

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

Issues relating to the Registrant's health have been redacted from this determination.

In the matter of: Bridgeen Elizabeth Regan (5672)

Location: As a result of restrictions brought about by the coronavirus (COVID-19) pandemic, and by the agreement of the parties to the proceedings, the hearing was held remotely via Zoom video conferencing

Date: 18th and 19th January 2021

Committee: Mr Gary Potter (Chair), Mr Derek Wilson (Lay), Dr Mark Timoney (Registrant)

Clinical Adviser [REDACTED])

Persons Present and Capacity: Dr Bridgeen Regan (Registrant), Ms Julie Ellison, Barrister instructed by Forde Campbell Solicitors (Registrant's Legal Representatives), Mr JonPaul Shields, Barrister, instructed by CFR Solicitors (PSNI's Legal Representatives)

Service

1. The Committee satisfied itself that service of the Notice of Hearing was properly effected. The Notice of Hearing, dated 8th December 2020, was sent to the Registrant's registered address on the same date. This was more than the 35 days' notice required to be given under regulation 18 of The Council of the Pharmaceutical Society of

Northern Ireland (Fitness to Practise and Disqualification) Regulations (NI) 2012 ('the Regulations').

2. The Committee heard allegations of misconduct in respect of Dr Bridgeen Regan, a registered pharmacist (the Registrant). The Registrant was in attendance and was represented by Ms Julie Ellison, Barrister. The Pharmaceutical Society of Northern Ireland (the Society) was represented by Mr Jonpaul Shields, Barrister.
3. The Committee had a hearing bundle numbering page 1 to page 224. In the course of the hearing, the Committee admitted in evidence the following documents;
 - Exhibit 1: Agreed Statement of Facts received on 12th January 2021.
 - Exhibit 2: Fitness to Practise Statement of Case by the Pharmaceutical Society NI, received on 12th January 2021.
 - Exhibit 3: Fitness to Practise Statement of Case, by the Registrant, received on 14th January 2021.

PRELIMINARY LEGAL ARGUMENT

4. The Committee received no preliminary legal arguments.

ALLEGATIONS

5. The Registrant faced the following allegations:

It is alleged that your fitness to practise as a registered pharmacist may be impaired, pursuant to Paragraph 4(1)(a) of Schedule 3 to the Pharmacy (Northern Ireland) Order 1976 by reason of misconduct.

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

1. *In and around January 2019, you submitted a pharmaceutical care plan to Pharmacist A, a Practice Supervisor, in Altnagelvin Hospital as part of the assessment process for the Foundation Programme for Pharmacists run by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) which was found to contain content similar to or copied from a former student of the Foundation Programme, namely Pharmacist A.*
2. *Your actions as described at paragraphs 1 were dishonest in that (a) you knew, or must have known, that the pharmaceutical care plan was not wholly your own work; and (b) by submitting the pharmaceutical care plan for assessment, you knew, or must have known, that you were claiming that the content was wholly your own work.*
3. *For the purposes of paragraph 1(3) of Schedule 3 to the Pharmacy (Northern Ireland) Order 1976 as amended and Regulation 26(11) of the Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012, the following principles and obligations (contained in the Pharmaceutical Society of Northern Ireland's Code of Professional Standards of Conduct, Ethics and Performance for Pharmacists in Northern Ireland (2016)) are regarded by the Pharmaceutical Society of Northern Ireland as relevant to the proceedings. Further, the Pharmaceutical Society of Northern Ireland alleges that you are in breach of these principles and associated obligations by reason of the misconduct particularised above.*
 - *The general principle of registration as a pharmacist that requires you to act to promote and maintain public confidence in the pharmacy profession.*
 - *Principle 3 – Act with professionalism and integrity at all times and, in particular, standard 3.1 and the associated obligations set out below.*
 - *Standard 3.1 – Act with honesty and integrity at all times.*
 - *Standard 3.1.1 – Adhere to accepted and acceptable standards of personal and professional conduct at all times both inside and outside the work environment.*

