CASE OF

CHHETRI, Sajana
(Registration Number 5102385)

(DAY FOUR)
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DETERMINATION

1. Ms Sajana Chhetri is a Pharmacy Technician who has been registered with the General Pharmaceutical Council (“the Council”) since 1 February 2017. Her registration number is 5102385. At all relevant times, Ms Chhetri was working as a Pharmacy Technician at Kasmani Pharmacy, 6 Northfield Parade, Hayes, Middlesex YB3 4JA (“the Pharmacy”). She had begun working at the Pharmacy in October 2012, as an apprentice dispensing assistant. In February 2017, she enrolled on an accuracy checking course for pharmacy technicians (“ACT”) run by the National Pharmacy Association (“NPA”).

2. In January 2018, the Council received a complaint from the NPA to the effect that Ms Chhetri appeared to have forged the signature of the Superintendent Pharmacist at the Pharmacy on documents she had submitted in relation to the ACT course. The complaint was investigated by the Council and a decision was taken to refer the case to the Council’s Fitness to Practise Committee (“the Committee”).

3. This hearing of the Committee has been convened to consider the allegation that, in the light of the circumstances surrounding the submission of documentation by Ms Chhetri to the NPA, her fitness to practise as a pharmacy technician is impaired by reason of misconduct. The hearing is governed by the provisions of the Pharmacy Order 2010 and the General Pharmaceutical Council (Fitness to Practise and Disqualification etc Rules) Order of Council 2010 (“the Fitness to Practise Rules”).

4. Ms Chhetri attended the hearing and was unrepresented. The Council was represented by Mr David Abrahams.
Particulars of Allegation

5. The Particulars of Allegation were set out in the following terms:

“You, a registered pharmacy technician,

1. Prior to about 14 November 2017, you signed one or more pages of your Accuracy Checking Technician course Portfolio (“the ACT Portfolio”) in the name of your supervising pharmacist, Mr A, and submitted the ACT Portfolio to the National Pharmacy Association (“NPA”).

2. In relation to paragraph 1 above your actions were dishonest, in that:

   2.1 Mr A had not signed his name on all of the pages in the ACT Portfolio;
   2.2 you did not have permission to sign Mr A’s name in the ACT Portfolio;
   2.3 you knew you did not have permission to sign the ACT Portfolio in Mr A’s name;
   2.4 you submitted the ACT Portfolio to the NPA with pages signed-off in Mr A’s name in order to obtain an ACT qualification.

3. Prior to about 27 October 2019, you signed the back of your photograph in the name of your supervising pharmacist, Mr A, purporting to confirm your own identity and submitted this to the NPA.

4. In relation to paragraph 3 above your actions were dishonest, in that:
4.1 Mr A had not signed his name on your photograph for the NPA to confirm your identity;

4.2 you did not have Mr A’s permission to sign the back of your photograph in Mr A’s name.

4.3 you knew you did not have Mr A’s permission to sign the back of your photograph in Mr A’s name;

4.4 you used the signed photograph in order to sit the ACT practical exam.

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

6. At the beginning of the hearing, Ms Chhetri indicated that she admitted the factual allegations set out in the Particulars. She explained that there were certain factors that had led her actions. Both Ms Chhetri and Mr Abrahams were of the view that the Committee should hear from the witnesses, so that the circumstances could be fully explored.

7. The Committee was satisfied that the admissions made by Ms Chhetri were unequivocal and so it found paragraphs 1-4 of the Particulars proved on the basis of the admissions, pursuant to Rule 31(6) of the Fitness to Practise Rules. The Committee agreed with the parties that it should hear from the witnesses despite Ms Chhetri’s admissions.

**Background**

8. On 2 February 2017, Ms Chhetri enrolled onto the NPA’s ACT course. This was the day after she had registered with the Council as a pharmacy technician. The course requires trainees to submit a written Portfolio of evidence and to undertake a practical assessment. As part of the written Portfolio, the trainee should provide evidence of having checked 1,000 items dispensed by a qualified member of the pharmacy team. The
trainee is also required to submit evidence of monthly appraisals carried out by their pharmacist-tutor.

