STATUTORY COMMITTEE OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

In the matter of:	Heather Trueick (2448R)
Location:	This hearing took place at The Mount Business & Conference Centre 2 Woodstock Link Belfast BT6 8DD.
Date:	23 & 24 February 2026
Committee:	Mr. Gary Potter KC (Chair), Mr. Paul Archer (Lay), Mrs. Frances-Ann Archibald (Registrant)
Persons Present and Capacity:	Ms. Heather Trueick (Registrant), Ms. Julia Ellison, Barrister, instructed by Mr. Martin Hadley (Registrant's Legal Representative), Mr. JonPaul Shields, Barrister, instructed by Ms. Anna McClimmonds, CFR Solicitors (PSNI's Legal Representatives), Mrs. Laura Hughes, Registrar, Ms. Zulema Horner (Secretary to the Statutory Committee)

PRELIMINARY LEGAL ARGUMENT

1. There were no preliminary legal arguments.

BACKGROUND

2. The Committee reminded itself that this was a further review hearing of the decision made at the principal hearing of 1st, 2nd and 20th December 2022, and 9th and 13th January 2023 which found the Registrant's fitness to practise currently impaired. In accordance with paragraph 7 (d) of Schedule 3 to the Pharmacy (Northern Ireland) Order 1976, the Committee directed that the Registrant should be suspended from practice for a period of twelve months. The Committee reviewed the initial decision at the principal hearing on the 8th and 9th February 2024 and further suspended the Registrant from practice for a period of 3 months from that time. Following a review on 24th April and 1st May 2024, a Conditions Order was imposed on her practice for a period of 12 months. The Conditions Order was extended by 6 months on 6 May 2025, then by 3 months on 7 November 2025, and by 1 month on 28 January 2026; it will remain effective until 10 March 2026.

3. The Committee also reminded itself that on the 1st, 2nd and 20th December and 9th and 13th January 2023, the Registrant had faced the following allegations:

ALLEGATIONS

1. On various dates and between 18 November 2019 and 1st February 2020 you, as superintendent of Wynrose Limited, failed to ensure that records of private prescriptions were completed and retained properly and in a manner that complied with Regulation 253 of the Human Medicines Regulations.

2. On various dates on and between 18 November and 1st February 2020 you failed to ensure that you properly completed records of private prescriptions in a manner that complied with Regulation 253 of the Human Medicines Regulations.

3. On various dates on and between 18 November 2019 and 1st February 2020 you, as superintendent of Wynrose Limited, failed to ensure that the pharmacy's standard operating procedure was followed with respect to the recording of private prescriptions.

4. On various dates on and between 18 November 2019 and 1st February 2020 you failed to follow the pharmacy's standard operating procedure with respect to the recording of private prescriptions.

5. On 23rd January 2020, as superintendent of Wynrose Limited, you caused, allowed, or permitted medicinal products other than medicinal products on a general sale list, ordered via an online platform, to be prepared and dispensed from McFaddens Pharmacy other than under the supervision and control of a pharmacist.

6. On 23rd January 2020, as superintendent of Wynrose Limited, you caused, allowed, or permitted medicinal products, other than medicinal products on a general sale list, ordered via an online platform, to be prepared and dispensed from McFaddens Pharmacy without the knowledge of the Responsible Pharmacist, Suzanne McKee.

7. On 23rd January 2020 as superintendent of Wynrose Limited, you failed to manage and secure the safe and effective running of the pharmacy business with respect to the supply of medicinal products, other than medicinal products on a general sale list, ordered via an online platform.

8. Other than at 7 above, on various dates on and between 18 November 2019 and 30 November 2020 as superintendent of Wynrose Limited, you failed to manage and secure the safe and effective running of the pharmacy business with respect to the supply of medicinal products, other than medicinal products on a general sale list, ordered via an online platform.

9. On various dates on and between 18 November 2019 and 30 November 2020 as superintendent of Wynrose Limited, you failed to put in place suitable arrangements to allow the safe and effective dispensing of medicinal products, other than medicinal products on a general sale list, ordered via an online platform.

10. On various dates on and between 18 November 2019 and 30 November 2020, as superintendent of Wynrose Limited, you caused, allowed, or permitted various pharmacists engaged by the business to dispense medicinal products, other than medicinal products on a general sale list, ordered via an online platform: (i)without their normal prescriber, or general practitioner, being notified about the supply, and (ii)where the medicinal product dispensed had a potential for abuse or dependency"

4. The Statement of Case at the principal hearing of the 1st, 2nd & 20th December & 9th & 13th January 2023 outlined the following facts:

a. *The Registrant first registered as a pharmacist with the Pharmaceutical Society of Northern Ireland in 1988.*

b. *Since 2nd April 2003, following its incorporation, the Registrant was the Superintendent Pharmacist for Wynrose Limited until 30th November 2020. She has been the company secretary and a director of Wynrose Limited since 2003. During the relevant period there were 4 pharmacies within the Wynrose group.*

c. *In or around November 2019, Wynrose Limited started to dispense private prescriptions that were ordered online through an online platform operated by Better Health Limited. Better Health Limited offered an online prescription and pharmacy service. Patients could order medicines online, including prescription only medicines and Schedule 4 and 5 controlled drugs. Prescriptions were then issued by a GMC registered doctor. These were forwarded electronically to a pharmacy within the Wynrose Group, where the prescriptions were processed, and medicines dispensed. Supplies were then made to a patient's throughout the UK, using the postal service. Patients were*

given the choice to opt out of informing their own GP of the supply. This choice was available to all patients up until March 2020, and then available to patients in Great Britain.

