STATUTORY COMMITTEE OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

In the matter of: Adam Micah Hanna (7132)

Location: The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL.

Date: 01 & 02 September 2025

Committee: Mr Gary Potter KC (Chair), Mrs Allison Hume (Lay), Dr Briegeen Girvin (Registrant)

Persons Present and Capacity: Mr Dennis Hamill, Barrister instructed by Ms Leigh Linton (Registrant's Legal Representatives) Mr Jonpaul Shields, Barrister, instructed by Mr Ian Black, Solicitor (PSNI's Legal Representatives) Ms Laura Huges (Registrar), Dr Ciaran Mulholland (Clinical Adviser)

PRELIMINARY

1. The Statutory Committee ('the Committee') met on the 01 & 02 September 2025, to consider allegations of misconduct, in respect of Mr Adam Micah Hanna a registered pharmacist (the Registrant), made by the Pharmaceutical Society of Northern Ireland ('the Society').

2. The Registrant and their Legal representative attended the hearing.

3. The Committee satisfied itself that service of the Notice of Hearing was properly effected. The Notice of Hearing, dated 28 July 2025, was appropriately served by post to both the Registrant and the Registrant's solicitor in accordance with the relevant regulations. 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').

4. The Committee had a hearing bundle numbering page 1 to page 283 . In the course of the hearing, the Committee admitted in evidence the following documents.

- Exhibit 1: Statement of Case by the Society
- Exhibit 2: Fitness to Practise by the Society
- Exhibit 3: Submissions on behalf of the Registrant
- Exhibit 4: Defence Bundle by the Registrant

PRELIMINARY LEGAL ARGUMENT

5. There were no preliminary legal arguments.

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:

Misconduct:

a. On various dates on and between 01 January 2024 and 15 March 2024, whilst employed as a Pharmacist by McKenzie's Pharmacy, you unlawfully obtained for your own or another's use, prescription only medicine, without a valid prescription.

b. On various dates on and between 01 January 2024 and 15 March 2024, whilst employed as a Pharmacist by McKenzie's Pharmacy, having obtained for your own or another's use prescription only medicine, you made no record of any transaction undertaken.

c. On various dates on and between 01 January 2024 and 15 March 2024, whilst employed as a Pharmacist by McKenzie's Pharmacy, you abused your position as a pharmacist to unlawfully obtain medicinal products [redacted] not available to the general public without a prescription.

d. On one or more dates unknown between 01 January 2023 and 15 March 2024 you, a registered pharmacist, [redacted]

[redacted].

e. Between 01 January 2024 and 15 March 2024, you failed, either promptly or at all, to inform the Pharmaceutical Society of Northern Ireland of circumstances, known to you, that may have called into question your fitness to practise or had the potential to bring the profession into disrepute.

[redacted]

Convictions for criminal offences:

g. On 08 October 2024, at the Magistrates' Court at Laganside, Belfast you were convicted of the following offences:

(i) On 14 March 2024, you unlawfully had in your possession, a controlled drug of Class C of Schedule 2 to the Misuse of Drugs Act 1971 namely Pregabalin in contravention of section 5(1) of the Misuse of Drugs Act 1971, contrary to Section 5(2) of the Misuse of Drugs Act 1971;

(ii) On 14 March 2024, you unlawfully had in your possession, a controlled drug of Class C of Schedule 2 to the Misuse of Drugs Act 1971 namely Diazepam in contravention of section 5(1) of the Misuse of Drugs Act 1971, contrary to Section 5(2) of the Misuse of Drugs Act 1971; and

(iii) Between 01 January 2024 and 15 March 2024, you stole medication of value belonging to Peter Rice contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

On 19 November 2024, you were sentenced and you received a Community Service Order with the Court ordering that you be required to perform unpaid work for 180 hours.

FACTS

7. The Society's Statement of Case was put before the Committee as the agreed facts. They are as follows; The Registrant is registered as a pharmacist with the Pharmaceutical Society of Northern Ireland having first registered in 2020. At the relevant time, he was working as a full-time pharmacist in McKenzie's Pharmacy, North Queen Street. He started in this role in October 2023.

