STATUTORY COMMITTEE OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

In the matter of:	Gerard Cullinan (3180)
Location:	The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL.
Date:	08 and 09 October 2025
Committee:	Mr Gary Potter KC (Chair), Mr Derek Wilson (Lay), Dr Briegeen Girvin (Registrant)
Persons Present and Capacity:	Ms Lara Smyth, Barrister, instructed by Garrett Greene Solicitor & Andy Egerton of McCann & McCann Solicitors (Registrant's Legal Representatives), Mr Jonpaul Shields, Barrister, instructed by Ms Anna McClimonds of Cleaver Fulton Rankin (PSNI's Legal Representatives), Ms Laura Hughes (Registrar)

PRELIMINARY

1. The Statutory Committee ('the Committee') met on the 08 and 09 October 2025, to consider allegations of misconduct in respect of Gerard Cullinan, a registered pharmacist (the Registrant) made by the Pharmaceutical Society of Northern Ireland ('the Society').

2. The Registrant was in attendance at the hearing and was represented by Ms Lara Smyth, instructed by Mr Garrett Greene. The Pharmaceutical Society of Northern Ireland (the Society) was represented by Mr Jonpaul Shields.

3. The Committee had a hearing bundle numbering page 1 to page 256. 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 Practice Submissions by the Society
    - Exhibit 3: Schedule of Conditions

PRELIMINARY LEGAL ARGUMENT

4. Mr Shiels, representing the Society, indicated that both convictions and misconduct allegations had been referred to the Committee in accordance with Regulation 5(6) of the 2012 Regulations, as set out in the notice dated 23 May 2025. With regard to the misconduct allegations included in that referral, an application was made under Regulation 43 to have those allegations removed from the notice, as Regulation 5(6) permits only convictions to be submitted to the Committee. A second notice of referral, containing only the allegations of misconduct, is located at page 20 of the bundle. As a result, there are two separate notices. The second notice was served on 17 September 2025, and the Registrant agreed to formally waive the notice period required, allowing the Committee to consider both matters at the same hearing. Ms Smyth, acting for the Registrant, confirmed the Registrant's formal waiver of the notice period and consented to both allegations being addressed concurrently during the same hearing.

ALLEGATIONS

5. The finalised particulars of the allegations:

Convictions:

On 18 April 2024, you were convicted at Belfast Crown Court sitting at Laganside in relation to the following offences:

A. Between 1 January 2017 and 17 June 2020, being a Director of Castlereagh Pharmacy Ltd, you sold or supplied a prescription only medicine, namely Co-codamol, except in accordance with a prescription given by an appropriate practitioner contrary to Regulation 214 of the Human Medicines Regulations 2012.

B. Between the 1 January 2018 and 31 December 2019, being a Director of Castlereagh Pharmacy Ltd, you sold or supplied a prescription only medicine, namely Fentanyl, except in accordance with a prescription given by an appropriate practitioner contrary to Regulation 214 of the Human Medicines Regulations 2012.

C. Between 21 February 2019 and 18 December 2019, being at the time a Director of Castlereagh Pharmacy Ltd, being a person authorised to supply any drug specified in Schedules 1 or 2 to the Misuse of drugs Act 1971, in contravention of Regulation 19(1)(a) of the Misuse of Drugs Regulations (Northern Ireland) 2002, failed to keep a register and comply with the requirements in respect of entries made for drugs specified under Schedules 1 and 2 supplied by you, namely Tapentadol, contrary to s.18(1) of the Misuse of Drugs Act 1971.

D. Between 26 February 2018 and 18 December 2019, being at the time a Director of Castlereagh Pharmacy Ltd, being a person authorised to supply any drug specified in Schedules 1 or 2 to the Misuse of drugs Act 1971, in contravention of Regulation 19(1)(a) of the Misuse of Drugs Regulations (Northern Ireland) 2002, failed to keep a register and comply with the requirements in respect of entries made for drugs specified under Schedules 1 and 2 supplied by you, namely Fentanyl, contrary to s.18(1) of the Misuse of Drugs Act 1971.

E. Between 17 December 2018 and 5 April 2019, being at the time a Director of Castlereagh Pharmacy Ltd, being a person authorised to supply any drug specified in Schedules 1 or 2 to the Misuse of drugs Act 1971, in contravention of Regulation 19(1)(a) of the Misuse of Drugs Regulations (Northern Ireland) 2002, failed to keep a register and comply with the requirements in respect of entries made for drugs specified under Schedules 1 and 2 supplied by you, namely Methylphenidate, contrary to s.18(1) of the Misuse of Drugs Act 1971.

