adams Pharmacy, when they had come to Alans Pharmacy. He stated they discussed managing clients on the electronic system, but after he brought Alans Pharmacy, SZ continued to nominate patients to Adams Pharmacy. He stated he was 99% sure that Patient LK wished to move over to Alans Pharmacy, but she had been nominated back.

36. He stated Alans Pharmacy had already received Patient LK's prescription for 27 August to 9 September and so he was trying to locate Patient LK's prescription for the previous period. When he could not find it at Alans Pharmacy, he went to Adams Pharmacy to look for it and finding it, he took the paper prescription from Adams Pharmacy and took it back to Alans Pharmacy with him. He acknowledged he made a serious error of judgment in removing the paper prescription from Adams Pharmacy.

37. The Registrant accepted that he dispensed methadone to patient LK on the dates set out within allegation 2, 3 and 4 in that the supplies were made under his authority and supervision as the RP. He noted the importance of correctly dispensing drugs and confirmed the risks if patients miss or duplicate a dose of methadone. He acknowledged his behaviour was unprofessional. He accepted he left Adams Pharmacy with supplies of methadone recorded in their register, without a prescription to support that, creating a split audit trail across the two pharmacies for one prescription. He recognised that the integrity of CD records exists to prevent diversion, missed or the double supply of high-risk drugs and that his actions put this at risk.

38. In respect of allegation 5 he stated his behaviour showed ignorance and a disregard for patient consent. He stated consent was important because patients must be involved in their care and make choices over where, how and who dispenses their

medication. He stated he was embarrassed and it was out of character for him. He said if anyone else had done this he would have had harsh words with them and understood why it led to a disciplinary.

39. The Registrant stated he took steps to put the matters right. He stated he was aware of the need to stop and think so he took himself out of the pharmacy for a period of two months in order to reflect. He stated he felt he had too much power holding the roles of pharmacist and business owner and he felt the need to separate the pharmacy side from his business interests. He stated he took on more staff and did not act as the Responsible Pharmacist in the relevant period. He stated he only covered a shift for a couple of hours in rare circumstances.

40. The Registrant confirmed his understanding of public confidence in the profession. He noted that patients place a significant amount of trust in pharmacists and his conduct effected the entire profession. He apologised and noted the impact of the public losing confidence in the profession.

41. The Registrant confirmed that a repetition of his actions would not happen. He noted he had a very long career and there had been no further incidents since the allegation.

42. The Registrant was cross examined. It was put to him that his explanation for not noticing the prescription was part dispensed was inconsistent. He stated his actions were a "blunder" and he apologised. He said he was in a rush, but he is not denying his behaviour was wrong. He confirmed there was tension with the staff in Adam's Pharmacy, but confirmed ultimately, he ought to have checked.

43. The Registrant was asked questions by the Panel. He was asked to clarify his understanding of the nomination of patients. He explained that a lot of patients were already using the previous Boots Pharmacy. He said initially he felt it would be unfair access to these patients, and because of the high level of service the pharmacy was able to provide, it may look like the poaching of clients, which would go against his partnership. He said he therefore didn't actively chase patients, but they started to nominate Alans Pharmacy. He stated despite this the patients were nominated back by Adams Pharmacy. He said he would borrow items sometimes from Adams Pharmacy including covid tests. He stated Alans Pharmacy closed at 5pm and he would often refer patients to Adams Pharmacy.

44. The Registrant confirmed in line with his witness statement that he had not worked for the past 6 months in the pharmacy side of the business, he stated he had stepped back but wanted to remain registered as this was his legacy.

45. He confirmed since the incident he had reviewed the MEP Medicines, Ethics and Practice and Methadone prescriptions via Gov.uk information on the 'Community pharmacy: delivering substance misuse services' and adopted new practises.

46. The Registrant confirmed that he had not had contact with Patient LK's drug team or key worker at the relevant time, he accepted this was usual practice, but stated practises had relaxed post covid.

47. It was put to the Registrant that he had dispensed methadone on multiple occasions which was at odds with his explanation that he was rushing on 20 August 2024. He accepted that his conduct was not acceptable and he referred to removing himself from practise for a period of two months in order to reflect.

