
Fitness to Practise Report 2010-11

Including learning points for pharmacists



Published 31st December 2011

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Introduction

The Pharmaceutical Society of NI of Northern Ireland is the regulator for Pharmacists registered to practise in Northern Ireland. The statutory Legislation pertaining to this comes from the Medicines Act 1968 and the Pharmacy (Northern Ireland) Order 1976.

Fitness to practise including the receipt and processing of complaints, concerns and incidents is the responsibility of the Registrar. The current Registrar is Mr Brendan Kerr and he is responsible for the integrity and posting of the pharmacy registers of pharmacists and pharmacies.

The Pharmaceutical Society of NI of Northern Ireland has on its registers 2099 pharmacists and 548 pharmacy premises. All pharmacists are regarded as practising. Currently the Pharmaceutical Society does not register pharmacy technicians as there is no statutory legislation to underpin this. Details of the live register of registered pharmacists can be found on the web based register [Search the Register](#) or by phoning the offices during working hours 9am to 5pm Monday to Friday 02890326927.

The Pharmaceutical Society of NI does not employ its own pharmacy inspectors but utilises the pharmaceutical inspectorate of the DHSSPSNI who have statutory duties under the Medicines Act 1968, The Pharmacy (Northern Ireland) Order 1976, The Poisons (Northern Ireland) Order 1976, The Misuse of Drugs Act 1971, the Misuse of Drugs Regulations (Northern Ireland) 2002 and The Controlled Drugs (Supervision of Management and Use) Regulations (Northern Ireland) 2009. The inspectors also investigate any potential breaches of the Society's Code of Ethics and Standards and Guidance. The Pharmaceutical Society of NI also works closely with officials of the Health and Social Care Board and Business Services Organisation. There are a small number of files which were recorded by the regulator involving complaints made to and investigated by either the DHSSPS or the HSCB, these were noted for information purposes only.

2007 cases

At 31st December 2011 no cases remain open

One case was closed on 30th November 2011

Origins of case

- This case related to a health issue and a matter of professional conduct.

2008 cases

No cases

2009 cases

At 31st December 2011 there were 10 case files initiated in 2009 in relation to complaints concerns or incidents related to pharmacy practise or medicines.

Origins of cases

The 10 case files were sourced as follows

- 2 cases initiated with the DHSSPS
- 4 cases initiated with the HSCB
- 3 were concerns raised with the PSNI seeking clarification on professional conduct issues
- 1 was a self declared conviction

Closed cases

- 6 case files were closed originating in 2009
 - Two cases relate to dispensing errors causing moderate or severe harm
 - One case relates to supply of veterinary medicines unlicensed in the UK
 - Two relate to the supply of POMs in MDS cassettes without the authority of a prescription
 - One case related to the excessive supply of prescription medicines to a patient

Open cases

- 4 case files remain open originating in 2009
 - One case relates to health and conduct issues
 - one case relates to excessive supply of medicines liable to misuse to vulnerable patients
 - One relates to irregularities in the supply of methadone CD returns and private prescription records
 - One relates to multiple dispensing errors

2010 cases

At 31st December 2011 there were 15 case files initiated in 2010 in relation to complaints concerns or incidents related to pharmacy practise or medicines.

Origins of cases

The 15 case files were sourced as follows

- 4 cases initiated with the DHSSPS.
- 7 cases were complaints or concerns addressed directly with the PSNI.
- 4 cases initiated with the HSCB.

Closed cases

- 9 case files were closed
 - five cases relate to dispensing errors wrong medicines or appliance supplied to patients by pharmacists
 - one complaint related to the supply of medicines without a prescription
 - three relate to the alleged supply of prescription medicines without prescriptions by pharmacies all were unfounded claims

Open cases

- 6 case files remain open
 - One case relate to prescription dispensing errors
 - One case relates to repeated errors in supplying monitored dosage cassettes
 - One case relates to the alleged diversion of POM medicines by a pharmacist
 - One case relates to prescriptions lost by a pharmacy
 - One case relates to issues over wholesale dealing
 - One case was a complaint about a pharmacist directing prescriptions to his pharmacy

2011 cases

At 31st December 2011 there were 21 case files opened in 2011 relating to complaints concerns or incidents related to pharmacy practise or medicines.

Origins of cases

The 21 case files were sourced as follows

- 1 case initiated with the DHSSPS.
- 3 cases initiated with the HSCB.
- 1 case was a self declared driving conviction
- 1 health case
- 15 cases were complaints addressed directly with the PSNI.

Closed cases

- 10 case files were closed
 - One health case
 - One alert regarding a GB pharmacist which was subsequently withdrawn
 - One dispensing error
 - One driving conviction
 - One complaint about quality of pharmaceutical products
 - One advertising issue
 - Four cases related to unsatisfactory professional attitude shown by a number pharmacists

Open cases

- 11 case files remain open originating in 2011
 - Two cases relate to dispensing errors
 - Four case relate to alleged professional misconduct
 - Two cases relates performance issues
 - One relates to the advertising of professional services
 - One relates to poor professional attitude
 - One case to practising whilst not being registered

The Registrar

The Registrar is the complaints officer for the Pharmaceutical Society for the processing of complaints regarding the conduct and performance of pharmacists and fitness for the purpose of pharmacy premises. When a complaint is made the registrar will assess the matter against published criteria. Where there is no harm or reoccurrence of errors or the matter is a simple issue which can be locally resolved then this is the preferred route of process.

Where complaints or concerns involve repeated conduct or moderate or severe harm or have a high potential for harm, these are referred to the scrutiny committee for consideration and advice on processing.

The scrutiny committee also audits files closed by the registrar which are not referred to them

Scrutiny Committee

The Scrutiny Committee was constituted in 2009 as an advisory committee to the Registrar in relation to fitness to practise matters. It has no statutory function but is an advisory committee. All members of the committee have completed the same fitness to practise [FTP] training as the members of the Statutory Committee and are apprised of the current issues in FTP. The committee meets to review paper based evidence where neither the complainant nor registrant is present. Its role is to advise the Registrar whether, on the basis of the available evidence, if there is a case to answer which could have the potential to merit erasure from the register, where this is the case there is a referral to the Statutory Committee for a conduct hearing.

Membership of the committee

Dr Denis Morrison [pharmacist], Mrs Maureen Brennan [lay] and Mr Conor Heaney [lay]. Mr Brendan Anglin [pharmacist]¹

Meetings of the committee

The committee met on six occasions and reviewed eight case files. The committee applies threshold criteria² to each case and then recommends where appropriate further referral.

Committees' recommendation to the Registrar

¹ Joined June 2010

² see Appendix

- Two cases were recommended for referral to the Statutory Committee.
 - One case relates to alleged professional misconduct with poor performance reference to the sale and supply of [POM] medicines and CD record keeping
 - one cases involved the excessive supply of POM medicines authorised by prescriptions in amounts which should have been professionally challenged³
- Six cases were considered and not advised as referrals to the Statutory Committee
 - One case related to driving convictions
 - five cases related to dispensing errors causing or with potential to cause moderate or severe harm
 - one case related to multiple dispensing errors

Statutory Committee

The Statutory Committee is constituted under the Pharmacy (Northern Ireland) Order 1976 and Pharmacy Order Regulations 1947. The Chair is appointed by the DHSSPS and the members appointed by the Council are recruited through an independent public appointments process in 2008.

Membership of the Committee

Mr Tim Ferriss QC [Legally qualified chair], Mr Roy Junkin [lay member], Mr Andrew Thomson [lay member], and Ms Miriam Karp [lay member] Dr Terry Maguire [pharmacist member] and Mrs Hilary Rea [pharmacist member].

Meetings of the Committee

The Committee met on four occasions in 2011 holding inquiries.

1. Paula Marie Donnelly

On the 27th and 28th day of January 2011 at 10.00 a.m. the Statutory Committee of the Pharmaceutical Society of Northern Ireland met at 73 University Street Belfast BT7 1HL for the purpose of making Inquiry into alleged misconduct regarding Ms. Paula Marie Donnelly registration number 3339

It was alleged that:

- On various dates between the 1st March 2007 and 3rd February 2009 whilst working as the Pharmacist on frequent occasions dispensed to patients, medicinal products, namely Prescription only Medicines, other than in accordance with a prescription in contravention of Section 58 of the Medicines Act 1968.
- There was a failure to comply with the current legislation and the principles and associated obligations of the Pharmaceutical Society of Northern Ireland's Code of Ethics.

Subject to the provisions of the Pharmacy (Northern Ireland) Order 1976 the Statutory Committee determined, that by her acts and omissions, Ms. Donnelly:

³ Hearing still to be listed

1. was guilty of misconduct as set out in the notice of inquiry.

Following consideration of matters presented, the Committee determined that Ms. Donnelly's practices in the dispensing's of medications without a prescription or making appropriate records in the pharmacy amounted to misconduct, it was such as to merit her striking off the Register of Pharmacists. [Detail](#)

2. William Robert Greer

On the 27th and 28th day of January 2011 at 10.00 a.m. the Statutory Committee of the Pharmaceutical Society of Northern Ireland met at 73 University Street Belfast BT7 1HL for the purpose of making Inquiry into alleged misconduct regarding Mr. William Robert Greer registration number 4076

It was alleged that:

- On various dates between 2nd February 2009 and 29th April 2009, whilst working as the Pharmacist on five occasions dispensed to a patient medicinal products, namely Prescription only Medicines, other than in accordance with a prescription in contravention of Section 58 of the Medicines Act 1968.
- There was a failure to comply with the current legislation and the principles and associated obligations of the Pharmaceutical Society of Northern Ireland's Code of Ethics.