- *Standard 3.1.2 – Maintain public trust and confidence in your profession by acting with honesty and integrity in your dealings with others. This applies to your professional, business and educational activities.*
 - *Standard 3.1.7 – Make sure that any documents you complete or sign are not false or misleading, or contain false or misleading information. Take all steps that are reasonably necessary to ensure that recorded information is correct and complete. Do not omit relevant information.*
4. *By your acts or omissions, it is alleged that you have (a) brought the profession into disrepute, (b) failed, on a professional basis, to observe the principles and obligations set out above and (c) undermined public confidence in the profession.*

FACTS

6. The Pharmaceutical Society of Northern Ireland (“the Society”) and the Registrant tendered a statement of facts pursuant to Regulation 20(3)(c) of The Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012, which was noted as Exhibit 1, the document outlined that the;
1. *The Registrant is currently a registered pharmacist in Northern Ireland, having first registered as a pharmacist with the Pharmaceutical Society of Northern Ireland in July 2013.*
 2. *At the relevant time, the Registrant was employed as a Band 7 pharmacist in the Pharmacy Department at Altnagelvin Hospital.*
 3. *The Registrant was registered on the Foundation Programme for pharmacists run by the Northern Ireland Centre for Pharmacy Learning and Development (NICPLD). As part of this Programme, the Registrant was required to submit 12 pharmaceutical care plans for assessment. These would initially be submitted to a Practice Supervisor (or a clinical pharmacist) for marking and then the overall assessment of the Registrant’s portfolio would be undertaken by an Educational Supervisor or mentor to check that the portfolio met the quality criteria as set*

out in the Foundation Programme Handbook before final submission to NICPLD for assessment.

- 4. In January 2019, Pharmacist A was approached by the Registrant and asked to mark one of her pharmaceutical care plans. The care plan was then supplied to Pharmacist A to be marked as part of the assessment process for the Foundation Programme.*
- 5. This care plan was to be reviewed and assessed by Pharmacist A, who had completed the Foundation Programme two years previously in 2017. On review of the Registrant's pharmaceutical care plan, Pharmacist A believed that it was very similar to the one that she had completed and submitted as part of her own portfolio concerning a Total Hip Replacement. Pharmacist A had previously supplied the Registrant with one of her care plans but could not say whether it was this particular care plan.*
- 6. The Registrant was spoken to by her line manager, Pharmacist B and the Trust's Principal Clinical Pharmacist C. Attempts were made to identify and verify the patient details in the care plan, but this proved unsuccessful.*
- 7. During the investigation, the Registrant submitted her resignation and left the Trust's employment. The Trust did not carry out a formal investigation before the Registrant left her employment.*
- 8. The Registrant's pharmaceutical care plan was ultimately not submitted to NICPLD for assessment because (i) the Registrant's educational supervisor would not have been able to sign off that the pharmaceutical care plan met the quality criteria for validity and authenticity, and (ii) the Registrant withdrew from the course before it could be submitted.*
- 9. The Registrant, in effect, was caught plagiarising another pharmacist's care plan. This was detected by the pharmacist whose care plan was copied after it was submitted to this pharmacist to be marked.*

10. *The Registrant's actions as described above were dishonest in that (a) she knew that the submitted pharmaceutical care plan was not wholly her own work, and (b) that by submitting the care plan for assessment, she was claiming that the content was wholly her own.*

DECISION ON FACTS

7. As the Registrant accepted the facts as set out in paragraph 6, the Committee found the facts proved by reason of that admission under Regulation 34(6) of the Regulations.
8. Accordingly, the Committee found the allegations proved.
9. The Committee then moved to consider the issue of impairment of Fitness to Practise. The Committee received a Fitness to Practise Statement of Case, by the Pharmaceutical Society NI, Exhibit 2, and oral submissions on behalf of the Society from Mr Shields. The Committee received a Statement of case by the Registrant, Exhibit 3, oral submissions from Ms Ellison, on behalf of the Registrant and oral evidence from [REDACTED], [REDACTED], and the Registrant Dr. Bridgeen Regan.

DECISION ON IMPAIRMENT OF FITNESS TO PRACTICE

10. In this case, misconduct has been admitted by the Registrant in her statement of January 2021, and in submissions concerning fitness to practice. At paragraph 1 of those submissions the Registrant accepted the facts grounding misconduct. In particular, she accepted that she submitted work as part of the foundation programme course that was not wholly her own work and that this was dishonest.
11. It is submitted on her behalf that a finding of misconduct does not lead inexorably to a finding that the Registrant's fitness to practice is impaired. Rather, it is for the Committee to decide whether, as a result of the misconduct, the Registrant's fitness to practice is currently impaired.