48. The Registrant was asked how he kept up to date with practise if he had removed himself. He referred to undertaking CPD and keeping his skills and knowledge up to date in respect of new drugs coming on to the market and researching into new services that could be offered by the pharmacy.

49. (Redacted). He stated he has now processed and reassessed in order that the mistakes would not be repeated.

Submissions on Grounds and Impairment

50. Having found all of the particulars of the allegation proved, the Committee went on to consider whether the allegations amounted to the ground of misconduct and, if so, whether the Registrant's fitness to practise is currently impaired.

51. In relation to misconduct, on behalf of the Council, Ms Ahmed submitted that the Registrant's particularised conduct falls far below the standards expected of him as a registered pharmacist. In determining misconduct, Ms Ahmed referred the Committee to the following Council's Standards for pharmacy professionals ("the Standards") a summary of her submissions in respect of the Standards is set out below;

    i) Standard 1 sets out that pharmacy professionals must provide person-centred care, including obtaining consent and the duty to consider the impact of their practice whether or not they provide care directly. Methadone is a high-risk medicine. Dispensing it across two sites without coordination creates a real risk of duplicated or missed doses; the fact that harm did not materialise does not lessen the risk. This was done without documenting consent, when the duty fell on the Registrant to advise the patient clearly and obtain consent.

    ii) Standard 5 sets out that pharmacy professionals must use their professional judgement. Standard 5 also expects pharmacy professionals to use their judgement to consider and manage appropriately any personal or organisational goals, incentives or targets and make sure the care they provide reflects the needs of the person. The Registrant's actions raised issues around his practice concerning controlled drug governance. The Registrant removed a Schedule 2 CD prescription from the pharmacy that held it, leaving Adams with supplies recorded in its CD register but no prescription to support them, and creating a split audit trail across two pharmacies for a single instalment prescription. The integrity of CD records exists to prevent diversion and double supply of high-risk drugs. The Registrant failed to demonstrate professional

judgement in his removal of a prescription in clear breach of established policies and without the consent of either the patient and without communication with the partner of Adams Pharmacy, and notwithstanding the conflict of interest and audit trail issues this would risk. His disregard of a clear warning also perpetuates a lack of clear, objective judgement. He was told by an experienced colleague that he should not remove the prescription and that the patient should attend. He overrode her, telling staff in effect that they could not stop him.

iii) Standard 6 sets out that pharmacy professionals must behave in a professional manner. This appears to be undermined by the Registrant's lack of candour. He told staff the patient was waiting at Alans when she was not. Alans staff denied holding the prescription when asked and he initially told the NHS adviser he had not dispensed against it, which the records contradict. The Council does not allege dishonesty, which is not pleaded, but the Committee may take these matters into account in assessing his account and his insight.

iv) Standard 8 expects pharmacy professionals to speak up when they have concerns or when thing go wrong. The Registrant dispensed the methadone prescription on 20, 22 and 24 August 2024 and as an experienced pharmacist should have realised his error and notified his regulator.

v) Standard 9 further expects pharmacy professionals to demonstrate leadership. As a superintendent of both pharmacies and RP at Alans, the Registrant used his access to Adams to move a patient's prescription to a business in which he had an interest, at a time of personal animosity towards his partner. He set a poor example to staff at both premises.

52. Ms Ahmed, on behalf of the Council therefore submitted that the conduct engages Standards 1, 5, 6, 8 and 9. Fellow practitioners would regard his behaviour as deplorable conduct. She submits that the facts of this case constitute misconduct. In support of these matter Ms Ahmed relied on the following authorities; *Meadow v General Medical Council [2007] 1 All ER 1, Shaw v General Osteopathic Council [2015] EWHC 2721 (Admin), Remedy UK Ltd v General Medical Council [2010] EWHC 1245 (Admin) and Roylance v General Medical Council (No.2)* [2000] 1 A.C. 311

53. In relation to misconduct, on behalf of the Registrant, Ms Hewitt submitted that it is a matter for the Committee's judgment whether the Registrant's conduct fell into the category of misconduct.

54. Ms Hewitt referred to the authority of *Roylance v General Medical Council (No.2) [2000] 1 A.C. 311* and noted that misconduct is qualified by the word 'serious'. It is not any professional misconduct which will qualify.