9. Ms Chhetri submitted her Portfolio to the NPA on 27 October 2017. She was booked onto the practical assessment on 16 November 2017. She also submitted photographic identification, purporting to have been signed by her pharmacist-tutor, on or around 27 October 2017. This was a requirement of the course, so that the identity of persons attending for the practical assessment could be verified.

10. The Portfolio was marked by the NPA on 27 October 2017. Missing from the Portfolio was a standard operating procedure (“SOP”) which needed to be signed by the trainee and their supervising pharmacist. It was also identified that the checking logs submitted by Ms Chhetri had not been signed by her supervising pharmacist. She was advised by the NPA to resend the signed SOP and the checking logs. These were received by the NPA on 6 November 2017 and, when they were marked two days later, they were found to satisfy the evidential requirements of the course.

11. Ms Chhetri attended her practical assessment on 16 November 2017 and met the required standard. She was awarded her ACT certificate.

12. As part of the NPA’s routine procedure, a copy of Ms Chhetri’s written Portfolio was sent to the pharmacy. When this was seen by her supervising pharmacist, Mr Mohammed Kasmani, he noticed that a number of the documents contained within the Portfolio appeared to bear his signature but had not in fact been signed by him. The documents upon which his signature had been forged were the checking logs; one of the six monthly appraisal forms; and the SOP. The remaining five monthly appraisal forms had been signed by Mr Kasmani. Following further communication between Mr Kasmani and the NPA, it was also established
that the photograph which Ms Chhetri had submitted also bore a forged signature purporting to be that of Mr Kasmani.

13. On 18 December 2017, the NPA wrote to Ms Chhetri to inform her of the results of their investigation. She was told that the matter would be referred to the Council. Ms Chhetri replied to the NPA on 22 December 2017. In her letter, she stated that “Each document was approved and signed by the supervising pharmacist, Mr Mohammed Kasmani.” She said that the allegation against her was false, and that it may have been motivated by her mentioning that, once she had qualified, she wanted to leave the Pharmacy. She said that she felt “hurt and upset at how I am now being accused of such unprofessional misconduct.”

14. As part of the Council’s investigation, Ms Chhetri was invited to make written representations. In a letter dated 26 February 2019, she admitted that she had forged Mr Kasmani’s signature on the documents. She explained that her working environment had become challenging, that Mr Kasmani was rarely available to supervise her, and that he had delegated that task to Colleague A with whom Ms Chhetri had a particularly difficult working relationship. In various electronic messages sent to Mr Kasmani and his son, Mr Rizwan Kasmani (the Pharmacy Manager), in late November and December 2017, Ms Chhetri apologised to them for her actions.

Evidence considered by the Committee

15. The Committee was provided with a bundle of material from the parties which included a copy of the Notice of Hearing and the Particulars of Allegation, together with statements and exhibits from the following witnesses:
Included within the exhibits produced by the witnesses was a copy of the Portfolio submitted by Ms Chhetri, the photographic identification, correspondence between the NPA and Mohammed Kasmani, and electronic messages sent and received by Ms Chhetri.

16. The bundle also contained the written response to the allegations from Ms Chhetri, dated 26 February 2019, and a number of references which attested to her professional competence and her good character.

17. At the hearing, Mr Abrahams called the three witnesses to give evidence. Mohammed Kasmani and Rizwan Kasmani attended in person; Shivani Raghvani, who now lives abroad, gave evidence by videolink.