F. Between 24 July 2018 and 5 July 2019, being at the time a Director of Castlereagh Pharmacy Ltd, being a person authorised to supply any drug specified in Schedules 1 or 2 to the Misuse of drugs Act 1971, in contravention of Regulation 19(1)(a) of the Misuse of Drugs Regulations (Northern Ireland) 2002, failed to keep a register and comply with the requirements in respect of entries made for drugs specified under Schedules 1 and 2 supplied by you, namely Morphine, contrary to s.18(1) of the Misuse of Drugs Act 1971.

G. Between 22 March 2018 and 5 November 2019, being at the time a Director of Castlereagh Pharmacy Ltd, being a person authorised to supply any drug specified in Schedules 1 or 2 to the Misuse of drugs Act 1971, in contravention of Regulation 19(1)(a) of the Misuse of Drugs Regulations (Northern Ireland)

2002, failed to keep a register and comply with the requirements in respect of entries made for drugs specified under Schedules 1 and 2 supplied by you, namely Oxycodone, contrary to s.18(1) of the Misuse of Drugs Act 1971.

H. On 6 November 2018, being at the time a Director of Castlereagh Pharmacy Ltd, being a person authorised to supply any drug specified in Schedules 1 or 2 to the Misuse of drugs Act 1971, in contravention of Regulation 19(1)(a) of the Misuse of Drugs Regulations (Northern Ireland) 2002, failed to keep a register and comply with the requirements in respect of entries made for drugs specified under Schedules 1 and 2 obtained by you, namely Morphine Sulphate, contrary to s.18(1) of the Misuse of Drugs Act 1971.

   On 28th June 2024, you received a total custodial sentence of 11 months imprisonment, which was suspended for 3 years.

Misconduct:

A. On or between 1 January 2017 and 17 June 2020 you, as superintendent of Castlereagh Pharmacy Ltd in charge of a retail pharmacy business, failed to ensure the safe and effective supply of prescription only medication from retail pharmacy premises.

B. On various dates on and between 1st July 2000 and 31st January 2021 you entered Castlereagh Pharmacy and accessed the Patient Medication Record (PMR) after normal working hours and on Sundays whilst not directly supervised, in breach of conditions on your practice imposed on 1st July 2020 and when no responsible pharmacist was present.

For the purposes of paragraph 1(3) of Schedule 3 to the Pharmacy (Northern Ireland) Order 1976, as amended and Regulation 26(11) of the Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012, the following principles and obligations contained in the Code of Professional Standards of Conduct, Ethics and Performance for Pharmacists in Northern Ireland (2016) are regarded by the Society as relevant to the proceedings. Therefore, the Society alleges that you are in breach of these principles and associated obligations by reasons of the convictions and allegations particularised above.

2016 Code:

- The general principle of registration as a pharmacist that requires you to act to promote and maintain public confidence in the pharmacy profession.

- Principle 2 – Provide a safe and quality service and, in particular, standards 2.1 and 2.3 and the associated obligations outlined below.

- Standard 2.1 – Provide safe, effective and quality care

- Standard 2.1.1 – Promote and ensure the safe, effective and rational use of medicines, medicinal products and therapies.
- Standard 2.1.2 – Effectively control and manage the sale or supply of medicinal and related products paying particular attention to those with a potential for abuse or dependency.
- Standard 2.1.6 – Ensure that you do not, whether by actions or omissions, create a risk to patient care or public safety.
- Standard 2.1.12 – Ensure you are aware of and adhere to all relevant legislation, and all current standards and guidance which apply to your practice.

- Standard 2.3 – Record, store and process data clearly and accurately

- Standard 2.3.3 – Ensure all entries in any record are accurate, clearly and legibly written and attributable.

- Principle 3 – Act with professionalism and integrity at all times and, in particular, standard 3.1 and the associated obligations outlined below.

- Standard 3.1 – Act with honesty and integrity at all times

- Standard 3.1.1 – Adhere to accepted and acceptable standards of personal and professional conduct at all times both inside and outside your work environment.

- Standard 3.1.2 – Maintain public trust and confidence in your profession by acting with honesty and integrity in your dealings with others. This applies to your professional, business and educational activities.
- Standard 3.1.6 – Promptly inform the regulator, your employer and other relevant authorities of any circumstances that may call into question your fitness to practise or has the potential to bring the profession of pharmacy into disrepute.
- Standard 3.1.7 – Make sure that any documents you complete or sign are not false or misleading or contain false or misleading information. Take all steps that are reasonably necessary to ensure that recorded information is correct and complete. Do not omit relevant information.

