STATUTORY COMMITTEE OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

In the matter of:	Aiden Anthony Graham (5158)
Location:	The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL.
Date:	16 April 2026
Committee:	Mr Gary Potter KC (Chair), Mrs Allison Hume (Lay Member), Dr Mairead McGrattan (Registered member)
Persons Present and Capacity:	Mr Mark Gribbin, Barrister, instructed by Ms Sharon Craig, Stewarts Solicitors (Registrant's Legal Representatives), Mr Jonpaul Shields, Barrister, instructed by Mr Ian Black, Solicitor (PSNI's Legal Representatives), Ms Laura Hughes, (Registrar), Maha Shams (Paralegal), Ms Zulema Horner (Secretary) Dr Richard Anderson (Clinical Adviser)

SERVICE

1. There were no issues about service.

PRELIMINARY LEGAL ARGUMENT

2. The Chair received submissions from the Society and the Registrant's legal representative regarding concerns related to [redacted] After consideration, the Committee elected to proceed with matters in public, and directed that [redacted] was appropriately redacted from transcripts and the written decision.

BACKGROUND

3. The Statutory Committee ('the Committee') met on the 16 April 2026, to consider allegations of misconduct in respect of Mr Aiden Anthony Graham, a registered pharmacist (the Registrant) made by the Pharmaceutical Society of Northern Ireland ('the Society').

4. The Committee satisfied itself that service of the Notice of Hearing was properly effected. The Notice of hearing dated 05 March 2026 was delivered to the Registrant's solicitor's business address and was also sent electronically that day. This was within the 35 days' notice required to be given under regulation 18 of The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (NI) 2012 ('the Regulations').

5. The Registrant was in attendance at the hearing and was represented by Mr Mark Gribbin BL, instructed by Ms Sharon Craig, Stewarts Solicitors. The Pharmaceutical Society of Northern Ireland (the Society) was represented by Mr Jonpaul Shields, BL instructed by Mr Ian Black, Solicitor.

6. The Committee had a hearing bundle numbering page 1 to page 242 and a Registrant bundle numbering page 1 to page 27. In the course of the hearing, the Committee admitted in evidence the following documents.

   • Exhibit 1: Statement of Case by the Society, 08 April 2026
   • Exhibit 2: Fitness to Practice Submissions by the Society, 16 April 2026

ALLEGATIONS

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

Convictions

On 28th May 2025, you were convicted at a District Judges (Magistrates' Court) sitting at Ballymena in relation to the following offences:

1. Between 1st January 2021 and 21st March 2024, you unlawfully had in your possession a controlled drug of Class C of Schedule 2 to the Misuse of Drugs Act 1971 namely Diazepam in contravention of section 5(1) of the Misuse of Drugs Act 1971, contrary to Section 5(2) of the Misuse of Drugs Act 1971.

2. Between 1st January 2021 and 21st March 2024, you stole Diazepam tablets of value belonging to Medicare Pharmacy Group contrary to Section 1 of the Theft Act (Northern Ireland) 1969. On 7th August 2025, you received a community service order requiring you to perform unpaid work for 200 hours.

Misconduct

1. On various dates on and between 1st January 2021 and 21st March 2024, whilst employed as a pharmacist by MediCare Pharmacy, you unlawfully obtained for your own or another's use, prescription only medicine and a class C controlled substance, namely diazepam, (i) without a valid prescription, (ii) without making a record of the supply and (iii) in circumstances where the supply was not clinically appropriate.
2. Between 1st January 2021 and 21st March 2024, whilst employed as a pharmacist and pharmacy practice manager by MediCare Pharmacy, you abused your position as a pharmacist to unlawfully obtain a prescription only medication and a class C controlled substance, namely Diazepam not available to the general public without a prescription, for your own or another's use.
3. On various dates on and between 1st January 2021 and 21st March 2024, whilst holding the position of Responsible Pharmacist in charge of a retail pharmacy business, you failed to

ensure the safe and effective supply of diazepam, a prescription only medicine and a class C controlled substance, from retail pharmacy premises.

