

**BEFORE THE STATUTORY COMMITTEE  
OF THE PHARMACEUTICAL SOCIETY FOR NORTHERN IRELAND**

**PHARMACEUTICAL SOCIETY OF NORTHERN IRELAND**

**AND**

**KIERON ALLSOP (Registration Number 3104)**

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**DETERMINATION FOLLOWING HEARING ON**

**24<sup>TH</sup> NOVEMBER 2014**

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**Service**

The Committee was satisfied that service of the Notice of Hearing has been properly effected and that all reasonable efforts have been made to notify the Registered Person concerned of the hearing. The Committee further determined that it would be appropriate for the hearing to proceed in the Registered Person's absence.

The reasons for this were as follows ;

- Ms Orla Sheils of the Pharmacist Defence Association was on record as the representative of the Registrant. Ms Sheils confirmed that her client was aware that the hearing before the Statutory Committee was scheduled to proceed on 24<sup>th</sup> and 27<sup>th</sup> November 2014.
- The Committee was advised by Ms Sheils that her client was unable to attend on 24<sup>th</sup> November as he was undertaking an examination as part of his current post-graduate programme of study. Ms Sheils further indicated that her client planned to be in attendance on 27<sup>th</sup> November 2014 in the event that the hearing went into a second day.
- Ms Sheils confirmed that she had full authority to act on behalf of the registrant and to represent him at the hearing.
- No application was made by the representative for the registrant for a postponement of this hearing to the 27<sup>th</sup> November 2014.
- In all the circumstances the Committee decided that the clear public interest in an expeditious determination of the allegations outweighed the absence of Mr Allsop.

## **Preliminary legal arguments**

The Committee was advised that the Notice of Hearing had been amended by consent. The purpose of the agreed amendment was to consolidate the allegations of misconduct under one heading and the health allegations under a separate heading. The Registrant's representative confirmed that the client agreed to the amendment of the Notice.

Before the case was opened the Committee considered whether there were grounds upon which the hearing could or should be conducted in private. The Committee was mindful of the requirement in regulation 41(2) of the Fitness to Practice Regulations that health issues should be heard in private. The Committee noted the Society's submission that all of the material before the Committee was associated with the health concerns in this case and the misconduct flowed from that condition and the Registrant's position within his pharmacy. Ms Sheils, sought a private hearing on behalf of the Registrant given the health issues in the case. The Committee concluded that given the obvious health issues referred to in the Notice of Hearing it was appropriate to conduct the hearing in private.

## **ALLEGATION**

The Registrant, Kieron Allsop, was employed by Clear Pharmacy as the pharmacist manager of the Portavogie branch. He held that position from 2nd May 2006 until he tendered his resignation on 21st February 2014.

An audit of purchases by pharmacy staff in late 2012 revealed that Mr Allsop had made excessive purchases of Syndol tablets, a medication containing Codeine. It was discovered that between 24th and 28th of December 2012, a total of 41 packs of Syndol (containing 830 tablets) were purchased by Mr Allsop at the Portavogie branch.

A formal investigation was commenced and an investigatory meeting was held on 4th February 2013. Admissions were made at this meeting by the Registrant in relation to (a) making excessive purchases of Syndol, and (b) self-medicating with Syndol.

A disciplinary meeting was held on 22nd March 2013, as a result of which Mr Allsop received a final written warning from Clear Pharmacy.

On 10th September 2013 a drug test, required by the Registrant's employer, detected traces of acetylmorphine and Temazepam in a hair sample. No appropriate explanation has been given to explain the presence of the identified metabolites in the hair sample.

On 6th February 2014, the Registrant applied to the Pharmaceutical Society NI to withdraw from the Register. He declared at that time that he believed that the hair sample test conducted on behalf of his employer would reveal opiate use, namely Tramadol. He disclosed that this Prescription Only Medication (POM) had been obtained from a relative. He further disclosed that he stopped taking Tramadol when

he received notification from his employer to attend an investigation meeting. The first meeting was scheduled to take place on 22nd January 2014.

The Registrant tendered his resignation to Clear Pharmacy on 21st February 2014.

The Registrant acquired medication, whether from the pharmacy in which he worked or otherwise, over a period of time for the purposes of misuse. The aforesaid misuse of medicines was facilitated, in part at least, by the Registrant's position as a pharmacy manager.

The Registrant accepts that he had, and currently has, an addiction problem associated with the misuse and abuse of pain relief medicine. The Registrant accepts that he acquired and misused drugs susceptible to abuse and misuse. The Registrant accepts that he had been treated, and currently receives treatment, for the aforesaid addiction issues.