Subject to the provisions of the Pharmacy (Northern Ireland) Order 1976 the Statutory Committee determined, that by his acts and omissions, Mr Greer:

1. was guilty of misconduct as set out in the notice of inquiry.
2. Had exhibited conduct which called for censure
3. Had raised his concerns with the appropriate authorities when he was aware of the extent of the problem
4. Had reviewed and amended the pharmacies standard operating procedures

Following consideration of matters presented, the Committee determined that whilst Mr. Greer's dispensing's of medications without a prescription amounted to misconduct, it was not such as to merit his striking off the Register of Pharmacists. [Detail](#)

3. Damien Johnston

On the Monday, 20 June 2011 at 10.00 a.m. the Statutory Committee of the Pharmaceutical Society of Northern Ireland met at 73 University Street Belfast BT7 1HL for the purpose of making Inquiry into an application to be restored to the register of pharmaceutical chemists from Mr. Damien Johnston. The committee determined Mr. Johnston can be restored to the register subject to:

In complying with procedural requirements for restoration, the Statutory Committee indicated the rationale for their decision to allow restoration.

Mr. Johnston had been in practise in Great Britain and was registered there

Mr. Johnston was subject to investigation by the General Pharmaceutical Council and the matter was then disposed of by way of advice.

Mr. Johnston had demonstrated insight into his misconduct.

Mr. Johnston had engaged fully with CPD while he was registered in GB.

4. Michael McMullan

On the 7th, 8th and 26th of November 2011 the Statutory Committee met at 73 University Street, Belfast BT7 1HL for the purpose of making Inquiry into the case and ascertaining the facts in relation to the alleged misconduct, of Mr Michael Anthony McMullan registration number 2572R.

The particulars of the said relevant misconduct are set out hereinafter.

That on various dates on and between 1st January 2005 and 9th April 2008, whilst working as a pharmacist at McMullan Pharmacy, 63 Castle Street, Ballycastle, it was alleged that he:

1. Engaged in a practice of inappropriate and excessive dispensing of a Prescription Only Medicine (POM), namely Remedeine Forte to a patient;
2. Dispensed Remedeine Forte, a POM containing Paracetamol, in such a quantity and with such a frequency that the supply enabled and allowed the patient to exceed the recommended dosage for Paracetamol;
3. Dispensed Remedeine Forte in circumstances where he should not have dispensed those quantities;
4. Dispensed Remedeine Forte to the said patient in breach of his established Standard Operating Procedures.

And further it was alleged that he:–

1. Acted in a manner that calls into question his professional judgment;
2. Failed to comply with the following principles and associated obligations of the Pharmaceutical Society of Northern Ireland's Code of Ethics and Practice:
 - 6.1 Principle 1 – A pharmacist's prime concern must be for the welfare of both the patient and other members of the public;
 - 6.2. Principle 2 – A pharmacist must uphold the honour and dignity of the profession and not engage in any activity which may bring the profession into disrepute;
 - 6.3. Principle 3 - A pharmacist must at all times have regard to the laws and regulations applicable to a pharmaceutical practice and maintain a high standard of professional conduct. A pharmacist must avoid any act or omission which would impair confidence in the pharmaceutical profession. When a pharmaceutical service is provided, a pharmacist must ensure that it is efficient.
1. By his acts or omissions he has (a) brought the profession into disrepute, (b) failed, on a professional basis, to observe the principles set out above and (c) undermined public confidence in the profession.

Subject to the provisions of the Pharmacy (Northern Ireland) Order 1976 the Statutory Committee determined, that by his acts and omissions, Mr McMullan

1. Was guilty of all seven counts of misconduct as listed above in the notice of inquiry.
2. Had exhibited conduct which called for serious criticism
3. Presented mitigating circumstances regarding this case and these along with an unblemished record were taken into consideration

Following consideration of all matters presented, the Committee determined that whilst Mr McMullan's actions amounted to misconduct, it is not considered that Mr McMullan holds any risk to public safety it is not such as to merit his striking off the Register of Pharmacists. [Detail](#)

Learning points

1. Statutory Committee cases

The case regarding Ms. Paula Marie Donnelly

This case highlighted the role of the pharmacist in assuring him/herself that they are fulfilling the legal and professional responsibilities of a responsible pharmacist or pharmacist in personal control of a pharmacy.

The pharmacist has legal and professional responsibilities regarding the governance of the operational activities in a pharmacy. It is the primary duty of the pharmacist to place the safety and welfare of the patient first. No prescription medicines should be supplied to patients without the legal authority of a prescription unless supplied under emergency supply provisions.

The pharmacist should be conducting regular audits on service activity to check that all activities ensure safe and effective practice.

The case regarding Ms. William Greer

Similarly this case has highlighted the role of the pharmacist in assuring him/herself that they are fulfilling the legal and professional responsibilities of a responsible pharmacist or pharmacist in personal control of a pharmacy.

The pharmacist has legal and professional responsibilities regarding the governance of the operational activities in a pharmacy. It is a primary duty to place the safety and welfare of the patient first. No prescription medicines should be supplied to patients without the legal authority of a prescription unless supplied under emergency supply provisions.

The pharmacist should be conducting regular audits on service activity to check that all activities ensure safe and effective practice.

The pharmacist acting in a locum or temporary capacity should not assume that systems are safe. There is a professional duty to check the procedures and to assure themselves that they are safe practice. This assurance is since October recorded by the pharmacist signing the pharmacy record.

The case regarding Mr Damian Johnston

This case highlighted the role of the pharmacist in assuring him/herself that they are registered with the Pharmaceutical Society to fulfill the legal and professional responsibilities of a registered pharmacist

The pharmacist and any pharmacist employer should be conducting regular audits on registration using the online register to check that all personnel are legally registered.

The case regarding Mr Michael McMullan

This case highlighted the essential role of the pharmacist in assessing the clinical validity of a prescription even when this is legally written by a prescriber.

The importance of a robust intervention and the recording of any information given to the patient and the prescriber cannot be overstated and should be actioned by pharmacists either on the prescription or on the pharmacy PMR or incident log.

It is the pharmacist's professional responsibility to observe all due diligence in any decision to supply a medication in regard to the authority of a prescription.

When it is not in the best interests to the patient the pharmacist should decide not to dispense a medication and record any reason for this refusal. This decision should be communicated both to the patient and prescriber with the associated rationale for the judgment.

If another healthcare professional is not acting appropriately in their practice with patients there is a responsibility on the pharmacist to refer a concern to an appropriate authority, the Board the Department, the PSNI, a healthcare regulator e.g. GMC NMC etc or the police

The society has also consulted upon and in 2009 published guidance on whistle blowing or raising concerns which should be actioned by pharmacists, see <http://www.psni.org.uk/documents/314/Guidance+on+Raising+Concerns.pdf>

2. General case files not referred to Statutory Committee inquiry.

Dispensing errors

Where a pharmacist has been involved in a dispensing error he/she must always put the interests of the patient first. It is required that the practitioner:

- Risk assess any potential health impact on the patient
- Immediately addresses the issue;
- Consider and apology to the patient/carer;
- Checks on the health status of the patient, has there been any harm?
 - Either by the administration of the wrong medicine and/or
 - The absence of the medication which should have been administered;
- Direct the patient to seek immediate medical assistance, if appropriate
- Supply the correct medication to the patient;
- Inform the patient's Doctor of the incident to maintain the quality of their healthcare (this is considered good practice);
- Record contemporaneously the incident in a critical incident log;
- Conduct a full root cause analysis of what happened and why;
- Review SOPs to identify any changes that are required to be made and actions this;
- Identify any other issues requiring attention e.g.
 - Information technology;
 - Human resources [staffing quotas];
 - Training needs;

- Report feedback about the incident to the patient;
- Report feedback about the incident to the superintendent or owner;
- Action any remedial issues identified above.
- Report to HSCB, DHSSPS, PSNI where appropriate
- Liaise with a medicines governance lead, where appropriate

Where these guidelines are followed there is an opportunity for learning and *fair blame*. Patient confidence is often maintained by the methodology used. There are in excess of 35 million prescription items dispensed in Northern Ireland each year. Reported dispensing errors number less than 100. The accuracy rates are extremely high but this does not leave room for any complacency and a single error can cause great harm or death to a person.

The functions of fitness to practise processes are not to punish a pharmacist but to assure the public that the practitioner remains fit to practise. Ethically and professionally a pharmacist must evidence that their primary interest is the welfare of the patient as outlined by principle 1 of the Code of Ethics.

Emergency supply of medicines which are prescription only

Pharmacists are reminded of the recent changes in the emergency supply of medications [emergency supply](#). These can be at the request of a patient or doctor. If a doctor has requested the supply then a prescription must be furnished within 72 hours. If the supply is at the request of a patient the pharmacist can supply up to 30 days supply where they are in the knowledge that the patient has been supplied the medication before and is unable to obtain a supply from their doctor. Emergency supply to a patient is a discrete act and does not require a prescription to be furnished at a later date.