4. On various dates on and between 1st January 2021 and 21st March 2024, whilst employed as a pharmacist by MediCare Pharmacy, you unlawfully obtained diazepam from the pharmacy with an intention to sell, supply, distribute or divert diazepam for use by another or others.

5. On various dates on and between 1st January 2021 and 21st March 2024, whilst employed as a pharmacist by MediCare Pharmacy, you unlawfully obtained diazepam from the pharmacy in such quantities and in such circumstances that it could not have been only for your own personal use and you have caused, allowed or permitted the sale, supply, distribution or diversion of diazepam for use by another or others.

FACTS

8. The Society's Statement of Case was put before the Committee as the agreed facts. They are as follows; the Registrant is a pharmacist registered with the Pharmaceutical Society of Northern Ireland.

9. At the relevant time, the Registrant was working as a pharmacist, and was the practice manager, at Medicare Pharmacy, 21-23 Main Street, Ahoghill. He routinely would have been the Responsible Pharmacist for the premises.

10. Anomalies were detected by the Medicines Regulatory Group (MRG) through the Controlled Drug Reconciliation Program data for diazepam 5mg tablets with respect to the Ahoghill Medicare Pharmacy. On 20th March 2024, MRG officers attended at, and inspected, the pharmacy and attended again on 29th March 2024 to seize pharmacy records.

11. The MRG investigation reviewed and reconciled purchase and supply information for diazepam 5mg tablets. This reconciliation established that more diazepam 5mg tablets had been purchased by the pharmacy than had been supplied from the pharmacy by way of NHS or private prescriptions. The MRG found that, between 1st January 2021 and 20th March 2024, there were 25,086 diazepam 5mg tablets which were unaccounted for.

12. What this effectively demonstrated was that diazepam 5mg tablets had been ordered in to the pharmacy over about a 3 year period, that these tablets were not on the pharmacy premises, and the tablets had not been lawfully dispensed.

13. Diazepam is a Prescription Only Medicine (POM) and a Class C controlled substance. It is a recognised substance of misuse and abuse.

14. The Registrant was interviewed on 13th May 2024 by MRG Officers. The Registrant accepted responsibility for the unaccounted for Diazepam and admitted that he had taken them for personal use.

15. The Registrant was prosecuted and, on 28th May 2025, was convicted at a District Judges (Magistrates' Court) sitting at Ballymena in relation to the following offences:

    a. 1. Between 1st January 2021 and 21st March 2024, you unlawfully had in your possession a controlled drug of Class C of Schedule 2 to the Misuse of Drugs Act 1971 namely Diazepam in contravention of section 5(1) of the Misuse of Drugs Act 1971, contrary to Section 5(2) of the Misuse of Drugs Act 1971.

    b. Between 1st January 2021 and 21st March 2024, you stole Diazepam tablets of value belonging to Medicare Pharmacy Group contrary to Section 1 of the Theft Act (Northern Ireland) 1969.

16. On 7th August 2025, the Registrant received a community service order requiring him to perform 200 hours of unpaid work.

17. The Registrant did not have a valid prescription authorising the supply to him of any of the unaccounted for diazepam. He did not make a written record of the supply in a Patient Medication Record (PMR). The circumstances of each supply were not clinically appropriate and was not authorised by a prescriber. None of the supplies that he made to himself between 1st January 2021 and 21st March 2024 were authorised or should have been made.

18. The Registrant abused his position as a pharmacist (and practice manager) to unlawfully obtain diazepam either for his own use or for use by another. This medication is a controlled substance and a POM and is not available to the general public without a prescription. The Registrant was able to circumvent the prohibition on supply without a clinically appropriate prescription. This occurred between 1st January 2021 and 21st March 2024.

19. On various dates on and between 1st January 2021 and 21st March 2024, whilst holding the position of Responsible Pharmacist in charge of a retail pharmacy business, he failed to ensure the safe and effective supply of diazepam, a prescription only medicine and a class C controlled substance, from retail pharmacy premises.