12. The Registrant denies that her fitness to practise is currently impaired. Consequently, in order to decide whether, as a result of the misconduct the Registrant's fitness to practice is currently impaired the Committee has considered all written documentation including written submissions, references, the oral testimony of [REDACTED], [REDACTED] and of the Registrant herself.

13. The Committee has considered relevant case law, and in particular,

(a) In GMC –v- Meadow 2006 EWCA CIV1319 the Court of Appeal said,

“The purpose of FTP procedures is not to punish the practitioner for past misdoings but to protect the public against the acts and omissions of those who are not fit to practice. The (Panel) thus looks forward not back. However, in order to form a view as to the fitness of a person to practice today, it is evident that it will have to take account of the way in which the person concerned has acted or failed to act in the past.”

(b) In CHRE –v- NMC & Grant 2011 EWHC 927 the Court confirmed the test to be applied was a current, forward looking one, confirming the question that the committee has to ask itself and determine was:

“Is this registrant's current fitness to practice impaired?”

(c) Further, in Cohen –v- GMC the Court said,

“As assessment of current fitness to practice will nevertheless involve consideration of past misconduct and of any steps taken subsequently by the practitioner to remedy it;”, and

“It must be highly relevant in determining if a doctor's fitness to practice is impaired that first his or her conduct which led to the charge is easily remediable, second that it has been remedied and third that it is highly unlikely to be repeated.”

14. The Committee considered the provisions of Regulation 4(2) of the Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practice and Disqualification) Regulations (N.I.) 2012 ("the Regulations"). They provide mandatory criteria that this Committee must have regard to when considering whether or not a person's fitness to practice is in fact currently impaired. Regulation 4(2) states;

"In relation to evidence about the conduct or behaviour of the registered person which might cast doubt on whether the requirements as to fitness to practice are met in relation to the registered person, the statutory committee must have regard to whether or not that conduct or behaviour –

- (a) Presents an actual or potential risk to patients or to the public;
- (b) Has brought or might bring, the profession of pharmacy into disrepute;
- (c) Has breached one of the fundamental principles of the profession of pharmacy as defined in the standards, or
- (d) Shows that the integrity of the registered person can no longer be relied upon."

15. Having considered the relevant legal position, the Committee then looked at the Registrant's past misconduct, the steps, if any, she has taken to remediate, whether there is any evidence of insight, and whether there are risks of recurrence.

16. The Committee is grateful for the very helpful written and oral submissions received on behalf of the Society from Mr. Shields, and on behalf of the Registrant from Ms. Ellison. The Committee is required to make an independent decision about whether the Registrant's fitness to practise is currently impaired.

17. After consideration of the evidence, and submissions, the Committee concluded that the Registrant's fitness to practice is impaired. In reaching this conclusion, the Committee has taken particular note of the following:

(i) In respect of **past misconduct**;

- (a) The Committee accepts that the incident of plagiarism of the care plan, which was dishonest, was isolated.

- (b) The Committee did not consider that the dishonesty was isolated.
- (c) However, instead of owning up to the incident of plagiarism at the very earliest opportunity the Committee considered the following matters of significance.
- (d) As appears from the correspondence of Dr. Friel, the Registrant's line manager, Pharmacist B, met with her to talk through concerns about the similarities between the care plan submitted by the Registrant and a care plan of Pharmacist A. The Registrant was unable to explain the similarities and said she was very clear that she had not copied the care plan. The Registrant was advised that the best way to resolve the query was to access the notes of the patient that she alleged she had profiled.
- (e) This then led to an investigation with Trust staff where the Registrant went along with a search for a patient that she said she had worked with even though she knew that there was no such patient.
- (f) Pharmacist C had to look through medical records to see if he could identify the patient in question.
- (g) The Registrant met again with Dr. Friel at which point she said that she had made up the blood results for the care plan as this patient had normal blood results and she did not have access to the patient's notes as part of her role. She advised that it could be hard to access the patient's information as she had anonymised the patient's initials and date of birth on the care plan. She said that she had disposed of all notes relating to her work with this patient. The Registrant very strongly denied that she had copied the care plan on a number of occasions around this time.
- (h) During discussions regarding this issue the Registrant submitted her resignation and left the Trust's employment and withdrew from the FP course and no formal Trust investigation was carried out before the Registrant left.
- (i) Dr. Friel had referred relevant matters to the Pharmaceutical Society NI by letter of the 28th June 2019.
- (j) The Registrant instructed her solicitor, who responded, on her instructions, by letter of the 8th August 2019, approximately 6 months after she was challenged about the care plan. Within that letter the Registrant confirmed that the draft care plan contained her own work. At that point the Registrant conceded that she was influenced by Pharmacist A's care plan when preparing her draft care plan. The Registrant had instructed that the draft