There is no provision in law for the loan of medications against a future prescription and pharmacists must not undertake this activity.

Emergency supplies are discrete acts either at the request of a doctor or a patient and the pharmacist should observe the legislative provision for each type of supply see BNF No 60, guidance on prescribing.

At all times pharmacists must consider the welfare of the patient first and consider that the doctor may have refused to supply a prescription for a unique medicine to the patient, the pharmacist may therefore be negating the doctors treatment plan by any emergency supply.

Dispensing packs

A number of complaints have arisen where a pharmacist supplied the medication as a collection of batches and/or manufacturers or in skillets with poor labelling and no patient leaflet.

The welfare of the patient should be the primary concern of the practitioner and consent should be obtained before supply if this would cause ambiguity which may lead to patient harm.

Registration status

A pharmacist can only work in Northern Ireland if first registered with the Pharmaceutical Society of NI of Northern Ireland. There have been a number of recent cases where a person engaged by an employer has not been registered.

Pharmacists register annually on 1st June and if fees are not paid will be removed on 1st September each year.

Pharmacists may also have annotations on the web based register such as 'not currently practising' and therefore have made a voluntary undertaking not to practise.

Where a pharmacist has been removed due to any aspect of fitness to practise i.e. a Statutory Committee removal or and Article 18 removal on health grounds, the name of that person will NOT be found on the register.

There is an obligation on individual pharmacists and employers to ensure that they are registered if working as a pharmacist. Neglecting to do this puts patients at risk.

The online register is a live feed and is the most current form of the register available. Details posted include the name of the pharmacist, registration number and date of registration. See [Search the Register](#)

Dispensing Monitored Dosage Systems MDS

There is an increasing trend for pharmacists / pharmacies to dispense 'off patient records' and not from actual prescriptions. This is a high risk issue involving patients who will often have little or no insight into their medications and implicitly trust the pharmacist to 'get it right'.

A number of recent cases have indicated that patients have been hospitalised due to the inappropriate dispensing of medicines by a pharmacist using primarily the PMRs of the pharmacy. The outcome has led to harm or distress to the patients involved and also to their carers.

The pharmacy SOPs should reflect that medicines dispensed should always be from current prescriptions and not tagged and repeated from records. Due diligence is also required in the labelling of dosage cassettes to ensure that the correct medicine is administered to the correct patient.

There is evidence of pharmacists being put under increased pressure by carers to supply medicines in compliance aids and in advance of prescriptions which are allegedly ordered from the doctor. A pharmacist should be aware of their obligations to the patient and to supply medicines only when this is a legal supply and in the patient's best interest.

Convictions and Cautions

Pharmacists have a professional obligation to declare any conviction, caution or matter pending to the registrar within seven days of the event. The Police Service of Northern Ireland will notify the registrar under the Notifiable Occupations Scheme of any conviction received by a pharmacist in Northern Ireland.

All notified offences are evaluated by the scrutiny committee. Any offence which is deemed on review, to affect the fitness to practise of a pharmacist will be referred on to a Statutory Committee.

Cases which involve careless or reckless driving convictions and drink driving are referred to the Scrutiny Committee. this is also the case with convictions and cautions received by registrants.

Each case is individually judged on its merits against a common template before a decision is made to close or refer. see appendix three.

The Pharmacy Network Group PNG

The Pharmaceutical Society, DHSSPS, BSO and HSCB in 2009 formalised a memorandum of understanding regarding the sharing of information on complaints concerns and incidents. The organisations meet proactively to develop quality frameworks for the recording and processing of complaints, concerns and incidents relating to pharmaceutical care. The Society does maintain a case management system which helps to determine the most effective method to assess an individual case and progress the efficient use of resources and faster outcomes for patients.

The Pharmaceutical Society, BSO, HSCB and the DHSSPS currently meet monthly and review and action activity in relation to complaints concerns and incidents. The group met eleven times in 2011.

Key Performance Indicators (KPIs)

Performance indicators. In regard to KPIs and the complaints handling processes the following section details the targets and adherence to same.

Acknowledgment (5 working days)

The complaint is acknowledged by the organisation that receives the complaint. This acknowledgement will be sent to the complainant within 5 working days.

- 100% Met

The complaint is to be brought to the Pharmacy Network Group (PNG) within 5 working days for allocation, if this is of a significant risk to the public.

- 100% Met

Where an issue is serious, allocation must take place as soon as possible to ensure patient/public protection.

- 100% Met

Investigations (13 weeks, 65 work days)

The target is to complete the investigation of the complaint/concern within 3 calendar months [65 work days]. This does not include time taken by the Public Prosecution Service to consider the file. However, it is understood that some complaints are more complex and will require more detailed investigations. In addition, where information is required from other bodies or a complainant is on holiday it may not normally be possible to meet the 3 month time scale.

- Where the Society solely conducts investigations these are to be completed within 13 Weeks;

Closed case files

CLOSED CASES							
closed by	numbers	average in	<13	<26	<52	<126	>126

		weeks					
Registrar	18	23	11	1	4	2	0
scrutiny committee	8	46	2	2	1	3	0
statutory committee	3	134	0	0	0	0	3

Public Prosecution Service (PPS) (not defined)

The time taken by the PPS is not subject to a KPI as this process is outside the control of the Department/PSNI.

After actions following the receipt of an outcome from the PPS or referral from the registrar

- Scrutiny Committee (3 months)

On receipt of the file, or completion of a case by PSNI, the case will be referred to the Scrutiny Committee within 3 months.

- 100% Met

Statutory Committee (6 months)

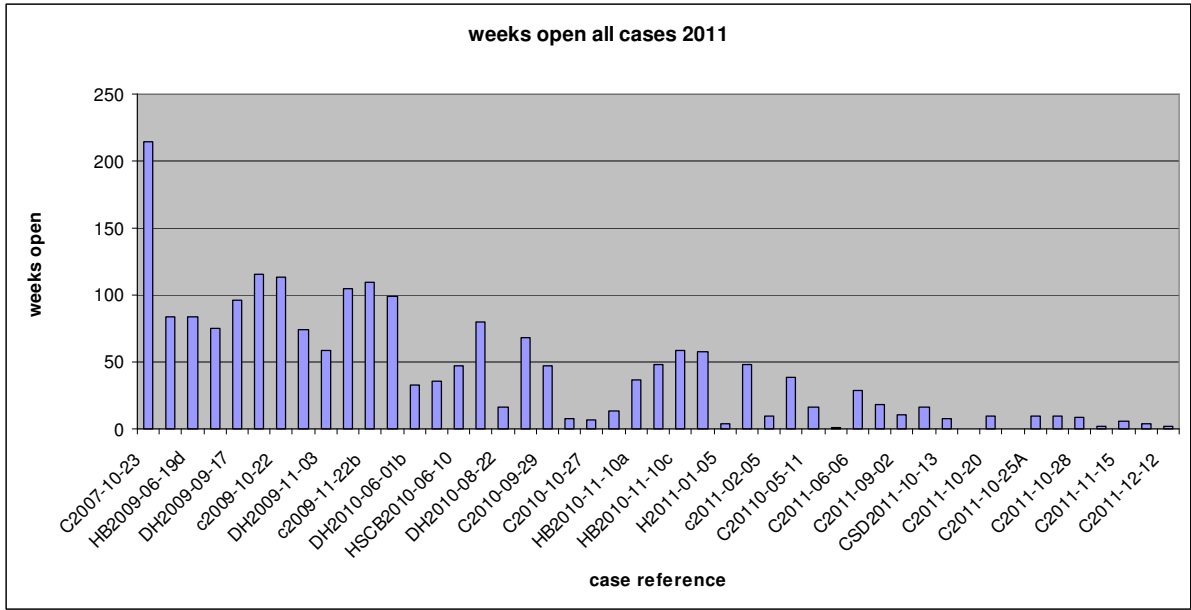
Following consideration by the Scrutiny Committee, any case being referred to the Statutory Committee, will have a hearing date of not more than 6 months from the date of the Scrutiny Committee decision.