55. In relation to current impairment, on behalf of the Council, Ms Ahmed applied Rule 5(2) of the GPhC Fitness to Practise Rules 2010, and submitted that:

i) The Registrant's conduct particularised within the allegations engages grounds (a), (b) and (c) of Rule 5(2) of the Rules.
ii) The particularised conduct has the potential to bring the pharmacy profession into disrepute. Part of the Council's role as the regulator of the pharmacy profession is to set and maintain safe and acceptable standards of practice so that public confidence in the pharmacy profession is not undermined. Methadone is a high-risk medicine. Dispensing across two sites without coordination creates a real risk of duplicated or missed doses; the fact that harm did not materialise does not lessen the risk. This was done without documenting consent, when the duty fell on the Registrant to advise the patient clearly and obtain consent.
iii) The Registrant's actions could undermine public confidence in the pharmacy profession, because the public expect pharmacists to provide patient-centred care and behave in a professional manner, manage conflicts of interest appropriately, exercise professional judgement, follow protocols in place and demonstrate leadership, particularly when occupying the senior position that the Registrant does.
iv) The Registrant's conduct has breached one of the fundamental principles of the profession of the pharmacy profession. The overarching objective of the Council in exercising its functions is the protection of the public under Article 6(1) of the Order.
v) The Registrant's conduct has failed to promote and maintain proper standards and conduct for members of those professions, thereby breaching one of the fundamental principles of the pharmacy profession. Given the seriousness; a finding of current impairment is required to uphold proper professional standards and maintain public confidence.
vi) The Registrant has developed insight. However, his account has overtime shifted, and he initially frames the conduct as a failure to "*double check*" rather than a deliberate removal against advice, and he attributed much of the context to SZ and Adams staff.
vii) Ms Ahmed submitted even if the Committee finds the risk of repetition low, a finding of impairment is required to uphold proper standards in the handling of controlled drugs and to maintain public confidence in the profession.

56. In relation to current impairment, on behalf of the Registrant, Ms Hewitt submitted that:

i) Not every factual finding, must lead to a finding of impairment and since the incident the Registrant has demonstrated comprehensive insight and remediation and has done everything that he can to address his conduct.

ii) The Registrant is a role model and has 25 years' experience (sic) within the profession and the incident refers to a 6-day period, which is a "drop in the ocean" compared to the Registrant's 25 years of practice (sic).

iii) (Redacted).

iv) The Registrant has significantly reflected on his conduct and taken remedial steps in order to address matters. The Registrant's witness statement sets out his extensive reflection upon the allegation and the steps he has taken to address his conduct.

v) The Registrant has practised unrestricted without any further concerns since the allegations arose in 2024.

vi) The Registrant has provided a significant number of testimonials, at a short notice, due to issues relating to his legal representation, which were no fault of his own. These testimonials speak highly of the Registrant and his good character. The testimonials support the fact that he has developed significant insight and remediated the concerns.

vii) The Registrant has done everything within his power to address the concerns; he has changed the nature of his practise and reflected on guidance in respect of dispensing methadone.

viii) A reasonable member of the public knowing the context and circumstances of the case and the fact that the Registrant is a mentor, a man of integrity and respected pharmacy professional would not find the Registrant to be impaired.

ix) The fact that there has been a public hearing in respect of this matter sends a powerful message to the public and profession.

57. The Committee accepted the advice of the Legal Adviser.

Decision on Grounds

58. The Committee took account of the guidance given to the meaning of 'fitness to practise' in the Council's publication *"Good decision-making"* (Revised March 2024). Paragraph 2.12 reads:

> *"A pharmacy professional is 'fit to practise' when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist…safely and effectively. In practical terms, this means maintaining*

appropriate standards of competence, demonstrating good character, and also adhering to the principles of good practice set out in our various standards, guidance and advice."