20. It is the Society's case that on various dates on and between between 1st January 2021 and 21st March 2024 the Registrant unlawfully obtained diazepam from the pharmacy with an intention to sell, supply, distribute or divert diazepam for use by another or others. It is not at all clear what the Registrant did with the tablets he obtained. However, the quantities of diazepam obtained by the Registrant in this case are significant. In 2021, 4050 tablets were unaccounted for and the Registrant accepts he was responsible for this loss. In 2022, 12,385 tablets were unaccounted for and the Registrant accepts he was responsible for this loss. In 2023, 9563 tablets were unaccounted for, and the Registrant accepts he was responsible for this loss.

21. The quantities obtained by the Registrant were such that they could not have only been for his own personal use. This explanation, to the extent that it is put forward, is not accepted by the Society. It is the Society's case that the Registrant unlawfully obtained diazepam from the pharmacy in such quantities and in such circumstances that it could not have been only for his own personal use and he has caused, allowed or permitted the sale, supply, distribution or diversion of diazepam for use by another or others.

22. The Registrant has made the case that he would have, at times, consumed 5 x 5mg tablets of Diazepam per day. If he did this consistently each day for a month, he would have taken and consumed up to 150 tablets in September 2022 and April 2023 whereas he obtained 1938 and 1922 tablets respectively during those months.

23. The Registrant has taken far more tablets than could properly, or credibly, be explained by personal use (or more accurately described as misuse). He may have taken some of the tablets for his own misuse, but he did not take them all for this purpose and he took significant quantities of diazepam, over a protracted period, for a use other than his own.

DECISION ON FACTS

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

DECISION ON IMPAIRMENT

25. At this stage the Committee has to consider whether the admitted allegations and the admitted facts amount to misconduct and whether as a result the Registrant's fitness to practise is impaired.

26. Whilst the Registrant accepted that his actions amounted to misconduct and that his fitness to practise is currently impaired, nevertheless, the Committee still has to make its own decision on both misconduct and impairment. Given the evidence, the criminal convictions, and the general serious circumstances giving rise to the admitted allegations the Committee considers that there should be a finding of misconduct, and that the Registrant's fitness to practise is currently impaired.

27. The Committee had regard to the relevant case law including Cheatle v GMC, Roylance v GMC, CHRE v NMC and Grant, Meadow v GMC, Yeong v GMC and Cohen v GMC. There was no dispute between Counsel that these were the appropriate authorities the Committee should take into consideration at Stage 2 of these proceedings.

28. In this case the Committee were informed that,

(i) The Registrant was convicted of theft and the unlawful possession of a Class C controlled substance. These offences were prosecuted in the Magistrates' Court and the Registrant was sentenced to a community service order.

(ii) Between 1st January 2021 and 21st March 2024, some 25,086 diazepam 5mg tablets were unaccounted for within the Ahoghill pharmacy. The Registrant accepted that he stole this medication, which is a Prescription Only Medication (POM) and a controlled drug, and unlawfully had it in his possession.

(iii) This medication had not been lawfully dispensed and there was no valid prescription, in circumstances where the supply was not clinically appropriate. No records were kept within the pharmacy with respect to the supply of this medication. The Registrant failed to ensure the safe and effective supply of a controlled drug from retail pharmacy premises.

(iv) Diazepam is recognised as a drug of abuse and misuse.

(v) The Registrant engaged in a routine and persistent course of conduct over an extended period of time which flouted the proper and purposeful restrictions on the supply of diazepam.

(vi) The conduct involved a deliberate and intentional removal and diversion of a controlled drug from the pharmacy. This would have involved the ordering of excessive amounts of Diazepam into the pharmacy and the subsequent removal of

the medication by the Registrant on a regular basis over more than a 3 year period.

(vii) The diversion was facilitated by the Registrant's position as Responsible Pharmacist and pharmacy practice manager. His actions constitute a fundamental abuse of that position.

(viii) His actions were illegal and dishonest over a prolonged period.

