

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

- In the matter of:** Sian Marie Corr (4311)
- Location:** The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL. As a result of restrictions brought about by the coronavirus (COVID-19) pandemic, this hearing was held in person under strict Covid 19 procedures, by the agreement of the parties, a number of attendees joined remotely via Zoom, to facilitate social distancing.
- Date:** 09th and 10th June 2021
- Committee:** Mr Gary Potter (Chair), Mr Paul Archer (Lay), Dr Mark Timoney (Registrant)
- Persons Present and Capacity:** Mrs Sian Corr (Registrant), Ms Julie Ellison, Barrister instructed by VHS Fletchers Solicitors (Registrant's Legal Representatives), Mr JonPaul Shields, Barrister, instructed by CFR Solicitors (PSNI's Legal Representatives)
- Cipher and Redactions:** Aspects of this case relate to the Registrant's personal circumstances. The determination has applied a cipher, where certain evidence was considered likely to disclose the nature of those circumstances. Certain information has been redacted for the same reasons.

Service

1. The Committee satisfied itself that service of the Notice of Hearing was properly effected. The Notice of Hearing, dated 29th April 2021, 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 Mrs Sian Corr, 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 304. In the course of the hearing, the Committee admitted in evidence the following documents;
 - Exhibit 1: Statement of Case by the Society, undated.
 - Exhibit 2: Fitness to Practise Statement of Case by the Pharmaceutical Society NI, undated.
 - Exhibit 3: Statement of Personal Reflection by the Registrant, undated.
 - Exhibit 4: Fitness to Practise Submissions on behalf of the Registrant, dated 8th June 2021.

PRELIMINARY LEGAL ARGUMENT

4. The Committee received an application from the Society to amend the particulars of the alleged misconduct from which it is alleged that impairment of fitness to practise arose, as laid out in the Notice of Hearing. Mr Shields proposed that allegations 1-5, as laid out in the Notice of Hearing, be replaced by new allegations 1-3, with paragraphs 6 and 7 of the Notice of Hearing, becoming paragraphs 4 and 5 for the purposes of the new allegations. The Registrant agreed with this application. The panel

considering the agreed position of the parties, consented to the allegations being amended as outlined.

ALLEGATIONS

5. The Registrant faced the following amended allegations:

1. *On various dates between 1st August 2017 and 6th February 2018, you supplied prescription only medication to yourself except in accordance with a prescription given by an appropriate practitioner in contravention of Regulation 214 of the Human Medicines Regulations 2012.*
2. *On various dates between 1st August 2017 and 6th February 2018, as a person conducting a retail pharmacy business, you failed to make, or cause to be made, an entry in a written or computerised record kept for that purpose of every sale and/or supply of a POM, in contravention of Regulation 253 of the Human Medicines Regulations 2012.*
3. *On various dates between 1st August 2017 and 6th February 2018, you supplied prescription only medication to yourself in a manner that was not open and transparent and was an abuse of your position as a pharmacist and by doing so you failed to act with integrity.*
4. *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.

5. *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 2006.*
2. *At the relevant time, the Registrant was employed as the pharmacist manager with Boots at 15 Scotch Street, Armagh.*
3. *As a result of a whistleblower complaint, an internal investigation was commenced that led to the Registrant's dismissal from Boots.*
4. *In general terms it was discovered that the Registrant had been ordering drugs into the pharmacy for her own use ([REDACTED]). These were prescription only medications. On two occasions no prescriptions were available to allow a lawful supply to be made. None of the medications that she dispensed to herself were recorded either in the Pharmacy's Patient Medication Record or in the Private Prescription Register for those medications where private prescriptions were available.*
5. *It is now accepted that the Registrant made payments that related to the private prescription medications she had dispensed to herself. As these payments were made by her without reference to any other member of staff, in breach of her employer's security policy and without a proper audit trail, it has been difficult to confirm what should have been paid for the medication and whether she paid the full retail cost. However, for present purposes, the Committee is not asked to consider whether the Registrant did or did not make full payment as, following consideration of the evidence this aspect of the case is not being pursued.*
6. *From the records supplied by Boots, the following is a summary of the relevant transactions -*

