

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

- In the matter of:** Alexandra Bradley (2385 IP)
- Location:** The offices of the Pharmaceutical Society NI, 73 University Street, Belfast, BT7 1HL. This hearing was held in person under Covid 19 procedures.
- Date:** 5th & 6th May 2022, & 23rd June 2022.
- Committee:** Mr Gary Potter (Chair), Mr Derek Wilson (Lay), Mrs Liz Kerr (Registrant)
- Persons Present and Capacity:** Ms Alexandra Bradley (Registrant), Mr Martin Hadley, instructed by the Pharmacy Defence Association (the Registrant's Legal Representatives), Mr JonPaul Shields, Barrister, instructed by Shannon McClintock, 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 29th March 2022, 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 deficient professional performance in respect of Ms Alexandra Bradley, a registered pharmacist (the Registrant). The Registrant was in attendance and was represented by Mr Martin Hadley. 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 317. In the course of the hearing, the Committee admitted in evidence the following documents:
 - Exhibit 1: Statement of Case by the Pharmaceutical Society NI, dated 3rd May 2022.
 - Exhibit 2: Statement of Case and Skeleton Argument on Behalf of the Registrant, date 3rd May 2022.
 - Exhibit 3: Fitness to Practise Statement of Case by the Pharmaceutical Society NI, received 4th May 2022.
 - Exhibit 4: Expert Report in relation to Alexandra Bradley, from Dr Graham Stretch, dated 5th May 2022.
 - Exhibit 5: Interim Order Conditions relating to Ms Alexandra Bradley of 10 September 2021.
 - Exhibit 6: Interim Order Conditions relating to Ms Alexandra Bradley of 30 March 2022.
 - Exhibit 7: Expert report in relation to Ms Alexandra Bradley, from Dr Graham Stretch, dated 19th June 2022.
 - Exhibit 8: Report relating to Community Pharmacy Work for Fitness to Practise Committee. Alexandra Bradley MPSNI, dated 7th June 2022.
 - Exhibit 9: Endorsement of Patient Interactions by Alexandra Bradley, Ms Una O'Farrell, dated 21st June 2022
 - Exhibit 10: Endorsement of Patient Interactions by Alexandra Bradley, Dr Terry Maguire, dated 21st June 2022.

PRELIMINARY LEGAL ARGUMENTS

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)(b) of Schedule 3 to the Pharmacy (Northern Ireland) Order 1976 by reason of deficient professional performance.

The particulars of the alleged deficient professional performance, giving rise to possible impairment of fitness to practise, are set out as follows, namely:

That, being registered on the register of pharmaceutical chemists pursuant to the Pharmacy (Northern Ireland) Order 1976, and whilst you were employed as a practice based pharmacist with the East Antrim Federation of Family Practices -

1. On and between 1st January 2019 and 2nd November 2020, it is alleged that your professional performance was deficient, pursuant to Paragraph 4(1)(b) of Schedule 3 of the Pharmacy (Northern Ireland) Order 1976.

Particulars of deficient professional performance:

(A) It is alleged that your ability to practise safely and effectively as a pharmacist is compromised by reason of the following matters -

(i) You displayed a lack of essential clinical knowledge;

(ii) You made errors with such frequency and to such an extent as to call into question your professional competence;

(iii) You failed to demonstrate the general skills and competencies required;

(iv) You failed to undertake tasks consistent with the role undertaken;

(v) You failed to adequately and contemporaneously record and code medical notes;

(vi) You failed to properly monitor and manage patients receiving anticoagulant medication;

(vii) You failed to properly undertake medication reviews and intervene when required;

(viii) You demonstrated a lack of insight into deficits identified;

(ix) You failed to respond adequately or at all to issues raised.

(B) Taken individually and collectively, the errors and competence issues identified above give rise to a concern about your ability to practise safely and effectively as a pharmacist.

(C) Your performance consistently fell short of the required and expected standard.