18. Mohammed Kasmani told the Committee that he delegated the day-to-day supervision of Ms Chhetri, with regard to the ACT course, to Colleague A. He confirmed that he had not signed the checking logs, the SOP or the photograph, although he would have been willing to do so. He signed five of the monthly tutor appraisals but he did not meet with Ms Chhetri as the Tutor Comments suggested. He did not read the comments before signing the forms. He did not recognise the handwriting in the Tutor Comments sections. He told the Committee that he had no concerns about the quality of Ms Chhetri’s work, and that he spoke with staff from time to time and they raised no issues.
19. Rizwan Kasmani was asked about the handwriting in the Tutor Comments sections of the appraisal forms. He believed it may have been Colleague A’s handwriting. He said that he was aware of tensions between Ms Chhetri and Colleague A. In response to a suggestion from Ms Chhetri, he said that he had no recollection of making any comments to her to the effect that she should know how to counterfeit his father’s signature.

20. Shivani Raghvani confirmed the chronology of Ms Chhetri’s submission of material for the ACT course. She personally marked the Portfolio and carried out the practical assessment. She explained that, if trainees find themselves in difficulty with submitting their Portfolios by the required date, it would be open to the trainee to contact the NPA to explain the situation. It may be that they would be allowed to take the practical assessment even if the Portfolio had not been completed, although any decisions would be taken on a case-by-case basis. The certificate would not be issued until the Portfolio had been received and assessed as meeting the standard. She commented that Ms Chhetri performed well at the practical assessment and she was satisfied that she reached the required standard.

21. Ms Chhetri told the Committee that she was initially employed by the Pharmacy as an apprentice dispensing assistant in October 2012. She had some limited experience at Superdrug, but this was her first real role in a pharmacy. She was keen to progress and undertook training as a dispensing assistant and as a pharmacy technician while employed at the Pharmacy. She found that Mohammed Kasmani was rarely at the Pharmacy and, when undertaking her technician training, she would have to wait until Fridays to ask him to sign off her work. She specifically asked that Colleague A should not supervise her on the ACT course, but in practice this is what happened.
22. Ms Chhetri accepted that she had forged Mohammed Kasmani’s signature on all of the documents identified by him. She had intended to ask him to sign all of the monthly appraisals, but realised that she had failed to obtain his signature on one form and so she forged his signature on that. She very candidly admitted in her evidence that the Tutor Comments had been written at her request by a friend who was not connected with the Pharmacy. She knew the appraisals were a necessary part of the Portfolio and she had not been able to have meetings with Mohammed Kasmani. Consequently, she produced the appraisal forms with her friend’s assistance and put them before Mr Kasmani for signature.

23. Ms Chhetri had initially believed that her apology to Mr Kasmani would be sufficient to resolve the situation. When she received the letter of 18 December 2017 from the NPA, she was surprised that the events had escalated. She did not think that the electronic messages would be used against her, because she was aware of other more serious failings within the Pharmacy which might have come to light. This is why she denied the allegations in her response to the NPA of 22 December 2017. When she later realised that her admissions were being used against her, she realised that there was evidence of her wrongdoing and she did not maintain her denial.

24. Ms Chhetri accepted that she had acted unprofessionally. She said that she was ashamed of her actions, and she acknowledged that her conduct would adversely affect public confidence in the pharmacy profession. She explained that she has learned lessons from these events and would behave differently in future. She has been working at Boots as a Pharmacy Assistant since December 2017 and finds the environment to be more structured, with greater reliance placed on procedures. She said that this suits her better.
The Committee’s factual findings

25. Having found the particulars of Allegation proved on the basis of Ms Chhetri’s admissions, the Committee nonetheless identified three areas where it needed to make factual determinations. The first area concerned the question of whether Ms Chhetri was seeking to obtain a qualification which did not properly reflect her level of technical ability. In the Committee’s view, this was potentially significant because, had it been the case that Ms Chhetri was not competent to carry out the accuracy checking role, she could have put patients at risk of harm. The Committee heard evidence from Mr Mohammed Kasmani that he had no concerns about Ms Chhetri’s technical competence. He based this on his own observations and on feedback from other staff. The Committee also noted that Ms Raghvani found Ms Chhetri to have the requisite level of knowledge and skills when she carried out the practical assessment on 16 November 2017. The references presented by Ms Chhetri spoke highly of her competence. The Committee concluded that Ms Chhetri did have the necessary level of skill and knowledge to undertake the role; indeed, if she had submitted her Portfolio in the correct manner, there is every likelihood that she would have legitimately been awarded the certificate.