8. McKenzie's Pharmacy, North Queen Street, is one of 6 pharmacies operated by McKenzie Rice Limited.

9. On 19th March 2024, Peter Rice, the superintendent of McKenzie Rice Limited, contacted the Society to advise that there was an issue with the Registrant's practice. He thereafter provided details of an internal investigation. The Registrant was seen, on 14th March 2024, by a member of staff at the North Queen Street Pharmacy stealing a strip of 14 Pregabalin 300mg tablets. This incident was also captured on internal CCTV footage.

10. Mr. Rice arranged to meet the Registrant at the Registrant's home address on 16th March 2024 and, when confronted, the Registrant admitted taking something from the pharmacy. He handed over a strip of 28 Codeine 30mg tablets with some missing and a strip of 10 Co-codamol 30/500mg tablets. When pressed to do so, he also handed over a strip of 14 pregabalin tablets with one missing.

11. The Registrant met Mr. Rice on 19th March 2024 at the pharmacy premises. At that stage, the Registrant handed over a strip of 14 Diazepam 5mg tablets with 5 missing. The Registrant was summarily dismissed from his employment. Police, MRG and the Society were notified.

12. On 8th October 2024, at the Magistrates' Court at Laganside, Belfast, the Registrant was convicted of the following offences:

(i) On 14th March 2024, unlawfully having in his possession, a controlled drug of Class C of Schedule 2 to the Misuse of Drugs Act 1971 namely Pregabalin in contravention of section 5(1) of the Misuse of Drugs Act 1971, contrary to Section 5(2) of the Misuse of Drugs Act 1971;

(ii) On 14 March 2024, unlawfully having in his possession, a controlled drug of Class C of Schedule 2 to the Misuse of Drugs Act 1971 namely Diazepam in contravention of section 5(1) of the Misuse of Drugs Act 1971, contrary to Section 5(2) of the Misuse of Drugs Act 1971; and

(iii) Between 01 January 2024 and 15 March 2024, stealing medication of value belonging to Peter Rice contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

On 19 November 2024, the Registrant was sentenced and received a Community Service Order with the Court ordering that he undertake unpaid work for 180 hours.

13. The Registrant obtained the medication referred to above, which is prescription only medicine, without a valid prescription and without making any record of the transactions undertaken. He did so whilst employed as a pharmacist by McKenzie's Pharmacy, and abused his position as a pharmacist to unlawfully obtain medicinal products [redacted]use not available to the general public without a prescription

14. At an after caution interview with the MRG, on 15 May 2024, the Registrant volunteered that he had been misappropriating Codeine 30mg tablets, a POM, from the pharmacy from January 2024.

15. [redacted]

16. [redacted]

[redacted].

17. [redacted]

18. [redacted]

19. The Registrant co-operated with the investigations undertaken by the Medicines Regulatory Group (MRG) and the Society.

DECISION ON FACTS

20. The Registrant having had the benefit of legal advice on the issues admitted the allegations and the facts giving rise to them.

21. By reason of the admission of the allegations, and the admission of the facts the Committee found the facts proved.

DECISION ON IMPAIRMENT

22. It is the view of the Committee that the admitted facts fall short of what would be proper in the circumstances and do amount to misconduct.

23. The Committee are grateful for the submissions of Mr Shields for the Society, and Mr Hamill for the Registrant.

24. The Committee had the benefit of hearing the Registrant give evidence under oath and be cross-examined. It was of significant benefit to the Committee to have the opportunity to assess the Registrant's evidence. The Committee considered that the Registrant was a truthful witness.

25. At this stage, the Committee has to consider whether the Registrant's admission of the allegations and the admission of the facts as set out in the Society Statement of Case amount to misconduct, and secondly, whether there should be a finding of current impairment of fitness to practise.

26. Through his counsel the Registrant admitted that his conduct amounted to misconduct, and that the finding of current impairment is likely to be considered necessary in this case. Nevertheless, the Committee has to make an independent decision about misconduct and current impairment.

27. As to misconduct, the Committee considered that the Registrant's actions readily amount to misconduct both when considered individually or cumulatively. [redacted] Further, the Registrant faced a number of relevant criminal charges. He pleaded guilty to those charges and the certificates of conviction are clear evidence of misconduct.

28. As to current impairment, the Committee considered that the Registrant is currently impaired by reason of the nature and extent of his actions which gave rise to criminal convictions and the rest of the allegations before the Committee.