(D) Potential and actual patient safety issues have been identified; and

(E) There is a specific concern with respect to you offering services as an independent prescriber (IP).

2. For the purposes of paragraph 1(3) of Schedule 3 to the Pharmacy (Northern Ireland) Order 1976 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 deficient professional performance.

- *The general principle of registration as a pharmacist that requires you to act to promote and maintain public confidence in the pharmacy profession.*

- *Principle 2 – Provide a safe and quality service and, in particular, standard 2.1 and the associated obligations set out below.*
 - *Standard 2.1 – Provide safe, effective and quality care.*
 - *Standard 2.1.1 – Promote and ensure the safe, effective and rational use of medicines, medicinal products and therapies.*
 - *Standard 2.1.2 – Effectively control and manage the sale or supply of medicinal and related products paying particular attention to those with a potential for abuse or dependency.*
 - *Standard 2.1.6 – Ensure that you do not, whether by actions or omissions, create a risk to patient care or public safety.*

- *Standard 2.2 – Manage Risk*
 - *Standard 2.2.3 – Where any risk, issue or problem is identified, arises, or occurs in your practice, take prompt action to prevent, minimize, follow up and resolve any such risk, issue or problem, and this included risks, issues or problems relating to medicines and appliances.*

 - *Standard 2.3- Record, store and process data clearly and accurately.*

- *Standard 2.3.3 – Ensure all entries in any record are accurate, clearly and legibly written and attributable.*
- *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 3.1.3 – When providing information or advice, in whatever format, do so accurately, clearly and unambiguously.*
 - *Standard 3.1.4 Honour commitments, agreements and arrangements for the provision of professional services.*
- *Principle 4 – Communicate effectively and work properly with colleagues and in particular, standard 4.4*
 - *Standard 4.3 – Work collaboratively with colleagues*
 - *Standard 4.3.2 – Work effectively as part of the pharmacy team and the multi professional healthcare team and within the governance arrangements of the organisation in which you work.*
 - *Standard 4.4 – Supervise and delegate effectively.*
 - *Standard 4.4.1 – Take personal responsibility for all work carried out by you and by others under your supervision.*
 - *Standard 4.4.3 – Ensure the provision of an acceptable and proper standard of professional service by you and those working under your direct supervision.*

- *Principle 5 – Maintain and Develop professional knowledge, skills and competence and in particular, standard 5.1*
 - *Standard 5.1.1 – Practice only when you are competent and fit to do so.*
 - *Standard 5.1.4 – Apply your knowledge and experience appropriately to your scope of practice.*

3. 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 made submissions that the facts of the case, as laid out in paragraphs 1 to 19 in Exhibit 1, Statement of Case of the Pharmaceutical Society NI, were accepted and agreed by the parties. Paragraphs 1 to 19 of the statement of case being as follows:
 1. *The Registrant is currently a registered pharmacist in Northern Ireland having first registered with the Society on 2nd August 1993. At the relevant time, the Registrant was working as a Practice Based Pharmacist (PBP) with the East Antrim Federation (EAF) working within 2 practices. She was suspended from employment on 2nd November 2020 and subsequently dismissed following a disciplinary hearing.*
 2. *The Society was notified about concerns with the Registrant’s Fitness to Practice on 3rd November 2020. A summary of concerns was provided by the GP Federation and this was later supplemented with an Investigation Report*

compiled by Maura Corry. The investigation report and appendices primarily ground the complaint before the Statutory Committee.