By your acts or omissions, it is alleged that you have (a) brought the profession into disrepute, (b) failed, on a professional basis, to observe the principles and obligations set out above and (c) undermined public confidence in the profession.

FACTS

6. The Registrant is a pharmacist registered with the Pharmaceutical Society of Northern Ireland.

7. At the relevant time, the Registrant was the owner and a director of Castlereagh Pharmacy Ltd. The company operated one retail community pharmacy, namely Castlereagh Pharmacy at 339 Castlereagh Road ("the Pharmacy"), and the Registrant was the superintendent of the business. He had legal responsibility for the conduct of the business and had effective control over it.

8. The Medicines Regulatory Group at the Department of Health ("the MRG") carried out a routine inspection of Castlereagh Pharmacy on 15 January 2020. This inspection, and follow-up investigations, revealed issues with (i) the maintenance of the controlled drug registers (CDRs); and (ii) the supply of Yemex patches of Fentanyl which were dispensed in place of Mezolar patches which had been prescribed.

9. In relation to the controlled drug registers, the Registrant obtained and supplied multiple amounts of various Schedule 2 controlled drugs without recording the purchase or the supply in the Pharmacy's controlled drug Registers. There were also 64 occasions when entries ought to have been made, but were not, in relation to dispensed controlled

drugs (29 prescriptions were found in the PMR and 35 in the Private Prescription Register). There were issues found with six of the CDRs.

10. It was also found that over the period between 1st January 2018 and 31st December 2019, the Registrant submitted 160 prescriptions for Mezolar patches to the Business Services Organisation for payment when Yemex patches had been purchased from the wholesalers. Mezolar cost £20 per pack of five, whereas Yemex cost £16. The value of the switched items would have amounted to approximately £132.

11. The Society received an anonymous complaint on 14th May 2020 about irregular pharmacy activities within the Pharmacy. The matter was reported to the MRG, who undertook a further inspection of the Pharmacy on 17th June 2020. Enquiries by the MRG revealed a significant discrepancy between the supplies of co-codamol 8/500 purchased into the Pharmacy against supplies dispensed. When asked to account for this discrepancy at the time, the Registrant was not able to do so.

12. The MRG found that between 01 January 2017 and 17 June 2020, the Pharmacy had purchased 3085 boxes of co-codamol 8/500mg tablets, with each box containing 100 tablets. The Pharmacy could account for 67.80 boxes during this period as having been lawfully dispensed on foot of a prescription (BSO records confirm). There was no record of any private prescription supply during this time. This left 3005.30 boxes which could not be accounted for. A total of 300,530 tablets had come into the Pharmacy but had not been lawfully dispensed.

13. The MRG estimated that the net profit made from off-prescription sales of co-codamol would have been in the range of £32,431.80 and £42,581.45. Before the Crown Court, Mr. Cullinan indicated that he estimated the financial gain to be significantly less, in the region of £16, 581.88.

14. Records maintained by the Registrant at the Pharmacy reflected some purchases of co-codamol from wholesalers. However, the records only accounted for 78.92% of the supplies recorded by the wholesalers.

15. The Registrant was given an opportunity by the MRG, having attended voluntarily, during an after caution PACE interview on 30th June 2021, to explain his actions and conduct. He largely declined to make any comment to the concerns raised. When

asked a number of questions about the unlawful supply of co-codamol his response was “no comment”.

16. The Registrant was prosecuted in the Crown Court and convicted of 8 offences associated with the above activity. He pleaded guilty on 12th March 2024 and was sentenced on 28th June 2024 to an 11 month custodial sentence which was suspended for 3 years.

17. The Company was also prosecuted for similar offences and fines imposed.

18. As a result of the foregoing, on or between 1st January 2017 and 17th June 2020, the Registrant, as superintendent of Castlereagh Pharmacy Ltd in charge of a retail pharmacy business, failed to ensure the safe and effective supply of prescription only medication from retail pharmacy premises.

19. After the information concerning the unlawful supply of co-codamol was brought to the Registrar’s attention, the Registrar referred the matter to a Statutory Committee to allow the Committee to consider whether an interim order was necessary.

20. The Statutory Committee met on 01 July 2020 to consider whether an interim order was necessary. In accordance with Regulation 38(14) of the Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012, the parties agreed conditions and asked the Committee to make an interim order of conditions without holding a formal hearing. The Committee agreed and made the order for 18 months.

21. It was a condition of practice that the Registrant was required to place himself and remain under the direct supervision of a workplace supervisor / Superintendent Pharmacist (who shall be a registered pharmacist) whilst on pharmacy premises. It was a further condition of practice that the Registrant was not to make up, complete any check on or otherwise dispense any controlled drug or POM, unless under the direct supervision of his workplace supervisor/Superintendent Pharmacist.