59. The Committee accepted and applied the following definition of "*misconduct*":

> "*…some act or omission which falls short of what would be proper in the circumstances. The standard of propriety may often be found by reference to the rules and standards ordinarily required to be followed by a practitioner in the particular circumstances*. *The misconduct is qualified in two respects. First, it is qualified by the word 'professional' which links the misconduct to the profession. Secondly, the misconduct is qualified by the word 'serious'. It is not any professional misconduct which will qualify. The professional misconduct must be serious.*"

60. The Committee also took into account the observation of J Collins in *Nandi v GMC [2004] EWHC 2317 (Admin)* that: "*The adjective 'serious must be given its proper weight and in other contexts there has been reference to conduct which would be regarded as deplorable by fellow practitioners.*"

61. The Committee considered that by committing the conduct set out in the allegations, the Registrant fell short of what would be proper in the circumstances, and would be regarded as deplorable by fellow practitioners, in that he:

a) Failed to set and maintain safe and acceptable standards of practice so that public confidence in the pharmacy profession was not undermined;

b) Failed to provide a person-centred approach to care to Patient LK who was a vulnerable patient;

c) Failed to demonstrate professional judgement in his removal of a prescription in clear breach of established policies and without the consent of either the patient and without communication with the partner of Adams Pharmacy, and notwithstanding the conflict of interest and audit trail issues this would risk;

d) Dispensed methadone, a high-risk controlled drug, across two sites without coordination which creates a real risk of duplicated or missed doses;

e) Created a potential risk of harm to Patient LK;

f) Removed a Schedule 2 CD prescription from the pharmacy that held it, leaving Adams Pharmacy with supplies recorded in its CD register but no prescription to support them, and creating a split audit trail across two pharmacies for a single instalment prescription.

g) Compromised the integrity of the CD records. The integrity of CD records exists to prevent diversion and double supply of high-risk drugs.

h) Failed to immediately acknowledge and speak up about his conduct which given his experience he would have known amounted to a failure to set and maintain safe and acceptable standards of practice.

62. The Committee considered whether the Registrant had breached any of the Standards. The Committee consider that the Registrant breached Standards 1, 5, 6, 8 and 9 as a result of the misconduct, it agreed with the submissions of the Council as set out in paragraph 51 above. However, in addition the Committee considered that the Registrant also breached standards 2 and 3 as follows;

Standard 2 - Pharmacy professionals must work in partnership with others

i. Pharmacists must adapt their communication to bring about effective partnership working. The Registrant failed to communicate effectively with the staff at Adam's Pharmacy and work in partnership to ensure that Patient LK's medication was correctly dispensed.
ii. Pharmacists must work with others to make sure there is continuity of care for the person concerned. In removing the prescription from Adam's Pharmacy and taking it to Alan's Pharmacy in the manner accepted the Registrant failed to work with others to make sure there was continuity of care for Patient LK.

Standard 3 Pharmacy professionals must communicate effectively

iii. Pharmacists must communicate effectively with others involved in the care of the person. The Registrant failed to communicate effectively with the staff at Adam's Pharmacy or listen to the objections raised by them in the removal of Patient LK's prescription. In failing to communicate effectively this compromised the care of Patient LK.

63. The Committee bore in mind that the Standards may be taken into account when considering the issues of grounds and impairment but that a breach of the Standards does not automatically establish that the Registrant's fitness to practise is impaired in line with Rule 24(11).

64. However, the Committee considered that the Registrant's conduct was serious and would be regarded as deplorable by fellow practitioners for the reasons set out above. Accordingly, the Committee concluded that, in its judgement, the grounds of misconduct are established.

Decision on Impairment

65. Having found misconduct, the Committee went on to consider whether the Registrant's fitness to practise is currently impaired.

66. At the outset, the Committee considered the Registrant's insight and remediation.

67. The Committee considers that the Registrant has shown significant insight, he has admitted to the allegations and apologised on multiple occasions for dispensing methadone to Patient LK in the manner alleged. The Committee considered the Registrant's insight to be significant on the basis that;

    a. He has provided a comprehensive reflection as to the potential harm that his actions could have caused.

    b. He has reflected in his statement and in oral evidence on the potential harm to Patient LK, the staff within the pharmacy and the reputation of the wider profession.

    c. He has apologised and sought to take steps to arrange his business set up to minimise conflicts of interest going forward.