3. *The allegation is that, on and between 1st January 2019 and 2nd November 2020, the professional performance of the Registrant was deficient, pursuant to Paragraph 4(1)(b) of Schedule 3 of the Pharmacy (Northern Ireland) Order 1976. The particulars of the deficient professional performance are set out in summary form in the relevant Notice.*

4. *The Society's case is that the Registrant's ability to practise safely and effectively as a pharmacist has been compromised and that this is evidenced by the following matters –*
 - (i) The Registrant displayed a lack of essential clinical knowledge;*
 - (ii) The Registrant made errors with such frequency and to such an extent as to call into question her professional competence;*
 - (iii) The Registrant failed to demonstrate the general skills and competencies required;*
 - (iv) The Registrant failed to undertake tasks consistent with the role undertaken;*
 - (v) The Registrant failed to adequately and contemporaneously record and code medical notes;*
 - (vi) The Registrant failed to properly monitor and manage patients receiving anticoagulant medication;*
 - (vii) The Registrant failed to properly undertake medication reviews and intervene when required;*
 - (viii) The Registrant demonstrated a lack of insight into deficits identified;*
 - (ix) The Registrant failed to respond adequately or at all to issues raised.*

5. *The Registrant's Job Description and Personnel Specification is included in the bundle (pages 278 to 284) and these documents identify the core skills required for the job the Registrant was employed to undertake. Dr Stretch, whose report appears at pages 258-269 of the bundle, has used the Registrant's Job Description and Personnel Specification for reference purposes to assess the*

Registrant's performance. He notes that the Registrant's job description reflects the role most pharmacists undertake in general practice.

- 6. The Registrant held herself out to be an experienced pharmacist, with an independent prescribing annotation.*
- 7. The evidence collated by Maura Corry, and reviewed and commented upon by Dr Stretch, identifies competency based deficiencies. The full extent of the grounding evidence is available to the Committee. However, without seeking to identify every single deficiency identified in this document, examples of significant deficiencies alleged will be set out hereinafter.*
- 8. Detailed retrospective audits were carried out to confirm observations, concerns and issues raised.*
- 9. A medication reconciliation review of 100 patients was undertaken. The result of this appear at Appendix 4 (pages 51 - 56) to Maura Corry's investigation report. This is referenced in the main body of the report at pages 25 and 26 of the bundle. The interview with the Registrant at appendix 8 of the report commences at page 90 of the bundle. There is evidence of a failure to accurately and contemporaneously record and code medical notes. Despite training having been given and this being a fairly basic and fundamental task, the Registrant was unable to complete this task properly. There was clear evidence of incorrect and inaccurate coding of work. Of the 100 records sampled, there were issues with reconciliation. Medication reviews and read codes were attached to patient records without any documentation attached. Actions or planned actions for medication review were not evident in any patient records sampled.*
- 10. One patient on Apixaban (NOAC) was coded by the Registrant as having a medication review and all patient medication was re-authorised for 1 year (page 52 of the bundle). The patient had not had blood, or any other follow-up, tests carried out by the practice for 3 years. The Registrant, when interviewed, assumed that the nurses checked the bloods or that other people were responsible for the NOAC blood monitoring. No check of the practice records was*

undertaken to confirm the position and medication was authorised for a lengthy period.

11. *Appendix 5 (pages 57-59) contains an audit report for NOAC samples in both surgeries. 20 patients were surveyed in each practice. This audit revealed that the Registrant did not undertake an important part of the medication review process on assessing renal function and subsequent dose checks. In the audit, in one practice (Rosehall), there were 45% potential dose changes required. Of the 9 patients identified, the Registrant had reviewed 8. In the second practice (Old School), 12 of the 20 patients were reviewed by the Registrant, but she had not dose checked any of them (although 5 may have come from information on letters). There was no record of use of renal calculations or dose checks.*
12. *When the records in Rosehall were reviewed by Maura Corry, 5 patients had to be referred to the GP for correction of dose of their NOAC.*
13. *Potential and actual patient safety issues have been identified.*
14. *Being an experienced pharmacist, and having received training in relation to these and other basic core skills, deficiencies in service delivery were identified. The Registrant displayed a lack of essential clinical knowledge with respect to key aspects of her role. Accurate and proper record keeping was also a significant issue*
15. *Other issues were identified in relation to the Registrant's:*
 - (a) Ability to discharge duties expected with the required level of professional accountability and responsibility;*
 - (b) Ability to work autonomously;*
 - (c) Ability to learn from training provided;*
 - (d) Forgetfulness, albeit the matters identified fall to be regarded as general competence issues in relation to basic skills.*
16. *Dr Stretch has also identified the Registrant's lack of insight into important deficits when they were outlined to her. He also identified her failure to take*

professional responsibility for normal activities expected of a practice based pharmacist.