26. The second area concerned the extent to which the working environment may have contributed to Ms Chhetri’s actions. In her oral evidence, Ms Chhetri explained the difficult working relationship she had with Colleague A and the impact this had on her ability to undertake the work she needed to complete for the course. Mr Rizwan Kasmani confirmed that there were issues between Ms Chhetri and Colleague A. The Committee accepted Ms Chhetri’s evidence on this issue, although as a registered pharmacy professional it remained Ms Chhetri’s personal responsibility to ensure that she acted in accordance with the relevant professional standards. Having said that, the Committee was left with the
impression that the Pharmacy did not consistently provide Ms Chhetri with the level of support which she might reasonably have expected. The Committee noted that Ms Chhetri joined the Pharmacy shortly after leaving school and had no other significant experience of working in healthcare. She seemed to find the greater level of structure and formality at Boots to be a more suitable environment.

27. The third area concerned Ms Chhetri’s assertion that Mr Rizwan Kasmani had encouraged her to forge his father’s signature. This was denied by Rizwan Kasmani when he gave evidence, and Ms Chhetri herself conceded that it may have been the case that he did not actively encourage her, although comments he made might have given her the idea to act as she did. The Committee accepted Rizwan Kasmani’s evidence on this point, and concluded that he did not actively encourage Ms Chhetri to forge Mohammed Kasmani’s signature. In the Committee’s view, even if Rizwan Kasmani had encouraged her to act in this manner, Ms Chhetri’s own sense of professional integrity should have overridden any such suggestion.

The parties’ submissions on impairment

28. Mr Abrahams invited the Committee to make a finding that Ms Chhetri’s actions amounted to misconduct and that her fitness to practise is currently impaired by reason of that misconduct. He submitted that Ms Chhetri’s actions were in breach of Standard 6 of the Standards for pharmacy professionals issued by the Council in May 2017 (“the Standards”) relating to behaving in a professional manner, because Ms Chhetri had not acted with honesty and integrity. He referred the Committee to the case of Meadow v General Medical Council [2007] 1 All ER 1, where the Court of Appeal stated that “misconduct” in this context should equate to “serious professional misconduct”. He reminded the Committee that the dishonesty was committed in the context of
Ms Chhetri seeking to obtain a professional qualification, and that her actions were morally blameworthy.

29. Mr Abrahams went on to address the Committee on current impairment. He referred the Committee to Rule 5(2) of the Fitness to Practise Rules, which provides:

“In relation to evidence about the conduct or behaviour of the registrant which might cast doubt on whether the requirements as to fitness to practise are met in relation to the registrant, the Committee must have regard to whether or not that conduct or behaviour:

a) presents an actual or potential risk to patients or to the public;

b) has brought, or might bring, the profession of pharmacy into disrepute;

c) has breached one of the fundamental principles of the profession of pharmacy; or

d) shows that the integrity of the registrant can no longer be relied upon.”

30. Mr Abrahams explained that the Council was not asserting that Ms Chhetri presented a risk to patients or the public. However, he submitted that the other three paragraphs were engaged. He argued that there was a risk of Ms Chhetri acting in a dishonest manner in the future. He based this on the repeated nature of her dishonesty (she submitted the photograph bearing a forged signature first, then the other documents) and on her attempts to deny the allegations when she responded to the NPA in her letter of 22 December 2017. Mr Abrahams further submitted that, even if the Committee was satisfied that there was no risk of repetition, a finding of current impairment was necessary in order to maintain public
confidence in the pharmacy profession in view of the very serious misconduct carried out by Ms Chhetri.