29. In this case, the Committee knows -

    a. The Registrant was convicted of unlawful possession of Class C drugs, pregabalin and diazepam, on 14 March 2024;

    b. He stole these drugs from the pharmacy in which he worked as a pharmacist;

    c. He had also stolen co-codamol 30/500mg tablets and codeine 30mg tablets

d. Since January of 2024, he accepted that he had been misappropriating codeine tablets from the pharmacy;

e. His actions were dishonest;

f. His actions represent an abuse of position;

g. His actions occurred in or about January 2024, to in or about 15 March 2024

h. No Prescriptions were available to authorise the supply and the Registrant made no record of the supply;

i. [redacted]

j. The Registrant was aware from at least January 2024 that he was acquiring medication from the pharmacy in which he worked [redacted]. He continued to work, [redacted] and failed to report the matter to the Society until he had been caught stealing from the Pharmacy by his former employer;

k. [redacted]

l. [redacted].

30. These are all serious matters. His behaviour involves dishonesty, and his dishonesty is linked to his position as a Pharmacist. [redacted]

31. The Committee had regard to the words of Cox J in the case CHRE v NMC and Grant 2011:

“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.”

32. The Committee also had regard to Regulation 4 (2) of The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012

Regulation 4 (2) 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.”

33. Having considered all the documentary evidence and the oral evidence of the Registrant the Committee agreed that Regulations 4 (2) (a), (b) and (c) have been breached. However, having heard the Registrant’s straightforward testimony, having considered his three supportive references, and having taken into consideration the context in which his actions occurred, the Committee do not conclude that (d) applies.

34. The Committee considered that there is a clear public interest in maintaining standards within the pharmacy profession and maintaining public confidence in the profession. The Committee are clear that the wider public interest dictates that there should be a finding of current impairment in this case.

35. However, as to insight, the Committee considered that the Registrant has developing insight. The Committee had concerns that there was no reflection on [redacted] might potentially have on the safety of patients, in view of his role as a pharmacist. [redacted] Furthermore, the Committee were concerned that only today has there been an acceptance in respect of the rationale given for his failure to return the pregabalin and diazepam to his employer. Neither did the Registrant provide a list of the medication he had misappropriated when asked to do so by his employer. However, he cooperated with his employer, the MRG, the Police and the Society, making early admissions about his actions. [redacted] He voluntarily agreed that he should cease working in the pharmacy profession and he abided by an Interim Suspension Order. He expressed shame and remorse about his actions and the impact that they had. He apologised to everyone who had been impacted by his behaviour including his colleagues, family, friends and the Society.

36. As to remediation, whilst the Committee acknowledged that dishonesty is difficult to remediate, the Committee considered that this issue has to be looked at in context. [redacted] The Committee accepts that the Registrant was not motivated by malice and did not act the way he did for financial gain. [redacted] He has also engaged in regular exercise, attending the gym, engaging in running and climbing.

He has sought and obtained alternative employment outside the pharmacy profession. It is clear from his evidence to the Committee that he is engaging well with his present employers and is enjoying the interaction with the children at the school where he works.

37. However, there remains a level of concern about the risk of recurrence in the future. [redacted].

DECISION TO SANCTION

38. The Committee is grateful for the submissions on behalf of the Society, from Mr Shields and on behalf of the Registrant, from Mr Hamill.

39. 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.

40. 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 himself of the imposition of the appropriate Sanction.

41. 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.

42. 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.

43. The Committee considered both relevant mitigating and aggravating circumstances.

44. As to aggravating factors;

    a. The Registrant's actions amounted to a pattern of behaviour over a period of time, having stolen medication on six to ten occasions over a period of approximately six weeks.
    b. His actions amounted to abuse of trust.
    c. His actions led to convictions for offences of dishonesty.

45. As to mitigating factors;

    a. As we have said in our decision on impairment there is evidence of developing insight.
    b. [redacted]
    c. The Registrant is a person of otherwise good character who gave truthful evidence to the Committee.
    d. He admitted his behaviour fairly quickly, cooperated with his former employer, the MRG, the Police, the Courts and the Society, by admitting the facts, admitting the criminal charges, and the allegations.

46. The Committee's attention was drawn to a number of cases to assist it in dealing with cases which involved convictions for dishonesty. They were;

    Dr. Shiv Prasad Dey v The General Medical Council 2001 WL 1751154 (para 11)

    "11. The object of disciplinary proceedings against a medical practitioner who has been convicted of a criminal offence is twofold. It is to protect members of the public who may come to him as patients and to maintain the high standards and reputation of the profession. It is not to punish him a second time for the same offence. Nevertheless the same conduct which constitutes the offence for which

he has been convicted may also demonstrate that the need to maintain the standards and reputation of the profession or to protect the public or both requires the erasure of his name from the Register. There is no clear line of demarcation: the difference lies not in the facts themselves but in the perspective from which they are viewed."