### **Findings in relation to the facts**

All of the facts listed were admitted by the Registrant. The Committee is satisfied that these admissions, the witness statements and documentary exhibits introduced by the Pharmaceutical Society prove all of the facts advanced by the Society to the required standard.

### **Findings regarding impairment**

The Committee heard submissions on behalf of the Society and the Registrant.

### **Findings regarding impairment**

Having found the allegations against the registrant proved the committee considered whether his fitness to practise was impaired. There is no legal definition of when fitness to practise is impaired. It is very much a value judgment for us as a Committee to make. At this point we were not concerned with the civil standard of proof applicable at stage 1. Our task was simply to determine whether on the findings of fact we have made the registrant's current fitness to practise is impaired.

In reaching our determination the Committee had regard to the statement of agreed facts and the registrant's admissions. We have read the bundle of evidence submitted by the Society. We found the evidence of Dr Diana Patterson, Consultant Psychiatrist with Belfast Addiction Service especially helpful. The Committee was grateful for the submissions of Mr Shields for the Society and Miss Sheils on behalf of the registrant.

We reminded ourselves that the test we must apply is a current, forward looking one.

In our application of that test :

“An assessment of current fitness to practise will nevertheless involve consideration of past misconduct and of any steps taken subsequently by the practitioner to remedy it.”

We first addressed the question of whether the conduct which led to this referral is easily remediable. The misconduct which the registrant admitted arose from a serious addiction problem. The Registrant was frank in his acknowledgement of his addiction to pain relief medication. Dr Patterson reminded us that the registrant's addiction is a lifelong condition. Dr Patterson confirmed that addicts always face the risk of relapse and are required to manage their addiction for the remainder of their lives. In this case the registrant admitted obtaining the opiate based medication Syndol from his pharmacy for his own misuse. Following the detection of this acquisition in January 2013 the registrant admitted that he began to take Tramadol for a period of 11-12 months ending in January 2014. It appears that the registrant was using 200 mg of Tramadol twice a day during this period.

These admissions reinforced the evidence of Dr Patterson that the registrant is at risk of resuming his addictive behaviour either by reverting to his medication of choice or substituting another substance when that original source became unavailable. She frankly acknowledged that the potential for relapse would be significantly exacerbated in this case if the registrant were to return to the pharmacy environment. For these reasons we did not consider the registrant's condition to be easily remediable.

We next addressed whether the behaviour in this case has been remedied. We noted that when the registrant's use of Syndol was detected he subsequently began to take Tramadol in the manner we have already described. The panel wished to acknowledge the commendable efforts made by the registrant since January 2014 to manage his condition. While we hope that such progress is maintained the committee was mindful of the fact that the registrant is still in the early stages of his recovery and that management of his condition will be a lifelong challenge.

We were also of the view that the pattern of drug misuse the registrant has admitted could potentially have put the public at risk. The drugs used by the registrant were capable of impairing his cognitive function, concentration and professional judgment. The registrant was accountable for ensuring the safe dispensing of all drugs within the pharmacy. We believe the facts admitted by the registrant if known to the public would undermine their confidence in the pharmacy profession.

Pharmacists have a duty to intervene where they detect misuse of drugs through excessive purchasing. We were advised by our clinical advisor, Dr Fitzpatrick, that members of the public would only be sold one box of Syndol at a time. We have no doubt that the pharmacy profession would be brought into disrepute should the

public become aware that a registered pharmacist purchased 41 boxes comprising 830 tablets for his own use over a four day period.

Our concerns were reinforced by the respondent's admission that he had been taking 200 mg of Tramadol twice a day for a period of 11-12 months. We were advised by the clinical advisor that this is the maximum daily recommended dose. Given this level of consumption we were concerned that the only source of this prescription only medication disclosed by the registrant was his father in law. No evidence was presented to the committee that this medication was ever prescribed to the registrant during the period 2013-2014.

For the reasons we have outlined the committee was satisfied that the registrant's fitness to practise is currently impaired.

## **Sanction**

### **Sanction**

The Committee heard submissions on sanction from Mr Sheils on behalf of the Society and Ms Sheill for the registrant. We read and had regard to the Society's Indicative Sanctions Guidance.

The committee did not have the benefit of any representations from the Registrant. Counsel for the society properly reminded us that the registrant co-operated with the employer's investigation and made admissions in interview. The registrant also consented to the making of interim orders suspending him from practice. We were also mindful that the registrant admitted his addiction problem and that there have been no concerns raised with us about his professional competence as a pharmacist. The committee noted the registrant's expression of regret and remorse in his statement of evidence dated the 8<sup>th</sup> August 2014. The committee had no information about the personal circumstances of the registrant save that he is now engaged in full time study on a Master's degree in Information Technology. The committee was also advised that the registrant is resolute in his intention to pursue a career outside pharmacy and does not desire to return to practice now or in the future.