31. Ms Chhetri accepted that her actions were serious and unprofessional. She acknowledged the impact of her conduct on public confidence. She sought to reassure the Committee that she had learned from this experience and would not want to go through anything like it again. Now that she is working in a more structured and supportive environment, she is more comfortable and readily accepts the need to behave professionally at all times.

32. During submissions, the Committee invited the parties to address the significance of Ms Chhetri’s admission that the Tutor Comments in the monthly appraisal reports had been written by her friend. This was information which only came out during the hearing. Mr Abrahams suggested that, out of fairness to Ms Chhetri and as this fact did not form part of the Allegation against her, the Committee should be cautious in attaching significant weight to that aspect of her actions. Whilst the Committee commends Mr Abrahams for his desire to be fair to Ms Chhetri, it concluded that it could not ignore the evidence. At the very least, it demonstrated a worrying element of sophistication and planning. To that extent, the Committee considered it to be an aggravating feature of the case.

**The Committee’s decision on impairment**

33. The Committee first considered whether Ms Chhetri’s actions amounted to misconduct. The Committee determined that her actions engaged and breached Standard 6 of the Standards, which requires pharmacy professionals to behave in a professional manner. The Committee considered that she has not acted with honesty and integrity, which are essential requirements of a professional person. The Committee bore in...
mind Rule 24(11) of the Fitness to Practise Rules, which provides that the Standards may be taken into consideration when considering the issue of impairment but that a breach of the Standards does not automatically result in a finding of impairment. This is entirely consistent with the case law in relation to misconduct; the registrant’s actions must be sufficiently serious to justify the label of misconduct. The Committee considered that the repeated forging of a senior colleague’s signature, for the purposes of obtaining a professional qualification, fell far below the standard of conduct to be expected of a registered pharmacy technician. The Committee concluded that Ms Chhetri’s actions did amount to misconduct.

34. Having decided that Ms Chhetri’s actions amounted to misconduct, the Committee went on to consider whether, by reason of that misconduct, her fitness to practise as a pharmacy technician is currently impaired.

35. The Committee noted the guidance given on the meaning of ‘fitness to practise’ in the Council’s publication Good decision-making (Revised March 2017). At paragraph 2.11, the guidance states:

“A pharmacy professional is ‘fit to practise’ when they have the skills, knowledge, character, behaviour and health needed to work as a pharmacist or pharmacy technician safely and effectively. In practical terms, this means maintaining appropriate standards of competence, demonstrating good character, and also adhering to the principles of good practice set out in our various standards, guidance and advice.”

In the Committee’s view, this case concerned aspects of Ms Chhetri’s character and behaviour. For the reasons set out in paragraph 25 above, the Committee agreed with Mr Abraham’s analysis that there was nothing to suggest Ms Chhetri had, or would, put patients or the public at risk of
harm. This was not a case which raised concerns about her skills or knowledge.

36. The Committee considered the criteria in Rule 5(2) of the Fitness to Practise Rules (which are set out in paragraph 28 above). Ms Chhetri’s conduct would have had an adverse impact on public confidence in the pharmacy profession, and would therefore bring the profession into disrepute. As explained above, in paragraph 32, she has breached a fundamental principle of the profession, in that she has not behaved in a professional manner. To that extent, Rule 5(2)(b) and (c) is engaged to the extent that it relates to her past conduct.

37. The Committee gave particularly careful consideration to the question of whether Ms Chhetri is likely to repeat her actions in the future. This is relevant, in the case of Rule 5(2)(b), as to whether she might bring the profession into disrepute in the future. It is relevant, in the case of Rule 5(2)(d), as to whether her integrity can be relied upon.

38. The Committee noted Ms Chhetri’s evidence that she had learned from her experience and would act differently in the future. It recognised that she was at a relatively early stage in her career, and that the working environment and absence of suitable role models were likely to have had some influence over her decisions. Her references speak highly of her professionalism, as well as her technical competence.