d. *The Registrant, as superintendent, authorised and permitted the business to facilitate the dispensing and supply of medication ordered through the online platform.*

e. *Prescriptions were processed through pharmacies operated by Wynrose Limited namely McFadden's Pharmacy at Duncairn Gardens between November 2019 and 6th February 2020 and Rosetta Pharmacy on Rosetta Road between 7th February 2020 and 9th September 2020.*

f. *Following the introduction of this service, which facilitated the supply of POMs and other medicines not on the general sales list, the Registrant, as superintendent, did not ensure that records for private prescriptions were completed and retained properly. Regulations 253 of the Human Medicines Regulations 2012 requires a person lawfully conducting a retail pharmacy, in this case the Registrant, to make a written or computerized record containing details of the supply. This record must be made, save in the case of an emergency supply, on the day of the sale or supply, or if that is not reasonably practicable, on the day following that day.*

g. *Between 18th November 2019 and 1st February 2020, records for private prescriptions were not kept in accordance with Regulation 253. A significant number of transactions were not properly recorded. Although the service commenced in November 2019, the Private Prescription Log for BetterHealth prescriptions commenced from 10th January 2020, following an inspection by a Pharmacy Inspector. From 10th January 2020, a considerable number of entries were made to the Private Prescription Log covering supplies that had been already made in November, December and early January. New supplies made after 10th January 2020 were routinely entered late, and not in accordance with the 2012 Regulations. On the face of the Private Prescription Log, there were apparent inaccuracies or errors in relation to the date of supply of medication. By way of example, there were entries completed on 24th January 2020 and 27th January 2020 in the Private Prescription Log that reference a number of prescriptions as having been supplied on 25th December 2019 and 26th December 2019 when the pharmacy would have been closed. Other entries suggest further dispensing occurred when the pharmacy would have been closed.*

h. *Some entries, which were made by the Registrant, referenced supplies made by her on a Saturday from McFadden's Pharmacy when the premises were closed and the RP log reflected the closure.*

i. *Some entries into the Private Prescription Log were made by a non-pharmacist using the login details of a pharmacist giving the incorrect impression that the entries were completed by the pharmacist whose name appeared in the entry.*

j. *The records were not maintained in accordance with Regulation 253 and the accuracy and integrity of the information recorded in the Private Prescription Log appears compromised.*

k. *The Registrant completed some of the entries herself and, as a pharmacist, was involved in some Private Prescription transactions in early January which were not properly recorded in accordance with Regulation 253.*

l. *The Registrant had introduced a Standard Operating Procedure (SOP) on 1st August 2019 with respect to the dispensing and recording of private prescriptions. On various dates on and between 18 November 2019 and 1st February 2020 the Registrant, as superintendent of Wynrose Limited, failed to ensure that the SOP was (i) understood and (ii)adhered to by pharmacist and non-pharmacist employees.*

m. *The Registrant, having introduced it, failed to follow the SOP herself with respect to the recording of private prescriptions.*

n. *A review of medication transactions on 23rd January 2020 for the online service revealed the following information-*

    i. *From a review of the Private Prescriptions and the Private Prescription Log, 35 private prescriptions were dispensed on 23/01/20 from McFaddens (32 were prescribed and dispensed on 23/01/20 and 3 were prescribed earlier, but dispensed on 23/01/20). Entries were made for the 32 prescriptions dated 23/01/20 in the Private Prescription Log on 27/01/20.*

    ii. *The entries in the Private Prescription log were all noted in the log as having been made and completed by Jenna McBride, a registered pharmacist.*

iii. *On 23/01/20, 327 entries were made in the Private Prescription Log, on the face of the Log, by Jenna McBride, many dating back to November 2019.*

iv. *The RP on the 23/01/20 was Suzanne* McKee, *a locum pharmacist.*

v. *Entries for prescriptions dispensed and supplied on 23/01/20 were not made in the Private Prescription Log on a contemporaneous basis.*

o. *(i) Suzanne McKee was the RP at McFadden's Pharmacy on 23rd January 2020, working as* a *locum. A person she believed was an Accredited Checking Technician (ACT) was present in the pharmacy working on the private prescription service that was operating from McFadden's Pharmacy. When asked whether there was anything that the ACT needed the RP to clinically check with respect to the private prescription service, Ms. McKee was informed by the ACT that she was organising paperwork. Heather Trueick arrived at the Pharmacy and Ms. McKee was advised by the superintendent that she was not involved in the online pharmacy service.*

(ii)The RP, Suzanne McKee *was deliberately excluded from the dispensing process with respect to the private prescription service on 23rd January 2020.*

(iii)Ms. McKee did not know about any supplies made through the Pharmacy on 23rd January 2020 to patients who ordered via the online service. She did not make any entry into the PMR or the PP Log. As she was unaware of any dispensing or supply through the online service, she undertook no clinical check with respect to any such supply. As RP she was not involved in relevant dispensing activity within the pharmacy. Accordingly, medicines such as dihydrocodeine, codeine phosphate, solpadol, co-codamol and zolpidem were supplied from the pharmacy without the knowledge or involvement of the RP.

(iv)The Registrant was aware that Suzanne McKee was excluded from oversight of this pharmacy activity and that specific dispensing activity in relation to private prescriptions was kept from her as RP.

(v) 32 private prescriptions were dispensed on 23rd January 2020.

(vi) As Responsible Pharmacist on 23rd January 2020, Ms. Suzanne McKee did not supervise the dispensing of these 32 private prescriptions.

(vii) The Registrant, in her capacity as superintendent, caused, allowed or permitted medicines to be dispensed on 23rd January 2020 without the RP being aware of, or supervising, the activity, notwithstanding her express indication that any supply of medication ordered online was done by and under the supervision of the RP.

5. The Committee further reminded itself that at the principal hearing, after considerations of evidence and submissions form both parties, it had concluded that the Registrant's fitness to practise was impaired.

6. At paragraph 59 of the main decision, and for the reasons set out in its decision on impairment, the Committee considered that the facts and the accepted misconduct is so serious that action must be taken to maintain public confidence in the profession and to protect the public. Having considered the totality of the evidence, and the submissions made at all stages of these proceedings, the Committee considered that the Registrant's conduct fell just short of being fundamentally incompatible with continued registration, and that the serious sanction of Suspension is one of the means by which the Committee consider that confidence can be maintained in the pharmacy profession, and the public can be protected.

7. At paragraph 60 of the main decision, the Committee considered that the sanction of Suspension for the maximum period of 12 months available to the Committee was the appropriate and proportionate sanction and was one which achieved the regulatory objectives of protecting the public, maintaining public confidence in the profession and maintaining proper standards of behaviour.

REVIEW DECISION ON THE 8TH AND 9TH FEBRUARY 2024

8. The Committee reminded itself that its role in a Review Hearing was not to reassess the appropriateness of the original sanction but to examine the Registrant's actions since the principal hearing, and to consider whether the Registrant's fitness to practise is no longer impaired or remains impaired**.** The Committee was reminded of the relevant words of the Supreme Court in the case of the GPhC v Khan [2016] UKSC 64, where the Supreme Court emphasised:

> "the focus of a review hearing is upon the current fitness to practise of the Registrant to resume practice, judged in the light of what he has, or has not achieved since the date of the suspension. The review Committee will note

the particular concerns articulated by the original Committee and seek to discern what steps, if any, the Registrant has taken to allay them during the period of suspension. The original Committee will have found that his fitness to practise *was* impaired. The review Committee asks: does his fitness to practise *remain* impaired?"