In two cases this was not met due to legal considerations

Statistics relating to cases notified to the Pharmaceutical Society

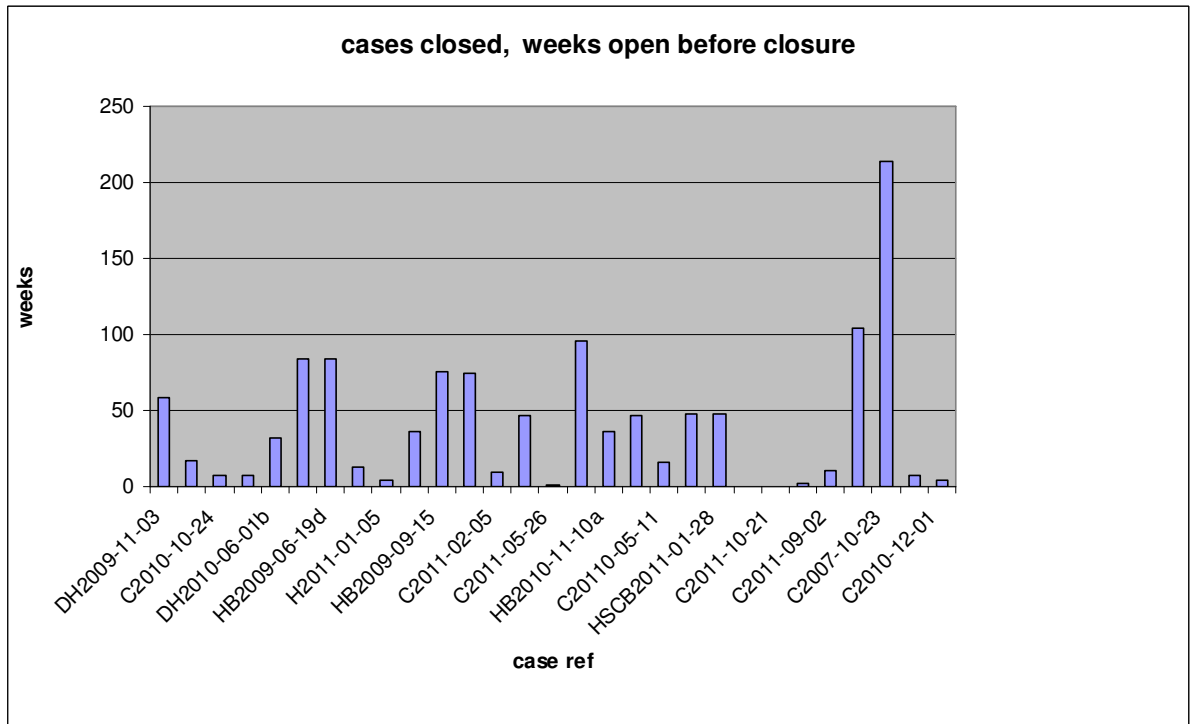
It should be noted that not all cases referenced in this report are initiated with the Pharmaceutical Society of Northern Ireland but are matters for discussion relating to any investigations being carried out by either the DHSSPS or HSCB. The cases reported have been segregated into files which were initiated with the regulator [PSNI] the department [DHSSPS] or the board [HSCB]. It is also true that there are only a few cases where the patient is the complainant. In the vast majority of cases the investigation occurs after notification by a healthcare trust or health board. Whilst the regulator is advised of all of these cases some are supplied on an 'information only basis. The regulator does however review all the cases with reference to any potential professional misconduct issues which we may need to address.

All case files open in 2011; weeks open [47 cases]



Closed cases

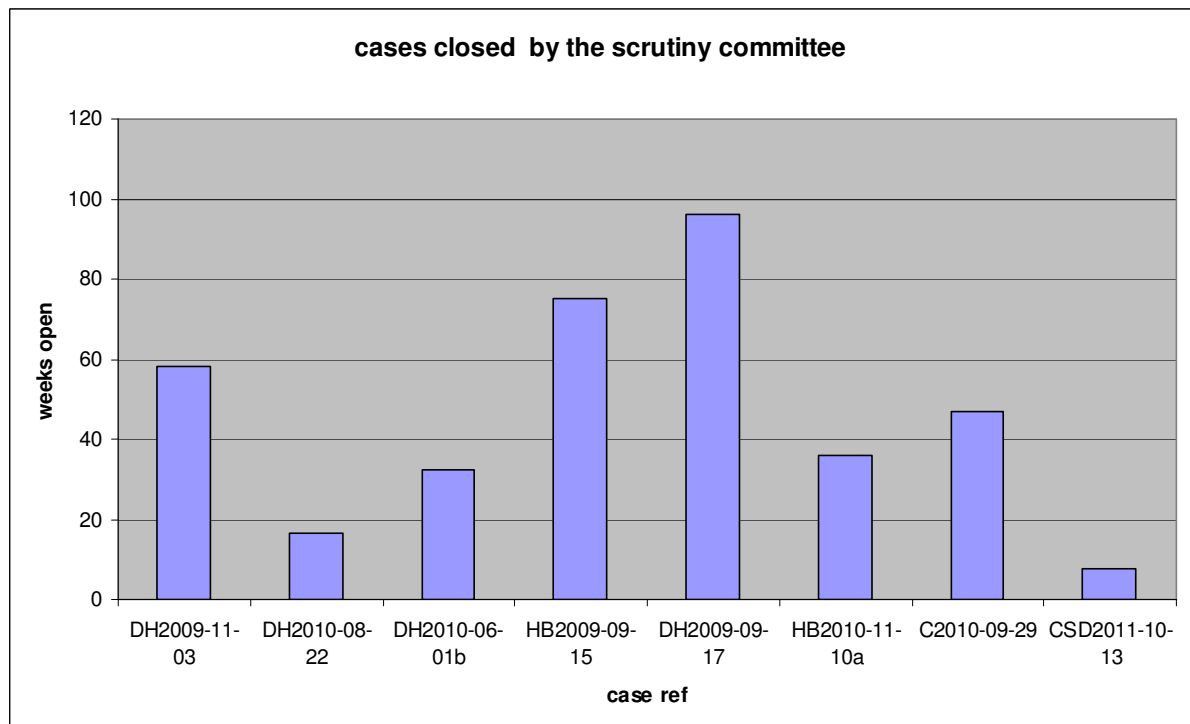
Case files closed in 2011 [29 cases]



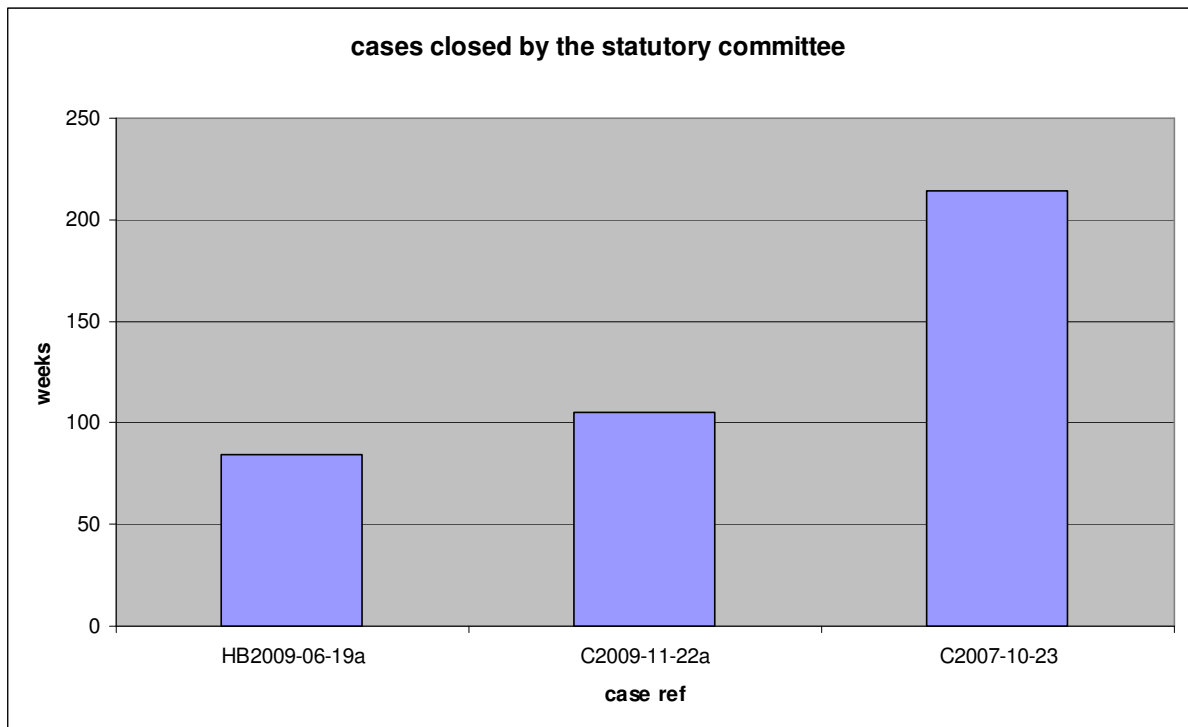
Cases closed by the Registrar [18 cases]