39. However, there are a number of factors which have emerged during the hearing which cause the Committee concern. First, Ms Chhetri did not take any steps to contact the NPA to discuss how she might deal with the difficulties in a manner which would be consistent with her professional standards. Second, having forged Mohammed Kasmani’s signature on the photograph, she later forged it again on a substantial number of documents. Having committed one act of dishonesty, she could have
disengaged at that point despite the potentially adverse consequences for her. Third, she wrote the letter to the NPA on 22 December 2017 in which she denied any wrongdoing and accused Mohammed Kasmani of acting inappropriately. She was given a number of opportunities during the hearing to explain why she sent that letter. It was clear to the Committee that Ms Chhetri believed, at that time, that the evidence against her was weak because she did not think the electronic messages would be used. When she realised that the evidence was strong, she admitted the allegations. The only conclusion available to the Committee from the sequence of events was that she maintained her denial when she thought she could escape the consequences of her actions.

40. These conclusions led the Committee towards a finding that there was a risk of repetition, as the need for scrupulous adherence to professional standards did not seem to be ingrained within Ms Chhetri’s working practices. In the Committee’s view, these concerns outweighed the positive evidence presented by Ms Chhetri as to the absence of a risk of repetition. The Committee determined that there was a risk, at this time, that Ms Chhetri may put her own interests before those of others if circumstances arose in the future where she had to make an ethical judgement as to how to act. Consequently, the Committee found that Rule 5(2)(b) is further engaged, in that Ms Chhetri might bring the profession into disrepute in the future. Similarly, Rule 5(2)(d) is engaged, because the Committee has found that Ms Chhetri’s integrity cannot, at this time, be relied upon.

41. The Committee noted the observations made by Mrs Justice Cox in CHRE v NMC and Grant [2011] EWHC 927 (Admin) where, at paragraph 74, she said:

“In determining whether a practitioner’s fitness to practise is impaired by reason of misconduct, the relevant panel should
generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession will be undermined if a finding of impairment were not made in the particular circumstances.”

The Committee has identified a risk of Ms Chhetri bringing the profession into disrepute in the future, and has concluded that, at this time, her integrity cannot be relied upon. The Committee has also concluded that Ms Chhetri’s actions were of such a serious nature that a finding of current impairment is required in order to uphold proper professional standards and public confidence in the profession.

42. For these reasons, the Committee concluded that Ms Chhetri’s fitness to practise as a pharmacy technician is currently impaired by reason of her misconduct.

The parties’ submissions on sanction

43. In his submissions on sanction, Mr Abrahams referred the Committee to his written submissions in which he had set out the relevant legal principles which he invited the Committee to consider. He also reminded the Committee of the sanctions guidance contained within the Council’s Good decision making publication. He drew the Committee’s attention in particular to the section on Dishonesty at paragraphs 6.8-6.10.

44. Mr Abrahams identified a number of aggravating and mitigating factors which he invited the Committee to take into consideration.

45. The aggravating features identified by Mr Abrahams were:
the dishonesty occurred in two stages; the signing of the photograph, then the signing of the other Portfolio documentation some days later;

- Ms Chhetri’s denials in her letter of 22 December 2017 to the NPA, and her assertion that Mr Kasmani had made false accusations against her;

- the fact that Ms Chhetri had asked a friend to complete the Tutor Comments in the monthly appraisal forms (Mr Abrahams agreed that this was a factor which the Committee could properly take into account, based on the Committee’s reasoning in its impairment decision at paragraph 32 above).

46. The mitigating features identified by Mr Abrahams were:

- the events occurred as a result of a particular set of circumstances, and there had been no other dishonest conduct by Ms Chhetri before or after these events;

- Ms Chhetri’s references, and the evidence from Kasmani Pharmacy, were very complimentary about her professional conduct;

- Ms Chhetri was not motivated by a desire to obtain a qualification fraudulently in order to give a false impression of her professional competence.