22. On 29 March 2021, a concern was raised with a legal officer within the Society that the Registrant was letting himself into the Pharmacy after the premises had closed. The Registrar raised this concern with the MRG and an inspection took place on 14th April 2021. An inspector found PMR activity after the Pharmacy would have been closed on

various dates between 2nd July 2020 and 31st January 2021. Some of the activity indicated that controlled drugs were being labelled/assembled after hours.

23. There were 53 days when the PMR was accessed, and entries made when the Pharmacy ought to have been closed (after normal trading hours or on Sundays). For instance, there were seven consecutive Sundays between 12th July 2020 and 23rd August 2020 when the PMR was accessed.

24. Enquiries were made with the Superintendent Pharmacist between 8th July 2020 and 17th November 2020 and he was not aware of the Pharmacy being accessed after hours or on Sundays nor did he give any permission for this. When he asked the Registrant about this, the Registrant accepted that he had accessed the premises.

25. Enquiries were also made with the Superintendent Pharmacist from 17th November 2020, and she was not aware of the Pharmacy being accessed after hours nor did she give any permission for this. When she asked the Registrant about this, the Registrant accepted that he had accessed the premises.

26. No RP and no workplace supervisor/Superintendent Pharmacist would have been present when the Registrant was in the Pharmacy after hours. The Registrant undertook regulated activity without supervision.

27. This amounted to a clear breach of at least two of the conditions placed on the Registrant's practice by the Statutory Committee.

28. The Registrant therefore on various dates on and between 08 July 2020 and 31 January 2021 entered Castlereagh Pharmacy and accessed the Patient Medication Record (PMR) after normal working hours and on Sundays whilst not directly supervised, in breach of conditions on his practice imposed on 1st July 2020 and when no responsible pharmacist was present

DECISION ON FACTS

29. By reason of the admission of the allegations and the admission of the facts the Committee finds the facts proved.

DECISION ON IMPAIRMENT

30. In this case misconduct has been admitted by the Registrant through his Counsel at the hearing.

31. Nevertheless, the Committee has to make its own decision on the issue of misconduct. Given the allegations which contain 8 convictions, the Committee considered that the allegations in their totality, and the admitted facts, do amount to misconduct.

32. The Committee then have to go on to determine whether, as a result, the Registrant's fitness to practise is impaired.

33. The Committee reviewed the relevant case law. Following the words of Cox J in the case of CHRE v NMC and Grant 2011, the Committee has to ask itself and determine,

> "is this Registrant's current fitness to practise impaired?"

34. At Paragraph 65 of Cohen -v- GMC (2008) EWHC 581, Silber J stated,

> *"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*
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> *remediable, second that it has been remedied and third that it is highly unlikely to be repeated."*

35. 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).”

36. Written and oral submissions were received on behalf of the Society from Mr Shiels. The Committee also received a bundle of 24 pages on behalf on the Registrant including a reflective statement, a reference from his present Superintendent Pharmacist who gave evidence to the Committee, together with other written references. The Committee received oral submissions from Ms Smyth, Counsel for the Registrant. The Committee also had the benefit of the Registrant’s oral testimony during which he was subject to firm, but fair cross examination.

37. In this case, the Committee was informed that –

(i) The Registrant was convicted of 8 criminal offences. These offences were prosecuted in the Crown Court and the Registrant was sentenced to 11 months imprisonment which was suspended for 3 years.

(ii) The Registrant accepted that he supplied co-codamol 8/500mg tablets (which in quantities of 100 is a POM), otherwise than in accordance with a valid prescription over a three and a half year period. A total of 300,530 tablets had come into the pharmacy between 1 January 2017 and 17 June 2020 but had not been lawfully dispensed.

(iii) Records were not properly kept to show the total amount of co-codamol 8/500mg tablets that had come into the pharmacy during this period. No records were kept to show supplies of these tablets. The Registrant kept no record of sales whether in respect of who purchased them, the quantity, or frequency.

(iv) The retail sale of co-codamol 8/500mg tablets is controlled within a pharmacy. This product contains 8mg of codeine. It can be sold as a

Pharmacy (P) medicine in packs of a maximum of 32 tablets. In higher quantities, it is a Prescription Only Medication (POM) and cannot be sold as a retail item. The Registrant failed to ensure the safe and effective supply of prescription only medication from retail pharmacy premises.

(v) The Registrant brought in approximately 3005 packs of 100 tablets which were dispensed without a valid prescription. This is a criminal offence and was financially motivated.

(vi) This was a routine and persistent course of conduct over an extended period of time which flouted the proper and purposeful restrictions on the sale of codeine and paracetamol containing products.