The Professional Standards Authority v Health and Care Professions Council, Francis Ajeneye [2016] EWHC 1237 (Admin) (para 20 & 21)

"20. Each case of this type can only properly be resolved by the application of general established principle to its own specific facts. The purpose of the imposition of a sanction is not merely to punish the individual in the wider public interest but to ensure that public confidence is maintained in the standards to be required of health professionals and that faith can be placed in the regulatory system to police and punish any significant lapse.

21. Deliberate dishonesty must come high on the scale of misconduct. That is particularly so when a direct consequence of that misconduct is physical harm to a patient. The lack of financial motive or personal gain means that a further aggravating feature is not present. It does not mitigate the risk of harm to patients created by the breach of professional standards. Equally, the number of instances of dishonesty is important, once might be described as an aberration but more than once, even if only twice, may demonstrate a tendency to act dishonestly. A failure immediately or speedily to acknowledge and admit such conduct is material. An attempt to deny the alleged dishonesty by contesting proceedings by seeking to place blame elsewhere is a factor that may also demonstrate a tendency to act dishonestly. In the context of professional standards it is capable of being highly relevant to the question of impairment to practise. An acknowledgement of responsibility after the charges have been found proved is not necessarily valueless but it cannot have the same weight as an unequivocal acceptance at an earlier stage. It may be a sliding scale and will always depend on the individual circumstances of a case."

Dr Anthonipillai Nicholas-Pillai v General Medical Council [2009] EWHC 1048 (Admin) (para 18)

"18. In cases of actual proven dishonesty, the balance ordinarily can be expected to fall down on the side of maintaining public confidence in the profession by a severe sanction against the practitioner concerned. Indeed, that sanction will often and perfectly properly be the sanction of erasure, even in the case of a one-off instance of dishonesty. In this case, the panel, it seems to me, took a merciful course by deciding only to suspend Dr Nicholas-Pillai, and to do so for six months."

Igboaka v The General Medical Council [2016] EWHC 2728 (Admin) (para 33)

"33. That does not mean that erasure is necessarily inevitable and necessary in every case of dishonest conduct by a doctor. There may be cases where the panel concludes in light of the particular circumstances of the case that a lesser sanction may suffice and is appropriate, bearing in mind the important balance of the interests of the profession and the interests of the individual. Factors that are likely to impact on such a decision are infinitely variable, but may include the nature of the dishonesty the fact that in a particular case it appears to be out of character or isolated in its duration; or there may be very compelling evidence of insight and remorse that would justify a conclusion that the doctor could return to practice without the reputation of the profession being disproportionately damaged."

47. The Committee is aware that the maintenance of public confidence in the profession must outweigh the interest of the individual Registrant. The Committee's attention was also drawn to the case of Giele v General Medical Council (2005) EWHC, where Collins J said,

> *"I do not doubt that the maintenance of public confidence in the profession must outweigh the interests of the individual doctor. But that confidence will surely be maintained by imposing such a sanction as is in all the circumstances appropriate. Thus in considering the maintenance of confidence, the existence of a public interest in not ending the career of a competent doctor will play a part. Furthermore, the fact that many patients and colleagues have, in the knowledge of the misconduct found, clearly indicated their view that erasure is not needed is a matter which can carry some weight in deciding how confidence can be properly maintained."*

48. Picking up on the themes from the relevant case law, the Committee considered that the Registrant was not involved in deliberate dishonesty, for example he did not steal from a patient. [redacted] His actions did not cause any actual harm to patients. [redacted] Accordingly, on the evidence, whilst there was no actual harm to patients arising from his dishonesty, there was a potential for harm.

49. There was no financial motive for his dishonesty. [redacted]

50. He accepts that he stole the drugs for a period of approximately 6 weeks from late January to mid-March 2024. [redacted]

51. Once challenged by his former employer, he was initially slow to disclose that in addition to codeine and co-codamol, he had also taken diazepam and pregabalin. He was asked to provide a list of the medications he took, but he did not do so. However, he did disclose all the medications that he did take within a matter of days, and he thereafter acted promptly and properly to cooperate with his former employer, the MRG, the Police, the Courts and the Society. When he faced the charges he pleaded guilty to those. He accepted the allegations in these regulatory proceedings and the facts giving rise to them. At the hearing the Registrant did not dispute that the allegations and the facts amounted to misconduct nor that his fitness to practise was impaired as a consequence. He acknowledged the impact that his actions had on his former employer, the profession and the public as a whole.