- 17. The Registrant failed to utilise her role as an Independent Prescriber for the duration of her employment, despite being requested and reminded to do so and despite it being an intrinsic part of her job.*
- 18. Taken individually and collectively, the errors and competence issues identified above give rise to a concern about the Registrant's ability to practise safely and effectively as a pharmacist.*
- 19. The Registrant's performance was deficient and consistently fell short of the required and expected standard.*

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 Council of the Pharmaceutical Society of Northern Ireland (Fitness to Practise and Disqualification) Regulations (Northern Ireland) 2012, (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 3, and a Statement of Case and Skeleton Argument on behalf of the Registrant, Exhibit 2, which contained submissions in relation to Fitness to Practise. The Committee received oral evidence from the Registrant and the Society's expert witness, Dr Stretch. The Committee received oral submission from Mr Shields on behalf of the Society and Mr Hadley on behalf of the Registrant.

DECISION ON IMPAIRMENT OF FITNESS TO PRACTISE

10. Having considered relevant case law, and the submissions of the Registrant's legal representative, the Committee determined that by virtue of her admission to Allegation 1 that her conduct does amount to misconduct, as defined in law. In this case, misconduct has been admitted by the Registrant.

11. The next question to be considered is whether the Registrant's fitness to practice is impaired. A finding of impairment is a two-step process. In *Cheatle v GMC*, the Court said,

"First, it must decide whether there has been misconduct, deficient professional performance or whether the other circumstances set out in the section are present. Then it must go on to determine whether, as a result, fitness to practise is impaired."

12. As to deficient professional performance (DPP), a material issue in this case, the Court in *Calhaem v GMC* provided some guidance as to what amounts to DPP,

"Deficient professional performance" is conceptually separate both from negligence and from misconduct. It connotes a standard of professional performance which is unacceptably low and which (save in exceptional circumstances) has been demonstrated by reference to a fair sample of the doctor's work."

13. As to fitness to practise, the committee considered relevant case law, and in particular,

(a) In *Meadow –v- GMC* 2006 EWCA Civ 1390, 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 also 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 practise 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, and the steps she has taken to remediate, and whether there is evidence of demonstrable insight.

16. Submissions were received on behalf of the Society from Mr. Shields. Submissions were also received on behalf of the Registrant from Mr Hadley. The Committee heard expert evidence from Dr Stretch, called on behalf of the Society. Dr Stretch is an expert witness. He has experience of working in General Practice over the last 12 years. He has been a registered Pharmacist of 28 years, having worked in the community, hospital, industry, academia and general practice, during this period. He is a fellow of the Royal Pharmaceutical Society and has been a lead Pharmacist for two GP federations as well as acting as an educational supervisor for General Practice trainee foundation Pharmacists. The Committee also heard from the Registrant herself. The Committee is required to make an independent decision about whether the Registrant’s fitness to practise is impaired.

17. The Committee addressed the wider public interest issue and considered whether the Registrant continues to present a risk to members of the public in her current role. It also considered whether 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 relation to the allegation in this case.

18. After consideration of all the evidence the Committee determined that the Registrant’s current fitness to practise is impaired.