9. The Committee's attention was also drawn to the words of Blake J Abrahaem v GMC,

> "In Practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievement sufficiently addressed past impairments"

10. At this review, the Committee considered whether "all" the concerns raised in the original findings had in fact been sufficiently addressed.

11. Having received both oral and written submissions from Mr. Shields for the Society, and Mr. Hadley for the Registrant, including two statements from the Registrant and a further reflections document, and having admitted an additional bundle of material, the Committee considered that the Registrant's fitness to practise continued to be impaired. The Committee did not consider that the Registrant had discharged the persuasive burden lying upon her to demonstrate that she had fully acknowledged why her past professional performance was deficient, and what steps had been taken to remedy those deficiencies. She had not provided sufficient evidence of insight or remediation steps to sufficiently address her past impairments to satisfy the legal test at this stage.

REASONS AT REVIEW HEARING ON 8TH AND 9TH FEBRUARY 2024

12. In the Committee's main decision issues were raised about the Registrant's judgement and decision-making. In paragraph 51 the Committee noted that the Registrant herself had accepted the Committee's fitness to practise decision on impairment that she displayed a degree of poor judgement. In paragraph 57 the Committee acknowledged receipt of a further reflective piece from the Registrant at the sanction stage and noted that the Registrant should have demonstrated a level of insight into her actions earlier, and that she accepted that her actions showed her lack of judgement which was unacceptable for someone in her position.

13. The Committee received the Registrant's bundle including a statement of the 25 January 2024, and a reflection review document of January 2024, and whilst the reflective piece broadly acknowledged why her past professional

performance was deficient, she did not acknowledge the covert practices relating to the online services that took place on the 23rd January 2020.

14. The Registrant's statement and her reflective piece did not set out what she actually achieved during the year of suspension to remediate her past impairments. The Registrant focused on what she intended to do rather than the action she actually had taken.

15. At page 3 of her reflective piece she said she should have proactively identified risks in her practice, and at regular intervals, to ensure that patient safety was not compromised. She did not produce any evidence that she had in fact taken any steps to identify any potential risks to patient safety arising from any of her stores during the period of suspension.

16. Whilst the Registrant had SOPs in place, it was correctly submitted on her behalf that it was not enough to have SOPs in place but it was necessary to review those. There is no evidence that she did in fact review her SOPs during the period of suspension.

17. At pages 5-6 of her reflective piece she acknowledged that she needed to be a role model for all members of her team and colleagues. She also said she should have given a clearer example to the team, leading by taking the most appropriate course of action to protect the public. The Registrant could have provided the Committee with positive examples of the benefit that she had actually brought to her pharmacies, to her staff, and to the local community during the period of suspension.

18. At page 6 of the reflective document she said that she would set up regular team meetings to provide a forum whereby individuals can raise concerns, and open discussions can take place to ensure public safety to include managing meetings to discuss issues, manage situations, regarding governance, training to be performed, new services that are highlighted, and what would be needed to ensure compliance and public safety. She did not in fact produce evidence of what steps she had actually taken in these respects.

19. At page 2 of the Registrant's statement of the 6 February 2024, the Registrant accepted that communication could have been better. She accepted a failure to supply medications would have caused distress to members of staff and cause possible issues for patients which could have been allied by proper communication with staff. The statement of Mr. McGrann did not support any steps having been taken so far to improve communication with staff.

20. In page 7 of her reflective piece, she said that during the past year, on advice, she handed over management of the company to the acting superintendent. She said that she did not put herself in the situation whereby she was seen to be giving

advice or direction to a pharmacist, and that she was leaving the pharmacies to the sole responsibility of the superintendent. At paragraph 6 of the witness statement of the 25th January 2024, she said that due to her suspension she gave up complete control of her business, and appointed a replacement superintendent, and that he took complete control of her business. In paragraph 7 she said she took advice from the NPA and they advised that she should not be allowed in the pharmacy at all, and that she followed this advice, and did not want to take any steps that would compromise her suspension order. She then went on to say that the only reason she visited the premises was to collect her monies, HR purposes and to organise locum cover. In her statement of the 25th January 2024, paragraph 7, she said that she followed the advice not to be in the pharmacy "at all". This is contradicted by her owns words at paragraph 8, that she did in fact visit the premises, albeit for specific reasons. The statement from Mr. McGrann would challenge the accuracy of her assertions

21. The Registrant made a number of references to seeking advice from the NPA and obtaining legal advice. If she was in any doubt about what she should or should not do arising from the suspension order as an experience Registered Pharmacist, and as a Registrant with previous experience of the regulatory process, she should have satisfied herself that she was getting the correct clarity of advice. She did not do so.

22. In her signed statement of the 6 February 2024, she acknowledged that it was very difficult for her superintendent, Mr. McGrann, to work as superintendent whilst she was the business owner. She acknowledged that there were issues about ordering medication and who was responsible for that. The Committee did not have any evidence to consider how the role of the superintendent was in fact clarified by the Registrant contractor and how they would work together to provide a safe and effective pharmacy service.

23. There were also further question marks about the Registrant's judgement and decision making in the appointment of MM as superintendent. She did appoint MM in that role but there are concerns about whether she gave sufficient support and flexibility to allow him to perform that role. The Committee noted that MM has recently ceased acting as Superintendent Pharmacist.

SANCTION IMPOSED ON THE 9TH FEBRUARY 2024

24. Given the Committee's findings that the Registrant had not discharged the persuasive burden on her to demonstrate that she had sufficiently addressed past impairments, the Committee considered that a further Suspension would be imposed. The period of Suspension is for a further 3 months. At the end of the review hearing the Registrant's legal representative suggested that a mentor could be appointed. The Committee recommended during this time that she provide documentary evidence of

the engagement of a mentor who would agree to mentor the Registrant going forward. The Committee also suggested that the Registrant provide evidence about what steps she had actually taken to remediate her impairments. The evidence that the Registrant has produced to the Committee contains information about the steps that she intends to take, but has not yet taken. The Committee suggested that the Registrant produced evidence of actual positive steps she had taken and had completed in the intervening period to address past impairments. The Committee noted that she undertook 3 certified hours of training on 24th January 2024. The Committee would have expected any remedial actions to have been initiated at the commencement of her suspension. This would have provided sufficient time and opportunity for her to evidence the outputs of the remediation to the Committee at its review hearing and explicitly what steps she had taken to enhance her insight and improve the safe supply of medicines.

