STATUTORY COMMITTEE OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

In the matter of:	Geraldine McClean (4201 IP)
Location:	The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL.
Date:	06 & 07 February 2025, 20 March 2025 & 15 May 2025
Committee:	Mr Gary Potter KC (Chair), Mr Derek McFaull (Lay), Mrs Liz Kerr (Registrant)
Persons Present and Capacity:	Mr Martin Hadley Solicitors (Registrant's Legal Representatives), Mr JonPaul Shields, Barrister, instructed by Aidan McCarron, CFR Solicitors (PSNI's Legal Representatives), Ms Charlene Kelly (Registrar),Alan Goleac (PSNI Paralegal)

PRELIMINARY

1. The Statutory Committee ('the Committee') met on the 06 February and 07 February 2025, to consider allegations of misconduct in respect of Ms Geraldine McClean, a registered pharmacist (the Registrant). made by the Pharmaceutical Society of Northern Ireland ('the Society').

2. The Committee satisfied itself that service of the Notice of Hearing was properly effected. The Notice of Hearing, dated 16 December 2024, was sent to the Registrant's registered address on the same date. This was within the 35 days' notice required to be given under regulation 18 of The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (NI) 2012 ('the Regulations').

3. The Registrant was in attendance at the hearing and was represented by Mr Martin Hadley. The Pharmaceutical Society of Northern Ireland (the Society) was represented by Mr Jonpaul Shields.

4. The Committee had a hearing bundle numbering page 1 to page 562. In the course of the hearing, the Committee admitted in evidence the following documents.

    - Exhibit 1: Amended Allegations, 06 February 2025.
    - Exhibit 2: Statement of Case by the Society, 06 February 2025.
    - Exhibit 3:Statement of the Registrant, by the Registrant's Legal Representative, on behalf of the Registrant, 06 February 2025.
    - Exhibit 4: Cipher list, 06 February 2025
    - Exhibit 5: Fitness to Practice Submissions by the Society, 06 February 2025.

PRELIMINARY LEGAL ARGUMENT

5. There was an application to amend the allegations. This was agreed by the Registrant, and accepted by the Chair. The amended allegations are set out below.

ALLEGATIONS

6. The particulars of the alleged misconduct from which it is alleged that impairment of fitness to practise arises are set out as follows, namely:

Whilst employed as a General Practice Pharmacist (GPP) by Down Federation:

Patient A:

1. On 19th October 2020, having commenced, issued and cancelled a prescription for 56 Maxitram SR 100mg capsules for Patient A, you did not destroy the cancelled prescription (serial number 05745733404).

2. On or after 19th October 2020, you caused, allowed or permitted a cancelled prescription (serial number 05745733404) to be dispensed.

3. On about 19th October 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

4. On 3rd February 2021, 11th February 2021 and 25th February 2021 you engaged in prescribing activity without clinical necessity and issued prescriptions, each for 112 Maxitram SR 100mg capsules, to Patient A representing a total of 336 capsules issued within 22 days.

5. On 3rd February 2021, 11th February 2021 and 25th February 2021 you engaged in prescribing activity associated with the treatment of a patient with whom you had a close personal relationship.

6. On 8th June 2022, you issued a prescription for 112 Maxitram SR 100mg capsules, to Patient A, a person with whom you had a close personal relationship, without any record of this prescription having been submitted for payment.

7. On various dates between 11th February 2021 and 7th May 2021 you issued prescriptions for medication for Patient A, a person with whom you had a close personal relationship, which was a misuse of a lawful authority.

8. On various dates between 11th February 2021 and 7th May 2021 you issued prescriptions for medication for Patient A, a person with whom you had a close personal relationship, without clear clinical indication.

9. On 9th December 2021, whilst on leave, you issued a prescription for Saxenda, which was a misuse of a lawful authority and without clear clinical indication, for Patient A, a person with whom you had a close personal relationship, which was subsequently stopped by a General Practitioner.

Patient B:

10. On 12th December 2019, you printed a prescription (serial number 05647195750) for 56 Maxitram SR 100mg capsules to be dispensed to Patient B, which was a misuse of a lawful authority and without clear clinical indication.

11. On or about 12th December 2019, you deleted an entry on the patient's medical record contained on the GP Practice's electronic system for a prescription (serial number 05647195750) for 56 Maxitram SR 100mg capsules for Patient B.

12. On or about 12th December 2019, you dispensed, or caused allowed or permitted to be dispensed, 56 Maxitram SR 100mg capsules to Patient B which was a misuse of a lawful authority and without clear clinical indication and without maintaining an appropriate, contemporaneous record of the supply.