(x) The Registrant unlawfully obtained diazepam from the pharmacy in such quantities and in such circumstances that it could not have been only for his own personal use.

29. The Registrant pleaded guilty to a charge of dishonesty. The evidence shows that over a prolonged period of time, specifically from the 1st January 2021 to the 21 March 2024, the Registrant unlawfully obtained Diazepam from the pharmacy either for his own use or for use by others. The quantities obtained by the Registrant during this three-year period were significant. For example, in 2021 4,050 tablets were unaccounted for. In 2022 12,395 tablets were unaccounted for. The evidence showed that there were significant differences between Diazepam purchased and dispensed each month so that, for example, in September 2022 1,938 tablets were not accounted for, which equates to 69 boxes of 28 tablets. In 2023, 9,563 tablets were unaccounted for. Clearly, such an amount of tablets could not have been for his own personal use and much of this medication is likely to have been sold, supplied, distributed, or diverted for use by others. Whilst the Registrant accepted through his Counsel that he did not use all of the unaccounted for medication, the Committee were not provided with any explanation or detail about what happened to the tablets that he did not personally use. Accordingly, in a three-year period a very significant number, around 25,000 tablets had been obtained by the Registrant and either used himself or had made available for the use of others. The Registrant accepted these facts on the morning of this hearing.

30. Having considered the admitted allegations and facts, and having considered the circumstances of the case, and having had regard to the criminal convictions, the Committee then looked at whether the Registrant had demonstrated insight into the source of his failings, whether there had been any effective remediation, and whether there was any risk of recurrence. The Committee were told that the Registrant deeply regretted his behaviour. He apologised. He accepted that his actions fell below the standards expected of a pharmacist. He expressed sorrow and shame. References were made [redacted] However, the Committee did not consider that the Registrant had produced much

evidence, if any, in the way of demonstrating insight, and had not provided any evidence of remediation, although it was accepted that his dishonest actions would have been difficult to remediate. Whilst a [redacted] report compiled in respect of the criminal charges, that the risk of recurrence was low, on the evidence that the Committee has at this regulatory hearing, the Committee do not agree that the risk of recurrence is low. On the contrary, the Committee determined that on the evidence adduced to this point, the risk of recurrence remains high.

31. The Committee also considered that the wider public interest in this case dictated that there should be a finding of impairment. The Statutory Committee is obliged to have regard to the public interest in the form of (a) protecting the public, (b) upholding standards, and (c) maintaining public confidence in the pharmaceutical profession generally, and in the individual pharmacist in particular, when determining whether established behaviour currently impairs the fitness to practise of a Registrant. The Committee is entitled to place greater emphasis on public interest considerations, particularly public protection, than on personal mitigation or evidence of insight and remediation.

32. The Committee also had regard to Regulation 4 (2) of The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012. On the evidence the Committee is satisfied that Regulations 4 (2) and (a), (b) and (c) are all engaged. The Committee also considers that Regulation 4 (2) (d) concerning the Registrants integrity is also engaged, because his admitted behaviour,
    a. Includes repeated examples of unlawful and dishonest conduct;
    b. Was associated with the diversion from the pharmacy of a controlled drug susceptible to misuse and abuse;
    c. Was carried out, deliberately and intentionally, over a protracted period of time; and
    d. Involved the personal use of Diazepam, and making Diazepam available for the use of others, when that should not have occurred.

33. The Committee also consider that some of the fundamental principles in the Code of Professional Standards of Conduct, Ethics and Performance for Pharmacists in Northern Ireland (2016) are engaged, in particular,

> 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 your actions or omissions, create a risk to patient care or public safety.

Standard 2.1.11 - Avoid treating yourself or anyone with whom you have a close personal relationship except for minor ailments or in an emergency.

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 2.3.1 - Complete records promptly or as soon as reasonably practicable after the patient intervention or activity has occurred.

Principle 3, which requires registrants to act with professionalism and integrity at all times, specifically:

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

34. Accordingly, for these reasons the Committee finds that the Registrant's fitness to practise is currently impaired.

INTERIM ORDER

35. At this stage, the Committee received submissions from Mr Shields that the Registrant was currently the subject of an Interim Suspension 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 Suspension Order.