care plan was based on an actual patient of the Trust. She expressed regret as to the initiation of the investigation and acknowledged the obligation on the part of the Pharmaceutical Society NI to uphold the fundamental principles laid out in the Code.

- (k) Up to this time, by August 2019, there had been no admission by the Registrant that any part of her care plan contained material from elsewhere. She continued to maintain her position that there was a live patient. At this time, at most, there was a concession that she was influenced by Pharmacist A's care plan.
- (l) In response to this letter from her solicitors the Pharmaceutical Society NI wrote again seeking further instructions from Dr. Friel, and received those on the 10th October 2019. Dr. Friel did not believe the Registrant's explanation in the letter reasonably explained the similarity presented with the 2 plans under scrutiny. At paragraph 6 of her letter Dr. Friel indicated that the Registrant had been assigned an experienced and supportive Pharmacist mentor, based in the pharmacy department, with whom she met regularly during the foundation programme. She said that the Registrant did not raise any concerns with her mentor or line manager during this time. Dr. Friel was aware that the Registrant had been unhappy in her new permanent post in the pharmacy Aseptics section. The Committee felt it was significant in assessing Dr Friel's evidence that she was very happy to acknowledge that the Registrant was a well-respected member of the pharmacy department, that she had a number of previous academic achievements, and that she was surprised that concerns had arisen which seem to be out of character for her. The Committee noted that Dr. Friel tried on a number of occasions to talk through with the Registrant how they could find the patient's details on the hospital system to show that she had not used another pharmacist's care plan. She reaffirmed that at no stage did the Registrant say she was influenced by Pharmacist A's care plan, as the Registrant had stated, through her solicitors, in correspondence of August 2019.
- (m) More recently, and for this hearing, Registrant provided a detailed statement of the 12th January 2021, and at paragraph 14 she acknowledged the similarities between the care plans, and accepted that she copied the content of Pharmacist A's care plan, and that as the care plan was not wholly her

own work, this was dishonest. This was the first time that the Registrant had accepted that she had copied the content of Pharmacist A's care plan.

- (n) At paragraph 16 of her statement she said that when the allegation that she had copied the care plan was initially raised with her the only explanation she had for the similarities was the fact that she had seen Pharmacist A's care plan when she met with her, and now believed that at some point she must have had a hard copy of the care plan. She said she may have lifted a copy of this care plan whilst gathering up her resources and materials. She did not recall Pharmacist A giving her a copy of a care plan.
- (o) This should be compared with the statement of evidence from Pharmacist A herself, within which she said that she had on a previous occasion given the Registrant a copy of one of her surgical care plans and on another occasion, she said she had logged on to her portfolio and let the Registrant look through it. The Registrant also admitted that completed FP portfolios were freely available to view.
- (p) At paragraph 17 of her statement she said that she could not be certain what happened as she did not remember obtaining or actually using a copy of the care plan to aid in the preparation of the one that she had prepared. She said that she believed that her [REDACTED] was such that she was not aware that she was copying Pharmacist A's care plan or the extent to which she was doing so.
- (q) Currently, and in giving evidence, under cross examination, she conceded the following;
 - (i) What I can't recall is how I copied so substantially, I don't recall obtaining the care plan.
 - (ii) She said that she did not have access to an electronic copy of the care plan.
 - (iii) She said that she did not remember writing the care plan out, and when asked did that concern her she answered "yes".
 - (iv) She accepted that there was not a real patient and that she was trying to find a patient that fitted the plan.
 - (v) When it was put to her that the Trust employees tried to help her find someone that did not exist, and that she must have known that this was wrong she answered "yes, looking back."

