STATUTORY COMMITTEE OF THE PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND

In the matter of:	Geraldine McClean (4201 IP)
Location:	The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL.
Date:	27 March 2026
Committee:	Mr Gary Potter KC (Chair), Mrs Allison Hume (Lay), Mrs Liz Kerr (Registrant)
Persons Present and Capacity:	Mr Tim Haines Solicitors (Registrant's Legal Representatives), Mr JonPaul Shields, Barrister, instructed by Mrs Anna McClimmonds, CFR Solicitors (PSNI's Legal Representatives), Ms Zulema Horner (Secretary)

SERVICE

1. There were no issues about service.

PRELIMINARY LEGAL ARGUMENT

2. There was no preliminary legal argument.

BACKGROUND

3. The Committee reminded itself that this was a review hearing of the decision made at the principal hearing of 06 & 07 February 2025, 20 March 2025 & 15 May 2025 which found the Registrant's fitness to practice to be impaired. In accordance with paragraph 7(2)(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 9 months.
4. The Registrant was in attendance at the hearing and was represented by Mr Tim Haines. The Pharmaceutical Society of Northern Ireland (the Society) was represented by Mr Jonpaul Shields.

5. The Committee had a hearing bundle numbering page 1 to page 929, and a Registrant bundle numbering page 1 to 80. In the course of the hearing, the Committee admitted in evidence the following documents.

    - Exhibit 1: Submissions by the Society, dated 27 March 2026.

6. The Committee reminded itself that on the 06 & 07 February 2025, 20 March 2025 & 15 May 2025 the Registrant had faced the following allegations.

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:

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

    Patient A:

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

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

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

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

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

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

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

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

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

Patient B:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Patient C:

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

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

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

Patient D:

31. On 9th October 2020, you printed a prescription (serial number 05896527644) for 60 Maxitram SR 100mg capsules to be dispensed to

Patient D, which was a misuse of a lawful authority and without clear clinical indication.

32. On or about 9th October 2020, you deleted an entry on the patient's medical record contained on the GP Practice's electronic system for a prescription (serial number 05896527644) for 60 Maxitram SR 100mg capsules to be dispensed to Patient D.

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

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

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

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

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

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

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

Patient E:

43. -

44. –

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

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

General:

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

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

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

50. On various dates on and between 12th December 2019 and 1st June 2022, by reason of the conduct particularised in the foregoing

allegations, whether individually or collectively, you acted without integrity.

8. The Committee reminded itself that as the Registrant accepted the facts at the principal hearing, the Committee found the facts proved by reason of that admission under Regulation 34 (6) of the Regulations.

9. The Committee further reminded itself that at the principal hearing, after consideration of the evidence and submissions from both parties, it had concluded that the Registrant's fitness to practice was impaired and pursuant to paragraph 7(2) of Schedule 3 of the Order, the Committee imposed a 9-month Suspension Order.

DECISION ON IMPAIRMENT

10. When dealing with this review the Committee had regard to the words of Blake J who said in the case of Abrahaem v GMC-

"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 achievement sufficiently addressed the past impairments."

11. The Registrant has a persuasive burden at this hearing to demonstrate sufficient insight and the achievement of sufficiently addressing past impairments. As Lord Wilson said in the Khan case-

"the focus of a review is upon the current fitness 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 his 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?"

12. As the Committee must consider current impairment, the Committee must look back to the misconduct, look at what the Registrant has done since, consider evidence of insight and any remedial steps taken, and then consider whether, notwithstanding the misconduct, the Registrant remains impaired. This was set out at Paragraph 21 of Yeong -v- GMC (2009) EWHC 1923, where Sales J explained –

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

13. Referring back to the committee's initial decision, the Committee said at paragraph 51 - 59, the following;

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

Paragraph 52, During that time the Registrant facilitated the unlawful supply of medication, in particular a class C controlled drug, Tramadol. She was a trained and experienced Pharmacist who had approximately 19 years practice

experience with enhanced obligations as an accredited Independent Prescriber from 2016. She was in a privileged position and would have been trained in the clinical governance and appropriate prescribing and provision of these controlled drugs. She should have been the gatekeeper for the provision of the safe and effective supply of these drugs. Rather, during this period, she abused her role.