25. The Committee expected that the Registrant would satisfy the review Committee with relevant evidence-based examples of:

*a)*the selection and safe recruitment of all staff including the superintendent with the necessary role clarification to empower authority

*b)*the review of SOPs to effect the safe supply of medication to the public

c)the assurance processes in place to monitor and optimise safe practice.

The Suspension will be reviewed by the Committee before the expiration of the 3 months suspension period.

26. The Committee afforded the Registrant an opportunity to sufficiently address remedial actions and considers that continued suspension is appropriate as a Sanction at this time. The Committee did not consider removal to be necessary appropriate or proportionate at this time as the public is protected.

FURTHER REVIEW DECISION ON 24TH APRIL 2024 AND 1ST MAY 2024

27. The Committee reminded itself that its role in a Review Hearing was not to reassess the appropriateness of the original sanction but to examine the Registrant's actions since the principal hearing, and to consider whether the Registrant's fitness to practise is no longer impaired or remains impaired**.** The Committee was reminded of the relevant words of the Supreme Court in the case of the GPhC v Khan [2016] UKSC 64, where the Supreme Court emphasised:

"the focus of a review hearing is upon the current fitness to practise of the Registrant to resume practice, judged in the light of what he has, or has not achieved since the date of the suspension. The review Committee will note the particular concerns articulated by the original Committee and seek to discern what steps, if any, the Registrant has taken to allay them during the period of suspension. The original Committee will have found that his fitness

to practise *was* impaired. The review Committee asks: does his fitness to practise *remain* impaired?"

28. The Committee's attention was also drawn to the words of Blake J Abrahaem v GMC,

> "In Practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievement sufficiently addressed past impairments"

29. At this review, the Committee had to consider whether "all" the concerns raised in the original findings have in fact been sufficiently addressed.

30. Having received both oral and written submissions from Mr. Shields for the Society, and Mr. Hadley for the Registrant, including a further reflections document, and a supplemental bundle of material, the Committee considered that the Registrant's fitness to practise continued to be impaired. The Committee did not consider that the Registrant has discharged the persuasive burden lying upon her at this second review hearing.

REASONS AT REVIEW HEARING ON 24TH APRIL 2024 AND 1ST MAY 2024

31. The Committee heard from the Registrant for the first time, and that was helpful. The Committee also received a further reflections document adding to the document previously provided to the Committee at the first review hearing. That reflective piece addressed for the first time one of the fundamental problems in the case, that the Registrant set up an online service, that this was a commercial enterprise that did not adequately safeguard patient's safety. Her expanded reflective piece also addressed the fact that she had required Ms. McKee to give evidence, and the Committee noted that the Registrant said in evidence, that she wished to apologise to Ms. McKee for the position she put her in.

32. The Committee also noted the insight the Registrant showed by admitting in her evidence that she had not provided a patient centered service.

33. The Committee reminded itself that it had concerns around the Registrant's judgment and decision-making. At the last review hearing the Committee were not satisfied that the Registrant had taken sufficient steps to demonstrate insight and address risks of recurrence.

34. Whilst the Registrant had provided some evidence concerning the recruitment of new staff, the appointment of a Superintendent Pharmacist, a review of some SOPs and had identified a mentor, to mentor her going forward, the Committee believed that the Registrant's approach had been to a certain extent, and continued to be, rather last minute, and reactive, to the Committee's recommendations, rather than demonstrating a more proactive approach.

35. As far as the mentor was concerned, the issue of a mentor was raised at the last minute at the review hearing on 09 February 2024. Whilst the Committee heard from the Registrant about difficulties of engaging a mentor, the Committee noted the following: At page 27 of the Registrant's bundle the Committee were informed that the Registrant chose to ask Liam Bradley to look into the financial issues in her business. Michael Gueran was contacted and there were discussions about the best way forward for the business. The Committee considered that the Registrant continued to give too much emphasis to the business side of things rather than focusing on how to take steps to prioritise patient safety. The Committee reminded itself that one of the concerns at the original hearing was that the Registrant's commercial interests prevailed over her professional obligations.

36. On 24th April 2024, the Committee received a short note from Una O'Farrell dated the 24 April 2024, indicating her apparent agreement to act as a mentor for the Registrant, "in so long as this is a requirement under recommendation laid out by PSNI". Whilst the Committee received a more detailed letter from Ms. O'Farrell on the second day of this review hearing, on 1st May 2024, which provided some detail as to the mentoring role that she might undertake, again this was all very last minute. The Committee have had no opportunity to make any assessment as to whether the mentoring process had been or could have been constructive to allow the Committee to consider whether the Registrant has demonstrated further insight into her original failings, and whether there is likely to be a risk of recurrence which might affect patient safety.

37. In the Society's supplemental bundle, the Committee noted a number of matters of ongoing concern, given the Committee's decision at the original hearing, and the review hearing in February 2024. The Committee received a letter from Matthew Dolan of the SPPG dated 22 April 2024. He said,

> " As part of the visit process certain operational aspects of the contracted pharmacies became apparent that gave some indication that the SI arrangement and the actual business itself may not be in a stable position. These were brought to Ms. Trueick's attention as the director/owner of Wynrose Ltd in the letter on 14 March 24. We did not receive a written response to the letter and a verbal response was more to challenge detail such as the exact dates the incumbent SI would step down as opposed to giving us a firm assurance".

38. The Committee was surprised at the lack of engagement by the Registrant with the SPPG, when requested, particularly given the findings of the Committee at the February 2024 review hearing. The Committee noted that the Registrant did not adequately respond and did not adopt a more proactive and cooperative approach. Mr Dolan, in that letter, set out other concerns that were unresolved. He said " There does not appear to be a clear understanding by Ms. Trueick of the need for a pharmacy to have a robust plan should the business continuity fail, for whatever that reason is. Given what occurred in February this should not be a hypothetical concept for Ms. Trueick and does not

demonstrate to us an insight into the impact those closures had on patient care. Hence the very real possibility to SPPG whereby a future closure would result in a similarly disordered and unmanaged scenario to February".

39. On the 24 April 2024 the Committee were then provided with the Registrant's business continuity plan which she said in evidence she revised on the 23 April 2024, from earlier business continuity plans. The Committee were not provided with any earlier plans, but if such plans had been in existence when requested by the SPPG, the Committee finds it difficult to understand why they were not provided at the earliest opportunity. The Committee also noted that evidence of a plan being in place was not apparent through the handling of the unexpected pharmacy temporary closures of early February, according to Mr. Dolan of the SPPG, in his letter of 22 April 2024.