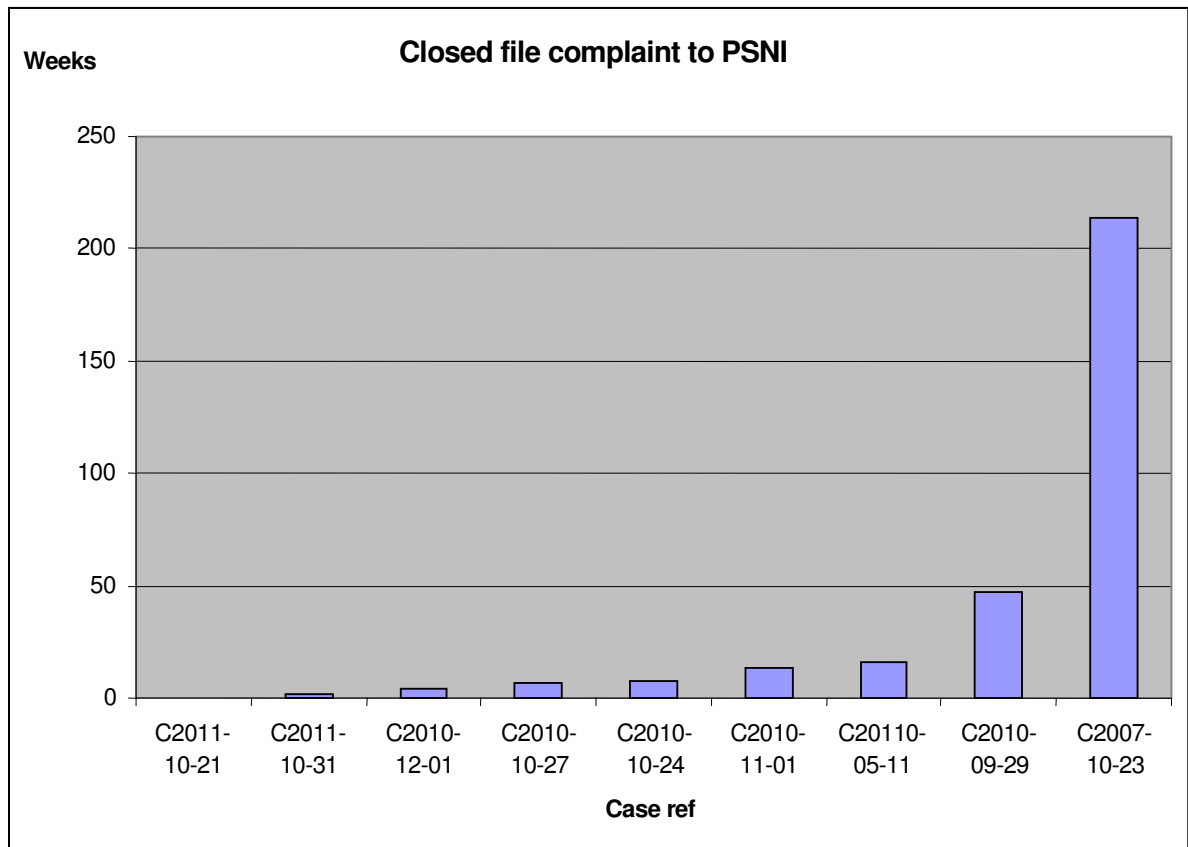
Cases closed by the Scrutiny Committee [8 cases]



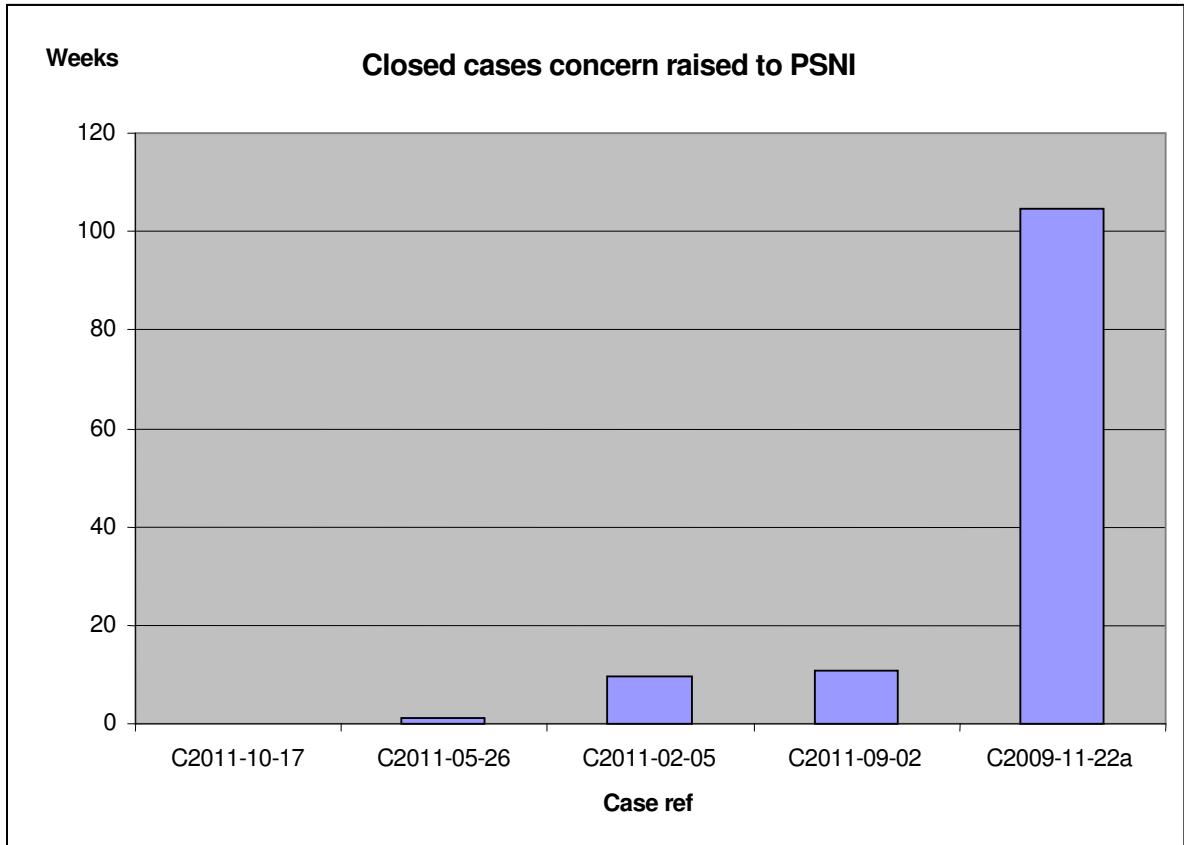
Cases closed by the Statutory Committee [3 cases]



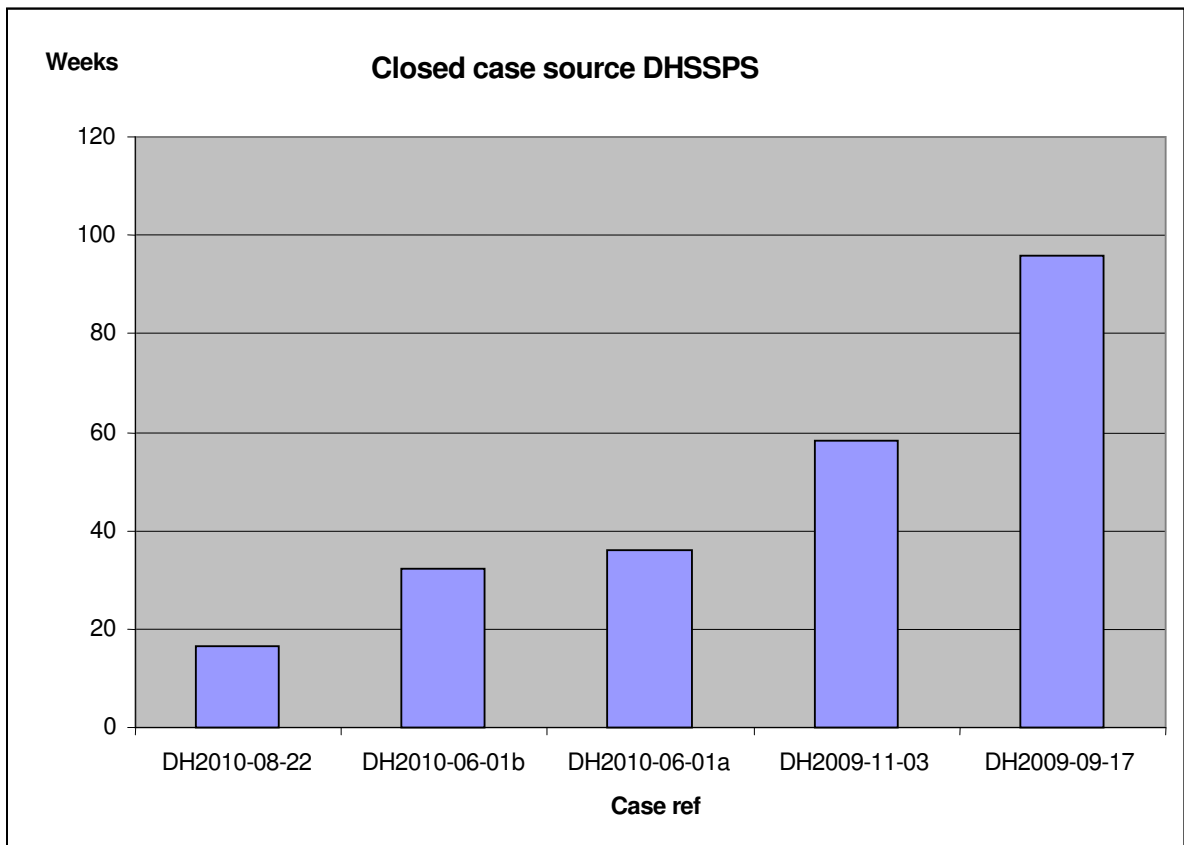
Complaint to PSNI cases closed [a formal complaint was made to the PSNI]



