

**ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN**

**DISCIPLINARY COMMITTEE**

**RESUMED PRINCIPAL HEARING**

**Thursday, 8 April 2010**

**1 Lambeth High Street, London, SE1 7JN**

**Chairman: Mr John Burrow**

**Committee Members: Mrs Hilary Anderson  
Dr Ged Fisher**

**Committee Secretary: Ms Gracie Edevbie**

**CASE OF:**

**KAMAL, Mr Muhammed Saeed Rashid (1074346)**

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**MR SIMON WIKLUND**, Solicitor and Senior Case Manager, appeared on behalf of the Society.

**MR KAMAL** was present but was not represented.  
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**HEARING IN PUBLIC**

**SANCTION**

(Transcript of the shorthand notes of T.A. Reed & Co Ltd

Tel No: 01992 465900)

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(At 14.02 the hearing re-opened)

**SANCTION**

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THE CHAIRMAN: We retired to consider sanction. We reminded ourselves that the purpose of sanction is to protect the public, the maintenance of public confidence in the profession and the maintenance of proper standards, and it is not a function of sanction to punish or further punish the registrant. We reminded ourselves that any sanction we impose must be fair and proportionate in all the circumstances of the case, and not impose any greater restriction than was absolutely necessary to achieve its objectives.

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We considered the Society’s Indicative Sanctions Guidance document, and considered the aggravating features listed therein. We first considered the issue of vulnerable victim, and we accepted that although the two female complainants were not inherently vulnerable, we considered that Mr Kamal’s conduct in making silent phone calls and texts, often late at night, did render them vulnerable.

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We considered whether the misconduct was sustained or repeated over a period. We accepted that in respect of the first complainant the conduct lasted from January to June of 2005, and in respect of the second complainant from October 2006 to December 2006.

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This was a total of some nine months over a two year period and was, in our view, of a sustained nature.

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We considered whether the conduct was repeated, and we accepted that it was repeated by reason of the many phone calls and texts to two quite separate and different complainants.

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We considered whether the behaviour could be characterised as sexual misconduct. In our judgment this misconduct constituted inappropriate conduct committed in the context of Mr Kamal’s professional duties. We noted that it had been characterised in Dr Bruce-Jones’s report in the following way:

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“The behaviour in question,” he said, “comprised inappropriate social contact. The behaviour could certainly be considered as harassment but there is no evidence available to me that Mr Kamal’s behaviour went beyond harassment;

A there is no evidence of physical contact, physical stalking, or invitation to sexual activity.”

B Whilst we accepted the doctor’s characterisation in that fashion we concluded that there was in fact some element of sexual motivation inherent in Mr Kamal’s conduct in contacting the two women, even if a sexual intent was not overtly expressed to them.

C We considered a breach of confidentiality, and we noted that we have found in our findings of fact that Mr Kamal acted contrary to Part 2(C)(a) of the Code of Ethics and Standards, in that he failed to ensure that the confidentiality of information acquired in the course of professional activities was respected and protected. In effect we accepted that he had utilised the phone numbers of the two complainants, which had been acquired in the course of his professional activities as a pharmacist, for his own personal use.

D We considered the issue of potential harm, and we noted that the first complainant had stated that the actions of Mr Kamal in making the phone calls had had the effect of causing her constant fear that she was being followed. The second complainant stated that she was, “Totally stressed out. It had become unbearable,” and she had lost hair because of the stress. She said in her statement that she and her family were caused great stress, and that she required hospital treatment for hair loss caused by that stress.

E We considered whether Mr Kamal’s actions were premeditated, and we accepted that his actions in obtaining the telephone numbers of the complainants, and in making the silent phone calls to them, was premeditated.

F We further accepted that Mr Kamal’s actions, which were carried out within the context of his professional duties, were an abuse of trust of his position as a pharmacist, and we further accepted that by reason of that finding Mr Kamal had acted in breach of Key Responsibility 3 and that in contacting the complainants there had been a disregard of the Society’s standards and guidance.

G We considered the issue of insight, and we reminded ourselves that we have found in our ruling on impairment that by reason of the fact that Mr Kamal had only admitted part of

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A the allegations in the Notice, and had denied breaching Key Responsibility 3 and Part 2(C)(a), that at the time of the hearing in October 2009 he did not have full insight.

B Those are the aggravating features. We next considered the mitigating features as set out in the Indicative Sanctions Guidance.