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

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

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

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

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

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

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

14. At paragraph 62 to 64 of the Committee's initial decision, the Committee set out the steps the Registrant had taken to address insight and remediation.

15. As we set out in more detail below, the Registrant has now demonstrated well developed insight and has taken a considerable number of important and relevant remedial steps. However, the Committee also has to consider the question of the wider public interest when determining the question of impairment. The Committee is entitled to place greater weight and emphasis on the wider public interest issues. The Committee acknowledge that even if, at this stage, there is evidence of substantial or developing insight, and remediation, and even if the Committee was satisfied that there was little likelihood of a recurrence, there may still need to be a finding of impairment on public interest grounds alone. The Committee were invited to pose the question, would the need to uphold proper professional standards and public confidence in the profession be undermined if a finding of impairment were not made in this case, in this review?

16. The answer to that question is yes. The Committee find that the Registrant's fitness to practise remains impaired. First, on the wider public interest ground, and secondly, whilst the Committee acknowledge that she has shown well developed insight from the initial hearing until now, some 10 months later, the Committee now need to see how the Registrant can apply the insight and education that she has demonstrated and undertaken so far if she recommences professional practice as a Pharmacist. The Registrant has been deskilled, having practiced very little over the last number of years. As the allegations involve serious matters of dishonesty and breach of trust, the Committee would need to see how, on return to practice the Registrant can demonstrate the rebuilding of

trust and confidence with patients, Pharmacy staff and colleagues and with the public at large.

17. The Committee highlight a number of paragraphs in the Registrant's most recent detailed written reflective statement dated 16 March 2026.

> "My actions were dishonest, unethical, and wholly incompatible with the standards expected of a pharmacist. In behaving as I did, I placed colleagues in an extremely compromised and unfair position. This was a clear breach of the PSNI Code of Conduct, which requires pharmacists to act with honesty and integrity, be trustworthy, and ensure their conduct justifies the trust the public and colleagues place in them. I failed to uphold these fundamental principles, and I feel immense remorse for the situation I created."
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> "My actions placed colleagues in an incredibly vulnerable position. I exposed them to the risk of being blamed for actions they did not take, actions that could have jeopardised their employment, their reputation, and ultimately their family's stability. I am ashamed of this as a lot of colleagues trusted me and seen me as someone they could come to in times of need and I betrayed them."
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> "I am painfully aware that dishonesty in a healthcare setting is not simply a procedural breach, instead it undermines the very foundation of trust that patients place in us at their most vulnerable moments. There are no words strong enough to convey the depth of my shame for having acted in a way so contrary to the values of my profession."
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> "I breached this Code in a significant and deeply regrettable way. I failed to put patients' interests first by involving myself in their care despite a close personal relationship that inevitably compromised my professional judgement. This was a direct violation of the requirement to exercise independent, objective professional judgement and to maintain appropriate professional boundaries."

“I also failed to behave in a manner that reflects the ethical behaviour and professional conduct the public is entitled to expect from a pharmacist. For this, I am profoundly sorry. It saddens me deeply to know that my actions could have eroded the trust of the very people I am entrusted to serve and protect” (Clearly the Registrant accepts that there is further work she needs to undertake to learn from her experiences and, to rebuild her professional practice and to ensure full adherence to her professional standards.)

“In examining the circumstances that led to my dishonest behaviour, I have had to confront uncomfortable truths about my judgement, my emotional state at the time, and the gaps in my professional practice. This reflection has been guided by the PSNI Code, particularly the expectations around personal responsibility, honesty, integrity, maintaining professional boundaries, and safeguarding public trust.”

“Prescribing for individuals with whom I had close personal relationships breached the standards on maintaining professional boundaries. I now have it solidified in my thinking that personal involvement clouds judgement, removes objectivity, and undermines the integrity of the prescribing process.”

“Acting dishonestly over a prolonged period breached the core expectation that pharmacists must be trustworthy, act with integrity, and uphold the reputation of the profession at all times. I have learned that dishonesty, especially when sustained can erode public confidence and is extremely difficult to remediate but I have been committed to doing my absolute utmost.” (Again, the Registrant clearly acknowledges that further work is required).

“I now recognise that there were multiple factors that contributed to my poor judgement. These pressures did not justify my behaviour, but they did create the conditions in which my thinking became distorted, my professional boundaries weakened, and my decision-making became unsafe. Understanding these factors has been essential in rebuilding my insight and

ensuring that I never again allow personal circumstances to compromise my professional integrity."

