



# **Fitness to Practise Report 2012**

Including learning points for pharmacists

Published 22 January 2013

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## **Introduction**

The Pharmaceutical Society NI 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.

There are 2105 pharmacists and 548 pharmacy premises registered with the Pharmaceutical Society NI.

All pharmacists are regarded as practising. Currently the Pharmaceutical Society NI does not register pharmacy technicians as there is no statutory legislation to underpin this.

Details of the live register of pharmacists can be found on the web based register '[Search the Register](#)'; by phoning the offices during working hours 9am to 5pm Monday to Friday 028 9032 6927; by writing to the registration department or emailing [registration@psni.org.uk](mailto:registration@psni.org.uk)

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 legally responsible for the integrity and posting of the pharmacy registers of pharmacists and pharmacies.

## **Inspection of pharmacies and pharmacists**

The Pharmaceutical Society NI does not employ its own pharmacy inspectors but works in close partnership with the pharmaceutical inspectorate of the DHSSPSNI, (the Medicines Regulatory Group) 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 Pharmaceutical Society NI Code of Ethics and published Standards and Guidance.

## **Allied healthcare bodies**

The Pharmaceutical Society NI also works closely with officials of the Health and Social Care Board (HSCB), the Business Services Organisation (BSO), HSC Trusts and the Regulation Quality Improvement Authority (RQIA).

## **Changes in pharmacy regulation in 2012**

The Pharmacy (Northern Ireland) Order 1976 was significantly amended in late January 2012 and a set of complimentary new Regulations were enacted on 1<sup>st</sup> October 2012. The Amendment Order and Statutory Regulations introduce a number of processes including a wider panel for the Statutory Committee and a Scrutiny or investigating committee in statute. Together, the Committees have a much wider range of powers in regard to fitness including; advice, warning, undertakings, suspension, interim orders and erasure or removal of registrants.

In processing case files in 2012 to a closure, 16 of 24 cases were closed prior to the new legislation coming into being on 1<sup>st</sup> October 2012. Eight cases were closed after 1<sup>st</sup> October 2012; four of these were closed on the advice of the (advisory) Scrutiny Committee and were old legacy cases and four cases were closed by the Registrar.

The constitution of the FTP committees old and new is referenced in Appendix one of this report.

### Fitness to Practise cases considered January to December 2012

Year	Date opened	closed in 2012	percentage	still open	percentage
2009	1	1	3%	0	0%
2010	2	0	0%	2	6%
2011	7	6	17%	1	3%
2012	25	17	49%	8	23%
<b>Totals</b>	35	24	69%	11	31%

### Source of the complaint or concern

Source	number	percentage
Anonymous	1	3%
DHSSPS	1	3%
employer/agency	2	6%
Industry	1	3%
Pharmacist	7	20%
Public	13	37%
Registrar	5	14%
self declarations	5	14%
<b>Totals</b>	35	

### Statistics regarding these cases

closed cases	Weeks open
Number	24
average time to close	24
median time to closure	12
longest case	133

open cases at 15/12/2012	Weeks open
Number	11
average time to close	45
median time to closure	37
longest case	119

### Issues examined in the cases closed

Issue	Number	Percentage
alleged NHS fraud	1	4%
conviction and health issue	1	4%
dispensing error no harm	4	17%
disqualification as a company director	1	4%
excess dispensing	4	17%
excess OTC sales	1	4%
home delivery	1	4%
police caution	3	13%
practising while not registered	2	8%
product complaint	1	4%
sale of [POM] without prescription	1	4%
service issue	4	17%
Total	24	100%

### Closure times by closure points

Cases closed by registrar	13 cases	
average time to close	12	Weeks
median time to closure	7	Weeks
longest case	69	Weeks
shortest case	3	Weeks
KPI closed <13 weeks	10/12	83%

Cases closed by scrutiny committee	10 cases	
average time to close	27	Weeks
median time to closure	18	Weeks
longest case	133	Weeks
shortest case	9	Weeks
KPI closed <13 weeks of final report	10/10	100%

Cases closed by statutory committee	1 case	
time to close	65	Weeks
Referred to statutory committee by scrutiny committee <13 weeks	1	100%

## **The Registrar**

The Registrar is the complaints officer for the Pharmaceutical Society NI 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 assesses the case against the published criteria (see appendices). Where the matter does not meet the published criteria, and there is no harm or reoccurrence of errors or the issue can be simply resolved locally, then where appropriate the case is closed by the Registrar. The Scrutiny Committee also acts to review files closed by the Registrar which are not closed by them.