68. The Committee considered that the Registrant has completed remediation and noted his evidence in respect of reviewing the MEP Medicines, Ethics and Practice and Methadone prescriptions via Gov.uk information on the 'Community pharmacy: delivering substance misuse services' in respect of dispensing methadone.

69. The Committee considers the extensive testimonials provided on behalf of the Registrant. The Committee considered that the Registrant had sought to reduce the pressure he was under and has changed his role within his business in order to address the concerns and prevent the risk of repetition. The Registrant through his oral evidence provided examples of how he would act differently should such a situation arise again in the future.

70. Whilst the Committee noted some discrepancies in the evidence he initially gave in respect of the allegations, it considered all the evidence in the round and noted the significant reflection and remediation undertaken since the incident occurred and considered that the discrepancies did not undermine the Registrant's level of insight. On considering this the Committee noted that the reflection process involves processing and reflecting on events over time, in which a person's understanding of their decisions or mistakes evolves and may shift leading to different accounts of conduct. The Committee considered that the Registrant through his witness statement and oral evidence demonstrated that he fully accepted deliberately removing the prescription and the fact that this was unacceptable.

71. The Committee noted that the Registrant has been practising unrestricted since the incident occurred and there have been no further issues which have arisen in respect of his practice. Whilst he has not worked in the capacity of a pharmacist for 6 months due to being engaged in his businesses, the Committee were confident in his responses

to their questions that he has kept his practice up to date and has put in place effective coping mechanisms to prevent the risk of repetition of similar conduct in the future.

72. The Committee considered whether the particulars found proved, show that the actions of the Registrant:

a. present an actual or potential risk to patients or to the public;

b. have brought, or might bring, the profession of pharmacy into disrepute;

c. have breached one of the fundamental principles of the profession of pharmacy; or

d. mean that the integrity of the Registrant can no longer be relied upon.

Whether the Registrant's conduct or behaviour presents an actual or potential risk to patients or to the public

73. The Committee considers that the Registrant's conduct and behaviour presented a potential risk to Patient LK. The Registrant dispensed methadone to Patient LK on multiple occasions without the appropriate consent from Patient LK and/or communication with the other partner at Adams Pharmacy. He left Adams's Pharmacy with supplies of methadone recorded in their register, without a prescription to support that, creating a split audit trail across the two pharmacies for one prescription. This in turn had the potential to lead to Patient LK missing or being dispensed additional doses of a controlled drug, which Patient LK relied upon to aid their addiction recovery process.

74. However, given the significant insight and remediation completed by the Registrant, the Committee considers that the Registrant's conduct or behaviour is high unlikely to be repeated in the future in respect of this type of error. However, the Committee were concerned that the ongoing business dispute with SZ remains a potential trigger.

Whether the Registrant's conduct or behaviour has brought, or might bring, the profession of Pharmacy into disrepute

75. The Committee considered that the Registrant's misconduct, as set out in the allegations, has brought the profession of pharmacy into disrepute. The Registrant placed his own interest above that of Patient LK. The Registrant's actions undermine public confidence in pharmacy professionals.

76. However, given the significant insight and remediation completed by the Registrant, the Committee considers that the Registrant's is highly unlikely to bring the profession of pharmacy into disrepute in the future.

Whether the Registrant's conduct or behaviour has breached one of the fundamental principles of the profession of Pharmacy

77. The Committee considered that the Registrant's conduct, as set out in the allegations, has breached more than one of the fundamental principles of the profession of

pharmacy, in particular the failure to: ensure patient-centred care (including safety and placing the needs of the patient above your own).

78. However, given the insight and remediation completed by the Registrant, the Committee considers that the Registrant's is highly unlikely to breach one of the fundamental principles of the pharmacy profession in the future.

Whether the Registrant's conduct or behaviour shows that the integrity of the Registrant can no longer be relied upon

79. The Committee did not consider this matter, on the basis that this case does not involve integrity allegations.

Committee's conclusion on impairment

80. In light of the above, the Committee considered the Registrant's fitness to practise is not impaired on public protection grounds.

81. The Committee therefore went on to consider the wider public interest. The Committee considered that the allegations are serious and members of the public would be appalled to learn that a pharmacist had conducted the actions set out in the proven allegations.