19. The following are the reasons for the Committee's decision. The evidence has demonstrated clear deficient professional performance. Her behaviour has consistently fallen short of the professional standards expected of a Pharmacist.
20. The committee was not satisfied, on the evidence, that she has demonstrated effective remediation.
21. The Committee was not satisfied, that on the evidence, the Registrant has shown demonstrable insight into her performance, and her failure to perform her professional responsibilities.
22. The evidence has shown that in her work she was a potential risk to patients.
23. The Registrant failed to adequately and contemporaneously record and code medical records. She failed to monitor and manage patients receiving anticoagulant medication. She failed to properly undertake medication reviews, and intervene when required. Such behaviour is in breach of Pharmaceutical Society NI standards, in particular, 2.1 with regard to providing safe, effective and quality care, and 2.3, with regard to recording, storing and processing data adequately.
24. The Registrant admitted in her recent written statement of 27th April 2022, that she did not use the correct codes, that she did not always document processes, that she made wrong decisions in respect of medication, and that she should have adequately documented this work.
25. In her oral evidence she said she did know the importance of keeping accurate notes and to document processes. She said that she only realised her faults when they were drawn to her attention when the investigation commenced.
26. Dr Stretch said that the work that she was required to do amounted to core skills, not advanced skills. He said that her deficiencies were at a core competency level. His evidence was that she had inadequate competence to undertake basic tasks, such as monitoring consistently and accurately. The evidence in his view showed that there was a failure to reflect on feedback on her performance. The Committee accepts Dr Stretch's evidence.

27. As to remediation, the Committee noted that she had undertaken a considerable amount of CPD. However, the Committee was not satisfied, to date, about the targeting and relevance of this CPD, to address her competency issues.
28. It was emphasised to the Committee that the Registrant had undergone some formal, as well as hands on training. The Committee noted that she had been working for Dr Terry Maguire in his community pharmacy for 1 day a week from November 2021, under direct supervision, and a single day under close supervision, when she practiced as a Responsible Pharmacist. The Committee also acknowledged the content of Dr Maguire's letters, in particular those of the 1st March 2022, and of the 22nd April 2022, within which he said that it was his professional view that the Registrant, at this time, was competent to safely take day to day control of a registered pharmacy. The Committee accept Dr. Maguire's professional view, however, the Committee is unclear as to whether Dr Maguire was provided with sufficient information to enable him to address relevant issues relating to her professional performance. In his letter of the 1st of March 2022, he said that, "*In the absence of any specific training objectives, or identified areas of incompetence, I have taken the approach that Alexis is "returning to community pharmacy practice" and I have endeavoured to support her to make this transition. I approach her placement in the way I would have approached the placement of a pre-registration student.*" The Committee concluded that the Registrant's work with Dr Maguire, to date, is in fact limited, and is not sufficient in terms of demonstrating effective remediation and demonstrable insight.
29. As Dr Stretch said in his second report, whilst the letters from Dr Maguire, and a further letter from the Registrant's mentor, were encouraging, he was not sure that the period of work, of approximately 26 days, is sufficient to demonstrate the full range of competencies and skills sets required from a community Pharmacist. He said that the admitted deficiencies, from prior practice, are not objectively demonstrated to have been remedied in these letters in a way that can reassure the Committee. This is obviously a matter for the Committee to decide on, but the Committee do find that the relevant limited number of days of work in community practice is insufficient to demonstrate safe and effective practice in scenarios encountered by the Registrant in a community pharmacy setting. The Committee acknowledge that there may be reasons why the Registrant has only worked a limited number of days in this

community pharmacy, which may not be her fault, nevertheless, the evidence is not sufficient to demonstrate effective remediation or demonstrable insight, given all the circumstances.

