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Dear Mr Martin

**General Pharmaceutical Council, Fitness to Practise Committee  
Nazim Hussain Ali – Decision of 5 November 2020**

UKLFI Charitable Trust supports victims of antisemitism, particularly antisemitism related to Israel, and promotes legal education relating to Israel and antisemitism.

We have serious concerns regarding the above decision and respectfully ask that it be referred to the Court under section 29 of the National Health Service Reform and Health Care Professions Act 2002. We submit that a referral to the Court is required to maintain public confidence in the pharmacy profession and proper professional standards and conduct.

The decision will alarm Jewish people and encourage antisemites. If it is not corrected, future cases of antisemitism and other forms of racism in this and other professions are liable to be similarly mishandled.

The outcome reflects a series of fundamental errors, in particular:

1. The impact of the registrant's rhetoric was wrongly assessed from the standpoint of an ordinary person: see paras 212-218. This approach gives a free pass to rhetoric that incites hate in one section of society and strikes fear into another, even if its import is not understood by the majority of society. The registrant's speech in this case was like a dog-whistle: humans do not hear it, but dogs do. The Committee decided to hear the speech through the ears of the humans instead of the dogs, and so did not hear what mattered to the dogs.

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In this regard, the Committee also failed to appreciate the true nature of the event, which they described as “an annual march in Central London in support of Palestinian rights” (paras 4 and 222). It was in reality a hate fest against Israel in which numerous flags supporting the antisemitic terrorist organisation, Hizbollah, were carried by the participants. Many of the participants were clearly from a section of society who could be stirred up to hate Jews or hate them even more than they did already.

In fairness to the Committee, it appears they were led into this basic error by the Council’s barrister (paras 19, 212), but it is essential to correct it to ensure that the public can have confidence that racism of all kinds is recognised in the regulation of relevant professions.

2. The Committee compounded the first error by dismissing the evidence of the only witnesses called by the Council as of little assistance, on the ground that these witnesses were not the “reasonable person” the Committee believed they should have in mind when assessing whether the registrants comments were antisemitic (para 210).

On the contrary, the most relevant evidence in a case such as this would be that from the section of society liable to be frightened by the rhetoric and the section liable to be incited by it, or at least those who have studied that section.

Not content with dismissing the only witnesses called by the Council as irrelevant, the Committee insultingly described them as lacking impartiality (paras 206-208). One of those witnesses, David Collier, has demonstrated how seriously flawed this view is in these posts: <http://david-collier.com/general-pharmaceutical-council/> and <http://david-collier.com/justice/>.

In our view, these remarks by the Committee were themselves racist and antisemitic. If a Committee in a case about alleged racism against persons of colour had described the evidence of a person of colour as not impartial because he/she or a member of his/her family was concerned about such racism, there would be uproar. These remarks of the Committee undermine public confidence in the regulation of the pharmacy profession.

3. Again partly due to the first error, the Committee failed to appreciate that in some sections of society the word “Zionist” is regularly used to mean a Jew (para 220). Even the Chakrabarti report into antisemitism in the Labour party, which we regard as a whitewash, recognised this: see <https://labour.org.uk/wp-content/uploads/2017/10/Chakrabarti-Inquiry-Report-30June16.pdf> at page 12. As a result the Committee wrongly construed what the registrant intended to convey, and did convey, to the most relevant audiences - those whose hatred he stirred up and those in whom he instilled fear and foreboding.
4. “Antisemitic” seems to have been understood by the Committee as hostile to or prejudiced against Jewish people *as a religious group*. While “hostile to or

prejudiced against” may itself be insufficient to cover different manifestations of antisemitism, the more serious problem is the failure to appreciate that Jews (also) constitute a people. As a result the Committee failed to understand the relationship between Jews and Zionism as their national movement, and failed to assess as “antisemitic” the registrant’s racist hostility to Zionists as those who recognise the right of Jews as a people to a country of their own.

The Committee also seems to have disregarded the IHRA definition of antisemitism (which has been adopted by the British government and many other countries around the world, as well as many institutions within the UK) on the rather odd ground that it defines “antisemitism” rather than “antisemitic” (paras 200 and 205). Again, it is important that this misconception be cleared up by bringing the case before the Court.

We hope that the above remarks are of assistance. We will be happy to assist you further, if desired, to maintain confidence in the pharmacy profession and proper professional standards and conduct.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jonathan Turner', with a horizontal line extending to the right.

Jonathan Turner  
Executive Director