(a)POM 1 (15) - ordered on 14/08/17 - valid private prescription dated 07/08/17 - no Patient Medication Record made and no entry in the Private Prescription Register

(b)POM 2 (10) - ordered on 14/08/17 - valid private prescription dated 07/08/17 - no Patient Medication Record made and no entry in the Private Prescription Register

(c)POM 3(x2) - valid private prescription dated 07/08/17 - no record of this medication being ordered into the pharmacy from local suppliers (Registrant accepted that she obtained and supplied this medication to herself) - no Patient Medication Record made and no entry in the Private Prescription Register

(d)POM 2 inj (1) - no valid private prescription available for this supply - ordered on 15/09/17 – no Patient Medication Record made and no entry in the Private Prescription Register

(e)POM 4 (1) - ordered on 15/09/17 - valid private prescription dated 07/08/17 - -- no Patient Medication Record made and no entry in the Private Prescription Register

(f) POM 5 Doses (90) - 90 ordered on 23/10/17 - [prescription for 45 POM 5 doses dated 20/10/17 but not signed and marked for reference only - not a valid prescription] & [prescription for 90 POM 5 doses dated 07/02/18 produced on 09/02/18] - supply was made before the prescription was available and this was not an emergency supply. No Patient Medication Record made.

- 7. The Registrant did not act in an open and transparent manner. She used her position as pharmacy manager to order in drugs for her own use, whether or not she would ultimately use them. She dispensed some of the drugs to herself in the absence of a prescription and she undertook transactions without recourse to any other member of staff. She made no records of the supply as she was legally required to do.*

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 Fitness to Practise Submissions on by the Registrant, Exhibit 4, and oral submissions from Ms Ellison, on behalf of the Registrant and oral evidence.

DECISION ON IMPAIRMENT OF FITNESS TO PRACTISE

10. The Registrant accepts the facts as set out in the Society's Statement of Case, and admits the allegations. From the outset the Registrant understood the seriousness of the allegations made against her. In fact she referred herself to the Society by letter of the 16th March 2018 following internal procedures at Boots. The Registrant also accepts that the facts proved amount to misconduct.
11. It is submitted on her behalf that a finding of misconduct does not automatically mean that the Registrant's fitness to practise (FTP) is impaired. It is for the Committee to decide whether, as a result of the misconduct, the Registrant's FTP is currently impaired.
12. The Registrant disputes that her FTP is currently impaired. In order to decide whether, as a result of the misconduct, the Registrant's FTP is currently impaired the Committee has considered all written documentation in the evidence bundle, including the Registrant's statement and her Reflection document, and the helpful written and oral submissions, by Mr Shields on behalf of the Society and Ms Ellison on behalf of the Registrant.

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 2008 EWHC 581, 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.”

“In my view, at stage 2 when fitness to practice is being considered, the task of the Panel is to take account of the misconduct of the practitioner and then to consider it in the light of all the other relevant factors known to them in answering whether by reason of the doctor’s misconduct, his or her fitness to practice has been impaired.”

"I must stress that the fact that the stage 2 is separate from stage 1 shows that it was not intended that every case of misconduct found at stage 1 must automatically mean that the practitioner's fitness to practice is impaired."

"There must always be situations in which a Panel can properly conclude that the act of misconduct was an isolated area on the part of a medical practitioner and that the chance of it being repeated in the future is so remote that his or her fitness to practice has not been impaired."

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. The Committee addressed the wider public interest issue when determining the question of impairment. The Committee were reminded that it is entitled, and in fact obliged, to have regard to the public interest in the form of (a) upholding standards, and (b) maintaining public confidence in the pharmaceutical professional generally, and in the individual Pharmacist in particular, when determining whether established behaviour currently impairs the fitness to practise of a Registrant.