## **Scrutiny Committee [an advisory committee to the registrar January to September 2012]**

The Scrutiny Committee was originally constituted in 2009 as an advisory committee to the Registrar in relation to fitness to practise matters. It had no statutory function and acted only as an advisory committee. All members of the Committee were independently recruited and completed the same fitness to practise (FTP) training as the members of the Statutory Committee.

The Committee met to review paper based evidence files and neither the complainant nor registrant was present. It met to review case files which had higher risk or involve cautions or convictions or determinations by another regulatory authority. The Scrutiny Committee also reviewed cases that have been previously closed by the Registrar.

Its role was to advise the Registrar on the basis of the available evidence, and decide if there was a case to answer, which could have the potential to merit erasure from the register. Where this was the case, a referral was made to the Statutory Committee for a full conduct hearing.

### Membership of the Scrutiny Committee (January to September 2012)

Chair and pharmacist member	Dr Denis Morrison
Lay member	Mr. Conor Heaney
Lay member	Mrs. Maureen Brennan
Pharmacist member	Mr. Brendan Anglin

### Meetings of the Committee in 2012

The Committee met on six occasions and reviewed ten case files. The Committee applied threshold criteria<sup>1</sup> to each case and then recommended where appropriate referral to the Statutory Committee.

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<sup>1</sup> see Appendix

### Committee recommendations to the Registrar

- One case was recommended for referral to the Statutory Committee. This related to conduct as a company director and subsequent disqualification by the Department of Enterprise, Trade and Investment.
- Nine cases were considered and on the advice of the Scrutiny Committee were not to be referred to the Statutory Committee

### Committee recommendations to the Registrar

- One case was recommended for referral to the Statutory Committee this related to conduct as a company director and subsequent disqualification by the Department of Enterprise, Trade and Investment.
- Nine cases were considered and not advised to be referred to the Statutory Committee

### **Scrutiny Committee (new committee in statute independent of the Registrar Post 1<sup>st</sup> October 2012)**

In the period from October 2012 to December 2012, this Committee did not meet as there were no cases referred to it by the Registrar.

### Membership of the committee October 2012

Legally Qualified Chair	John Gibbons
Legally Qualified Deputy Chair	Rosemary Connolly
Lay member	Andrew Thomson
Registrant member	Bronagh White
Registrant member	Dr Colin Adair
Registrant member	Dr Denis Morrison
Registrant member	James Taggart
Lay member	Jinna Brownlees

### **Statutory Committee January to September 2012**

The Statutory Committee was previously constituted under the Pharmacy (Northern Ireland) Order 1976.

The Chair was appointed by the DHSSPS and the members appointed by the Council, were recruited through an independent public appointments process in 2008.

### Membership of the Committee until September 2012 \*\*when the committee stood down

Legally qualified chair	Mr Tim Ferriss QC
Lay member	Mr Roy Junkin
Lay member	Mr Andrew Thomson
Lay member	Ms Miriam Karp
Pharmacist member	Dr Terry Maguire
Pharmacist member	Mrs Hilary Rea

## Meetings of the Statutory Committee

The Statutory Committee of the Pharmaceutical Society NI Committee met on one occasion in 2012 holding an inquiry.

It met on 28 June 2012 for the purpose of making Inquiry into the case and ascertaining the facts in relation to Mr. Craig Eric Bennett and the allegations of misconduct which called into question his fitness to practice and suitability to remain on the register.