(vii) A risk of harm to patients would have been created by the Registrant's conduct. The extent of this potential harm cannot now be quantified as the Registrant maintained no records. What is clear is that excessive quantities of co-codamol were being made available to the general public or patients of the pharmacy.

(viii) It is a fact that a year after detection, with time to reflect, when offered an opportunity to explain his actions, the Registrant declined to do so. He was not obliged to attend the interview and not obliged to answer any questions with respect to the criminal investigation. That was his right. However, from a professional point of view, and given his professional obligation to co-operate with an investigation into his conduct within the pharmacy, he failed to avail of the opportunity to explain his actions.

(ix) On various dates on and between 26 February 2018 and 18 December 2019, the Registrant failed to maintain controlled drug registers (CDRs) in relation to six separate controlled drugs. This related to supplies received and medication dispensed.

(x) This was not an isolated incident but a sustained failure of management to properly maintain the Pharmacy's CDRs.

(xi) Further, during the period between 1st January 2018 and 31st December 2019, the Registrant submitted 160 prescriptions for Mezolar patches to the Business Services Organisation for payment when less expensive Yemex patches had been purchased from the wholesalers. He supplied the controlled drug Fentanyl otherwise than in accordance with a prescription. Whilst the financial benefit to the Registrant would have been small, this was a deliberate and sustained practice for modest profit.

(xii) The Registrant was, at the time, the Superintendent of the business and in charge of the pharmacy premises. He was responsible for the practices within the pharmacy which were illegal.

(xiii) Following detection, conditions were placed on his practice by a Statutory Committee on 1st July 2020. The Registrant on 53 occasions, on and between 2nd July 2020 and 31st January 2021, entered the Pharmacy and accessed the Patient Medication Record (PMR) after normal working hours, and on Sundays. From 8th July 2020 he did so whilst not directly supervised, in breach of conditions on his practice imposed on 1st July 2020 and when no responsible pharmacist was present.

(xiv) This occurred without the Superintendent knowing.

(xv) There was a deliberate, repeated and sustained breach of conditions placed on his practice by a Statutory Committee.

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(xvi) The conditions were agreed by the Society to allow the pharmacy to continue to operate and to ensure that its service users were not adversely impacted by its sudden closure. The conditions were designed to mitigate and minimise risk and the Registrant was trusted by both the Committee and the Society to abide by them.

(xvii) The Registrant started to breach the relevant conditions as soon as they came into effect on 8th July 2020 and continued to do so for 7 months.

(xviii) The persistent flouting of the conditions represents a significant failure by the Registrant and a breach of trust.

38. The Registrant had been the subject of an Interim Conditions Order commencing on 08 July 2020, which was agreed between the Society and the Registrant himself. Within days of the Registrant's agreement to the terms of that Order, he immediately breached the Order, and ultimately, on approximately 53 occasions. During the hearing the Committee was advised that a further revised Interim Conditions Order was made by agreement between the Society and the Registrant on 25 May 2021. That Order was extended on a number of occasions and it remains in place to date.

39. Accordingly, the evidence before the Committee is that the Registrant has continued in practice from May 2021 to date, albeit being subject to 19 detailed conditions of practice.

40. The Committee had to consider the question of insight. As to insight, the Registrant's reflective statement does show some developing insight into his behaviour, which occurred over a prolonged period of time, was frequent and which gave rise to 8 criminal convictions. When the Registrant gave evidence before the Committee, and taking into consideration the fact that he may have been nervous in doing so, he made no reference to the potential impact on the safety of patients when providing co-codamol 8/500mg in pack sizes of 100 (this pack size should be on prescription only). Similarly, selling "strips" of this drug e.g. 3 strips of 10 to supply 30 tablets outside of a properly labelled package posed risks to patient safety. Such a supply would be lacking dose instructions, and a patient information leaflet. There was therefore the potential for patients to take an incorrect dose. There was no mention in his written and oral evidence about advising patients on the importance of not exceeding the maximum daily dose of paracetamol. The Registrant seemed to be more concerned about maintaining a supply of co-codamol to his regular customers without any proper consideration to the potential risk of harm to patients.

41. The Registrant seems to have consistently made poor decisions, and exercised poor professional judgment, over a long period of time, and failed to take opportunities to rectify matters. The Committee considers that there was insufficient insight into his decision making. The Committee also noted that the Registrant said in evidence that

he did not have a “robust assessment process” in place for deciding who would receive the 100 pack size of co-codamol.