16. In the case of CHRE –v- NMC and Grant the Court stated:

"In determining whether a practitioner's fitness to practice is impaired by reason of misconduct, the relevant panel should generally consider not only whether the practitioner continues to present a risk to members of the public in his or her current role, but also whether the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment were not made in the particular circumstances."

17. 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.
18. After consideration of the evidence and submissions, and applying the relevant legal principles, 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 Registrant was a very experienced practitioner who knew the rules and regulations and the reasons for them.
 - (b) The allegations arose out of fundamental pharmacy practice requirements.
 - (c) Quite simply she should not have dispensed POM medication to herself without a valid prescription. This is a mandatory requirement.
 - (d) She should have made a record of the sale and/or supply of POM on multiple occasions when she knew she was legally required to do so. This is a mandatory requirement.
 - (e) The facts as admitted demonstrate that she was not open and transparent in undertaking the supply of medication to herself.
 - (f) She abused her position as a pharmacy manager to order medication for her own use. Reference to the interview notes and her statement demonstrate that she concealed medication and in fact removed medication from the pharmacy without any record or audit trail.

- (g) The behaviour was not a one-off incident but occurred over a period of several months, although her behaviour was related to one particular issue in her life at that time.
 - (h) The Registrant circumvented the usual safeguards relating to the safe and proper supply of POM. She could only have done so because of her position in the pharmacy at the time, and in this context she abused her position as a Pharmacist.
 - (i) On two occasions no prescriptions were available to allow a lawful supply of medications to be made.
 - (j) In respect of the medications POM1, POM 2, POM 3, POM 4 no patient medication record was made and no entry made in the private prescription register.
 - (k) In respect of the medications POM 2, whilst the valid prescription specified 10 injections the Registrant ordered 11.
 - (l) In respect of the medication POM 5 whilst the prescription, marked "for reference only", unsigned by the practitioner, referred to 45 doses the Registrant ordered 90.
 - (m) The Registrant could have avoided all these issues if she had ordered the medications externally, or if she wished to bring the business to her employer, she could have engaged an appropriate member of her employer's organisation to deal with the medication for her. This would have avoided the unfortunate circumstances in which the Registrant has found herself in.
- (ii) As to **remediation**, the Committee has taken into account what, if any, remedial steps have been taken by the Registrant
- (a) It is accepted that the facts of this case do not lead easily to remediation.
- (iii) In respect of the Registrant's **insight** into behaviour
- (a) The Committee is satisfied that the Registrant has insight into her behaviour.
 - (b) It is noted that she self referred to the Society by letter of the 16th March 2018 once a difficult internal procedure was complete.
 - (c) In her statement, her submissions entitled "Reflection", and in her oral testimony to the Committee she accepted that what she had done amounted

to misconduct, she accepted that her behaviour called into question her integrity, she accepted that she had made a mistake, and she accepted that she made poor judgment calls.

- (d) The Committee observed that she notified her present employer as to what she had done and the consequences for her. She told him that she was pregnant to ensure that he was not misled as to when she could start work. She has continued to work between two pharmacies for this employer and spoke to staff in both stores about what she had done and this helped her break down barriers and open up and establish a sense of trust between her fellow staff members and the owners of the pharmacy at which she works.
- (e) She accepted that she had done the wrong thing and had paid a heavy price losing her job where she had worked for 10 years during which time she had been a manager for 5 years.
- (f) Once she self referred to the Society the allegations have been hanging over her for over 3 years, during which period she has had plenty of time to think and reflect on her actions.