47. Mr Abrahams explained that, in the light of the Committee’s reasons for its finding of impairment, he would not be suggesting that a sanction of removal from the register was appropriate. He reminded the Committee of the very serious nature of the misconduct and drew the Committee’s attention to the section on Dishonesty at paragraphs 6.8-6.10 in the Council’s Good decision making publication. He invited the Committee to impose a period of suspension.
48. Following Mr Abraham’s submissions, the Committee gave Ms Chhetri time to prepare before she addressed the Committee. Ms Chhetri told the Committee again how she felt ashamed by her actions and how she has learned from her experience. She realises that her own actions have consequences. She acknowledged that her behaviour could affect public confidence in the profession, although she emphasised that she would never act so as to put patients or the public at risk. She asked the Committee to give her the opportunity to prove herself.

The Committee’s decision on sanction

49. In considering sanction, the Committee recognised the need to act proportionately, in other words that the sanction should be no more serious than it needs to be to achieve its aims. The Committee was mindful that the purpose of sanction in regulatory proceedings is not to punish registrants, but is to protect patients and the wider public interest. However, the effect of some sanctions may be punitive to the registrant. In Ms Chhetri’s case, the Committee recognised that its sanction decision would need to seek to restore and maintain public confidence in the profession, as well as demonstrate the importance of maintaining the proper standards of behaviour expected of a pharmacy professional. There were no public protection issues which the Committee needed to address.

50. The Committee was assisted by Mr Abrahams’ helpful analysis of the aggravating and mitigating features in Ms Chhetri’s case, and it agreed with the factors he put forward. The Committee identified two further mitigating factors:

- Ms Chhetri’s admissions at the beginning of the hearing;
- Ms Chhetri’s inexperience, coupled with the limited support she received and the absence of positive role models. Whilst
Ms Chhetri has a personal responsibility for her actions, the Committee did consider that this was relevant to the context in which she acted and can be contrasted with her greater level of experience now and her positive response to working in a more structured environment.

51. The Committee approached the question of sanction by considering, in turn, each available sanction in ascending order of severity. In doing so, the Committee took account of paragraph 6.10 of the *Good decision making* guidance, which states:

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

52. The Committee first considered whether it should take no action. The Committee concluded that this would not be appropriate as it would provide no means of restoring and maintaining confidence in the profession and would undermine confidence in the regulatory process. The Committee next considered whether a warning would be appropriate, but concluded that Ms Chhetri’s misconduct was so serious that a warning would be inadequate to reflect and address the concerns that the Committee has identified.

53. The Committee considered the imposition of conditions. The Committee was unable to formulate suitable conditions which would appropriately address the concerns it had identified. In any event, the Committee was
of the view that the misconduct was too serious to be addressed by way of conditions.

54. The Committee next considered whether suspension would be a proportionate sanction. The Committee noted that the Council’s guidance indicates that suspension may be appropriate where:

“The Committee considers that a warning or conditions are insufficient to deal with any risk to patient safety or to protect the public, or would undermine public confidence. It may be required when necessary to highlight to the profession and the public that the conduct of the registrant is unacceptable and unbefitting a member of the pharmacy profession. Also when public confidence in the profession demands no lesser sanction.”

55. In its deliberations, the Committee looked carefully at the underlying conduct, in the light of the mitigating and aggravating features outlined above. The Committee identified, in its impairment decision, that there was a risk of Ms Chhetri repeating her dishonest conduct. The Committee remained of this view, even after Ms Chhetri’s submissions at the sanction stage, although it was impressed by what appeared to be her developing insight into the importance of consistent and unwavering adherence to professional standards of behaviour. The Committee was left with the impression that Ms Chhetri understood what was required of her; but it had a lingering concern about how she would exercise judgement if confronted in the future with a situation where her personal interests conflicted with her professional ethics. This, coupled with the seriousness of the underlying dishonest conduct, led the Committee to conclude that a short period of suspension was required to demonstrate to the public and the profession that this type of behaviour was wholly unacceptable. It would also give Ms Chhetri the opportunity to reflect further on her actions.
and to demonstrate sufficient insight to remove any lingering doubt about her future conduct.