13. On or about 12th December 2019, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

14. On 30th June 2020, having commenced, issued and cancelled a prescription for 56 Maxitram SR 100mg capsules for Patient B, you did not destroy the cancelled prescription (serial number 05718168814).

15. On or after 30th June 2020, you caused, allowed or permitted a cancelled prescription (serial number 05718168814) to be dispensed.

16. On about 30th June 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

17. On 2nd November 2020, having commenced, issued and cancelled a prescription for 56 Maxitram SR 100mg capsules for Patient B, you did not destroy the cancelled prescription (serial number 05718185185).

18. On or after 2nd November 2020, you caused, allowed or permitted a cancelled prescription (serial number 05718185185) to be dispensed.

19. On about 2nd November 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

20. On 13th November 2020, having commenced, issued and cancelled a prescription for 56 Maxitram SR 150mg capsules for Patient B, you did not destroy the cancelled prescription (serial number 05931033684).

21. On or after 13th November 2020, you caused, allowed or permitted a cancelled prescription (serial number 05931033684) to be dispensed.

22. On about 13th November 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

23. On 29th December 2020, having commenced, issued and cancelled a prescription for 56 Maxitram SR 150mg capsules for Patient B, you did not destroy the cancelled prescription (serial number 0597017733).

24. On or after 29th December 2020, you caused, allowed or permitted a cancelled prescription (serial number 0597017733) to be dispensed.

25. On about 29th December 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

26. On various dates between 30th June 2020 and 29th December 2020 you issued prescriptions for medication, namely Maxitram, for Patient B, a person with whom you had a close personal relationship, which was a misuse of a lawful authority and without clear clinical indication.

27. On 1st June 2022, you accessed the General Practice clinical system, whilst logged in as another staff member, to have a prescription issued to Patient B, a patient with whom you had a close personal relationship, for Chloramphenicol.

Patient C:

28. On 11th June 2020, having commenced, issued and cancelled a prescription for 60 Tramadol 100mg capsules for Patient C, you did not destroy the cancelled prescription (serial number 05536070961).

29. On or after 11th June 2020, you caused, allowed or permitted a cancelled prescription (serial number 05536070961) to be dispensed.

30. On about 11th June 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

Patient D:

31. On 9th October 2020, you printed a prescription (serial number 05896527644) for 60 Maxitram SR 100mg capsules to be dispensed to Patient D, which was a misuse of a lawful authority and without clear clinical indication.

32. On or about 9th October 2020, you deleted an entry on the patient's medical record contained on the GP Practice's electronic system for a prescription (serial

number 05896527644) for 60 Maxitram SR 100mg capsules to be dispensed to Patient D.

33. On or about 9th October 2020, you dispensed, or caused allowed or permitted to be dispensed, 60 Maxitram SR 100mg capsules to Patient D which was a misuse of a lawful authority and without clear clinical indication and without maintaining an appropriate, contemporaneous record of the supply.

34. On or about 9th October 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

35. On 27th October 2020, having commenced, issued and cancelled a prescription for 60 Maxitram SR 100mg capsules for Patient D, you did not destroy the cancelled prescription (serial number 05896548236).

36. On or after 27th October 2020, you caused, allowed or permitted a cancelled prescription (serial number 05896548236) to be dispensed.

37. On about 27th October 2020, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

38. On 12th April 2021, you increased the quantity of Maxitram SR 100mg capsules from 60 to 120 for Patient D, a person with whom you had a close personal relationship, which was a misuse of a lawful authority and without clear clinical indication.

39. -

40. -

41. -

42. On 1st June 2022, you accessed the General Practice clinical system, whilst logged in as another staff member, to have a prescription (serial number 06398598843) issued to Patient D, a patient with whom you had a close personal relationship, for 120 Maxitram SR 100mg capsules.

Patient E:

43. -

44. -

45. On about 12th February 2021, you engaged in activity associated with the treatment of a patient with whom you had a close personal relationship.

46. On 12th February 2021, you issued a prescription for medication, namely Maxitram, for Patient E, which was a misuse of a lawful authority and without clear clinical indication.

General:

47. On various dates, on and between 12th December 2019 and 1st June 2022, you deliberately manipulated the General Practice clinical system to facilitate, or in a an attempt to facilitate, other persons obtain a class C controlled drug and POM, namely Tramadol (Maxitram), which was a misuse of a lawful authority and without any clinical necessity.

48. On various dates, on and between 12th December 2019 and 1st June 2022, you attempted to conceal your actions by deleting records and by commencing and then cancelling purported prescribing activity.