- As to **remediation**, the Committee has taken into account what, if any, remedial steps have been taken by the Registrant;
 - (a) The Registrant removed herself from work at Altnagelvin Area Hospital.
 - (b) The Registrant removed herself from the FP course.
 - (c) However, she did not remove herself from the spotlight of the investigation concerning the care plan both by her employers and by the Society when she could have done so by accepting fault at the earliest opportunity.
 - (d) At paragraph 25 of her statement she set out the lessons that she said that she had learned both in a work environment and in her life generally.
 - (e) She provided references to her current good work.
 - (f) She now works in a community pharmacy setting. Her employer provided a reference for her. He indicated that for over 2 years the Registrant has been conscientious hardworking and dedicated in her role as a relief Pharmacist. She has shown integrity and honesty. She admitted that she was facing the current process, that she had stepped up on occasions and had shown dedication to help relieve busy branches that were under pressure.
 - (g) The Committee accepts that there is some evidence of remediation.
 - (h) However, the Committee have taken into consideration the fact that dishonest behaviour is not easy to remediate.

- In respect of the Registrant's **insight** into behaviour;
 - (a) As we have set out the Registrant did not promptly accept her misconduct.
 - (b) She did not accept that she submitted work as part of the FP course that was not wholly her own work, until January 2021, and she did not accept her dishonesty until that point, nearly two years later.
 - (c) The Committee do not consider that there was sufficient evidence of demonstrable insight into the source of her misconduct. Even in very recent times, in January 2021, whilst she acknowledged the similarities between the care plans and accepted that she copied the content from Pharmacist A's care plan, she said, "this is the only viable explanation for why the care plans are

so similar. I accept that the care plan was not wholly my own work, this was dishonest.”

- (d) Whilst the Committee accept that the Registrant was under some [REDACTED] both at work, and at home, the Committee found difficulty with the Registrant’s assertion at paragraph 17 of her statement that she believed that her [REDACTED] was such that she was not aware that she was copying Pharmacist A’s care plan, or the extent to which she was doing so, that if she had been aware and had intended to copy or plagiarise another Pharmacist’s work she would not have presented the care plan to Pharmacist A for initial assessment, and that she would have admitted to it fully at the time.
- (e) The Committee considers that her evidence still does not establish current insight. She has continued to struggle to acknowledge what she has in fact done, and simply puts this down to not remembering.
- (f) The Committee heard evidence that she had compiled the care plan in November/December 2018. She had been reviewed by a [REDACTED] but was discharged from the clinic on 10th December 2018 and the Consultant wished her well. On the face of the note there was no reference to [REDACTED] issues at that time. She had also undergone an interview for a post in late December 2018 being interviewed by 4 people, 1 of whom she had criticised for her lack of support. She was successful in this interview. The Committee consider that her success demonstrates that she must have performed well at this interview, at a time when she was compiling the care plan. However, throughout this period she said she did not recall how she had copied the care plan of another pharmacist.
- (g) The Committee noted that a very experienced [REDACTED], [REDACTED], called on behalf of the Registrant, made a diagnosis that the Registrant was suffering from [REDACTED]. When asked, she stated that significant [REDACTED] was not a feature of [REDACTED].

- As to the **risk of recurrence;**

- (a) At the hearing it was submitted on behalf of the Registrant that she had a fear of getting something wrong, and that this was a stressor.

- (b) The Committee do have some concerns that if something went wrong in the future that she might cover that up.
- (c) Her behaviour after she was first challenged about the care plan did not give the Committee confidence that there would not be a risk of recurrence in the future.
- (d) The Committee do have some concerns as to a risk of recurrence in future times of stress.

18. The Committee acknowledges that it has to have regard to the public interest in the form of upholding standards and maintaining public confidence in the Pharmaceutical profession generally, and in the individual Pharmacist in particular, when determining whether established behaviour currently impairs the fitness to practice of this Registrant. It was acknowledged on behalf of the Society that this case was not so much concerned with the issues of professional competence, but rather about public interest issues of the reputation of the profession and the maintenance of proper standards.