We first considered Mr Kamal's current insight. In his evidence to us today Mr Kamal went to some lengths to stress that he now fully accepted the seriousness and inappropriateness of what he had done in his behaviour towards the two complainants.

C He said that he now had a definite and clear insight into how wrong his actions were. He said he was deeply remorseful for those actions, and he apologised profusely to the victims for his actions towards them, and for the trouble and distress he had caused them, and the shame he had brought to the profession. We accepted that these expressions of contrition were genuine.

D Mr Kamal also referred to the insight that he gained from his interview with Dr Rogers and Dr Bruce-Jones. He had seen Dr Rogers, , in October 2009, to discuss the professional aspects of these allegations. Mr Kamal told us, and we accepted, that this had helped him to achieve understanding of his professional obligations in this matter.

E Mr Kamal attended Dr Bruce-Jones, on the 20th of February 2010. The doctor was provided with copies of transcripts of these proceedings and the interview with Mr Kamal. The doctor found that Mr Kamal was not suffering from a mental disorder, and in particular he was not suffering from any addiction or obsessive compulsive disorder, or personality disorders.

F Dr Bruce-Jones referred in the report to Mr Kamal's first marriage. He said that Mr Kamal had explained to him that from the very beginning his marital relationship was difficult and unhappy.

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A “As the relationship with his wife became increasingly difficult both families became involved, further complicating matters and increasing the levels of stress that he experienced.”

B Mr Kamal went on to explain to the doctor that the incidents in question occurred at a time when he was extremely unhappy in his personal life. He went on to mention the cultural factors that he believed had been relevant to his behaviour in the past. He said that in Pakistan there was very little communication between genders. Although he had married by the time that he came to the UK, he had little understanding of how to  
C communicate with women. Furthermore, he explained to the doctor that most of his understanding of culture in the UK had been derived from watching films, and that this had given him, and other young men in his position, the notion that relationships, including sexual relationships with women, were freely available in the UK.

D In his conclusions Dr Bruce-Jones said this:

E “In relation to the incidents in question there are a number of factors that, in my opinion, should be considered significant when considering Mr Kamal’s behaviour in relation to the incidents in question. He was brought up in a culture where there was little contact and little communication between genders. This, in my opinion, resulted in significant naivety with regard to relationships with women. This was compounded by the somewhat distorted image of culture in the UK gained largely through films and television programmes.

F This naivety and “shyness” was further contributed to by the incidents that occurred in Mr Kamal’s early schooling. The allegations of bullying are likely to have left him lacking in self-confidence, especially with regard to relationships with women. When Mr Kamal came to the UK as a result of his arranged marriage he left  
G behind the support of his family but did not gain emotional support from his new wife or her family, leaving him feeling personally isolated and lacking in social structure, other than that which he derived through his work.

H In my opinion, at the time that the incidents in question took place Mr Kamal was personally isolated and extremely unhappy in his marriage. He sought to develop

A new relationships in a naïve and evidently dysfunctional way, and did so in the only social context that he had, namely his place of work. This drive to develop new relationships overcame the relatively undeveloped understanding that he had about professional ethics and the rules of professional behaviour.”

B The doctor considered risks to the general public, and said:

C “From the information available to me I conclude, on balance, that Mr Kamal has not been and does not present a risk to the public in general. Indeed, Mr Kamal’s account indicates that he is conscientious in carrying out his job and has been well regarded.”

The doctor considered risk to women, and he said:

D “The behaviour in question comprised inappropriate social contact. The behaviour could certainly be considered as harassment,” he said, “but there is no evidence available to me that Mr Kamal’s behaviour went beyond harassment; there is no evidence of physical contact, physical stalking, or invitation to sexual activity.”

E Risk of repetition was considered next:

F “In my opinion,” he said, “there is a low risk of repetition. Mr Kamal now appears to understand the problematic nature of his past behaviour; he appears to understand that it is inappropriate and contrary to the expectations of professional behaviour, as well as recognising the very serious implications of the current investigation for his professional career. Furthermore, there have been very significant changes in Mr Kamal’s personal circumstances. His unhappy first marriage has ended and he appears to have a happy, confiding and fulfilling relationship with his new wife. This will provide Mr Kamal with the support of family life that he had previously been lacking and I anticipate that it will also be the basis for the future development of appropriate social relationships.”

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A He concluded that Mr Kamal is not in need of any treatment at this time, and concluded that it might be appropriate to consider possible medical sanctions, including the possibility of reviewing Mr Kamal's progress.

B So, those are the conclusions of Dr Bruce - Jones, and we accepted the doctor's findings and his conclusions.