30. As to insight, the Committee do not consider that the Registrant has shown demonstrable insight. She was questioned about the provision of a safe and quality service. She was also questioned about the contents of her reflections document of the 2nd May 2022, compiled by the Registrant a few days before this hearing. In her evidence she agreed that her reflections were inappropriate and that she would have a different reflection today. When asked, she reaffirmed the contents of the reflections document suggesting that her failings were administrative. Quite simply, the Committee do not agree that they were. The issues concerning the identified deficiencies in the review, management and supply of high-risk medicines, is of fundamental importance, and is a core responsibility of a Pharmacist. The Registrant held herself out to be an experienced Pharmacist with an independent prescribing annotation. Her activities were not adequately or contemporaneously recorded and coded in medical notes, contrary to the Pharmaceutical Society NI Code, Standard 2.3, and her lack of appropriate interventions, put patients at potential risk contrary to Standard 2.1.
31. The Committee, having found the facts proved, did not consider that the Registrant's statement, her reflections document, and parts of her evidence to the Committee, satisfied the Committee as to adequate remediation, nor showed demonstrable insight into her deficient professional performance, and conclude that the Registrant's current fitness to practise is impaired. She said that she did not think that her actions risked patient safety when they certainly had the potential to do so. She said that she did not understand her role in blood monitoring, and this had a potential in respect of patient safety. There were some contradictions in her evidence about her perceptions about the demands of practice in a community pharmacy setting, about whether she received a job description as a general practice Pharmacist, and what her responsibilities were. There were also contradictions about the adequacy of her training, her ability to ask for help and support received. At times in her evidence, both in her written statement, her reflections document, and her oral evidence, there was a tendency to deflect responsibility.

DECISION AS TO SANCTION

32. Interim conditions were imposed on the Registrant on the 30th March 2022. Those interim conditions are now revoked.
33. The Committee is grateful for the detailed submissions on behalf of the Society, from Mr Shields, and on behalf of the Registrant, from Mr Hadley. The Committee heard oral evidence from Dr Stretch, and considered Exhibits, 7 – 10, in relation to its decision on Sanction. It had all of the material provided to it for the facts, and impairment of fitness to practice stages of this case.
34. The Committee has reviewed the Indicative Sanctions Guidance and reminded itself that its decision must be proportionate.
35. It acknowledges that the purpose of the sanction is not to be punitive, but to protect the public interest, and that the sanction it determines should impose no greater restriction on the Registrant than is absolutely necessary to achieve regulatory objectives.
36. The Committee is entitled to give greater weight to issues of public interest, and to the need to maintain public confidence in the profession, than to the consequences to the Registrant herself of the imposition of the appropriate sanction.
37. The Committee has to take into consideration issues of protection of the public, maintenance of public confidence in the profession and the maintenance of proper standards of professional behaviour.
38. As is required, the Committee considered all the potential sanctions available to it, starting with the lowest potential sanction, to decide which was the most appropriate and proportionate sanction in the circumstances of this particular case.
39. The Committee considered both relevant mitigating and aggravating circumstances.
40. As to mitigating factors the Committee took into consideration that:

- (a) The Registrant had worked as a Pharmacist for 29 years without any previous regulatory findings against her.
- (b) The Registrant admitted to the allegations at the start of the hearing.
- (c) The Registrant co-operated with the Regulator and the Committee.
- (d) The Registrant gave evidence to the Committee.
- (e) Between the impairment of Fitness to Practice stage and the Sanctions stage of these proceedings, the Registrant had undertaken some further work to address the Committee's concerns regarding remediation and insight. Dr. Stretch acknowledged this work, and said that it was a step in the right direction, but was not enough. The Committee agree that this was indeed a step in the right direction but was not sufficient.
- (f) There was no evidence of actual harm to the patient although there was the potential for patient harm.
- (g) The Registrant is responsible for maintaining her home and family.

41. As to aggravating factors the Committee took into consideration that:

- (a) As set out in the Committee's decision on impairment the Registrant had not demonstrated effective remediation.
- (b) The Registrant had only been working one day a week from November 2021, under direct supervision, and the Committee felt that her work with a mentor and supervisor for approximately twenty six days prior to the hearing was not sufficient to demonstrate the full range of competencies and skill sets required of a community pharmacist.
- (c) As set out in the Committee's decision on impairment, the Registrant had not shown demonstrable insight.
- (d) The Registrant's deficiencies in practice were at a core competency level.

- (e) In her written and oral evidence, the Committee noted that there was a tendency to deflect responsibility to others when that was not justified.
- (f) The Registrant was not a team player.

42. Referring to the potential sanctions, the Committee considered that taking “no action”, or giving a “warning”, did not adequately reflect the seriousness of this case, and did not address public interest issues appropriately. These potential sanctions were not appropriate or proportionate and did not meet the regulatory objectives.