Mr Bennett was disqualified for 13 years from being a company director, by the Department of Enterprise Trade and Investment for amassing debts of £10 million and the misappropriation of monies. The ban was imposed because of his conduct as head of Dreemore Developments in Fivemiletown.

Mr Bennett did not attend the hearing at the Pharmaceutical Society NI and the decision of the Committee after reviewing the evidence which included submissions by Mr Bennett was that his name should be removed from the register of pharmacists.

### **Statutory Committee (October to December 2012)**

The Statutory Committee is constituted under the Pharmacy (Northern Ireland) Order 1976 and Pharmacy Order Regulations 1947. The members are appointed by the Council having been recruited by an independent public appointments process in 2012

### Membership of the Committee October 2012

Legally Qualified Chair	Gillian McGaughley
Legally Qualified Deputy Chair	Kevin Neary
Legally Qualified Deputy Chair	Michael Wilson
Lay Member	Carol Ackah
Lay Member	Miriam Karp
Lay Member	Eoin Doyle
Registrant	Cathy Wilkinson
Registrant	Jayne Laughlin
Registrant	Mary Jane Biggart
Registrant	Sheelagh Hillan
Registrant	Terry Maguire
Registrant	John McLintock



## Meetings of the Committee (post October 2012)

The Committee met on one occasion on 19<sup>th</sup> November 2012 holding an interim order inquiry. The registrant received an interim suspension order for six months.

### **Learning points**

We are keen to share the learning from our investigations to improve understanding and enhance safe and effective practice. A number of key themes emerged from cases and these are outlined below:

#### **1. Statutory Committee cases**

##### The case regarding Mr Craig Bennett

This case highlighted the impact on the public when there was a breach of integrity and or business conduct by a registrant. Although the business practiced here was not that of a pharmacy the personal conduct of the registrant was found to breach the Pharmaceutical Society NI Code of Ethics and to have brought the reputation of the profession into disrepute.

The message from the Statutory Committee was that the conduct of a pharmacist within and without pharmacy practise can and will be viewed as misconduct.

#### **2. General case files not referred to Statutory Committee inquiry but closed by the Registrar alone or following advice from the Scrutiny Committee.**

##### **1. Alleged fraud**

Where any allegation of fraud is made in regard to a pharmacist's practise the Pharmaceutical Society NI refers this to an appropriate authority, the Business Services Organisation (BSO) or the Police Service of Northern Ireland (PSNI).

The fraud matter alleged in this case was fully investigated and as no corroborating evidence was established the case closed by the Registrar.
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##### **2. Convictions and health matters**

Where a notification was made of a police caution or conviction, the Registrar obtained the consent of the registrant and requested a full criminal record check from the police.

Under the notifiable occupation scheme the Registrar is notified by the police service of any conviction offence relating to a pharmacist. All convictions and cautions except motor offences not leading to disqualifications were referred to the Scrutiny Committee.

A registrant is invited to show any insight and or remediation evidence to the Scrutiny Committee and a decision was then made in regard to any further referral to a Statutory Committee. All registrants who received a conviction for either drug or alcohol misuse (e.g. driving under the influence of alcohol) are and were referred by the Registrar to undertake an independent medical assessment.

Two cases were examined by the Scrutiny Committee in regard to alcohol consumption associated to driving.

Two cases considered involved indecent behaviour by registrants having taken too much alcohol.

There were no referrals to the Statutory Committee. All four cases were closed by the Registrar on the advice of the Scrutiny Committee.

In regard to health declarations where a registrant evidenced likely impairment, the Registrar sought medical reports from the registrant's physician. The Registrar also arranged an independent medical assessment and or report if necessary.

All of these investigations were voluntary and undertaken with the consent of the registrant.

Health cases were closed on medical advice or were subject to voluntary undertakings to ensure the registrant only practised where the Registrar had prior notice or did not practise.