49. On various dates on and between 12th December 2019 and 1st June 2022, by reason of the conduct particularised in the foregoing allegations, whether individually or collectively, you acted dishonestly.

50. On various dates on and between 12th December 2019 and 1st June 2022, by reason of the conduct particularised in the foregoing allegations, whether individually or collectively, you acted without integrity.

FACTS

7. The Society's Statement of Case was put before the Committee as the agreed facts. They are as follows; The Registrant is a pharmacist registered with the Pharmaceutical Society of Northern Ireland, and is an accredited Independent Prescriber.

8. At the relevant time, she was a General Practice pharmacist ("GPP") with the Down Federation working within Donard Family Practice and Causeway Practice.

9. The Down Federation undertook an investigation into the prescribing and dispensing activities of the Registrant and produced an investigation report. As Controlled Drug Accountable Officer within the Department of Health, Lisa Byers undertook a separate investigation and produced a CDAO Investigation report. Both investigations focused on activities on and between 12th December 2019 and 1st June 2022.

10. In general terms, the investigations revealed that the Registrant used her position to deliberately manipulate the General Practice clinical system to facilitate the supply of medication to others. Primarily, the medication involved was Tramadol (Maxitram), a class C controlled drug and POM. On various occasions throughout the period investigated, the Registrant misused her lawful authority as an Independent Prescriber to produce prescriptions without clear clinical indication.

11. The Registrant, on various occasions, attempted to conceal her actions by deleting records or by issuing and then cancelling prescriptions. Despite prescriptions being cancelled or deleted from the clinical system, some were dispensed by local chemists in Newcastle. This was discovered when enquiries were made with Business Service Organisation and it was found that what should have been deleted or cancelled prescriptions had been submitted for payment after dispensing activity had occurred.

12. Irregular prescribing activity was discovered in records associated with 5 separate patients. These patients were people that the Registrant had a close

personal relationship with and the investigation revealed that one (patient A) was her partner, two were family members and the other were family friends. There was a level of consistency about the medicine that was acquired, primarily Tramadol.

13. In summary -

A. The Registrant issued 20 prescriptions without clear clinical indication or need. The majority of these prescriptions involve Tramadol (Maxitram) a class C drug. One further transaction involved a Maxitram dose increase. All of these transactions represented a misuse of a lawful authority. All of these transactions involved prescribing activity connected to persons with whom the registrant had a close personal relationship.

B. 9 prescriptions submitted to BSO for payment have been identified through an audit trail analysis of the GP clinical system as being cancelled (or cancelled and deleted) by the Registrant.

C. Two of the 9 prescriptions had been cancelled and deleted from the clinical system.

D. Four prescriptions were issued by the Registrant but have not been found in prescriptions submitted to BSO for payment but remain on the patient medical record. The location of these prescriptions is unknown.

E. The Registrant accessed the GP clinical system whilst logged into the profile of other members of staff.

F. The Registrant has used login details of other members of staff to access patient records and undertake some of the transactions identified above. This gave the impression that she was not involved in the transactions.

G. A batch of prescriptions containing the cipher number of a GP from Donard Family Practice was found in another practice where

the registrant also worked. Prescriptions from this batch have been issued by her.

14. The Registrant has acted in a manner which was dishonest and lacked integrity.

15. The Registrant failed to keep proper records of her prescribing activities, recorded GP authorisation for prescribing decisions that she alone had made, and created false and misleading entries in the GP clinical system.

Details of allegations:

Patient A:

16. (1-3)

    On 19/10/20 Registrant issued Maxitram (100mg x56) to her partner.

    Rx (prescription) issued, printed and the cancelled

    Rx dispensed by Chemist

    Notes on clinical system

    Rx submitted for payment to BSO.

17. (4&5)

    On 03/02/21, 11/02/21 and 25/02/21issued Maxitram (100mg x112)

    Rx printed but not submitted to BSO for payment

    336 capsules issued within 22 days.