"When all of these pressures combined-fear, grief, exhaustion, pregnancy complications, caring responsibilities, and overwhelming stress, they created a perfect storm in which my thinking became distorted. I was not making decisions from a place of clarity or professionalism. Instead, I was reacting from fear, emotional exhaustion, and a misguided belief that I had to protect everyone around me at any cost."

"These distorted thought patterns contributed to the dishonest behaviour that occurred. I now fully understand that personal distress does not excuse dishonesty, but recognising how my judgement became impaired has been essential in preventing any future risk".

"I now use reflective tools, such as the Gibbs cycle, Rational Emotive Behaviour Therapy (REBT) techniques, and structured ethical frameworks, to interrupt these patterns before they influence my behaviour."

"I now understand that unmanaged stress is not a private issue, it is a professional risk."

"I have practised assertive communication techniques and I feel more confident in declining inappropriate requests. I do this regularly on a personal level and if I get to return to pharmacy practice I will continue using these techniques in an appropriate manner." (The Committee would want to see how this translates into her professional practice).

"This reflection has been part of a much deeper process of understanding the roots of my behaviour and rebuilding myself as a safe, ethical, and trustworthy professional. I recognise that dishonesty is fundamentally incompatible with pharmacy practice and that I alone am responsible for ensuring it never happens again."

“By addressing boundaries, thinking patterns, stress, assertiveness, and emotional wellbeing, I have developed a far stronger foundation for ethical decision-making. I am committed to practising in full alignment with the PSNI Standards, demonstrating integrity in every action, and ensuring that my personal circumstances never again compromise my professional judgement.”

“I identified multiple areas where improvement would require targeted remediation. I therefore undertook a comprehensive programme of learning and professional development to address these deficits and rebuild the competencies, insight, and ethical resilience required for safe and trustworthy pharmacy practice in the future, if I am given the opportunity.” (The Registrant provided details of a number of courses that she undertook and noted in particular that she undertook a personal development programme for 54 hours that included addressing emotional reasoning and logic systems, and that she underwent a managing stress and building resilience masterclass which she said gave her the tools to manage stress effectively).

The Registrant also underwent a Mind Management Coaching Course, she said,
“Completion of this course helped me develop emotional regulation, self-awareness, and reflective capacity which are all essential for safe practice.”

“I hope I have shown targeted remediation through regulator-aligned training along with genuine behavioural change.” (Again, the Committee would like to see how the Registrant achieves genuine behaviour change in practice).

Finally, the Registrant said, “Over the past 9 months I have worked hard to confront the root causes of my behaviour” (The Committee recognise that the Registrant has put in a considerable amount of work, but the Committee want to see how all the steps she has taken will be applied and monitored in supervised practice, to provide safe quality care, enhance the confidence of the profession and uphold professional standards).

DECISION AS TO SANCTION

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

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

20. 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.

21. 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.

22. 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.

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

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

    a. that the Registrant had a previously unblemished record as a Pharmacist for 20 years.
    b. at the principal hearing the Registrant had submitted two detailed reflective documents, the second of which was submitted to the Committee after she had been through the fitness to practise stage of these proceedings.

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

d. for the review hearing, the Registrant provided an 11 page very detailed written reflection/personal statement which showed the extensive steps taken by the Registrant during the 10 months period from the date of her suspension. The Committee considered this was a very strong statement which showed further developing insight and positive remedial steps. The Committee have quoted relevant sections of that statement in its decision on impairment at paragraph 8.

e. at the review hearing the Committee received three supportive testimonials from persons who were fully aware of the Registrant's admitted behaviour.

f. the Registrant gave oral testimony for a second time, at this review hearing, and she was subject to cross examination and questions from the Committee. This oral testimony supplemented her written reflective piece.

25. As to aggravating factors, those remain the same as they were in the principal hearing;

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

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

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

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

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

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

g. the allegations demonstrated a lack of integrity.

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

26. Addressing sanctions in ascending order, the Committee considered that taking no action or giving a warning would not be proportionate or in the public interest given the facts of this case.