82. Although the Registrant has demonstrated insight and remediation and therefore the risk of repetition is significantly reduced, the Committee considered the Registrant's actions amounted to a serious departure from the standards.

83. The Registrant dispensed methadone, a controlled drug, on multiple occasions without the patient's consent. The methadone was dispensed despite the fact that some doses had already been dispensed by Adams Pharmacy. Given the Registrant's experience he would have known that a prescription should never be part-dispensed by one pharmacy and then completed by a different one.

84. The Registrant's actions compromised the integrity of the Controlled Drugs records, which exist to prevent diversion, missed or the double supply of high-risk drugs. In acting in the manner that he did, the Registrant accepts he put Patient LK at a potential risk of harm.

85. The Panel considered given the seriousness of the allegations a failure to find impairment would undermine public trust or fail to send a clear message about acceptable professional standards.

86. Consequently, the Committee considered the Registrant's fitness to practise to be impaired on the wider public interest element, namely maintaining public confidence in the pharmacy profession and upholding professional standards.

Outcome

87. Having found impairment, the Committee went on to consider the matter of outcome. The Committee's powers are set out in Article 54(2) of the Pharmacy Order 2010. The

Committee should consider the available outcomes in ascending order from least restrictive, taking no action, to most restrictive, removal from the register, in order to identify the appropriate and proportionate outcome that meets the circumstances of the case.

88. The purpose of the outcome is not to be punitive, though an outcome may in fact have a punitive effect. The purpose of the outcome is to meet the overarching objectives of regulation, namely the protection of the public, the maintenance of public confidence in the profession and to promote professional standards. The Committee is therefore entitled to give greater weight to the public interest over the Registrant's interests.

89. The Committee had regard to the Council's "*Good decision making: Fitness to practise hearings and outcomes guidance*", published in March 2024 ("Guidance"), to inform its decision.

90. On behalf of the Council, Ms Ahmed submitted:

i) The Committee should have regard to the principles of proportionality and weigh the interests of the public against those of the Registrant. Public interest considerations include protecting the public, maintaining public confidence in the profession, and maintaining proper standards of behaviour.

ii) The Council's "Good decision-making fitness to practise hearings and outcomes" guidance sets out that when deciding on outcomes, 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.

iii) The aggravating factors in this matter consist of the following:

• Removing methadone, a high-risk drug, from one pharmacy and dispensing in another, in clear breach of policy and without consent, demonstrating poor professional judgement, even when challenged by other professionals.

• The Registrant was in a position of seniority.

iv) The mitigating factors are as follows:

- The Registrant has no fitness to practise history, and there have been no concerns of a similar nature reported since.
- The Registrant has demonstrated insight, remediation and has apologised.
- The Registrant made full admissions to the allegation.

91. Ms Ahmed submits that the outcome imposed should reflect the seriousness of the particularised misconduct.

92. Ms Ahmed submitted that it was the Council's position that a warning is the appropriate and proportionate outcome, applying the GPhC's *Good decision-making* guidance. She submitted this reflects the absence of previous fitness to practise history, and the Registrant's admissions, insight, remediation and apology, while marking the seriousness of the failure to follow proper processes for a Schedule 2 controlled drug.

93. On behalf of the Registrant, Ms Hewitt made the following submissions:

i) Ms Hewitt noted that the aggravating factors previously identified by the Council within their skeleton argument were largely no longer applicable as the Registrant has demonstrated significant insight, remediation and remorse and has made admission to the allegations in full;

ii) Ms Hewitt submitted that the conduct was exceptionally out of character for the Registrant and noted the Committee findings in respect of the risk of repetition in this case, and it being highly unlikely that the conduct would be repeated;

iii) Ms Hewitt submitted that the appropriate outcome was taking no further action. She noted the Committee's findings and submitted that the seriousness of the Registrant's conduct was marked by a public hearing in respect of this matter and a published outcome of the hearing.

iv) Ms Hewitt submitted that if the Committee disagreed with her submissions that no action was appropriate, she submitted a warning was the outcome advanced by the Council and the Committee should go no further than that outcome.

v) Ms Hewitt submitted conditions of registration or a suspension on the Registrant would be disproportionate and inappropriate given no current risk of harm to patients or the public has been found.