(iv) As to the **risk of recurrence**,

- (a) The Committee accepts that the risk of recurrence is very low.
- (b) Whilst she failed to comply with basic rules and regulations governing the work of a Pharmacist, the Committee accepts that her poor decision making, and lack of judgment at the time, occurred when she was having to deal with exceptional personal circumstances that are set out in her statements and as is evident from her oral testimony.
- (c) She has been registered since 2006 and in those 15 years or so, save for the allegations, she has never been involved in any other matter of concern relating to her conduct.
- (d) She has obtained alternative employment and is working reduced hours in a supportive working environment when she is normally the second Pharmacist and is surrounded by a supportive team who have full knowledge of the allegations.
- (e) The Committee is satisfied that her dismissal from her previous employment, together with the stress of the hearing of these allegations has had a salutary impact upon the Registrant.

- (f) She has supplied references from her employer, and a present and former colleague, who, with full knowledge of the allegations, do not express any concerns at all concerning the Registrant's conduct.

19. The Committee looked again 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 did not consider that paragraphs (a) or (d) of Regulation 4(2) were applicable to the specific facts of this case.

21. The Committee's main concern in this case was when considering the wider public interest. The Committee is required to have regard to the public interest in the form of upholding standards and maintaining public confidence in the pharmaceutical profession generally. The Committee considered that the need to uphold proper professional standards and public confidence in the profession would be undermined if a finding of impairment was not made in the particular circumstances of this case. The Rules and Regulations concerning the supply of prescription only medication, the need to make relevant entries in a written or computerised record are basic and fundamental requirements that need to be adhered to.

22. The Committee accepts that there was no danger to the public from her actions. The medication was for the Registrant's personal use only. However this does not take away from the wider public interest to uphold standards and maintain public confidence.

DECISION AS TO SANCTION

23. 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.

24. 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.

25. 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.

26. The Committee looked at the mitigating factors and noted:

- (a) The Registrant has demonstrated clear insight.
- (b) The Registrant has been qualified from 2006. She was employed with Boots for ten years and was a manager for the last five years of that employment.
- (c) The Registrant took up new employment in a pharmacy from June 2018 and has continued at that workplace to the present time. Her reference from her employer and from her pharmacist manager clearly demonstrates the Registrant's professionalism and dedication.
- (d) The Committee were particularly influenced by the statement of her pharmacist manager confirming

- I. The Registrant's compassionate and empathetic approach to patients;

- II. She has delivered a very successful and well received BCPP project in her local community at the beginning of 2020;
 - III. That throughout the pandemic she has been a lifeline for some of the pharmacy's more vulnerable patients performing home deliveries and ensuring crucial information is shared via appropriate platforms in relation to the supply of medicines and the continuation of patient care;
 - IV. She is currently completing vaccination training to assist in the roll out of the Covid-19 community pharmacy vaccination programme; and
 - V. During the lockdown she assisted in dealing with the increased workload in the pharmacy, working extra hours to ensure the continuity of care for the pharmacy's patients, which often entailed late night working, in spite of her family commitments.
- (e) She referred herself to the Society by the letter of 16 March 2018.
- (f) She notified her current employer in June 2018, as to the circumstances giving rise to the allegations and as to these proceedings.
- (g) It is noted from her references and her own evidence that she has candidly referred to her behaviour, the subject of these allegations, and that her openness has allowed her to develop and maintain a good relationship of trust with her employer, fellow staff and patients.
- (h) It is clear from her work from June 2018 to date that the risk of recurrence of the behaviour giving rise to the allegations is very low.
- (i) Save for the subject events giving rise to the allegations, her record is otherwise unblemished and there is no issue of concern about her conduct, either before or after the subject events.
- (j) The Committee acknowledged the exceptional personal difficulties that the Registrant was experiencing at the time the events took place and that those pressures are unlikely to occur again.
- (k) Whilst the events were not a one-off, having occurred over a number of months, her behaviour was related to one particular issue in her life at that time.
- (l) Her actions did not impact upon the public and there was no danger to the public arising from her actions. The medication in question was for the Registrant's personal use only.