27. At this review, and having received further oral and written evidence from the Registrant, in particular, given the content of a detailed written reflective piece, the Committee are satisfied that the Registrant has worked hard to demonstrate to the Committee further developing insight, and has taken important, and relevant remedial steps to address her admitted deficits and to rebuild her professional competence. The Committee also received further testimonials from pharmacy professionals compiled with full knowledge of the Registrant's admitted behaviour. The Committee also noted that the Registrant had complied fully with Interim Conditions imposed on her before the principal hearing. Consequently, there is no reason why, at this stage, and based on the new evidence the Committee has received, that the Registrant could not comply with a Conditions Order. Now, at this review hearing, the Committee considers that the Conditions set out in the schedule are workable and verifiable. Further, the Committee considers that these Conditions would protect the public for their duration. The Registrant would have to work under the close supervision of her Supervisor, and the Supervisor would be required to report every three months to the Society as

to the Registrant's progress. If any matters of concern were highlighted by the Supervisor an early review of the case could take place. The Conditions that appear in the Schedule shall be in place for a period of 12 months from the 8th April 2026 and will be reviewed again just before the expiration of the Conditions period.

28. At the principal hearing, the Committee imposed a Sanction of Suspension for 9 months given the seriousness of the allegations, and in order to protect the public and address the public interest. At that time, the Committee also took into consideration the positive testimonials showing that she was otherwise a valuable competent pharmacist who had provided pharmacy services for nearly 20 years. At that principal hearing, the Committee considered that Conditions were not sufficient to protect the public and that such a lesser Sanction might undermine confidence in the pharmacy profession. However, the Committee do not now consider that a further period of suspension would be appropriate or proportionate, and a Suspension is not now necessary to meet the regulatory objective or to protect the public. The Registrant has now demonstrated such work, and displayed such insight, that Conditions would now be appropriate and proportionate and would protect the public. The Conditions require her to work under close supervision of a Supervisor, and not to work as a Responsible Pharmacist, Superintendent Pharmacist or Sole Practitioner during the period of these Conditions. The Conditions also impose on her obligations to work with the Supervisor to formulate a personal development plan, and to forward that plan to the Society within two months of the recommencement of her practice. She has also to provide written evidence to the Committee at the next review hearing of how her practice has changed as a result of her personal development plan, how she has demonstrated genuine behavioural change during the period of Conditions and how she has demonstrated how she has built trust and confidence with patients, health care professional colleagues and the public at large. These Conditions are designed to protect the public.

29. Finally, given the significant progress that the Registrant has made during her effective 10 months period of suspension and given her written and oral evidence, removal would not now be an appropriate or proportionate Sanction in this case.

COSTS

30. No costs application was made by the Society.

Gary Potter, KC
Chair of the Statutory Committee

27 March 2026

SCHEDULE OF CONDITIONS

(i) To identify the name and contact details of a Supervisor, who must be a Pharmacist registered with the Pharmaceutical Society of Northern Ireland ("the Society"),14 days prior to recommencing practice, with such person to be approved by the Society.

(ii) To place yourself and remain under the close supervision of this Supervisor at all times.

(iii) Not to work as a Responsible Pharmacist, Superintendent Pharmacist or sole Practitioner during the period of these conditions.

(iv) To arrange for the Pharmaceutical Society of Northern Ireland, within 7 days after the end of each month, to be provided with a copy of the Responsible Pharmacist log for the Pharmacy in which you have worked for that month and to provide written confirmation of the days when you were working within the pharmacy during that month.

(v) To work with the Supervisor to formulate a personal development plan designed to address the deficiencies in the Registrant's practice particularly around the five broad principles and regulatory professional standards. i.e.

1. Always putting the patient first
2. Provide a safe and quality service
3. Act with professionalism and integrity at all times
4. Communicate effectively and work properly with colleagues
5. Maintain and develop knowledge skills and competence.

(vi) To forward a copy of the personal development plan to the Society within two months of the recommencement of practice.

(vii) To arrange for your Supervisor to send a written report to the Society every three months after the recommencement of your practice, with a total of 4 written reports being provided within the 12-month period, with the fourth and final report from the Supervisor to be provided in advance of the review hearing.

(viii)To provide written evidence of;

(a) how the Registrant's practice has changed as a result of her personal development plan

(b) how the Registrant has demonstrated genuine behavioural change during the period of the conditions

(c) how the Registrant has demonstrated how she has built up trust and confidence with patients, health care professional colleagues, and the public at large.