19. The Committee looked at Regulation 4(2) of the 2012 Regulations and accepted that her behaviour;

- “(b) Has brought, or might bring, the profession of pharmacy into disrepute.
- (c) Has breached one of the fundamental principles of the profession of pharmacy as defined in the standards.”

20. The Committee made no decision on the provisions of Regulation 4(2)(d).

21. Given the totality of the evidence in this case the Committee considers that to make no finding of impairment of fitness to practice would undermine public confidence in the profession.

22. The Committee considered the provisions of the Code of Ethics. The Committee considered that the Registrant was in breach of principles as follows:-

- Standard 1.2.5 - Be open and honest with patients, service users, colleagues, and employers when something goes wrong.

- Principle 3 – Act with professionalism and integrity at all times
- Standard 3.1 – Act with honesty and integrity at all times.
- Standard 3.1.1 – Adhere to accepted and acceptable standards of personal and professional conduct at all times both inside and outside the work environment.
- Standard 3.1.2 – Maintain public trust and confidence in your profession by acting with honesty and integrity in your dealings with others. This applies to your professional, business and educational activities.
- Standard 3.1.7 – Make sure that any documents you complete or sign are not false or misleading, or contain false or misleading information. Take all steps that are reasonably necessary to ensure that recorded information is correct and complete. Do not omit relevant information.

23. The Committee was referred to 3 previous cases decided by the Pharmaceutical Society NI concerning incidents of plagiarism. The Committee read those decisions. It is an agreed position that previous cases are not binding on the Committee. The Committee acknowledged that basic principles of fairness and legal certainty do require like cases to be treated alike. However, each case has to be dealt with on its own individual facts, and the Committee considers that the individual facts of this Registrant's case are in any event distinguishable from the individual facts of the 3 cases it was referred to.

DECISION AS TO SANCTION

24. The Committee considered the Pharmaceutical Society NI, Indicative Sanctions Guidance published in January 2019 with effect from the 27th March 2019, "(The Guidance)". In considering what sanction to impose, if any, the Committee had regard to the principle of proportionality, and of the need to balance the public interest against the Registrant's own interests.

25. The Committee acknowledges that the purpose of a sanction is not to be punitive, but to protect the public interest. The sanction imposed should pose no greater restriction upon the Registrant than is absolutely necessary to achieve its objectives. When considering proportionality, and the public interest, the Committee notes that it is entitled to give greater weight to the public interest, and to the need to maintain public confidence in the profession, than to the consequences to the Registrant of the imposition of a sanction. The Committee also notes that the public interest in the context of a case such as this includes addressing issues of protection of the public, maintaining public confidence in the profession of Pharmacists, and maintaining proper standards of behaviour.
26. The Committee first considered the seriousness of the Registrant's actions, and had regard to the mitigating and aggravating circumstances section of the Indicative Sanctions Guidance at sections 2.10 to 2.16, and to the submissions of Mr Shields and Ms Ellison as to mitigating and aggravating circumstances in their respective submissions on sanction.
27. The Committee looked at the mitigating factors and noted;
- (a) The Registrant was considered to have been and continued to be a competent well informed and dutiful pharmacist;
 - (b) Dr. Friel considered the Registrant to be a highly professional pharmacist;
 - (c) Dr. Friel reiterated that the Registrant was a well respected member of the pharmacy department;
 - (d) Pharmacist B also confirmed that when working in the dispensary at Altnagelvin Hospital the Registrant worked diligently and was able to effectively prioritise her work to ensure patient care met the required standards and prescriptions were turned around within the targets. She also confirmed that the Registrant was involved in the training of other staff, writing SOPs and completing audits. Her work was presented with a high level of detail and required minimal intervention and supervision from Pharmacist B.
 - (e) The Registrant has had a full work record without blemish;
 - (f) She has never previously been before the Statutory Committee, nor has she any previous regulatory or other relevant history;