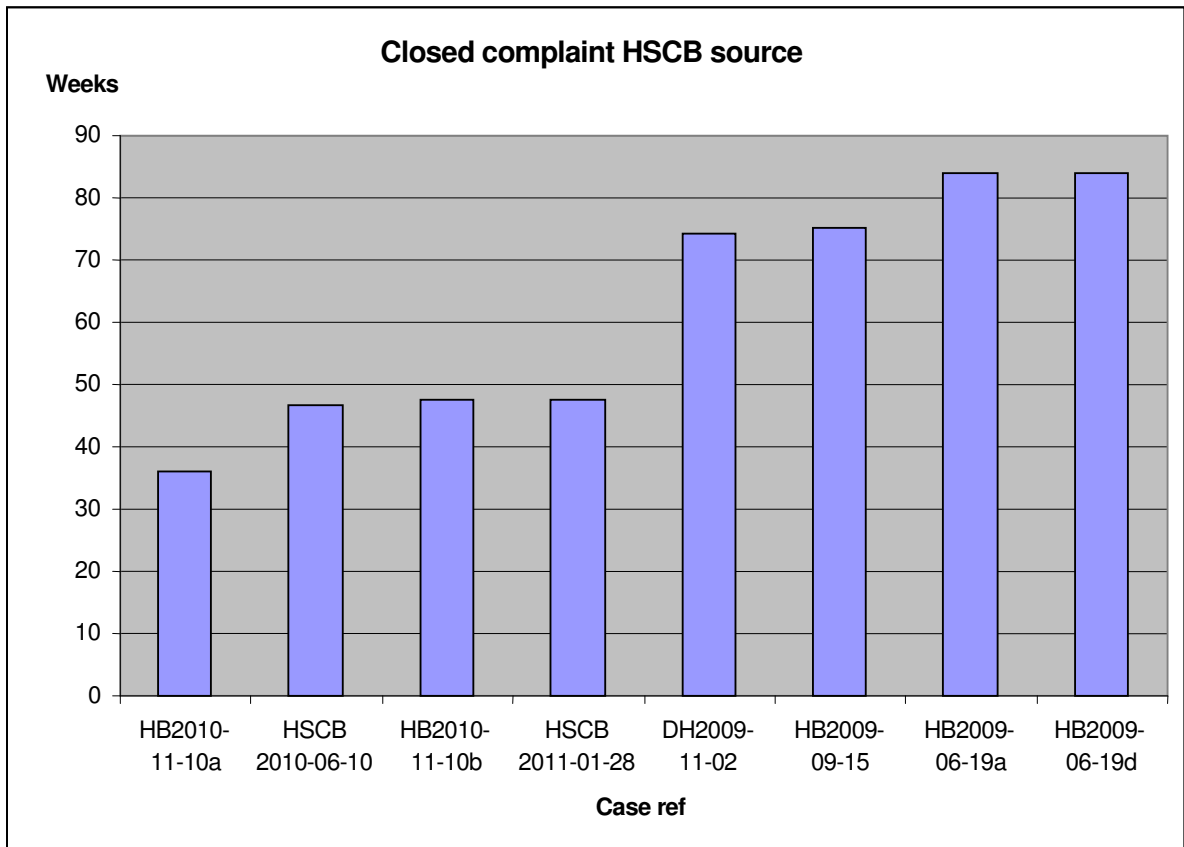
Concern to PSNI closed case [a concern was raised not followed up by a complainant but investigated by the PSNI]