42. As to the breach of the Conditions of practise he agreed to abide by in July 2020, it is difficult to understand why he decided to breach those conditions, and so soon after they were signed. In evidence, the Registrant’s rationale for entering the pharmacy unsupervised was that there were high workload pressures and in his eyes he needed to maintain the timely weekly supply of medicines to vulnerable patients. The Committee did not think that there was any justification for entering the pharmacy premises in breach of the clear conditions that he had agreed to. In retrospect, the Registrant admitted his decision making was poor and he should have raised his concerns with the PSNI and his solicitor regarding addressing the pressures he faced.

43. As to remediation, the Committee notes that there was some evidence of remediation in that he has undertaken 7 relevant courses in 2023, 2024 and 2025 which addressed the risks of opioids, and other controlled drugs and the legislation surrounding the supply of such medications. These courses also addressed governance issues such as, his responsibilities as a pharmacist, the importance of audits and accountability, and the duties associated with promoting safe medication practices.

44. As to the risk of recurrence, the Committee was concerned that the Registrant breached the terms of an Interim Condition Order in July 2020 within days of agreeing to the terms, when he had been given an opportunity to continue to practise with 15 conditions in place. However, the Committee was informed at the hearing that subsequent to these breaches he has remained subject to a revised Interim Conditions Order from May 2021 to date. The Committee was informed by the Registrant’s Superintendent Pharmacist, who had been working with him from April 2023 to date, that he had abided by all the revised conditions imposed, and that she had no concerns about the Registrant. His Superintendent Pharmacist said that she had reported weekly to the Society as to the Registrant’s compliance with the Conditions Order. She informed the Committee that there had been no breaches, that he had continued to work as a pharmacist in compliance with the Conditions, and provided a professional service to patients in the community. The Committee is also cognisant of the fact that the Registrant remains subject to a

suspended sentence imposed by the Court until April 2027, that sentence having been imposed in April 2024.

45. The Committee has to take into consideration the wider public interest when determining the question of impairment. The Committee 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 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. 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—
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> (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."

46. The Committee considered that Regulation 4 (2) (a), (b) and (c) are relevant and engaged in this case. His frequent actions over a prolonged period of time gave rise to a potential risk to patients and to the public. His actions had brought the profession of pharmacy into disrepute. He has breached a number of fundamental principles of the profession, including, Standard 2.1.1 of the 2016 Code- promote and ensure the safe, effective and rational use of medicines, medical product and therapies. Standard 2.1.2- effectively control and manage the sale or supply of medicinal and related products paying particular attention to those with a potential for abuse or dependency. Standard 2.1.6- ensure that you do not, whether by your actions or omissions, create a risk to patient care or public safety. Standard 2.1.12- ensure you are aware of and adhere to all relevant legislation and all current standards and guidance which apply to your practice. Standards 2.3.3- ensure all entries in any record are accurate, clearly

and legibly written and attributable. Standard 3.1.2- maintain public trust and confidence in your profession by acting with honesty and integrity in your dealings with others.

47. As to Regulation 4 (2) (d), the Registrant has continued to work in the pharmacy from May 2021 (albeit under strict interim conditions), and there have been no further issues identified with his professional practice from that time. Therefore, the Committee cannot say that the integrity of the Registrant can no longer be relied upon.

48. The Committee considered the words of Cox J in the Grant case when he said,

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

49. The Committee did consider that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment was not made on the totality of the facts in this case.

50. In all the circumstances of this case, the Committee considers that the Registrant's fitness to practise is currently impaired. This conclusion is based on the Committee's decision that there is developing but insufficient insight, and also on wider public interest grounds, with a need to uphold professional standards, and to maintain public confidence in the pharmaceutical profession.

INTERIM ORDER

51. At this stage, the Committee received submissions from Mr Shields that the Registrant was currently the subject of an Interim Conditions Order and before moving to the sanction stage of the proceedings, the Committee were invited to discharge the existing Interim Order pursuant to paragraph (8) of Schedule 3 to the Pharmacy (Northern Ireland) order 1976. Accordingly, the Committee revoked the Interim Conditions Order.

DECISION AS TO SANCTION

52. The Committee is grateful for the submissions on behalf of the Society, from Mr Shields and on behalf of the Registrant, from Ms Smyth.

53. 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.

54. 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.

55. 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.

56. 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.