18. (6)

    On 08/06/22 issued Rx for Maxitram (100mg x112)

    Rx noted as being authorised by GP

Noted as having been issued by the Practice Manager

Issued and printed by Registrant

Rx not submitted to BSO for payment

19. (7&8)

Between 03/02/21 and 07/05/21 - issued prescriptions listed at 4&5 and on 30/03/21, 22/04/21 and 07/05/21

3 Rxs issued but not submitted

Clear evidence of oversupply - not based on necessity

No evidence of authorisation, and no notes / records

20. (9)

On 09/12/21 issued Rx for Saxenda

Accessed clinical system at 01.17hrs to issue Rx

Registrant was on leave and surgery closed

Medication cancelled and course ended by GP at 13.01 on 09/12/21

Patient B:

21. (10-13)

On 12/12/2019 - Rx for Maxitram (100mg x 56) issued and printed by the Registrant

Rx cancelled and deleted from the clinical system

No record in patient's PMR

Rx submitted for payment to BSO

22. (14-16)

On 30/06/2020 Rx for Maxitram (100mg x 56) issued, printed and then cancelled by the Registrant

Medication commenced by a receptionist user profile but this was in fact the Registrant

Rx submitted for payment to BSO

23. (17-19)

On 02/11/2020 Rx for Maxitram (100mg x 56) commenced, printed and cancelled by the Registrant

Described as a “prescribing error”

Rx submitted for payment to BSO

24. (20-22)

On 13/11/2020 Rx for Maxitram (150mg x 56) commenced, printed and cancelled by the Registrant

Strength increased but nothing recorded in notes

Medication commenced by a receptionist user profile but this was in fact the Registrant

Rx submitted for payment to BSO

25. (23-25)

On 29/12/2020 Rx for Maxitram (150mg x 56) commenced, printed and cancelled by the Registrant

Rx submitted for payment to BSO (page 276)

26. (26)

On various dates between 30th June 2020 and 29th December 2020 (set out in allegations 14-25) the Registrant issued prescriptions for Maxitram for Patient B, a person with whom she had a close personal relationship, and in doing so she

misused a lawful authority and issued prescriptions, to be dispensed, without clear clinical indication.

27. (27)

On 01/06/22, Registrant logged in using profile of another staff member and accessed GP clinical system to issue due drops (Chloramphenicol).

Rx issued at 14.47

Rx appears at

Patient C:

28. (28-30)

On 11/06/20, Rx for Maxitram (100mg x 60) commenced, printed and cancelled by the Registrant

Registrant provides an explanation on the system for cancelling this Rx (p254)

Rx submitted for payment to BSO

Patient D:

29. (31-34)

Rx for Maxitram (100mg x 60) dated 09/10/20 submitted to BSO for payment

No record on GP clinical system

Rx has been issued and printed by Registrant and then cancelled and deleted from system.

Evidence found that Registrant printed Rx

30. (35-37)

On 27/10/2020 Rx for Maxitram (100mg x 60) commenced, printed and cancelled by the Registrant

Reason for cancelling described as “can’t tolerate”

Rx submitted for payment to BSO

31. (38)

On 12/04/21 increased quantity of Maxitram from 60 to 120 without clinical necessity or appropriate authority

No reason recorded in notes

32. (42)

On 01/06/22 Rx for Maxitram (100mg x 120) whilst on maternity leave, entered Donard Family Practice, used a user profile of another member of staff and issued a Rx

Patient E:

33. (45-46)

On 12/02/2021 Rx for Maxitram (100mg x 120) commenced, printed and course ended by the Registrant

No record of clinical need

Rx was one from batch found in other practice

General allegations:

34. (47-50)

On various dates, on and between 12th December 2019 and 1st June 2022, the Registrant -

A. deliberately manipulated the General Practice clinical system to facilitate, or in an attempt to facilitate, other persons to obtain a class C controlled drug and POM, namely Tramadol (Maxitram), which was a misuse of a lawful authority and / or without clinical necessity;

B. attempted to conceal her actions by deleting records and by commencing and then cancelling purported prescribing activity;

C. by reason of the conduct particularised in the foregoing allegations, whether individually or collectively, she acted dishonestly; and by reason of the conduct particularised in the foregoing allegations, whether individually or collectively, she acted without integrity.

DECISION ON FACTS

35. By reason of the admission of the allegations and the admission of the facts the Committee find the facts proved.

DECISION ON IMPAIREMENT

36. A finding of impairment is a two-step process (Cheatle v GMC (2009) EWHC 645 (Admin)).

> "First, it must decide whether there has been misconduct, deficient professional performance or whether the other circumstances set out in the section are present. Then it must go on to determine whether, as a result, fitness to practise is impaired."

37. In this case, the allegations that have been admitted, along with the surrounding facts, amount to misconduct. It is noted that misconduct was admitted by the Registrant. The issue for the Committee to determine at this stage is whether this impairs her fitness to practise.

38. The test to be applied is a current, forward looking one. Borrowing the language used by Cox J at paragraph 69 of CHRE -v- NMC and Grant (2011) EWHC 927, the question that the Committee has to ask itself and determine is as follows:

"Is this Registrant's current fitness to practise impaired?"