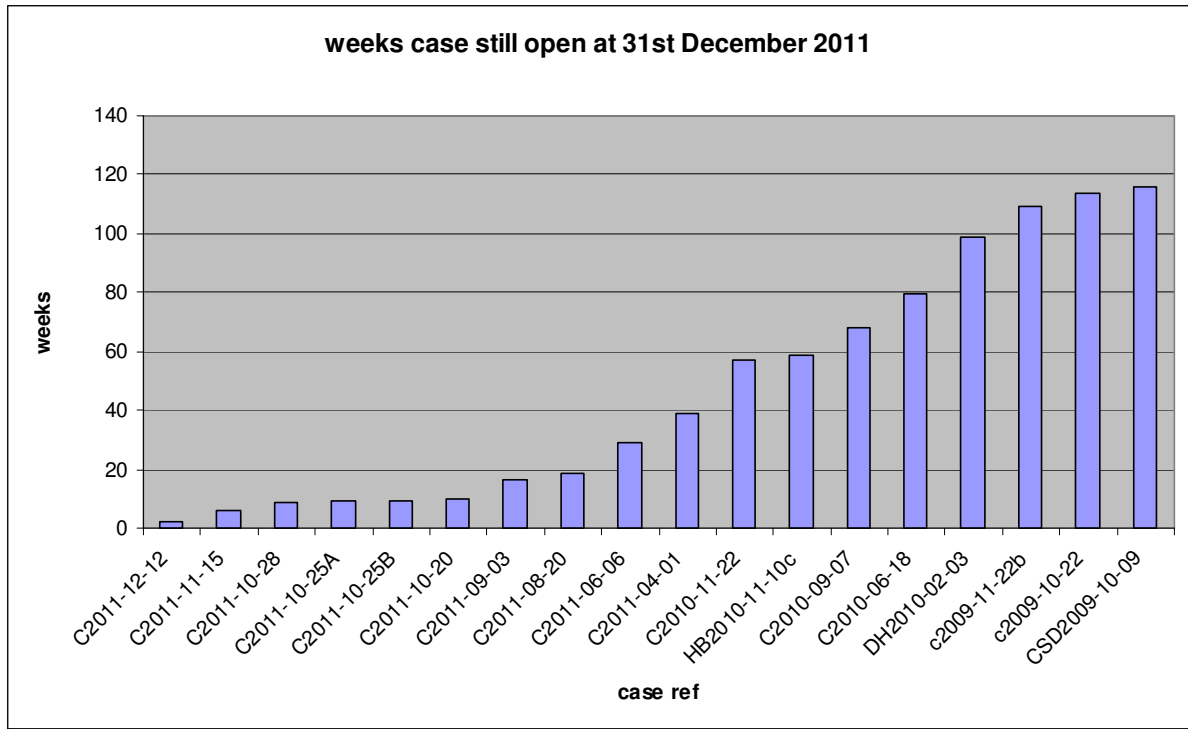
DHSSPS sourced complaint Closed cases



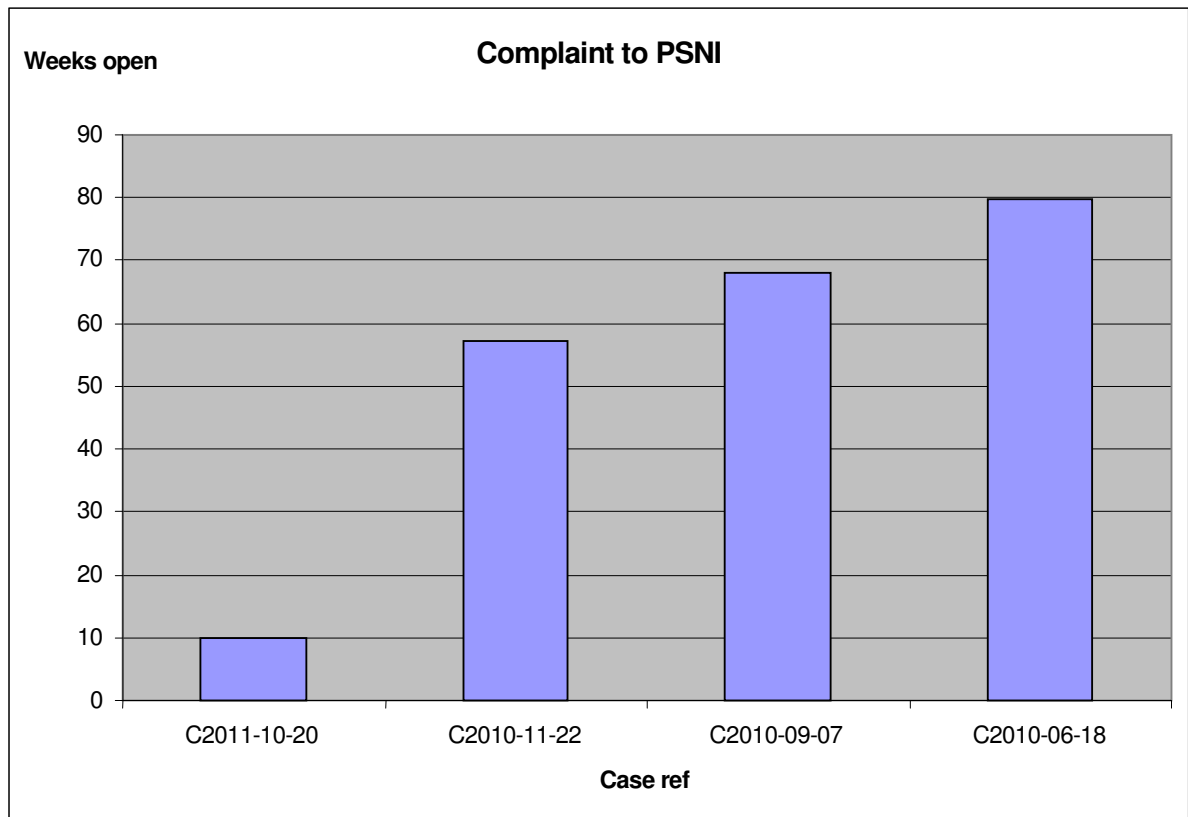
HSCB sourced complaint Closed case

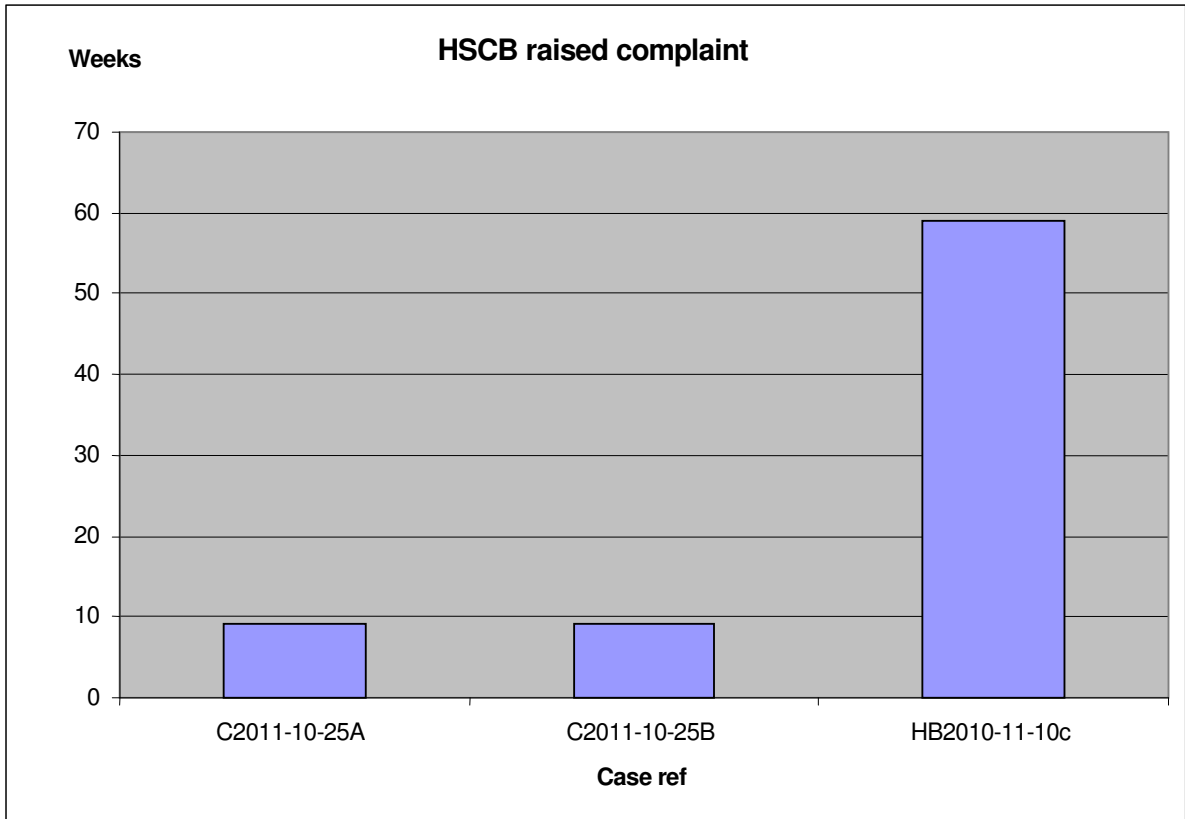
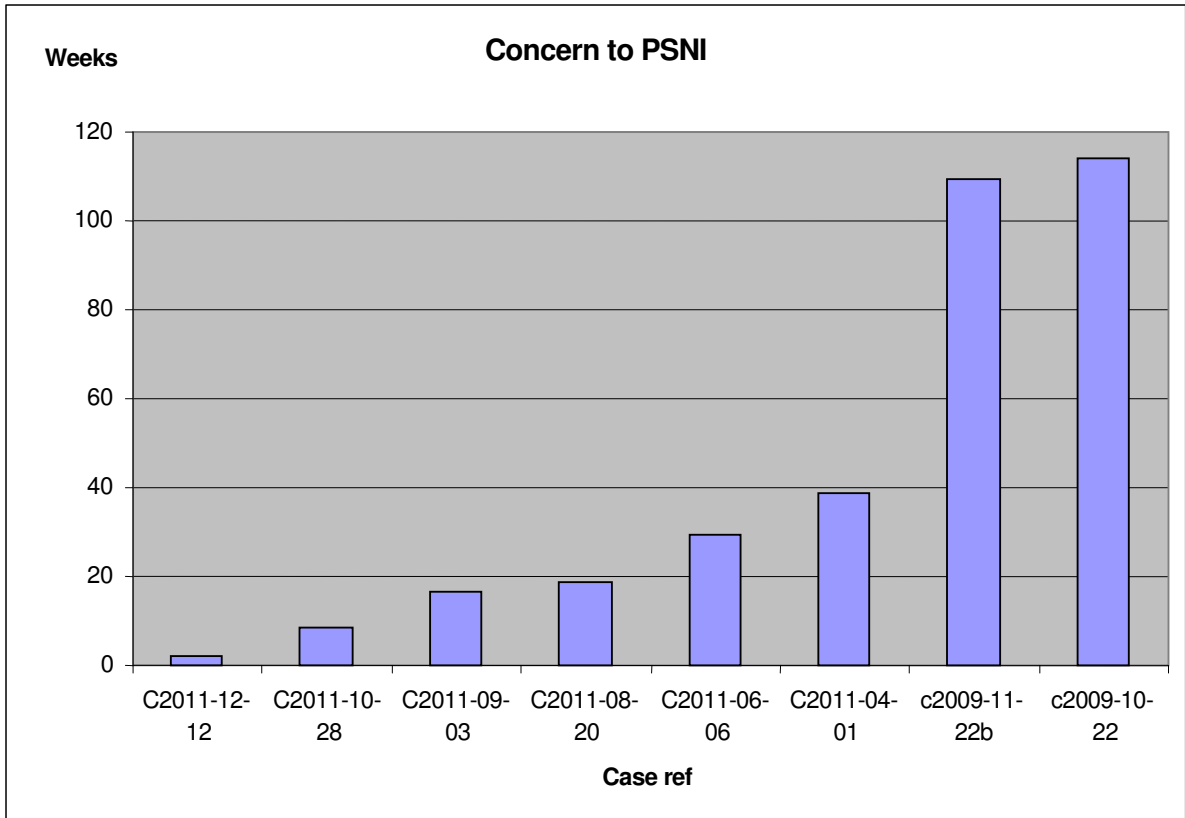