- (g) No other issues have been brought to the attention of the Society regarding her professionalism;
- (h) References demonstrate that she was a person of good standing and good character, both at work and in social settings;
- (i) It is evident from the material that the Committee has that the Registrant was undergoing some level of professional and personal [REDACTED] around the time of the misconduct, which may have impacted a certain degree on the misconduct itself;
- (j) The Committee heard from [REDACTED], [REDACTED], who diagnosed the Registrant as suffering from [REDACTED] for a period of approximately six months. She felt that the stressors at the time were relevant to the commission of the misconduct. It is not clear whether her [REDACTED] had a bearing on the Registrant's ongoing inability to accept the plagiarism, but the Committee acknowledge that this is a possibility;
- (k) There was one single incident of plagiarism;
- (l) The Registrant is in employment in a community pharmacy setting and according to the reference from her present employer, she has worked in that setting for over two years and has been considered to be conscientious, hardworking and dedicated in her role as a relief pharmacist. He said she has shown professionalism on a daily basis and has shown integrity and honesty in the various teams she has worked with. She has stepped up when required to conduct work as a pharmacist and has shown dedication to help relieve busy branches that were under pressure;
- (m) The Committee have been told that she has the opportunity to start a new job commencing on 10th February 2021, in a family-owned community pharmacy near her home, where she will have the support of two pharmacists who are senior to her and from whom she could gain support should that be necessary.
- (n) At paragraph 25 of her statement, the Registrant set out the many lessons that she has learned from the subject events and to date. In particular, she said that she learnt that it is not a weakness to ask for help. She said she wanted to build a network outside of work and to use mentoring for CPD purposes in order to develop her skills in areas of weakness;

- (o) The Committee notes that in the weeks prior to the hearing it had been acknowledged to the Society's legal team that the facts were likely to be agreed. That turned out to be the case, with the Registrant admitting agreed facts, admitting misconduct and admitting that the misconduct was dishonest. This saved considerable time and avoided the need for the Committee to hear the evidence of the Society's witnesses;
- (p) The Committee is mindful of the likely impact on the Registrant of a finding of impairment of fitness to practise.

28. The Committee looked at the aggravating factors and noted;

- (a) Whilst the Committee accepted that the incident of plagiarism of the care plan, which was dishonest, was isolated, the Committee were concerned that, instead of owning up to the incident of plagiarism at the very earliest opportunity, the Registrant denied plagiarism;
- (b) The Committee were also concerned that from the initial denial she continued to deny plagiarism;
- (c) The Registrant allowed an investigation by Trust employees to take place in an attempt to identify a patient alleged to be the subject of her Care Plan, when that patient clearly did not exist, wasting time and effort;
- (d) The Registrant did not admit the plagiarism and that it was dishonest until just before the hearing.
- (e) The Committee noted that this was an incident of dishonesty, an extremely serious offence, and that dishonesty is difficult to remediate, particularly as the dishonesty was compounded by the Registrant's prolonged denial;
- (f) The Committee, however, did not consider the dishonesty to be at the higher end of the range, as there were no consequences concerning the safety of patients or the public, and there was no financial gain for the Registrant.

29. The Committee acknowledges that in making its decision it will have regard to the full range of sanctions available to it, starting with the lowest, and decide if it is appropriate to this case. If not, the Committee shall consider the next sanction, until it decides which appropriate sanction is appropriate.

30. First, the Committee considered whether it was appropriate to take no action. Given the material before it, and the Committee's decision on impairment, and the reasons for that decision, it would not be appropriate to take no action. It agrees that the impact of such a decision on public confidence would be significant. The Committee did not consider this course of action to be proportionate or appropriate.
31. The Committee then considered whether it was appropriate to give the Registrant a warning. Giving a warning would be inconsistent to the finding of impairment in this particular case. The Committee did not think that this sanction was appropriate or proportionate. The allegation was one of dishonesty, although the events did not cause any consequences for the safety of patients and the public and there was no financial gain for the Registrant.
32. Then, the Committee considered whether to place conditions on the Registrant. The Committee has decided that this is the appropriate sanction. The Committee seeks to ensure that the sanction it imposes, here conditions, achieves the objectives of protecting the public, maintaining public confidence in the profession, and also maintaining proper standards of behaviour. The Committee has reminded itself that its decision has to be proportionate and appropriate and the sanction is not to be punitive.
33. In deciding to impose conditions the Committee is further reminded of the need for the conditions to be clear, appropriate and verifiable.
34. Further, in deciding to impose conditions, the Committee considers the following matters to be relevant;
- (a) The Committee consider it to be in the public interest that the Registrant should continue to work as a pharmacist providing a professional service to the public, which is particularly important in the present climate;
 - (b) The Committee were concerned about the extent of the Registrant's insight and as to the risk of reoccurrence, particularly in times of stress, and considers the imposition of conditions to be the best way of addressing these issues;
 - (c) The Committee were also concerned that should an event occur in the future, the Registrant would be open about that and report any issues or concerns so that they could be immediately addressed;