39. At paragraph 70, Cox J went on to say -

“An assessment of current fitness to practise will nevertheless involve consideration of past misconduct and of any steps taken subsequently by the practitioner to remedy it.”

40. As Sir Anthony Clarke MR put it in Meadow v General Medical Council (2006) EWCA Civ 1390:

"In short, the purpose of [fitness to practise] proceedings is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practise. The FPP thus looks forward not back. However, in order to form a view as to the fitness of a person to practise today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past”.

41. At Paragraph 65 of Cohen -v- GMC (2008) EWHC 581, Silber J stated the following in relation to a doctor’s FTP:

“It must be highly relevant in determining if a doctor's fitness to practise is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.”

42. At Paragraph 21 of Yeong -v- GMC (2009) EWHC 1923, Sales J stated

“It is a corollary of the test to be applied and of the principle that a FTPP is required to look forward rather than backward that a finding of misconduct in the past does not necessarily mean that there is impairment of fitness to practise - a point emphasised in Cohen v General Medical Council [2008] EWHC 581 (Admin) at 63-64 (Silber J), and Zygmunt, at 31. In looking forward, the FTPP is required to take account of such matters as the insight of the practitioner into the source of his misconduct, any remedial steps which have been taken and the risk of recurrence of such misconduct. It is required to have regard to evidence about these matters which has arisen since the alleged misconduct occurred: see Cohen, at 69 to 71, and Azzam v General Medical Council [2008] EWHC 2711 (Admin) at 44, 105 BMLR 142 (McCombe J).”

43. In this case, the Committee knows -

A. That the Registrant was an Independent Prescriber and used this accreditation in her capacity as a General Practice Pharmacist;

B. She fundamentally misused and abused this privileged position to prescribe medication to her partner, friends and family;

C. This went on over approximately a two and a half year period, so it was protracted, and not a one off;

D. On multiple and repeated occasions, she prescribed and facilitated the supply of medication which was not clinically appropriate or required;

E. She did not make, record or maintain appropriate notes about the clinical necessity or the nature of the transaction being undertaken;

F. She took active steps to deliberately conceal and hide her actions in different ways;

G. By deleting records and marking prescriptions as cancelled, she kept relevant information from her GP colleagues about treatment she was privately providing to patients under the GPs care;

H. There was clear evidence of planning and sophistication associated with the activity and the concealment such as the cancelling and deleting of records, the creation of false records, the use of other user profiles, suggesting in the records that authorisation had been given by various GPs, when it had not, and out of hours access to clinical system;

I. There is evidence that her behaviour was planned, intentional, and deliberate;

J. She breached a fairly straightforward professional obligation not to treat family and friends, or anyone who she has a close personal relationship with;

K. She freely circumvented the controls with respect to a class C controlled drug;

L. She did so intentionally and dishonestly;

M. She failed to explain, up to the point of the hearing itself, what she did, and having been given an opportunity by her employer to do so, she did not give any detailed account about what she was doing. Instead she explained why she did it, in an attempt to justify her actions;

N. She failed to provide the safe and effective supply of medicines and, in particular, Tramadol, a controlled drug; and

O. She created a real risk of harm to patients.

44. The Committee has to look at any steps that have been taken by the Registrant to remediate, and consider whether the Registrant has insight into the source of her failings, whether there has been effective remediation and whether there is any risk of recurrence.

45. The wider public interest has to be considered when determining questions of impairment.

46. The Committee is entitled, and in fact obliged, to have regard to the public interest in the form of (a) upholding standards, and (b) maintaining public confidence in the pharmaceutical profession generally, and in the individual pharmacist in particular, when determining whether established behaviour currently impairs the fitness to practise of a registrant.

47. At paragraph 74 of the Grant case, Cox J states the following:

> *"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 would be undermined if a finding of impairment were not made in the particular circumstances."

48. Regulation 4 (2) of The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012 is applicable. This Regulation provides mandatory criteria that the Statutory Committee must have regard to when considering whether or not a person's fitness to practise is currently impaired.

49. When considering impairment of FTP, the Committee is also entitled to have regard to whether the Registrant is in breach of any principle or obligation contained in the Pharmaceutical Society of Northern Ireland's Code 2016.

50. The Committee also has to consider whether the Registrant has breached principles and obligations contained in the professional standards of conduct, ethics and performance for pharmacists and has failed to follow the Standards and Guidance for Pharmacist Prescribers (2013).

51. In this case there were themes of misconduct which took place over a period of 2½ years from December 2019 to June 2022 and involved 5 patients who were family members or friends. Her actions were not isolated.