The Committee was mindful that the matters found proved were serious. The registrant openly acknowledged acquiring excessive quantities of Syndol when challenged by his employer about his purchases and co-operated with his employer's investigation. However during the course of that investigation the registrant began to misuse another medication namely Tramadol. The registrant admitted obtaining this prescription only medication from his father in law. We considered that the manner of acquisition of both these medications and their

misuse by Mr Allsop were of such seriousness as to undermine the confidence of the public in the pharmacy profession. The initial misconduct was aggravated by the subsequent acquisition and misuse of a prescription only medication. While there was no evidence to suggest that any patient had been harmed by the actions of the registrant the committee was deeply concerned about the potential risk to the public posed by a pharmacist whose functioning was impaired by the prolonged misuse of these two powerful medications. The registrant elected to self-medicate for a prolonged period substituting a second medication when his misuse of the original drug was detected. The registrant was a manager in a position of trust. As an experienced practitioner he was aware of the instructions about the proper use of Syndol. The registrant not only chose to ignore those instructions but at no point sought professional medical help to manage his condition. The committee concluded that this behaviour demonstrated a lack of insight on the part of the registrant into the nature and severity of his condition. Notwithstanding the health condition suffered by the registrant the matters were therefore too serious for the Committee to take no action.

The Committee considered whether it would be appropriate to issue a warning. We rejected this on the grounds that the issues raised were so serious, such that this sanction would not adequately meet the situation, having regard to the nature of the misconduct and the gravity of the health condition and maintaining public confidence in the profession of being a pharmacist.

The Committee next considered imposing a Conditions of Practice Order. We concluded that given the registrant's stated intention not to return to practice as a pharmacist there were no suitable or workable conditions which could be imposed that would meet the wider public interest.

We then considered imposing a suspension order for up to 12 months. We were satisfied that the registrant has now shown some insight into his failures and that he has begun to take some remedial steps. However the committee was mindful of the evidence of Dr Patterson. Her diagnosis is that the registrant suffers from Opiate Dependence Syndrome, currently abstinent (F11.20), The registrant will always have a propensity to misuse opiates and could quickly become dependent again on these substances. This would have a significant adverse impact on his critical faculties and judgment such as would, in our view, render him unsafe to practice as a pharmacist. The risk of relapse would be greatly heightened by the ready availability of opiate medication to dispensing pharmacists.

In addition the committee was conscious that the registrant has left practice and has indicated that he does not intend to work as a pharmacist ever again. The committee therefore rejected suspension.

The Committee next considered imposing a striking off order. The registrant asked to

leave the register with dignity intact by being permitted to resign voluntarily. As previously indicated to the registrant by the Registrar in February 2014 it is not possible to leave the register voluntarily during the course of fitness to practise proceedings. In considering the range and nature of the sanctions available to us the committee concluded after much deliberation that striking off is the only appropriate response in this case. In the majority of cases registrants seek to resume their professional practice. This case is unusual in that the registrant has elected to pursue a very different path. The committee does not seek to punish the registrant for his situation and does not question the sincerity of his intention to pursue a career outside pharmacy.

However given the nature and extent of the aggravating circumstances that we have previously outlined we have concluded that the only appropriate way in which we can discharge our primary responsibility to protect the public is to strike the registrant off the register.

### **Immediate Order**

The Committee heard submissions on behalf of the Society and the Registrant. The committee was advised that the Registrant had sought to have his name removed from the register. The registrant was advised by the Registrar that notwithstanding this request and his failure to comply with his CPD obligations his name would remain on the register until the Statutory Committee considered his case.

Although the Registrant is not currently in practice the Committee is also satisfied that an Interim Order is appropriate in view of the reasons given in concluding that the Registrant's fitness to practise remains impaired. The Committee recognises the need to ensure the protection of the public and that public confidence in the profession is maintained. For the reasons already given in relation to the Committee's determination on sanction an Interim Order imposing conditions would not be appropriate. Therefore there will be an Interim order of Suspension with immediate effect which will continue until the Committee's decision to strike off the registrant comes into effect.

### **Revocation of Interim Order**

The Committee hereby revokes the interim order for suspension of registration that was made by the Committee on 3rd March 2014.

Gillian McGaughey

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24<sup>th</sup> November 2014

**Gillian McGaughey**  
**Chair of Statutory Committee**