One health case was investigated and closed by the Scrutiny Committee

**FROM 1<sup>ST</sup> OCTOBER 2012 THERE IS A LEGAL REQUIREMENT TO INFORM THE REGISTRAR OF ANY CONVICTION OR CAUTION WITHIN 7 DAYS.**

### **3. Dispensing errors**

The Pharmaceutical Society NI reviewed and reported dispensing errors and liaised with colleagues at the DHSSPS & HSCB. Where patients suffered moderate harm or greater, or there are serious departures from safe practise or recurrence of errors, the matters are passed to the DHSSPS for investigation. All reports produced were reviewed and may be passed to the FTP committees according to the published referral criteria.

There were four cases where serious dispensing errors occurred were investigated by Scrutiny Committees but were then closed by the Registrar on the advice of the committee.

Where a pharmacist has been involved in a dispensing error he/she must always put the interests of the patient first. The practitioner should:

- Risk assess any potential health impact for the patient
- Immediately addresses the issue;
- Consider an apology to the patient/carer;
- Check the health status of the patient and whether 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 patients 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, Pharmaceutical Society NI where appropriate
- Liaise with a medicines governance lead, where appropriate

Where this guidance is 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 risk assess and 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.

#### **4. Excess Dispensing**

The dispensing of a prescription involves a number of professional checks before any supply is made to a patient. The pharmacist should check the legality of the prescription and also the clinical appropriateness of the prescribing for the patient. This is especially important where the medication prescribed has any potential for abuse and the patient can be harmed by taking the medicines prescribed. As a healthcare professional a pharmacist should seek appropriate verification from the prescriber and make contemporaneous records of any dialogue.

It is important to record any decision to supply or not to supply against the prescription. The safety and welfare of the patient is paramount in any decision making and a patient should not be put at risk. The Pharmaceutical Society NI has produced guidance on raising concerns where there is justification and this should be read and actioned by pharmacists

Four cases were examined in regard to excess dispensing's and each was closed by the Registrar on the advice of the Scrutiny Committee.

## **5. Excess sales of OTC medicines**

The Pharmaceutical Society NI first published standards on the sale and supply of medicines in 2009. Where a pharmacist is asked to sell a medicine in a pharmacy to a patient on a recurrent basis or in unusual quantities a pharmacist should question the safety of any such a supply. The patient should be referred to a physician for help where appropriate.

One case was investigated and closed by the Registrar

## **6. Home delivery**

Home delivery has led to patients expecting medications to be constantly available for delivery by pharmacies. Where a pharmacy operates any collection and delivery services then patients and the public should be informed of the operating parameters of the service.

Complaints received by the Pharmaceutical Society NI reflect that patient's expectations are not being met but this is then poorly handled by the pharmacist when queried. Pharmacists should use their standard operating procedures for the processing of complaints as established in the Responsible Pharmacist Regulations to investigate and appropriately close any complaints.

Two complaints were closed by the Registrar in regard to home deliveries.

## **7. Practising whilst not being registered**

A pharmacist can only work in Northern Ireland if first registered with the Pharmaceutical Society NI. There have been a number of recent cases where a person engaged by an employer has not been registered. Pharmacists register annually on 1<sup>st</sup> June and if fees are not paid will be removed on 1<sup>st</sup> 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 either voluntarily or by FTP processes 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](#)

In September 2011 a former registrant worked as a pharmacist whilst not being registered. This matter was reviewed by a Scrutiny Committee in 2012 and the case was closed. Advice given to the Registrar at that time was to show no tolerance in future for those practising while not being registered and also to pursue employers who give the opportunity for a person to practise while not being registered. It is imperative that current registration status is reviewed appropriately by employers.

## **8. Selling POM medications**

There is evidence of pharmacists selling POMs to patients at their request simply because the pack size is bigger than the P pack. Pharmacists are reminded of the systems for licensing medications overseen by the MHRA and should only sell the medicines licensed for sale in a pharmacy.

One case such was closed by the Registrar after review by a Scrutiny Committee on its advice.

## **9. 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 assessed on its merits against a common template before any decision is made to close or to refer to a Scrutiny Committee.