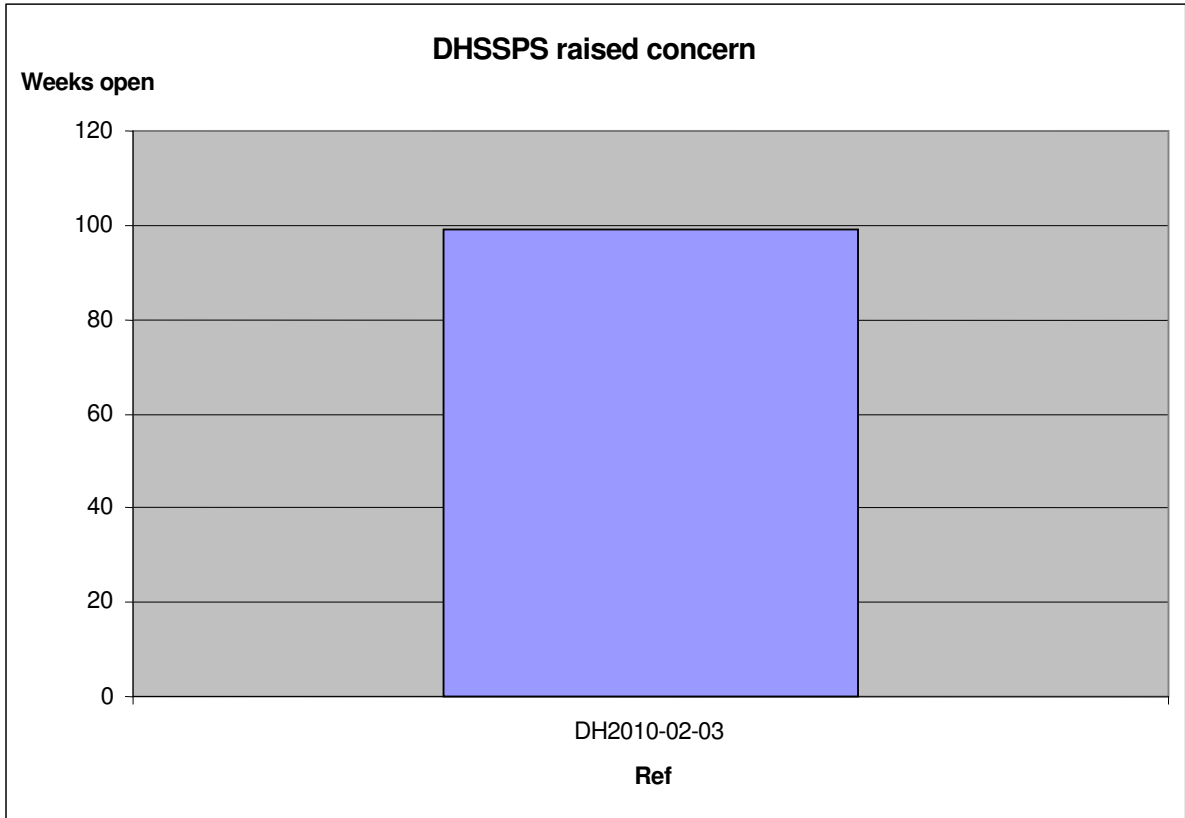
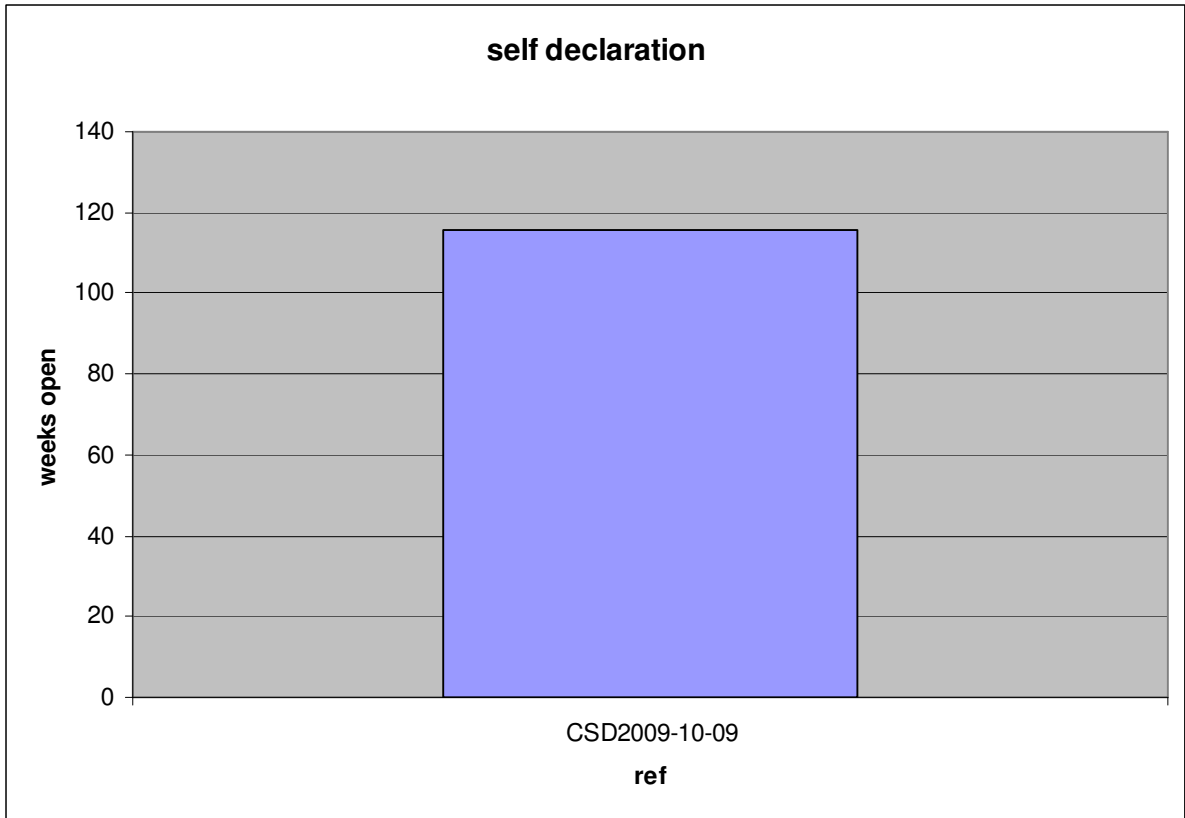
Open cases



Source of case files remaining open at 31st December 2011







Appendix 1

CRITERIA FOR HANDLING COMPLAINTS

This paper sets out the agreed criteria regarding the handling of complaints or concerns regarding pharmacists or pharmacies.

Criteria

Cases should be referred to the Scrutiny Committee for advice for discussion if one or more of the following criteria are true:

- There is a single dispensing error by an individual pharmacist resulting in moderate or more serious harm (NPSA) to a patient(s)
- There are multiple dispensing errors by an individual pharmacist resulting in moderate or more serious harm (NPSA) to a patient(s)
- There is suspicion that the individual significantly departed from agreed recognised professional standards and/or legal requirements and in doing so took an unacceptable risk
- There is suspicion that there are repeated/multiple dispensing errors by within the same pharmacy premises which are of a level that gives cause for significant concern
- There was suspicion that there was an attempt to conceal the facts or that the pharmacist failed to co-operate with the investigation
- There is evidence that the medications were particularly potent/required very careful handling and additional checks to be in place, or that the dosage dispensed was substantially greater than that prescribed or substantially beyond the usual treatment range
- The registrant has received a police caution or conviction

All other cases should be processed by the Registrar but submitted in an anonymous format for quarterly audit by the scrutiny committee

January 2011

Appendix 2

Criteria for Referral to the Statutory Committee

It is important to note that the following factors are indicative only, and the Registrar reserves the right to take into account additional factors, relevant to any particular allegation.

Harm:

1. Evidence of previous or existing actual harm to patients or the public
2. Evidence of previous or existing potential harm to patients or the public
3. Realistic risk of future harm to patients or the public
4. Subject of harm is a vulnerable patient/person

Personal Health:

5. Risk of self-harm
6. Recurrent or episodic conditions
7. Current medical supervision or treatment
8. Current addictive behaviour
9. Relapses into addictive behaviour
10. Underlying condition suffered by registrant which, although in remission, is capable of causing impairment of fitness to practise if it recurs
11. Failure to comply with drug/treatment regimes or medical supervision or support recommendations
12. Failure to comply with voluntary undertakings

Personal Behaviour:

13. Dishonesty
14. Sexual misconduct
15. Breach of confidentiality
16. Lack of insight
17. Breach of trust
18. Vulnerable patient or victim
19. Lack of respect for others

Professional Practise:

20. Registration status
21. Serious departure from accepted professional standards and guidelines
22. Breach of PSNI Code of Ethics or Guidance
23. Failure of supervision or control
24. Abuse of professional position

25. Exceeding appropriate professional boundaries
26. Disregard or breach of Inspectorate advice
27. Failure to maintain indemnity insurance
28. Excessive or irresponsible supply of medicines with potential for abuse
29. Failure to work effectively, or co-operate with other healthcare professionals
30. Lack of professional competence or judgement
31. Placing commercial interests above those of patients or public
32. Serious breach of controlled drugs legislation
33. Failure to comply with voluntary conditions imposed by the Registrar or the DHSSPS
34. Failure to respond to correspondence from the PSNI
35. Failure to take action in the public interest

Pharmacy Profession:

36. Bringing the profession into disrepute
37. Undermining public confidence in the profession
38. Deliberate disregard for the system of registration
39. Failure to co-operate with PSNI DHSSPS or other Investigation
40. Registration status

Current Allegation:

41. Attempt to cover up the facts
42. Attempt to impede/obstruct investigation

Prior Allegations:

43. Prosecutions, previous warnings, reprimands, sanctions, advice on same or similar matter in previous 5 years
44. Disregard or breach of advice given in relation to previous allegations
45. Failure to comply with undertakings in relation to prior allegations

ADDITIONAL FACTORS WHICH MAY BE TAKEN INTO ACCOUNT

It is important to note that the following factors are indicative only, and the society may reserve the right to take into account additional factors, relevant to any particular allegation.

- Age of the registrant
- Length of time since matters complained of
- Response of the registrant to the allegation

Appendix 3 Offence Assessment Framework



Registrant's name:	
Registration number:	
Date registered in NI:	
Evaluated by:	
Date:	

Evaluation criteria

Seriousness of the offence

--

Relevance to pharmacy

--

Recentness of offence

--

Registrant's circumstances at the time of the offence

--

Personal mitigation [if any]

--

Rehabilitation [if any]

--

Registrant's insight [if any]

--

Testimonials [if any]

--

Is the conduct characteristic?

--

Disclosure of the offence

--

Did the offence:

Involve dishonesty, fraud or misrepresentation?	YES
Indicate drug or alcohol dependency?	YES
Result in a criminal conviction?	YES
Result in a caution?	YES
Result in a finding of misconduct or not fit to practise by any body responsible for the regulation of health or a social care profession?	YES
Involve violence exhibiting intentional or deliberate disregard for human life?	YES
Involve criminal damage to public or private property?	YES
Involve non consensual sexual acts?	YES

Did the offence:

Involve any sexual acts with children?	YES
Involve any trafficking or illegally manufacturing of any controlled drugs?	YES
Pose any threat to public health & safety or welfare?	YES
Involve discrimination on the grounds of race, colour or religion?	YES
Indicate a deliberate disregard for the system of registration?	YES

Recommendation

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Reasons

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Registrar

Brendan Kerr

Signature

Date