DECISION AS TO SANCTION

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

37. 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 the regulatory objective.

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

39. 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.

40. 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.

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

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

    a. The Registrant engaged in and cooperated with the regulatory process.

    b. The Registrant attended the regulatory hearing and through his Counsel took a realistic approach to the likely sanction in this case.

    c. The Registrant had worked as a pharmacist from 2011 and had not been otherwise involved in any other criminal or regulatory misconduct.

    d. The Registrant made early admissions in the criminal investigation.

e. At the start of these regulatory proceedings the Registrant admitted the facts and accepted that those facts amounted to misconduct and that his fitness to practise was impaired.

f. Through his Counsel the Registrant apologised and expressed remorse concerning his actions and the impact they have had on the reputation of the pharmacy profession.

43. As to aggravating factors, the Committee took into consideration that;

a. The Registrant's misconduct occurred over a prolonged period of time, approximately three years.

b. His conduct involved misappropriating approximately 25,000 Diazepam tablets during this period.

c. His actions were dishonest, and his dishonesty conviction arose out of illegal actions, which were premeditated, prolonged and persistent.

d. Some of the Diazepam was diverted in some way to other persons and his actions gave rise to the potential for harm to persons.

e. The Registrant took some of the Diazepam for his own use to the extent that it had the potential to cause impairment in his functioning, and interfere with his professional practice at the time.

f. There remains a lack of demonstrable insight and no real evidence of any relevant acts of remediation.

44. The Committee then considered the sanctions in ascending order as required by the law and in accordance with the Indicative Sanctions Guidance.

45. Given the serious nature of the Registrant's admitted behaviour and his criminal convictions, taking no action or giving a warning would not be appropriate in this case, nor protect the public, or be in the public interest.

46. As to Conditions, they would only be suitable where they are workable in that they would be appropriate to remediate the reasons for the Registrant's current impairment, be verifiable, and would protect the public for their duration. In this case the Registrant's actions were too serious to merit a sanction of Conditions. Further, the Registrant stated through his Counsel

that he did not intend to return to the pharmacy profession, certainly not in the immediate future.

47. The next sanction is that of Suspension. A Suspension may be appropriate if the Committee considers that the Registrant's impairment is remediable. The Committee does not consider that there is demonstrable insight or sufficient remediation to suggest that a period of suspension might be appropriate. Rather, given the Registrant's dishonesty, that his actions were premeditated, were prolonged, and persistent, and fully engaged public interest issues, the Committee considered that the Registrant's conduct was in fact fundamentally incompatible with continued registration and therefore a Suspension Order was not appropriate and would not protect the public, and would not be in the public interest.

48. The Committee considers that the Registrant's serious misconduct is fundamentally incompatible with being a registered professional. The Committee considers that in order to protect the public, and maintain confidence in the profession, and the Society as its regulator, the Registrant's name should be removed from the Register. His premeditated actions, which occurred over a three-year period, and were persistent during that time, were illegal, and gave rise to a conviction for dishonesty. In these regulatory proceedings, it was accepted by the Registrant that not only did he illegally use Diazepam for himself, but he also deliberately diverted Diazepam, a controlled drug, for the use of others. The evidence was unclear as to precisely how much of the unlawfully obtained Diazepam the Registrant used himself. It was also entirely unclear as to how much of this medication was diverted by the Registrant for the use of others. This gave rise to a potential for significant harm.

INTERIM MEASURE

49. 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.

50. The Committee received a submission from the Society in favour of imposing an interim measure to cover the appeal period. Mr Gribbin did not oppose the imposition on behalf of the Registrant. In light of the serious nature of the findings and the sanction of Removal, the Committee considered that the

imposition of an Interim Measure was appropriate and necessary in relation to public safety and the broader public interest. The Registrant will therefore be suspended 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

51. No costs application was made by the Society.

Gary Potter KC

Chair of the Statutory Committee

16 April 2026