Four cases were investigated in regard to convictions or cautions, all were closed on the advice of the Scrutiny Committee

## **10. Conduct of pharmacists in patient interactions**

There have been a number of complaints made regarding the conduct of pharmacists in the way which they have treated a patient. i.e. it is the lack of courtesy or the behaviours or manner of speech which have caused a complaint to be made to the Registrar.

Pharmacy is a patient focused service and should always maintain the highest levels of patient and client care. When misunderstandings occur, and this will happen, addressing this immediately and referring to a complaints process are the only correct actions. The safety and welfare of a patient are primary concerns as are the dignity and respect shown to a patient.

The Registrar received four complaints regarding conduct from patients and these were all closed after investigation.

## **The Pharmacy Network Group PNG**

The Pharmaceutical Society NI, 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 Pharmaceutical Society NI 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 NI, BSO, HSCB and the DHSSPS currently meet ten times and reviewed risk assessed and actioned activity in relation to complaints concerns and incidents.

## Key Performance Indicators (KPIs)

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.
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100% Met
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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.
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100% Met
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Where an issue is serious, allocation must take place as soon as possible to ensure patient/public protection.
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100% Met
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### 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 (PPS) 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 Pharmaceutical Society NI solely conducts investigations these are to be completed within 13 weeks;
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83%
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### Scrutiny Committee (3 months)

On receipt of the file, or completion of a case by the Pharmaceutical Society NI, the case will be referred to the Scrutiny Committee within 3 months.
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100% Met
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### Statutory Committee (6 months)

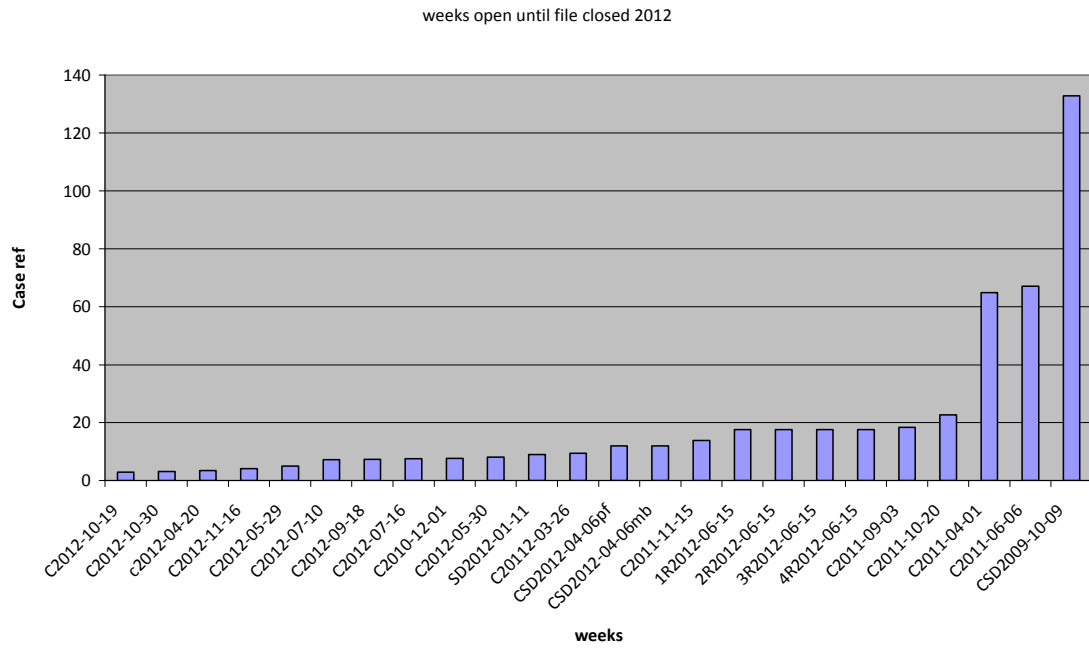
Following consideration by the Scrutiny Committee any case being referred to the Statutory Committee will have a hearing date of not more than 6 months from the date of the Scrutiny Committee decision.
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100% met
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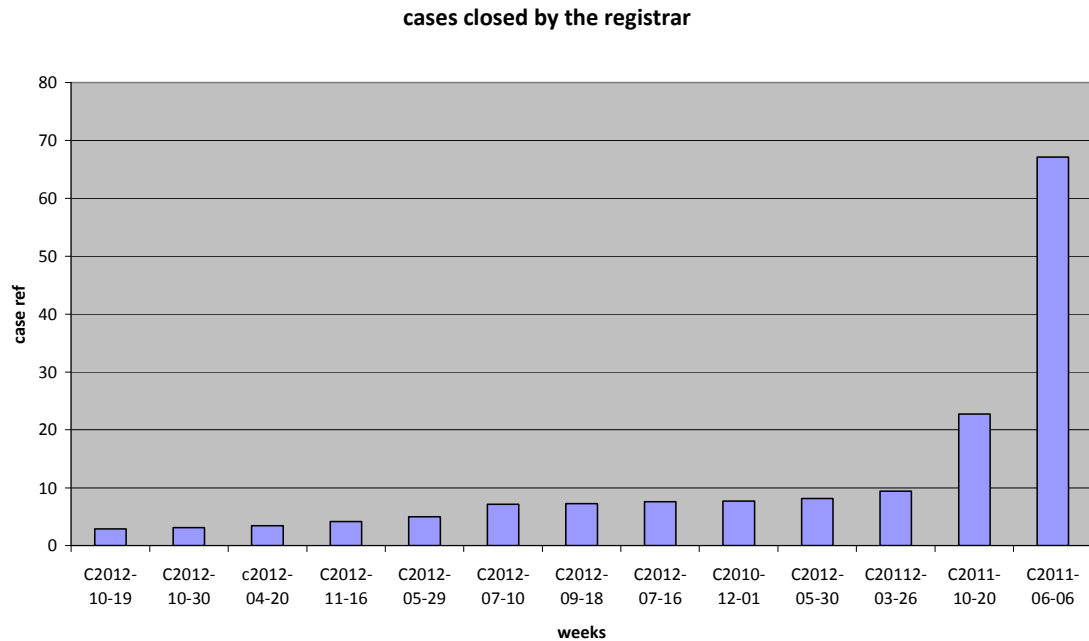
## Statistics relating to cases notified to the Pharmaceutical Society NI