52. During that time the Registrant facilitated the unlawful supply of medication, in particular a class C controlled drug, Tramadol. She was a trained and experienced Pharmacist who had approximately 19 years practice experience with enhanced obligations as an accredited Independent Prescriber from 2016. She was in a privileged position and would have been trained in the clinical governance and appropriate prescribing and provision of these controlled drugs. She should have been the gatekeeper for the provision of the safe and effective supply of these drugs. Rather, during this period, she abused her role.

53. She was dishonest in her actions. At the hearing she admitted the allegations, and the facts, and that these amounted to dishonesty.

54. Careful analysis of the evidence clearly shows that the Registrant engaged in a course of conduct which was intentional rather than reckless. Her actions were deliberate, deceitful and purposeful in that she provided Tramadol to 5 patients over a prolonged period. This drug was provided with insufficient clinical governance.

55. The Committee were concerned that on the evidence there was a huge element of premeditation and deliberate concealment of the provision of this drug. For example, she used the profiles of other staff to conceal her activity. On some occasions she printed prescriptions and then cancelled them with fictitious reasons. On other occasions she printed the prescription and completely deleted reference to it in the computer system so that any person looking at the records would not see that there had been any activity. She went onto personally facilitate the dispensing of some of the printed scripts.

56. In June 2021 when she was off work on maternity leave she took the deliberate step to access the pharmacy system, on one occasion at 1.17am to facilitate the provision of the medication. The Committee considers that this would have involved planning and her behaviour amounted to deliberate actions to ensure the medication was provided to 2 patients who she knew either as close relatives or as friends.

57. The allegations do not amount to clinical mistakes. Rather they are evidence of dishonest actions by the Registrant which involved a huge element of concealment.

58. The Committee are satisfied that the allegations admitted by her amount to dishonesty and demonstrate that the Registrant, who is an experienced practitioner, acted without integrity during the relevant period.

59. The Committee considered that the allegations have given rise to a potential risk to patient health and well-being.

60. The Committee is obliged to look at any steps that have been taken by the Registrant to remediate, and consider whether the Registrant has insight into the

source of her failings, whether there has been effective remediation and whether there is any risk of recurrence.

61. The Registrant has provided a very detailed personal reflective piece that the Committee have considered fully. The Committee also had the benefit of the Registrant giving oral testimony. During her evidence she expressed remorse for her actions and the impact that her actions had on others. She was apologetic. She said she was ashamed of her actions. She acknowledged that her judgment was skewed and that she was acting outside guidance. However, the Committee noted that she failed to explain to the investigators exactly what she had done, which would have reduced the extent of the very detailed and complex investigation that had to take place. It was clear from the evidence and the documentation that the Committee were taken through, that the investigators had to go to a considerable effort and engage in a very detailed and complex investigation in order to find the evidence concerning the Registrant's actions. Even with that certain matters remain unclear.

62. As to insight, she said and wrote that she recognised that her dishonest actions were completely wrong, and in breach of the provisions of the Code, and that they had an impact on patients and other health care professionals. She had undertaken CPD to address her actions. She had undertaken therapy to address symptoms of stress and anxiety, and explore past and current reasons that contributed to her making certain professional decisions. Nevertheless, the Committee did not think that she has shown demonstrable insight into how her actions have impacted other health care professionals and has brought the profession into disrepute.

63. As to remediation the difficulty in this case is that the allegations amount to dishonesty, and dishonesty is difficult to remediate. The Committee did take into account the steps that the Registrant has undertaken in respect of training, specifically, reflection, professional boundaries and insight in December 2024. She has sought help from her GP and a therapist and has addressed some issues relating to her dishonest actions.

64. However, given the nature and extent of the allegations which involved dishonesty, and in particular, given the elements of premeditation and

concealment involved in her actions, and the prolonged and persistent nature of those actions, the Committee found it difficult to conclude that there is no risk of recurrence. The Registrant had been employed as a Pharmacist with considerable experience for upwards of 19 years and it is difficult to understand why, given her otherwise good record, she engaged in the admitted activities. All this could have been avoided by the Registrant if, when she had been approached by a family member, or a friend, who wanted a prescription, she should have adhered to her professional Code, and said no. She should then have advised them to contact their GP, or a fellow pharmacist.

65. Given the serious dishonest conduct by the Registrant, the wider public interest clearly dictates that there should be a finding of impairment. Such a finding is necessary to uphold proper professional standard, and public confidence in the profession. These would be undermined if a finding of impairment was not made given the allegations and the evidence in this case. (the Grant case)

66. The Committee considers that Regulation 4(2) of the Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practice and Disqualification) Regulations (NI) 2012 is applicable.