40. The Committee also noted an email from Mr. McKendry of the MRG of the 17 April 2024. It referred to the high level of concerns about the Registrant's business due to of a lack of a settled Superintendent Pharmacist who is a senior manager with the autonomy to make decisions that affect the running of the retail pharmacy business. He said that there had been considerable inconsistencies in the position of the Superintendent Pharmacist with multiple pharmacists having occupied the position for varying periods. He said that some of those Superintendent Pharmacists may have had questionable authority in relation to decision-making. The Committee also noted that Mr. McKendry in his inspection of January 2024 identified a number of deficiencies in Wynrose pharmacies. Despite correspondence with numerous Superintendent Pharmacists since January 2024 some of the previously identified deficiencies in the pharmacies remained outstanding.

41. Whilst the Registrant had now another Superintendent Pharmacist in position from 4 April 2024, she had only been in that post for a matter of weeks. The Committee reminded itself that at the initial review hearing it was concerned about the Registrant's interference in the role of her staff, and in particular, Superintendent Pharmacists, with concerns about whether she gave sufficient support and provided flexibility to Superintendent Pharmacists to perform their role. It is too early to assess whether the Registrant has remediated concerns about her decision making and judgment with regard to the role of the Superintendent Pharmacist, and accordingly the Committee has some ongoing concerns about the risk of recurrence in that regard.

42. Whilst the Registrant had made progress, which was encouraging, the Committee had continuing concerns and did not consider that she had sufficiently addressed all matters. Consequently, the Registrant had not sufficiently discharged the persuasive burden lying upon her.

SANCTION IMPOSED ON 1ST MAY 2024

43. Realistically, the most relevant sanctions at this stage, given all the evidence that the Committee had received, were the sanctions of Conditions or Suspension. The

Committee's attention was drawn to the fact that the Registrant had been suspended for one year and at the first review the Committee did not think that she had done enough to address the Committee's concerns in the original determination. The Committee did give the Registrant a further opportunity to demonstrate that she had sufficiently addressed her identified failures. The Committee acknowledged that during the 3 months suspension period she had difficulties with her business, but she had provided the Committee with further evidence of steps that she had taken to demonstrate insight, to remediate past failings and to reduce the risk of recurrence. The Committee was not convinced that a further short period of suspension would provide the platform for the Registrant to further remediate. On balance, the Committee decided to impose the Conditions set out in the schedule to the determination. The Committee considered that these conditions where necessary, and proportionate. The Committee believed that conditions would achieve the regulatory objective and would protect the public. The Committee wanted to make it clear to the Registrant that she should strictly adhere to the conditions it had set within a period of 12 months which the Committee believed was a realistic timetable for the Registrant to comply with. The Registrant was reminded that compliance with these conditions should take place from the 10 May 2024, the date of expiration of the Suspension Order, through the full period of 12 months. The Committee will review the Registrant's compliance with these conditions prior to the expiration of the 12-month period.

44. Given the Committee's reasons set out in its decision on impairment at this second review and given the material and information put before the Committee, the Committee did not consider that a further suspension should be imposed. The Committee considered that the imposition of these Conditions which are workable, and can be verified, will hopefully allow the Registrant to remediate the reasons for the finding of impairment. The Committee did not consider that at this stage, and on this evidence, that a suspension order with recommendations would allow the Registrant the opportunity to clearly demonstrate to the Committee what steps she had taken to remediate past failings. At this stage of this case the Committee did not now believe that a suspension was proportionate and was not necessary to protect the public interest.

45. The Committee did not consider removal to be necessary, appropriate or proportionate on the evidence.

SCHEDULE OF CONDITIONS

(I) The Registrant shall appoint and work with a credible mentor.

(II) The Registrant shall ensure that the mentor provides monthly written reports on the Registrant's progress to the Registrar.

(III) The mentor shall not be an employee of the Registrant.

(IV) The Registrant shall not act as a Superintendent Pharmacist at any time during the 12-month period.

(V) The Registrant shall devise and implement structure and protocols to demonstrate genuine diversification of the role of Superintendent Pharmacist and the Registrant business owner, in Wynrose Pharmacy.

(VI) Before the expiration of the conditions the Registrant shall provide written signed and dated reports both from the Superintendent Pharmacist, and the mentor, to confirm the work carried out by the Registrant, to include how the Superintendent Pharmacist has been able to work independently to provide effective control to manage risk and promote patient safety.

(VII) In all professional dealings the Registrant should make all professional parties aware of the Conditions imposed on her pharmacy practice.

(VIII) The Registrant shall notify the Pharmaceutical Society of Northern Ireland of any position which requires the Registrant to act as a Registererd Pharmacist in the course of her duties, and to provide the Pharmaceutical Society of Northern Ireland with the contact details of her Superintendent Pharmacist.

(IX) The Registrant shall inform the Pharmaceutical Society of Northern Ireland if the Registrant applies to work as a pharmacist outside of Northern Ireland.

FURTHER REVIEW DECISION ON 6th MAY 2025

46. The Committee reminded itself that its role in a Review Hearing was not to reassess the appropriateness of the original sanction but to examine the Registrant's actions since the principal hearing, and to consider whether the Registrant's fitness to practise is no longer impaired or remains impaired**.** The Committee was reminded of the relevant words of the Supreme Court in the case of the GPhC v Khan [2016] UKSC 64, where the Supreme Court emphasised:

> "the focus of a review hearing is upon the current fitness to practise of the Registrant to resume practice, judged in the light of what he has, or has not achieved since the date of the suspension. The review Committee will note the particular concerns articulated by the original Committee and seek to discern what steps, if any, the Registrant has taken to allay them during the period of suspension. The original Committee will have found that his fitness

to practise *was* impaired. The review Committee asks: does his fitness to practise *remain* impaired?"

47. The Committee's attention was also drawn to the words of Blake J Abrahaem v GMC,

> "In Practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievement sufficiently addressed past impairments"

48. In this review Committee had to consider whether "all" the concerns raised in the original findings have in fact been sufficiently addressed.

49. Having received both oral and written submissions from Mr. Shields for the Society, and Mr. Hadley for the Registrant, including 236 pages of additional documentation from the Registrant, the Committee considered that the Registrant's fitness to practise continued to be impaired. The Committee did not consider that the Registrant had discharged the persuasive burden lying upon her in a number of respects at this third review hearing.