27. The Committee looked at the aggravating factors and noted:

(a) The Committee did not think that the aggravating factors, referred to paragraph 2.15 of the Indicative Sanctions Guidance, were applicable to the particular circumstances of this case, save that her admitted actions arose from her abuse of her position as a pharmacist, and that she failed to follow fundamental pharmacy practice requirements at the particular time.

28. The Committee acknowledged that in making its decision it gave regard to the full range of sanctions available to it, starting with the lowest, and decided if it is appropriate to this case.

29. First, the Committee considered whether it was appropriate to take no action. Given the reasons for the Committee's decision on impairment, it would not be appropriate to take no action. The Committee did not consider this course of action to be appropriate or proportionate.

30. The Committee then considered whether it was appropriate to give the Registrant a Warning. The Committee considered that the appropriate and proportionate sanction, given all the circumstances of this case was a Warning. The Committee has given reasons for the finding of impairment. The Committee refer to the mitigating factors on which it relies. It considers that the Registrant does not pose any risk to the public and whilst there may be some issues about confidence in the pharmacy profession, the Registrant's admitted breaches arose out of one particular personal issue in her life at the time, which is not likely to be repeated in the Committee's view. The sanction of a Warning demonstrates to the Registrant herself and more widely to the profession and the public that her admitted conduct fell below acceptable standards. The Committee was significantly influenced by the level of insight that the Registrant demonstrated and that the risk of recurrence was very low. The Committee also took into consideration the extent to which the Registrant has undergone additional training and has materially contributed to her employer's business, the provision of pharmacy services and to the public in general as is clearly set out in the statement of her

employer and her pharmacist manager. Given the fact that the events have been hanging over the Registrant from at least February 2018 the Committee consider that a Warning should remain on her record for a period of one year. The terms of the Warning appear at the Schedule to this decision.

31. As to Conditions, Mr Shields for the Society fairly acknowledged that the sanctions of Conditions was not appropriate to address the admitted facts of this case. In considering all the material the Committee agrees that the imposition of Conditions would not be appropriate in the circumstances.

32. The Committee was then invited to give particular consideration to the sanction of suspension. The Committee felt that the sanction of suspension would be punitive given all the material that it has been provided with and that sanction does not appropriately or proportionately reflect the significant mitigating factors in this case. The Committee again, give weight to the contribution that the Registrant has made to her employer, her local community and to the public at large and that:

- a. The Registrant's compassionate and empathetic approach to patients;
- b. She has delivered a very successful and well received BCPP project in her local community at the beginning of 2020;
- c. That throughout the pandemic she has been a lifeline for some of the pharmacy's more vulnerable patients performing home deliveries and ensuring crucial information is shared via appropriate platforms in relation to the supply of medicines and the continuation of patient care;
- d. She is currently completing vaccination training to assist in the roll out of the Covid-19 community pharmacy vaccination programme; and
- e. During the lockdown she assisted in dealing with the increased workload in the pharmacy, working extra hours to ensure the continuity of care for the pharmacy's patients, which often entailed late night working, in spite of her family commitments.

In the circumstances it would not be in the public interest to propose a suspension for any period.

33. Finally, it is acknowledged that removal from the Register was not an appropriate or proportionate sanction in this case and the Committee agrees that this potential sanction is not appropriate or proportionate, and in fact would be punitive.

COSTS

34. There was no application for costs.

Gary Potter

Chair of the Statutory Committee

10th June 2021

Schedule

Warning

The Statutory Committee has issued a Warning in respect to the Registrant's need to attend assiduously to the legislative requirements aligned to the practice of pharmacy, and particularly, in the dispensing of prescriptions, and record keeping and of the need to follow the principles and obligations of the Pharmaceutical Society of Northern Ireland's Professional Standards of Conduct, Ethics and Performance (2016), relating to personal and professional conduct and to maintain the public's confidence in the profession.