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

58. As to mitigating factors the Registrant;

- Approached matters in a positive and cooperative manner.
- Fully acknowledged that his behaviour was unacceptable and made no attempt to minimise or circumvent it.
- Was fully cooperative with the Police Service, admitting the charges against him
- Was fully cooperative with the Pharmaceutical Society's investigation and this Committee, by making admissions as to all the allegations and acceptance of the facts.
- Gave evidence before the Committee which was helpful.
- Was of previously good character having worked in the pharmacy profession for 28 years with no professional concerns.
- Has demonstrated developing insight and has taken remedial steps.
- Has expressed huge remorse on multiple occasions.
- Has shown willingness to learn, to change and improve under the guidance and direction of his Superintendent Pharmacist. This has included the adoption of an electronic Controlled Drugs Register.
- Had submitted supportive testimonials to the Committee. The testimonial from the Superintendent Pharmacist was supplemented by her oral testimony which was very supportive of the Registrant's character and professionalism.
- Has complied with the most recent Interim Conditions Order for four and a half years.

59. As to aggravating factors;

- The Registrant's actions had the potential to cause patient harm.
- The Registrant's actions were premeditated and formed a pattern over time.

- The Registrant abused his privileged position as a Superintendent Pharmacist.
- In breaching the conditions of his Interim Conditions Order there was a significant breach of trust.
- The Registrant's actions gave rise to criminal convictions.

60. As to the appropriate Sanction, the Committee did not think that taking no action, or giving the Registrant a Warning, reflected the seriousness of the Registrant's conduct giving rise to the allegations, and these sanctions would not be in the public interest.

61. The Registrant has abided by the revised Interim Conditions Order containing 19 strict conditions. The Registrant's Superintendent Pharmacist gave written and oral evidence confirming to the Committee that the Registrant had abided, and continued to abide, by the conditions imposed on him, and that she had no concerns about the Registrant's practice.

62. One of the factors that the Committee was asked to consider was whether conditions are presently workable. This is addressed in the commentary on Suspension in the Indicative Sanction Guidance. Clearly, conditions have been workable for the last four and a half years.

63. Given the Registrant's compliance with the conditions imposed over the last four and a half years the Committee did not consider that the Sanction of Suspension was fair, appropriate or proportionate in the circumstances, and may well be punitive.

64. Risks to patient safety can, in the view of the Committee, be addressed by the imposition of strict conditions for a period of 18 months. The Conditions set out in the Schedule, if complied with by the Registrant, will protect patient safety, and protect the pubic as a whole. They will allow him to provide pharmacy services to the public within a strict framework, and it is in the public interest that the Registrant continues to provide safe pharmacy services to patients in the local community, and to the public as a whole.

65. The imposition of Conditions is an appropriate Sanction where the Registrant's impairment is of a significant nature, as in this case. The Committee noted that the Registrant had worked successfully as a pharmacist for 28 years without any blemish on his professional reputation, before the period of offending leading to the allegations. The Committee also took into account that whilst he breached the initial Interim Conditions Order in July 2020, for a period of seven months, once a revised Interim Conditions Order was made in May 2021, he has complied with that for four and a half years without any issues arising as to his professional practice.

66. The Committee considered that the imposition of the conditions for 18 months would allow the Registrant further time to show greater insight, and undertake further remediation, to demonstrate to the Committee in 18 months- time, that after 6 years by then, that he has practised safely, had shown demonstrable insight, and has fully addressed the understandable concerns about the maintenance of professional standards.

67. As the Interim Conditions Order has been adhered to by the Registrant over the last four and half years, the Committee considers that the conditions in the Schedule imposed for 18 months have a realistic chance of being met, and are capable of being verified by the Statutory Committee on review, prior to the expiration of the 18 month period.

68. If the Registrant does not meet these Conditions he is likely to face a more serious Sanction in 18 months- time.

69. The Committee were reminded that a Sanction should be no more than is necessary to meet the regulatory objective. The Committee considers that this objective is met by the imposition of the strict conditions. This Sanction will protect patients and the public as a whole and will maintain public confidence in the profession and maintain proper standards of professional behaviour.

70. The Committee does not think that the Registrant's behaviour is fundamentally incompatible with being a registered professional, as he has shown developing

insight, and has taken some positive remedial steps. Further, as we have said the Registrant has worked as a pharmacist, albeit under strict conditions, for the last four and half years. His Superintendent Pharmacist told the Committee that he had continued to provide a professional service to the community and to the public as a whole, that she had no concerns about his practice, and highlighted that he had been learning, and was keen to continue to learn, and to continue to implement safe professional practice.

INTERIM MEASURE

71. 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.

72. The Committee received a submission from the Society in favour of imposing an interim measure to cover the appeal period. Ms Smyth did not oppose the imposition on behalf of the Registrant. In light of the serious nature of the findings 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 subject to the Interim Conditions Order for the duration of the 28-day appeal period, or if an appeal is brought, up to the date when that appeal is fully disposed of.