REASONS AT REVIEW HEARING ON 6TH MAY 2025

50. Whilst the Registrant had met some of the Conditions imposed by the Committee in its decision on the 01 May 2024, the Registrant had not provided reports from her Superintendent Pharmacist from January 2025. It was accepted by the Society that the Superintendent Pharmacist in place at the time had to leave the Registrant's employment due to a family matter. Nevertheless, the Registrant had not ensured that reports were provided from a Superintendent Pharmacist from February 2025 to the date of this hearing. There was therefore a gap in what the Committee expected from the Registrant, in terms of reports from the Superintendent Pharmacist. The Committee was advised that the Registrant had a new Superintendent Pharmacist in place, and the Committee would expect the Registrant to ensure that her new Superintendent Pharmacist provide further reports on or before the 10 June 2025, on or before the 12 August 2025, and on or before the 14 October 2025.

51. Whilst the Registrant had made progress, which is encouraging, the Registrant had not sufficiently addressed all matters that gave rise to the imposition of Conditions on 1st May 2024.

SANCTION IMPOSED ON 6th MAY 2025

52. The Committee were provided with draft Conditions that were acceptable to the Society and to the Registrant herself. Whilst the Conditions proposed, or indeed any sanction, is a matter for the Committee to decide upon, having considered the new material put before it, the content of the indicative sanction guidance, and the draft

Conditions, realistically, the Committee felt that the most relevant sanction at this stage, was that of further Conditions. The Committee considered that the further Conditions set out in the schedule to this decision were necessary and proportionate. The Committee believed the further Conditions will achieve the regulatory objective and would protect the public. The Committee wanted to make it clear to the Registrant that she should strictly adhere to these Conditions within a period of 6 months. The Committee will review the Registrant's compliance with these Conditions prior to the expiration of the 6 months period. Whilst the Committee do not make this a specific condition that the Registrant shall comply with, as indicated to the Registrant at the hearing, the Registrant might wish to voluntarily provide further reports from her mentor to be considered by the Committee at the date of the next review hearing.

53. For the avoidance of doubt, the Committee did not think that any more serious sanctions such as suspension or removal would be appropriate or proportionate.

54. Following a review on the 7th November 2025, Conditions on practice were extended for a further 3 months.

55. Following a review on 28th January 2026, Conditions on practice were extended for a further month.

SCHEDULE OF CONDITIONS

i) The conditions order will be extended for 6 months.

ii) The Registrant shall not act as a Superintendent Pharmacist at any time during the 6 month period.

iii) The Registrant shall devise and implement structures and protocols to demonstrate genuine diversification of the role of Superintendent Pharmacist and the Registrant as the business owner of Wynrose Limited.

iv) Before the expiration of the period of conditions the Registrant shall provide written, signed and dated reports from the Superintendent Pharmacist to confirm the work carried out by the Registrant, to include how the Superintendent Pharmacist has been able to work independently to provide effective control to manage risk and promote patient safety.
1st report due on or before 10 June 2025
2nd report due on or before 12 August 2025
3rd report due on or before 14 October 2025

v) The Registrant shall notify the Pharmaceutical Society of Northern Ireland of any position which requires the Registrant to act as a Registered Pharmacist

in the course of her duties, and to provide the Pharmaceutical Society of Northern Ireland with the contact details of her Superintendent Pharmacist.

vi) The Registrant shall inform the Pharmaceutical Society of Northern Ireland if the Registrant applies to work as a Pharmacist outside of Northern Ireland.

FURTHER REVIEW DECISION ON 23RD & 24TH FEBRUARY 2026

56. At this further review hearing, the Committee are reminded that when considering a review the Committee has to take into consideration the words of Blake J. in Abrahaem –v- GMC, when he said,

> "The review has to consider whether all the concerns raised in the original finding of impairment through misconduct have been sufficiently addressed to the Panel's satisfaction. In practical terms there is a persuasive burden on the practitioner at a review to demonstrate that he or she has fully acknowledged why past professional performance was deficient and through insight, application, education, supervision or other achievements sufficiently address the past impairments."

57. Having heard the Registrant give evidence, again, and having received submissions from Ms. Ellison on behalf of the Registrant, Mr. Shields on behalf of the Society, the Committee do not consider that the Registrant has discharged the persuasive burden lying upon her to demonstrate sufficient insight and address past impairments. The words of Blake J. remind the Committee that the review has to consider whether all the concerns raised in the original finding of impairment have been sufficiently addressed, and whether she has "fully acknowledged" why her past professional performance was deficient. The Committee do not consider that the Registrant has done that.

58. The Committee were also reminded of its original areas of concern in this case which included concerns over the Registrant's judgment and decision making, her engagement in covert practices relating to the online services that she was involved in, and arising from that her failure to engage with her Responsible Pharmacist. Ms. McKee her Responsible Pharmacist was deliberately excluded from the private online prescription process. The Registrant assured the Society that the online prescription service had ceased in June 2020, but it had in fact continued until September 2020 for commercial reasons.

59. The case was last substantively reviewed by the Committee in May 2024 at which stage the Committee imposed 9 conditions. The Committee looked again at all these Conditions but had particular concerns about Conditions (v) and (vi). Condition (v) required that,

"(v) The Registrant shall devise and implement structures and protocols to demonstrate genuine diversification of the role of Superintendent Pharmacist and the Registrant as the business owner, in Wynrose Pharmacy", and Condition (vi) required that,

"(vi) Before the expiration of the period of Conditions the Registrant shall provide written signed and dated reports both from the Superintendent Pharmacist, and the mentor, to confirm the work carried out by the Registrant, to include how the Superintendent Pharmacist has been able to work independently to provide effective control and manage risk and promote patient's safety."

60. The statement of Charlene Kelly, the then Registrar, of the 2nd May 2025, set out two issues of concern. The first issue was the over supply of medication in respect of a patient by a GP practice. This occurred on one occasion some time between August and November 2024. The Registrant was notified of this and completed an A1F1 form to confirm that the patient concerned did not receive any extra medication. There is no criticism made of the Registrant of the fact that this happened. Rather the relevance of this was that the Registrant did not notify her Superintendent Pharmacist, who was then Alexis Bradley, of this issue. The statement of Alexis Bradley of the 4th November 2025 which was not challenged, makes it clear that she was not made aware that this adverse incident had been reported to the Registrant. Furthermore, she was not made aware that an A1F1 Form had been completed by the Registrant. Alexis Bradley said that she had no knowledge of, nor had any involvement in any investigation of the situation. The Registrant should have reported this to her Superintendent Pharmacist but did not do so, and the Registrant accepted in her oral evidence that she knew that she should have provided this information to Ms Bradley at the time, but chose not to do so, without providing any satisfactory reason to the Committee.