56. The Committee concluded that a period of 3 months’ suspension would be appropriate to mark the public’s disapproval of Ms Chhetri’s actions, so as to maintain public confidence by demonstrating that such behaviour is taken seriously by the Regulator. It will act as a deterrent to other professionals, by showing that serious misconduct will attract a significant sanction. The Committee considered that this period would be sufficient to allow Ms Chhetri further time to reflect on her actions.

57. The Committee did consider whether it should direct Ms Chhetri’s removal from the register. The Committee noted that the Council’s guidance states that:

   “Removing a registrant’s registration is reserved for the most serious conduct...The committee should consider this sanction when the registrant’s behaviour is fundamentally incompatible with being a registered professional.”

The Committee bore in mind the Council’s position on removal, as explained by Mr Abrahams, and concluded that the misconduct in this case did not reach the level which would justify removal as it was not fundamentally incompatible with continuing registration. A sanction of removal would be disproportionate in all the circumstances.

58. The Committee considered whether a review of the suspension order is required before Ms Chhetri can return to unrestricted practice. Whilst the Committee has not found that Ms Chhetri presents an on-going risk to patients, there remains some concern as to whether she is liable to act unprofessionally in the future. In those circumstances, the Committee has decided that there should be a review hearing. That review hearing will
be scheduled shortly before the expiry of the suspension. At the review hearing, the Committee is likely to be assisted by evidence from Ms Chhetri of her further reflections on the importance of adhering to professional ethical standards. She may find it helpful to keep a journal in which she records her thoughts (which, without being prescriptive, could be based on experiences at work, discussions with colleagues, or reflections on reading around the subject of professional ethics).

59. The suspension will not come into effect until 28 days after Ms Chhetri is formally notified of the outcome of these proceedings, or until any appeal against the Committee’s decision has been concluded. If the Committee does not now impose interim measures to cover that period, Ms Chhetri will be able to continue practising until the order takes effect. The Committee will now hear representations as to whether interim measures are necessary.

**Interim Measures**

60. The Committee’s substantive decision will not take effect for 28 days, or until any appeal has been determined. Pursuant to Article 60(2) of the Pharmacy Order 2010, the Committee may impose interim measures where this is necessary for the protection of the public; otherwise in the public interest; or in the interests of the registrant. Mr Abrahams told the Committee that the Council did not seek an interim measure. He submitted that there were no public protection issues raised by Ms Chhetri’s case. He further submitted that the public interest would be adequately served by allowing the substantive suspension order to take effect at the end of any notice period, or after the resolution of any appeal. Ms Chhetri was given the opportunity to make submissions, but she did not wish to add to the submissions of Mr Abrahams. She confirmed that, in practice, it would have little impact on her as she is not currently practising as a pharmacy technician.
61. The Committee took careful note of Mr Abrahams’ submissions, but it concluded that an interim measure of suspension was required on public interest grounds. The Committee has identified some risk that Ms Chhetri may not act professionally in the future, and that she needs to reflect further on the importance of professional ethics before she can return to unrestricted practice. Given that finding, and the serious nature of the underlying dishonest conduct, the Committee concluded that public confidence in the profession and in the regulatory process would be undermined if Ms Chhetri were allowed to practise as a pharmacy technician until such time as the substantive order takes effect.

62. For these reasons, the Committee imposes an interim measure of suspension which will take immediate effect. The interim measure will lapse, and be replaced with the substantive suspension order, 28 days after Ms Chhetri is given formal notice of the Committee’s decision or at the conclusion of any appeal process.

That concludes this determination.

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