This Regulation provides:

"In relation to evidence about the conduct or behaviour of the registered person which might cast doubt on whether the requirements as to fitness to practise are met in relation to the registered person, the Statutory 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 as defined in the standards; or

(d) shows that the integrity of the registered person can no longer be relied upon.

67. The Committee were invited to consider Regulation 4(2)(a), (b) and (c), as being relevant and applicable. The Committee agrees. As to (d), involving the integrity of the Registrant and the question as to whether the integrity of the Registrant can be no longer relied upon the Committee noted that the Registrant has admitted the allegations including at allegation 50, that she acted without integrity. The Committee were referred to the authority of Wingate & Another –v- SRA (2018) EWCA CIV366. It discussed issues of dishonesty and integrity. It was acknowledged that integrity is a more nebulous concept than honesty. It referred to the fact that in professional codes of conduct the term integrity is a useful shorthand to express the higher standards which society expects from professional persons, and which the professions expect from their own members. This does not require a professional person to be a paragon of virtue. The Committee considers that the Registrant abused her position of trust as a Pharmacist and an Independent Prescriber. On the evidence, and given the Registrant's admissions, the Committee considers that the Registrant's integrity is certainly called into question.

68. The Committee also considered that the Registrant had breached principles contained in the Pharmaceutical Society of Northern Ireland Code of Conduct 2016 in particular.

    Principle 1: Always put the patient first

    Principle 2: Provide a safe and quality service

    Principle 3: Act with professionalism and integrity at all times

    Principle 4: Communicate effectively and work properly with colleagues

    Principle 5: Maintain and develop your knowledge, skills and competence

69. The Committee also considered that the Registrant breached the mandatory principles within the Standards and Guidance for Pharmacy Prescriber 2013.

70. In conclusion, the Committee is not satisfied that the Registrant has shown demonstrable insight. There is insufficient remediation, and there remains a risk of recurrence. It is in the public interest that there should be a finding of current

impairment. Further, there is a need to uphold proper professional standards and public confidence in the profession, which will be wholly and substantially undermined if a finding of impairment was not made in this case.

71. The Committee were advised that the Registrant was the subject of an Interim Order. Given the Committee's findings on impairment the Committee were invited to discharge this Interim Order. The Committee agreed to the application, and proceeded to sanction.

DECISION AS TO SANCTION

72. The Committee is grateful for the submissions on behalf of the Society, from Mr Shields, and on behalf of the Registrant, from Mr Hadley. The Committee received an additional bundle of documents from the Registrant which included a 9 page further reflective document from the Registrant to supplement the reflective document that she previously provided at the fitness to practise stage of these proceedings. Within that bundle the Registrant provided a further reference from her present employer confirming that he was fully aware of the allegations that the Registrant has faced.

73. The Committee has reviewed the Indicative Sanctions Guidance and reminded itself that its decision must be proportionate. The Committee acknowledges that the purpose of the sanction is not to be punitive, but to protect the public interest, and that the sanction it determines should impose no greater restriction on the Registrant than is absolutely necessary to achieve regulatory objectives.

74. The Committee is entitled to give greater weight to issues of public interest, and to the need to maintain public confidence in the profession, than to the consequences to the Registrant of the imposition of the appropriate sanction.

75. The Committee has to take into consideration issues of protection of the public, maintenance of public confidence in the profession and the maintenance of proper standards of professional behaviour.

76. As is required, the Committee considered all the potential sanctions available to it, starting with the lowest potential sanction, to decide which was the most appropriate and proportionate sanction in the circumstances of this particular case.

77. The Committee had to consider mitigating and aggravating factors in this case.

78. As to mitigating factors, the Committee took into consideration;

    a. that the Registrant had a previously unblemished record as a Pharmacist for 20 years

    b. that she complied with Interim Conditions imposed on her from February 2024 to date, having worked within that period an average of two to three days each week for almost a year

    c. the Registrant had submitted two detailed reflective documents, the second of which was submitted to the Committee after she had been through the fitness to practise stage of these proceedings

    d. the Committee received and took into consideration quite a number of informed testimonials which confirmed that the Registrant had provided a high level of professional service in community pharmacy

79. As to aggravating factors;

    a. as is set out in the Committee's decision on impairment, the allegations involved dishonesty

    b. there were elements of premeditation and concealment involved in her actions

    c. her actions where not one off but were prolonged and persistent and occurred over a period of approximately 2 ½ years

    d. her actions involved the unlawful supply of a class C controlled drug

    e. whilst there was no evidence of actual harm, this is a case where there was a potential of harm to members of the public

f. the Registrant abused her privileged position of trust as a Pharmacist and as an Independent Prescriber

g. the allegations demonstrated a lack of integrity

h. whilst the Registrant admitted the allegations at the start of the hearing, and did not dispute that her actions amounted to misconduct, nevertheless, the Committee were reminded that it required a great deal of effort by investigators to uncover the nature and extent of her dishonest activities

80. Addressing sanctions in ascending order, the Committee considered that taking no action or giving a warning would not be proportionate or in the public interest given the facts of this case. The Committee noted that the Registrant also acknowledged that these sanctions would not be appropriate.