61. Charlene Kelly's statement raised a second issue which was that Monitored Dosage Systems (MDS) medication supply from the pharmacy had been reported, which generated 4 adverse incident reports. These adverse incidents were not reported by the Registrant to her then Superintendent Pharmacist Alexis Bradley. The statement of Ms Bradley makes this clear. The Registrant accepted in her evidence that she knew she should have reported these adverse incidents to her Superintendent Pharmacist at the time but did not do so. Again, the relevance of this issue was not that the events actually occurred but rather the Registrant failed to notify her Superintendent Pharmacist. The point is that the Registrant should have told Alexis Bradley about the adverse incidents so that she, the Superintendent Pharmacist, could collectively deal with, and investigate any difficulties arising, and manage the potential risk to patients.

62. As far as Alexis Bradley is concerned all the Registrant had to do was inform her Superintendent Pharmacist of incidents and events so that these could be

investigated and addressed and risks managed. This would have been a simple step to take but the Registrant failed to do so.

63. The Registrant's failure to inform Alexis Bradley about matters of concern is brought into focus by the fact that the next Superintendent Pharmacist, Conall McCaughey confirmed in writing on the 21st October 2025 that the Registrant had in fact informed him of relevant matters so that he as Superintendent Pharmacist could carry out all appropriate investigations.

64. In the Committee's view these events demonstrate concerns about the Registrant's judgment, and decision making, and co-operation with her Superintendent Pharmacist, which arose from the original hearing, and earlier review hearings.

65. As directed by the Committee the Registrant engaged a mentor, Una O'Farrell. Her mentor provided monthly written reports to the Registrar as to the Registrant's progress. Mr. Shields for the Society, drew the Committee's attention to a number of entries in these reports demonstrating the Registrant's lack of insight.

66. In the report of the 26th July 2024 the mentor said that she ended a session with the Registrant referring to the GPhC list of responsibilities of the Superintendent Pharmacist, going through each one to ensure that the Registrant understood the practicalities of each one, and was observing those with her practice. The Registrant is recorded as agreeing to share these with her Superintendent Pharmacist. The impression she gives is that she understood the role of the Superintendent Pharmacist.

67. The Committee were referred to documents drawn up by the Registrant as to the role of the Superintendent Pharmacist previously available for the February 2024 and May 2024 reviews. In her 4th April 2024 document, concerning the rules and responsibilities of a Superintendent Pharmacist, she included that the Superintendent Pharmacist shall regularly review incidents and take appropriate action where necessary to ensure risks are minimised. It was argued on behalf of the Society that the Registrant's failure to notify Alexis Bradley of the fact that incidents occurred made it impossible for her Superintendent Pharmacist to review the incidents, take appropriate or necessary action, or ensure that risks are minimised, all to protect the public. The Committee considered that the Registrant clearly knew of the role of the Superintendent Pharmacist but the evidence showed that she did not allow the Superintendent Pharmacist, Alexis Bradley, to carry out her role properly.

68. The minute of the meeting with her mentor on the 23rd October 2024 records that her mentor asked the Registrant to consider what else had gone wrong that led to the ruling that her fitness to practice was impaired. It is recorded that the Registrant stated that she strived to give the best service and best experience of pharmacy to patients. She stated that her focus was not and never was on commercial gain. On

that point the Committee were reminded that at the time that she was running the online prescription service the Committee found that she was motivated by commercial profit. The Committee considers that her use of the words "was not and never was" does refer to earlier activities. The Committee considers that her answers to her mentor raised questions as to the level of insight she had into the findings against her, and the reasons for the findings set out in the Committee's earlier decisions.

69. On the 28th November 2024 the mentor asked the Registrant to explain as best she could her understanding of how she came to be facing an FTP hearing in the first instance. She is then recorded as providing an explanation of events which was not consistent with the allegations made against her which she ultimately admitted. In her evidence the Registrant seemed to question the accuracy of her mentor's records of the meetings, and suggested there were some misunderstandings on the part of her mentor. The Committee considers that the reports were an accurate record of what was said. Her mentor is a well respected pharmacist who had no reason not to accurately record the meetings. The Committee considers that the record shows that Registrant was economical with the truth about the nature and extent of the allegations she faced. Overall the history recorded demonstrates a lack of sufficient insight on the part of the Registrant.

70. The minute of the next meeting with her mentor on the 19th December 2024 shows that the mentor would appear not to have been provided with the decision of the Committee by the Registrant herself, as the mentor said she had to access that through the PSNI website. Her mentor said that this led her to consider some issues that she considered pertinent to discuss with the Registrant. Her mentor said that at the previous meeting she had asked the Registrant to describe how she had come to face FTP proceedings. The mentor said that the Registrant had not previously mentioned that it had been concluded by the panel that she had conducted covert practices when running her online prescription service, which in the mentor's assessment, formed a substantial part of the case against her. The Registrant then admitted that she had failed to be as transparent with her locum staff at the time of the provision of the online services as she should have been. The Committee considers that the Registrant had ample opportunity at her monthly meetings with her mentor, and in particular when asked about what gave rise to the FTP proceedings, to demonstrate insight, by providing a full explanation as to what happened, and why. The records show that she did not do so.

71. The minute of the meeting on the 27th January 2025 recorded that the Registrant told her mentor that she had reason to update her SOPs for controlled drugs. She said that there had been a medicines incident which had resulted in a patient receiving their instalment of medication across 2 prescriptions (issue 1 referred to above). She told her mentor that she had immediately informed her Superintendent Pharmacist of this event and kept the Superintendent Pharmacist informed of the

SOP redraft. The Registrant admitted in her oral evidence that she did not tell Alexis Bradley of this incident and therefore her Superintendent Pharmacist could not take appropriate action to investigate and address any risks arising. The Committee considers that the Registrant should have informed her mentor of the incidents, and the fact that she did not actually inform her Superintendent Pharmacist of these events.

72. This evidence shows that since the last substantive review in May 2024, the Registrant has not sufficiently addressed all of the concerns raised at the time of the original hearing. She has not satisfied the persuasive burden lying upon her that she has "fully acknowledged" why her past professional performance was deficient, and demonstrate that her fitness to practice is no longer impaired. Rather, it demonstrates that there were issues with her decision making, and judgment. In addition, she withheld relevant events and information from her Superintendent Pharmacist, and she failed to engage properly and professionally with her Superintendent Pharmacist. This shows a lack of sufficient insight and remediation.