52. [redacted]

[redacted]

53. As the case law summarised above makes clear, erasure is not necessarily inevitable and necessary in every case of dishonest conduct by a pharmacist. The Committee have to consider;

    a. The nature of the dishonesty-his actions were not for financial gain, [redacted] the Registrant may not have involved himself in the dishonest conduct.

    b. This dishonest behaviour was out of character- whilst he had a relatively short career as a pharmacist, so far, he has not otherwise been involved in any other unprofessional behaviour, and he presently works successfully and professionally, in a school setting, according to his testimonial.

    c. It was not a one-off – although his behaviour did occur over a relatively short period of time, 6 weeks, within that time he had stolen four different types of drugs.

    d. Is there compelling evidence of insight- as the Committee has said, we consider that there is evidence of developing insight but there remain some issues to address concerning insight.

    e. Is there compelling evidence of remorse- the Committee are satisfied that the Registrant expressed considerable remorse both in writing and in his oral evidence to the Committee, and that he has apologised to all impacted by his actions at the time.

    f. [redacted]

54. The Committee acknowledged that in making its decision it is to have regard to the full range of sanctions available to it, starting with the lowest, in deciding which Sanction is appropriate.

55. Addressing the sanctions in ascending order, the Registrant's actions which gave rise to convictions for dishonesty would not be appropriately addressed by taking no action or by giving the Registrant a Warning. Such sanctions would not be appropriate or proportionate on the evidence and would not meet the public interest.

56. The Committee were invited to consider the imposition of Conditions by the registrant's Counsel. However, the Committee did not conclude that the imposition of Conditions was appropriate or proportionate. In this case, his actions were dishonest, and dishonesty is more difficult to remedy. The Committee did not think that Conditions were in the public interest and was not a proportionate sanction on the facts this case.

57. As to Suspension, the Committee considered that a Suspension was the most appropriate and proportionate sanction. As is set out in the Schedule below, the Committee imposed a Suspension from practice for a period of 9 months, and it has set out a number of recommendations that it hopes the Registrant will carefully follow so that his case can be reviewed by this Committee in 9 months. The Committee considers that the Suspension is required to highlight to the profession and to the public that the conduct of the Registrant, is unacceptable, and unbefitting of a member of the pharmacy profession. The Committee determined that the Registrant's conduct fell short of being fundamentally incompatible with continued registration. The Registrant had shown developing insight, and had taken quite a number of remedial steps. The Committee encourages the Registrant to carefully follow the recommendations provided during the period of Suspension. The Committee took into consideration the fact that the Registrant gave evidence to the Committee, and as we had stated in our decision on impairment, the Committee considered that the Registrant was a truthful witness. [redacted] although, the Committee believes that a number of further steps should be taken by the Registrant, as we set out in the Schedule. The Committee also took into consideration that he has been working professionally in an education setting and his testimonial from his present employer is a positive one.

58. It follows that whilst the Registrant's behaviour was dishonest, and he was convicted of a number of relevant offences, having heard all the evidence, and having taken into consideration all relevant matters highlighted by the case law, that Removal would not be appropriate or proportionate in this case. The Committee considers that the public interest and the need to maintain confidence in the profession can be met by a Suspension rather than by Removal from the Register. The Committee are reminded that the purpose of a Sanction is not to be punitive and that the Committee must go no further than what is absolutely necessary to achieve its objectives, in this case, of maintaining public confidence in the profession and maintaining proper standards of behaviour.

SCHEDULE

The Registrant shall be suspended from practice for a period of 9 months. The Committee encourages the Registrant to take the following specific steps before the Suspension is reviewed. The Committee recommends the Registrant should;

a. [redacted].

b. [redacted]

c. [redacted]

d. Produce a further written reflective piece updating his reflections.

INTERIM MEASURE

59. 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.

60. 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 Hamill did not consent nor object to the imposition of such measures. In light of the 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

61. There was no application for costs.

Gary Potter, KC
Chair of the Statutory Committee
02 September 2025