C We also heard from Mr Kamal about the marriage to his wife in December 2009, and that it had provided him with emotional stability. This was confirmed by his wife, who was herself a pharmacist, who told us that they had discussed the allegations at length, and that in her view Mr Kamal would not repeat his behaviour. We were impressed with Mrs Kamal as a witness, and with her understanding of the situation.

D We also heard that Mr Kamal had discussed the matter with the Superintendent Pharmacists at Tesco's, Asda's and Boots – those companies who used him as a locum. All three had been happy to continue using his services. Indeed, Asda were prepared to engage him as a resident pharmacist.

E He told us that he had done a considerable amount of reading and studying, including CPD accredited study, into sexual boundaries and appropriate behaviour.

F We had regard to the character references provided by Mr Kamal. They included female pharmacy colleagues, pharmacy managers who worked with him, his current wife, the Superintendent Pharmacist at Asda, the Chief Executive of Avon Local Pharmaceutical Committee, and the Area Manager of Boots in Somerset. He was described in these references as trustworthy, having high standards, being hard working, diligent and honest. He was said to be enthusiastic and highly professional and competent, focused, helpful and dependable. He was termed reliable, caring, courteous, considerate and respectful.

G We accepted that Mr Kamal now has full insight into his misconduct in these matters.

H We accepted Dr Bruce-Jones's assessment that there is now only a low risk of repetition of the misconduct.

A We considered the issue of ill health, and we accepted that Mr Kamal was suffering stress at the time of these incidents, arising from his difficult first marriage.

B We considered the Indicative Sanctions Guidance document where it dealt with circumstances which might suggest a particular sanction was appropriate. We first considered a warning, but we accepted that the matter was more serious than merely a minor breach of guidance.

C We next considered conditions. We accepted that now he had full insight into his behaviour, and there was only a low risk of repetition, and with the support of his marriage to another pharmacist, there were, in our view, appropriate, realistic and verifiable conditions which would protect the public, and which we accepted Mr Kamal would comply with.

D The conditions we impose therefore are that:

1. There should be a conditions order for 9 months;
- E 2. That there should be a review hearing near to, but before the end of, the 9 month period;
3. That in a reasonable time before the review takes place Mr Kamal should obtain a report dealing with the same issues as were dealt with in the report of Dr Bruce-Jones, and it should, if possible, be prepared by Dr Bruce Jones.

F That is our sanction, and those are the conditions we impose.

G Now, are there any other matters that either party wish to mention to us or bring out?

MR WIKLUND: No sir, thank you.

MR KAMAL: No, thank you.

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A THE CHAIRMAN: Thank you very much. You will receive a written copy of these conditions that we have imposed, but do you fully understand what it is we are setting out here?

B MR KAMAL: Yes. There are some conditions which I am going to follow, to see Dr Bruce-Jones in the next 9 months before I come back to you with a report.

C THE CHAIRMAN: That's right. Essentially we are imposing a conditions order for that 9 month period. As with all conditions orders there has to be a review at the end of that period, and we have said that in order for us to be able to carry out that review in a sensible and worthwhile fashion we are requiring an update report. We would prefer it to be Dr Bruce-Jones because he is obviously familiar with the situation, and. But the choice has obviously got to be yours. The important thing is that the report is available to the Committee at the time of the review.

D MR KAMAL: Will I - like, does Dr Jones need to come here, or is the report enough? Because if I am doing it by myself, I don't know that my legal representative will help me or not. I am more than happy to go and speak to him as soon as possible about this, but does he need to come here? If he does, then I will ask him that way.

MR WIKLUND: Can I assist, sir?

THE CHAIRMAN: Please do.

E MR WIKLUND: I think in the ordinary course the Society's representative would receive the report prior to the review hearing. If there was an issue about the content of that report they would either request the attendance of the doctor or the author of the report, or seek suitable case management directions.

THE CHAIRMAN: Yes Does that make sense?

MR KAMAL: Yes sir.

F THE CHAIRMAN: So, just submit the report and you will be informed as to whether he needs to be present.

MR KAMAL: And can I represent myself next time?

THE CHAIRMAN: Yes, you certainly can; yes, by all means.

G MR KAMAL: Thank you, sir.

THE CHAIRMAN: All right. Thank you very much. We wish you well, and we hope everything goes well for you.

MR KAMAL: Thank you very much.

H THE CHAIRMAN: Thank you both for your help.

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(At 14.25 the hearing concluded.)

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