- (d) It is clear that the Registrant has otherwise conducted herself professionally and in accordance with appropriate standards;
- (e) As such, the Committee considers that going forward she could provide a professional service to the public, but would be helped if she was assisted by a suitable mentor to whom she could confide, report any issues of concern, and seek advice, supervision and support.
- (f) The Committee also consider that the Registrant would benefit from periodic occupational health assessments with a registered medical practitioner, every 3 months for a period of 12 months, given the Registrant's previous [REDACTED].
- (g) The conditions that the Committee will impose are set out in the Schedule to this decision.

35. The Committee considered whether the Registrant should be suspended from practice for a period of not exceeding 12 months. In not imposing this sanction the Committee took into consideration the best way to achieve regulatory objectives of protection of the public, maintenance of public confidence in the Profession and the maintenance of proper behaviour. Considering suspension, the Committee noted that the Guidance indicated that suspension orders cannot be made the subject of conditions, although where the Committee expects the Registrant to address specific issues or take specific actions before the suspension is reviewed the Committee can make recommendations to the Registrant as to actions the Committee considers may remediate the finding of impairment. However, against the background of an otherwise unblemished academic and professional life, the Committee felt that remediation for this Registrant would be best achieved by the imposition of conditions and the conditions are more likely to ensure, the maintenance of proper professional standards going forward, than with a suspension order and any recommendations made with it. If a suspension had been imposed then the Registrant could simply return to work and the Committee could not be sure as to what steps the Registrant had made to address the behaviours that most concerned the Committee. If a suspension had been imposed the Registrant would be unable to take up her new job in a family community based pharmacy, close to her home, where she would have the benefit of two experienced pharmacists who would be able to provide her with appropriate support going forward. In the current health

emergency the Committee considered that it would not be in the public interest to suspend the Registrant from providing professional services to the public. In the circumstances the Committee considers that the imposition of the conditions set out in the Schedule is likely to achieve the most effective result and is the most proportionate and appropriate sanction available to the Committee.

36. The Committee considered whether a direction should be made to strike the name of the Registrant off the Register (removal from the Register). For the reasons stated the Committee do not think that this Sanction would be proper fair and proportionate.

COSTS

37. There was no application for costs.

Gary Potter

Chair of the Statutory Committee

19th January 2021

SCHEDULE OF CONDITIONS

The following conditions shall be placed on the Registrant's registration for a period of 12 months. These conditions will be reviewed on the expiration of 12 months from the date upon which the order comes into effect.

1. The Registrant to nominate a suitable pharmacist, acceptable to the Pharmaceutical Society NI, to act as her mentor. Such nomination shall be provided to the Pharmaceutical Society NI within 2 weeks of this order coming into effect.
 - i. The Registrant is to seek advice and maintain regular contact with her mentor in relation to the following:
 - Professional ethics
 - Professional development
 - Providing insight to difficult and stressful issues
 - To develop relevant action plans and assess progress
 - ii. The Registrant shall arrange for the mentor to write to the Pharmaceutical Society of Northern Ireland every 3 months to confirm that meetings are taking place.
 - iii. The Registrant shall consent to the mentor reporting any concerns/issues to the Pharmaceutical Society NI.
 - iv. The Registrant shall arrange for the mentor to compile a written report on the Registrant's conduct, with particular reference to the points outlined in i., immediately prior to expiration of the 12-month period and submit that to the Pharmaceutical Society NI for review.

2. The Registrant shall undertake a periodic occupational health assessment with a registered medical practitioner, to comply with any recommendations made and consent to them to providing reports to the Pharmaceutical Society NI every 3 months, for up to 12 months.