### Closed cases

#### Case files closed in 2012 [24 cases]

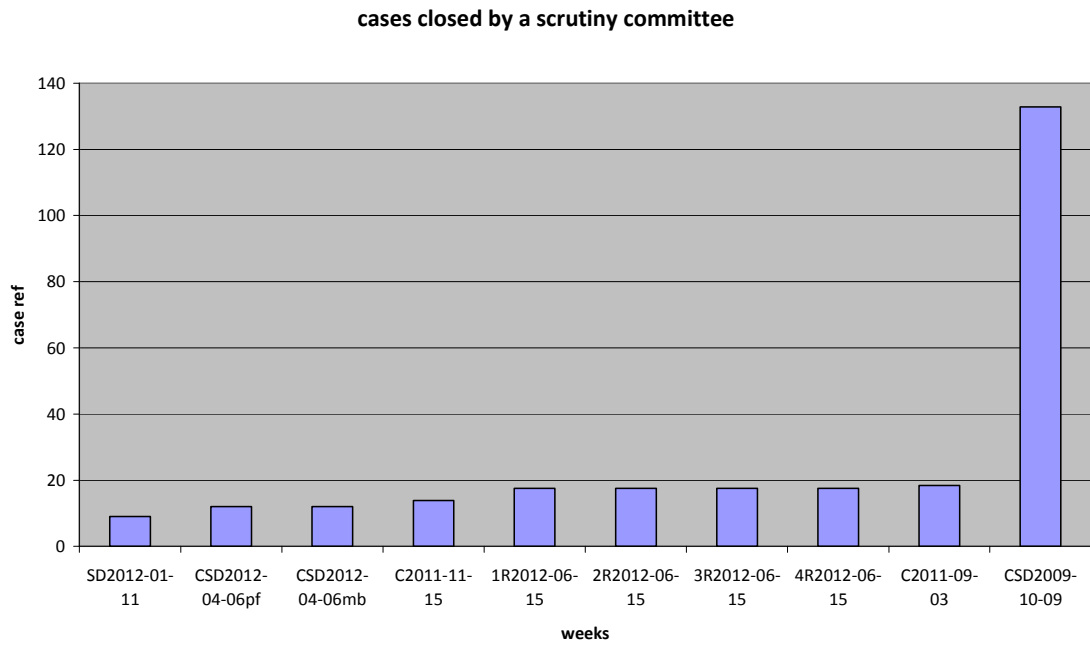


#### Cases closed by the Registrar [13 cases]

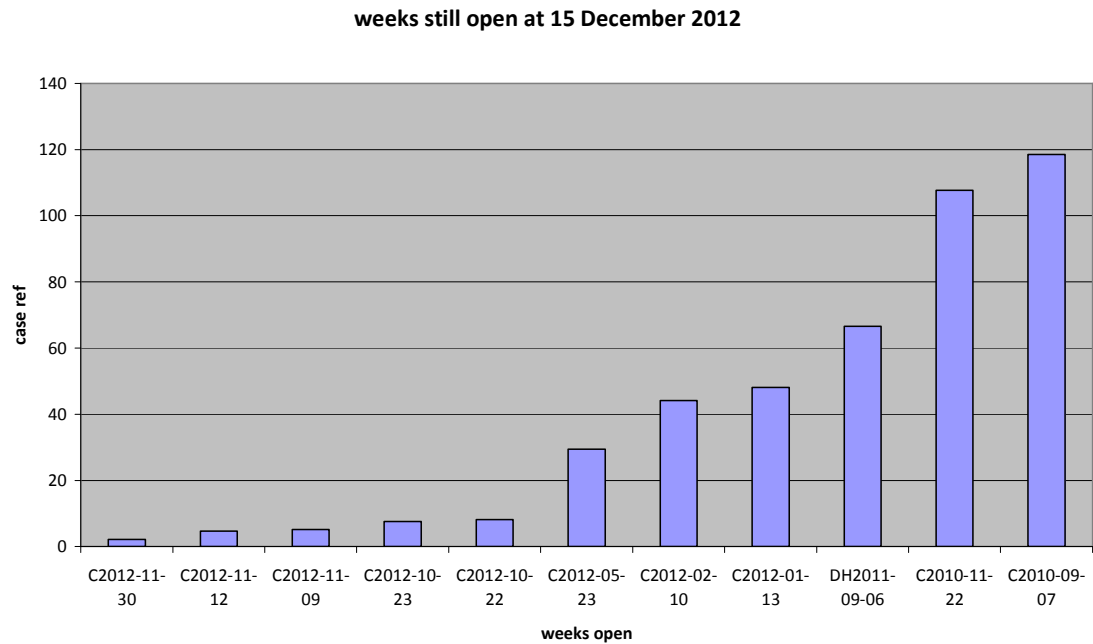




**Cases closed by the Scrutiny Committee [10 cases]**



**Case files remaining open at 31<sup>st</sup> December 2012**



**Appendix 1****Scrutiny Committee January to September 2012**

Dr Denis Morrison	Chair	pharmacist
Mr Conor Heaney		lay
Mrs Maureen Brennan		lay
Mr Brendan Anglin		pharmacist

**Statutory Committee January to September 2012**

Mr Tim Ferriss	Chair	legal qualified
Mr Roy Junkin		Lay
Mr Andrew Thomson		Lay
Ms Miriam Karp		Lay
Dr Terry Maguire		Pharmacist
Mrs Hilary Rea		Pharmacist

**Scrutiny Committee October 2012 – current**

Mr John Gibbons	Chair	legal qualified
Ms Rosemary Connolly	deputy chair	legal qualified
Mr Andrew Thomson		Lay
Mrs Jinna Brownlees		Lay
Prof Colin Adair		Pharmacist
Mr James Taggart		Pharmacist
Mrs Bronagh White		Pharmacist
Dr Dennis Morrison		Pharmacist