COSTS

73. No costs application was made by the Society.

Gary Potter KC
Chair of the Statutory Committee
09 October 2025

SCHEDULE

1. To notify the following people, in writing, in relation to any work (whether paid or unpaid) for which registration with the Pharmaceutical Society of Northern Ireland is required, of the restrictions imposed on your pharmacy practice:

    a. All employers or contractors
    b. Prospective employers or contractors
    c. Agents acting on behalf of employers and locum agencies
    d. Health and Social Care Board
    e. Accountable Officer for Controlled drugs at your Regional Board, HSC Trust or Independent Hospital
    f. Superintendent Pharmacist
    g. Responsible Pharmacist
    h. Line Manager
    i. Workplace supervisor

    In the case of prospective employers, this notification must be given at the time of application.

2. To notify the Pharmaceutical Society of Northern Ireland before undertaking any position for which registration with the Pharmaceutical Society of Northern Ireland is required and to provide the Pharmaceutical Society of Northern Ireland with the contact details of your employer, superintendent pharmacist or pharmacist owner.

3. To consent to the Pharmaceutical Society of Northern Ireland exchanging information with your employer, any locum agency, Health and Social Care Board or any other person or organisation for who you provide services that require registration with the Pharmaceutical Society of Northern Ireland.

4. To inform the Pharmaceutical Society of Northern Ireland if you apply to work as a pharmacist/pharmacy technician outside of Northern Ireland.

5. To complete and maintain a log detailing every, dispensing or supply of a controlled drug made by you pursuant to condition 10. To provide a copy of this log to the Pharmaceutical Society of Northern Ireland every two months, or alternatively, to confirm that there has been no such order, dispensing or supply.

6. Not to work as a sole practitioner/Superintendent Pharmacist/responsible pharmacist

7. To employ a full-time pharmacist to act as Superintendent Pharmacist (such person to be approved by the Pharmaceutical Society of Northern Ireland) in Castlereagh Pharmacy, 339 Castlereagh Road, Belfast, BT5 6AB

8. To place yourself and remain under the direct supervision of a workplace supervisor/Superintendent Pharmacist (who shall be a registered pharmacist) whilst on pharmacy premises, such person to be approved by the Pharmaceutical Society of Northern Ireland.

9. To inform, in writing, the workplace supervisor/ Superintendent Pharmacist of all conditions imposed.

10. Not to make up, complete any check on or otherwise dispense any controlled drug or POM, unless under the direct supervision of your workplace supervisor/Superintendent Pharmacist.

11. Not to order into the pharmacy, or otherwise place an order for, any controlled drug or POM.

12. To put in place a system whereby a contemporaneous record is maintained of who places an order for the supply into the pharmacy of any controlled drug or POM.

13. To arrange for your workplace supervisor/Superintendent Pharmacist to keep under review the controlled drugs register for Castlereagh Pharmacy, 339 Castlereagh Road, Belfast, BT5 6AB.

14. To arrange for your workplace supervisor/Superintendent Pharmacist to report directly to the Pharmaceutical Society of Northern Ireland immediately if there is any breach of these conditions, identifying the nature and extent of the breach.

15. To consent to the Pharmaceutical Society of Northern Ireland to exchange information with your workplace supervisor / Superintendent Pharmacist.

16. Not to enter, or be on, pharmacy premises situate at Castlereagh Pharmacy 339 Castlereagh Road, Belfast, BT5 6AB outside of normal business hours (i.e. 9am-6pm Monday to Saturday).

17. To have no involvement in the operation or management of any pharmacy, and in particular, Castlereagh Pharmacy 339 Castlereagh Road, Belfast, BT5 6AB and to relinquish all operational and managerial control of Castlereagh Pharmacy to the superintendent, save for matters involving employment of staff, payment of bills and PAYE matters.

18. To relinquish all keys and means of access to Castlereagh Pharmacy and to inform (in writing) the superintendent that you are not permitted to be on or have access to Castlereagh Pharmacy outside of normal business hours. A copy of the written notification to the superintendent shall be supplied to the Society on a forthwith basis.

19. To arrange for the superintendent, on a monthly basis, to provide a statement of compliance to the Society certifying that you have not had any access to

Castlereagh Pharmacy outside of normal business hours and have no managerial or operational control over the pharmacy, save for matters involving employment of staff, payment of bills and PAYE matters.

20. To provide a written reflective piece setting out your reflection on your professional clinical and personal decision making, and the impact of your actions on patient safety, prior to the Committee reviewing the conditions order.

21. To arrange for a written report from your Superintendent Pharmacist to be provided to the Committee prior to the review of the Conditions order setting out information regarding the accuracy and robustness of the current controlled drug register.