94. The Committee considered the following to be aggravating factors in this case:

a. The Registrant has breached a number of the Standards;

b. The Registrant was in a position of seniority and experience.

95. The Committee considered the following to be mitigating factors in this case:

a. The misconduct at the heart of the allegations stemmed from an incident which occurred over a short period of time;

b. The Registrant has demonstrated significant insight into his conduct;

c. The Registrant has offered an apology and shown remorse;

d. The Registrant has practised without restriction for the past two years during the fitness to practise process;

e. The Registrant has provided extensive positive testimonials;

f. The Registrant admitted all of the allegations; and

g. The Registrant has no previous regulatory findings against him with the Council and has an otherwise unblemished 23-year career as a pharmacist.

96. The Committee considers that the Registrant's proven misconduct, makes taking no action insufficient to meet the wider public interest of maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour. This is especially in light of the fact that:

a. The Registrant failed to follow the correct procedures for dispensing a high-risk Schedule 2 controlled drug;
b. The Registrant failed to obtain consent from Patient LK;
c. The Registrant failed to communicate effectively with colleagues which compromised the care of Patient LK;
d. The Registrant created a split audit trail across the two pharmacies for one prescription compromising the Controlled Drug register.

97. The Committee next considered the imposition of a warning. The Committee noted the Guidance sets out: "There is a need to demonstrate to a professional, and more widely to the profession and the public, that the conduct or behaviour fell below acceptable standards. There is no need to take action to restrict a professional's right to practise, there is no continuing risk to patients or the public, but there needs to be a public acknowledgement that the conduct was unacceptable."

98. In the circumstances of the Registrant's multiple breaches of the standards and in light of the matters set out at paragraph 96 above, there is a need to demonstrate to the profession and the public that the Registrant's conduct fell below the acceptable standard. The Committee considered that there is no continuing risk to patients or the public, and therefore there was no need to restrict the Registrant's right to practise. The Committee considered that a warning was however required to mark the seriousness of the misconduct.

99. The Committee considered conditions of registration and a suspension on the Registrant but considered that both outcomes would be disproportionate and

inappropriate given the fact that no current risk of harm to patients or the public has been found.

100. Consequently, the Committee considered it appropriate to issue a warning in this matter, as follows:

"The Committee has found that your actions amounted to a serious failure to meet the Standards for pharmacy professionals. In particular it has found that you breached Standards 1, 2, 3, 5, 6, 8 and 9 and you did not appropriately dispense methadone a high-risk controlled drug, in that you failed to obtain consent, failed to communicate effectively with colleagues which compromised the care of the patient and created a split audit trail across the two pharmacies for one prescription compromising the Controlled Drug register.

Your conduct was unacceptable and fell below the standard expected from a registered pharmacy professional. Your actions brought the profession of pharmacy into disrepute and breached some of the fundamental principles of the pharmacy profession.

Your fitness to practise has been found to be currently impaired, not on the basis of public protection but in the wider public interest.

The Committee is satisfied that you have demonstrated genuine remorse, remediation and insight. You have apologised for your actions and made full admissions to the allegation. You understand the circumstances which led to your actions. You appreciate the consequences and impact of them on you and on the pharmacy profession. The Committee is reassured that the risk of repetition is low. The Committee is satisfied that a Warning is required to stand as a reminder to you of the importance of upholding the standards and behaving in a professional manner at all times, as failing to do so can negatively affect the reputation of pharmacy professionals.

The Committee is of the view that a Warning is required to stand as a reminder to you and to other pharmacy professionals of the importance of complying with the Standards required of pharmacy professionals at all times. Failing to do so may negatively affect the reputation of pharmacy professionals and must not be repeated.

It is also a reminder to you to ensure that you follow the appropriate dispensing procedures, obtain appropriate consent from patients and communicate effectively so that you meet the standards expected of pharmacy professionals to ensure the safe and effective provision of pharmacy services.

This Warning will be published on the register against your name and will be available for 12 months. If you do not comply with this Warning, it may be taken into consideration by an Investigating or Fitness to Practise Committee in the future."

101. This concludes the determination.