**Statutory Committee October 2012 to current**

Mrs Gillian McGaughley	Chair	legal qualified
Mr Michael Wilson	deputy chair	legal qualified
Mr Kevin Neary	deputy chair	legal qualified
Ms Miriam Karp		Lay
Mrs Carol Ackah		Lay
Mr Eoin Doyle		Lay
Dr Terry Maguire		Pharmacist
Dr Sheelagh Hillan		Pharmacist
Ms Jane Laughlin		Pharmacist
Mr John McClintock		Pharmacist
Mrs Cathy Wilkinson		Pharmacist
Mrs Mary Jane Biggart		Pharmacist

## **Appendix 2**

### **CRITERIA FOR HANDLING COMPLAINTS JANUARY TO SEPTEMBER 2012**

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

#### **Criteria**

Cases should be referred by the Registrar 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 audit by the scrutiny committee

January 2011

## **Appendix 3**

### **CRITERIA FOR REFERRAL TO THE STATUTORY COMMITTEE BY TYE SCRUTINY COMMITTEE JANUARY TO SEPTEMBER 2012**

It is important to note that the following factors are indicative only, and the Scrutiny Committee 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 Pharmaceutical Society NI 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 Pharmaceutical Society NI
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 Pharmaceutical Society NI 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 4

### CRITERIA FOR REFERRAL TO A SCRUTINY COMMITTEE 1<sup>st</sup> OCTOBER 2012 TO DATE

Cases are not to be referred to the Scrutiny Committee unless one of the following statements is true:

#### **Principle 1: Make the safety and welfare of patients your prime concern**

- There is evidence that the registered person's conduct or performance caused moderate or severe harm or death, which could and should have been avoided.
- There is evidence that the registered person deliberately attempted to cause harm to patients and the public or others.
- There is evidence that the registered person was reckless with the safety and well being of others.

#### **Principle 2: Respect and protect confidential information**

- There is evidence that the registered person failed to respect the confidentiality of information or misused confidential information acquired in the course of professional practice to an extent likely to undermine public confidence in the profession if not challenged by the regulatory body.

#### **Principle 3: Show respect for others**

- There is evidence that the registered person failed to respect the human rights of patients, or demonstrated in their behaviour attitudes which are incompatible with registration as a pharmacy professional.
- There is evidence that the registered person failed to maintain appropriate professional boundaries in their relationship with patients and/or others.

#### **Principle 4: Exercise professional judgment in the interests of patients and public**

- There is evidence that the registered person put their own interests, or those of a third party, before those of their patients.
- There is evidence that the registered person culpably failed to act when necessary in order to protect the safety of patients.

#### **Principle 5: Encourage patients (and/or their carers as appropriate) to participate in decisions about their care**

- There is evidence that the registered person damaged or put at significant risk the best interests of patients by failing to communicate appropriately with patients or others.

#### **Principle 6: Maintain and develop professional knowledge and competence**

- There is evidence that the registered person practised outside of their current competence.
- There is evidence that the registered person failed to maintain their knowledge and skills in a field relevant to their practice.
- There is evidence of a course of conduct, which is likely to undermine public confidence in the profession generally or put patient safety at risk, if not challenged by the regulatory body.

- There is evidence of adverse physical or mental health which impairs the registered person's ability to practice safely or effectively.

**Principle 7: Act with honesty and integrity**

- There is evidence that the registered person behaved dishonestly.
- There is evidence of behaviour on the part of the registered person which is likely to undermine public confidence in the profession generally, if not challenged by the regulatory body.

**Principle 8: Provide a high standard of practice and care at all times**

- There is evidence that the registered person has practised in a way that was systematically unsafe, or, has allowed or encouraged others to do so, where he or she has responsibilities for ensuring a safe system of working.
- If the Registrar is in doubt as to whether the above criteria have been met, he shall refer the case to the Scrutiny Committee.

1<sup>st</sup> October 2012