73. However, it is clear from the Registrant's evidence, and the submissions made on her behalf, that the Registrant has now taken steps to streamline her business. On the 31st August 2024 she closed her pharmacy at Rosetta Road. On the 31st December 2025 she sold her Fourwinds Pharmacy to Mr. Paul Tallon. On the 31st January 2026 she closed McFadden's Pharmacy at Duncairn Gardens in Belfast. This has now left her with 1 pharmacy, Campbell's in Lurgan. She has worked as a Responsible Pharmacist there under the Conditions imposed by the Committee. Her Superintendent Pharmacist was Conall McCaughey after Alexis Bradley left in February 2025. Mr. McCaughey remained as Superintendent Pharmacist from February to December 2025, and the Committee were informed that he left for personal reasons. Mr. McCaughey provided 4 reports and a statement all of which were supportive of the Registrant. Mr. Tallon is the current Superintendent Pharmacist at Campbell's in Lurgan. He provided a supportive statement of the 6th January 2026 which shows that the Registrant is working well with him, and matters seem to have improved in recent times. However, the Committee cannot ignore the fact that she has been economical with the facts on several occasions. The Committee find it difficult to understand why the Registrant did not take the opportunity to fully explain to her mentor her role in the original events and why she got herself in to those difficulties at that time. She has also demonstrated poor decision making, and judgment. She failed to engage properly with Alexis Bradley, all since the last substantive review in May 2024.

74. The Registrant gave evidence to the Committee on the first day of this review, and the Committee do not consider that her evidence sufficiently addressed all the concerns the Committee previously had. The Committee considers that she still has insufficient insight. Her acts of remediation in closing and selling her other 3

businesses are helpful, but the Committee remains concerned about the risk of a recurrence should the Registrant continue to practice without restriction at this stage.

75. Whilst the Registrant has provided some helpful reflective pieces, and she did engage with a mentor as she was required to do, and she has wisely streamlined her businesses, probably reducing the risks of recurrence, nevertheless, the written and oral evidence at this review shows that, even over a period of time, and the reviews which have taken place, there still remains a failure to address all of the issues that gave rise to the allegations and the findings against her in the first place. Her level of insight and remediation remain incomplete. Accordingly, the Committee finds that the Registrant's fitness to practice remains impaired.

SANCTION IMPOSED 24 FEBRUARY 2026

76. The Committee has reviewed the Indicative Sanctions Guidance and reminded itself that its decision must be proportionate.

77. 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.

78. 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 herself of the imposition of the appropriate sanction.

79. 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.

80. As is required, the Committee considered the potential sanctions available to it at this review hearing starting with Conditions, to decide which was the most appropriate and proportionate sanction at this time.

81. Given the Committee's continuing concerns about the Registrant's level of insight and remediation as set out in its decision on Impairment, the Committee were invited to carefully consider, at this stage, after a number of hearings, whether the Registrant has reached the point where there is no realistic chance of her demonstrating sufficient insight and remediation, so that the only option open to the Committee, to protect the public, would be to impose a more serious sanction such as Removal.

82. However, whilst the Committee considers that the Registrant clearly has work to do, and it is very much in the Registrant's own hands to satisfy the next review Committee that she has demonstrated sufficient insight, and has remediated her past behaviour,

the Committee acknowledge that the Registrant has made some progress in the last five months. The reports and statements of the most recent Superintendent Pharmacists, Mr McCaughey and Mr Tallon, show that there has been a greater degree of stability and professionalism in her business.

83. The Registrant has closed two of her businesses, and sold a third, in the last few months, leaving her with one pharmacy business, that is Cambells in Lurgan.

84. The Registrant is clearly in the early stages of this transition, but she told the Committee that she has made progress in building up her client base, and work at Cambells, and in improving relationships with local GPs and other practitioners.

85. Accordingly, the Committee do not consider that the Registrant has reached the point where the only option would be to remove her from the Register.

86. Given the progress that she has made in recent times, the Committee considers that the fair and proportionate sanction is that of a Conditions Order. The Committee also considers that the imposition of a Conditions Order would be in the public interest and would protect the public.

87. Given the fact that the Registrant's past behaviour giving rise to hearings before the Statutory Committee arose when she was acting as both owner and Superintendent Pharmacist, the Committee do not think that the public would be protected at this stage, if the Registrant was allowed to act as both owner and Superintendent Pharmacist in Campbell's pharmacy. Therefore, the Committee impose a condition within the Conditions Order, that she shall not act as a Superintendent Pharmacist for a period of two-years. The other conditions set out in the Schedule to this decision will also be imposed for a period of two-years. The Registrant's actions and her compliance with these conditions will be reviewed prior to the expiration of the two-year period.

88. The Committee decided to make a Conditions Order for a period of two-years to allow the Registrant sufficient time and space to achieve the requirements set out by the Committee. The Committee did not consider that a shorter period would allow the Registrant the opportunity to meet the conditions.

89. It is very much in the Registrant's own interest to build on the progress she has made in recent times. However, she should clearly understand that she would need to demonstrate full insight and full remediation and that she would need to work positively with her Superintendent during the two-year period.

90. For these reasons the Committee did not consider that it would be fair or proportionate to impose a more severe sanction such as Suspension or Removal at this time.

91. The Conditions Order in the Schedule to this decision shall commence from the expiration of the previous Conditions Order on the 10th March 2026.

SCHEDULE OF CONDITIONS

(i) The Registrant shall not act as a Superintendent Pharmacist at any time during the two-year period.

(ii) The Registrant shall devise and implement structures and protocols to demonstrate genuine diversification of the role of Superintendent Pharmacist and the Registrant as the business owner of Wynrose Limited.

(iii) Before the expiration of the period of Conditions the Registrant shall provide written, signed and dated reports from the Superintendent Pharmacist to confirm the work carried out by the Registrant, to include how the Superintendent Pharmacist has been able to work independently to provide effective control to manage risk and promote patient safety. These reports shall be provided at 6 months, 12 months and 18 months from the commencement of this Conditions Order, with the last report being provided one month prior to the review hearing.

(iv) The Registrant shall notify the Pharmaceutical Society of Northern Ireland of any position which requires the Registrant to act as a Registered Pharmacist in the course of her duties, and to provide the Pharmaceutical Society of Northern Ireland with the contact details of her Superintendent Pharmacist.

(v) The Registrant shall inform the Pharmaceutical Society of Northern Ireland if the Registrant applies to work as a Pharmacist outside of Northern Ireland.

Gary Potter KC
Chair of the Statutory Committee
24th February 2026