81. Through her legal representative, the Registrant did argue that Conditions would be the appropriate and proportionate sanction and would meet the regulatory objectives. However, whilst the Registrant had put forward her reflective pieces, and positive testimonials, and had abided by the Conditions imposed by an Interim Panel, the Committee did not consider that Conditions reflected the serious nature of the Registrant's conduct, which was dishonest. The Committee considered that the sanction of Conditions would have been more appropriate for a case where there were practice issues rather than a case of dishonesty, with elements of concealment, and breach of trust.

82. The Committee did consider that a sanction of Suspension for a period of 9 months was the appropriate and proportionate sanction and was a sanction that would protect the public and address the public interest in this case. A Suspension for this period was required to highlight to the profession and to the public at large that the conduct of the Registrant was unacceptable and unbefitting a member of the pharmacy profession. The Committee did consider that given the seriousness of her behaviour and the issue of concealment that the facts of the case put it in to the territory where the Committee had to seriously consider whether Removal

was appropriate. However, given the mitigating factors in the case, and the written reflections that the Registrant has provided since the allegations took place, the Committee considered that her conduct was not fundamentally incompatible with continued registration. As the Committee outlined in its decision on impairment the Registrant has shown developing insight into how her actions had impacted other health care professionals, and members of the public and had brought the profession into disrepute. The Committee also noted the steps the Registrant had undertaken with respect to training. Specifically, the reflection, professional boundaries and insight training in December 2024, and that she has sought help from her GP and a therapist, and has addressed some issues relating to her dishonest actions. The Committee also noted her otherwise good record both before and after she engaged in the admitted activities.

83. The Committee did consider Removal given the seriousness of her behaviour, the breach of trust, and the elements of concealment. Given her evidence to the Committee, her written personal reflective pieces and the positive testimonials showing that she was otherwise a valuable competent pharmacist, the Committee did not think that her behaviour was fundamentally incompatible with being a registered professional, and that removing her from the register was the only means by which to protect the public and maintain confidence in the profession. The Committee considered that a Suspension for 9 months was the appropriate and proportionate sanction in this case.

84. In imposing a Suspension Order for 9 months this Order will be reviewed by the Statutory Committee at that stage. The Committee has a number of expectations which it hopes the Registrant will address before the Suspension is reviewed. The Committee expects :

    a. that the Registrant should undertake a development training course and practical activities to address the impact of her dishonest actions on fellow professionals, patients and the public as a whole

b. that the Registrant should produce a further personal written reflective piece, which demonstrates insight into her dishonesty, and her significant breach of professional standards, and the personal actions she has taken to remediate during the 9 month period

c. that the Registrant should produce further references including from any future employer demonstrating her honesty and integrity

INTERIM MEASURE

85. A period of 28 days is allowed for a Registrant to lodge an appeal with the High Court. The decision of the Committee is not formally imposed until this period of appeal has formally ended or, where an appeal is brought, the date on which the appeal is fully disposed of. If the Committee considers that it is in the public interest to do so, it has the power to impose 'interim measures' until the appeal period is over or, if an appeal is successfully lodged, until the appeal has been fully disposed of. Given that the Committee imposed the sanction of Suspension the Committee had to consider whether it should impose an interim measure in this case.

86. The Committee received a submission from the Society in favour of imposing an interim measure to cover the appeal period. On behalf of the Registrant, Mr Hadley did not consent nor object to the imposition of such measures. In light of the serious nature of the findings in this case the Committee considered that the imposition of an Interim Measure was appropriate and necessary in relation to public safety and the broader public interest. The Registrant will therefore be suspended forthwith and for the duration of the 28-day appeal period (28 days beginning with and including the date on which the written notice of the reasons for the decision was sent), or if an appeal is brought, up to the date when that appeal is fully disposed of.

COSTS

87. No costs application was made by the Society.

Gary Potter, KC
Chair of the Statutory Committee
15 May 2025