43. The Committee next considered imposing conditions. The Committee considered whether the issues in this case could be best managed by the imposition of conditions or by suspension. The Committee did consider that conditions were the most appropriate and proportionate sanction and did meet the regulatory objectives. Further the Committee considered that the imposition of conditions was in the public interest and could achieve the maintenance of proper standards of behaviour by the Registrant. The Committee acknowledged that the Registrant had undertaken further work to address remediation and insight, which were in the Committee’s view a step in the right directions but not enough.

44. Dr. Stretch gave expert evidence, having had many years of experience in education and training and helping pharmacists to achieve standards. He said that the Registrant needed to demonstrate how she can deal with professional issues, including difficulties, when they occur. He considered that consistency was the key to this and working one day a week was not sufficient. She needed to work a greater number of hours and days to show continuity so that if she experiences difficulties at work she can work them through, with assistance. The Committee agreed that working one day a week, and for approximately twenty six days prior to the commencement of this hearing was not sufficient.

45. The Committee felt that the imposition of conditions, whereby the Registrant had to work not less than one hundred and twenty days, over a minimum period of six

months, and a maximum period of nine months, would provide her with the means to demonstrate a more consistent provision of personal pharmaceutical services and help achieve adequate remediation and insight. The Committee felt that this work should be undertaken by the Registrant, and at the same time, the Registrant should continue to seek advice from, and maintain regular contact with, a mentor. The Committee also felt that this work should occur under the direct supervision of a workplace supervisor, so that she can be directly observed, and enabled to work through difficult issues with the appropriate assistance to achieve the necessary professional standards.

46. As this is a deficient professional practice case there is a potential for remediation and the Committee considers that compliance with the conditions imposed would assist the Registrant in achieving the necessary professional standards as well as it being in the public interest for her to provide competent professional services to the community. The Registrant's progress will be monitored monthly for a period of twelve months. Once she has completed a minimum of one hundred and twenty days of practice, the Committee also require the Registrant to compile and submit an extensive portfolio of evidence which shall be reviewed in the first instance by an independent advisor, and on the review of this case, by this Committee in twelve months' time.
47. The Committee considers that the conditions imposed are workable, that they are capable of being met by the Registrant, and are capable of being verified.
48. The Committee did consider whether it was in the public interest, and whether it would achieve the regulatory objectives, to impose the sanction of suspension. The Committee asked itself whether the Registrant can be managed in the community with the imposition of conditions or whether she needed to demonstrate remediation whilst suspended before she resumed practice. The Committee felt that it was in the public interest that the Registrant continues to provide services to the Community, and works to fulfil the conditions imposed in the development of a more professional service to the public going forward. The Committee therefore did not think that suspension was appropriate or proportionate in all the circumstances.

49. Finally, the Committee considered that the Registrant's behaviour was not fundamentally incompatible with being a registered professional, and the Committee did not think that removal from the register either appropriate or proportionate.

50. In conclusion, the Committee imposes a sanction of conditions for a period of 12 months. The thirteen Conditions imposed by the Committee are listed in the Schedule of this decision.

INTERIM MEASURE

51. A period of 28 days is allowed for a registrant to lodge an appeal with the High Court. The decision of the Committee is not formally imposed until this period of appeal has formally ended or, where an appeal is brought, the date on which the appeal is fully disposed of. If the Committee considers that it is in the public interest to do so, it has the power to impose 'interim measures' until the appeal period is over or, if an appeal is successfully lodged, until the appeal has been fully disposed of.

52. The Committee heard brief submissions from Mr Shields on the need to impose an interim measure to cover the appeal period. Mr Shields outlined that as this case related to deficient professional performance, which had a potential patient safety element, and that the conditions proposed by the Committee had a clear element of addressing potential patient safety issues, the Society considered that an interim measure was necessary and in the public interest. Mr Hadley made no objections on behalf of the Registrant in relation to the imposition by the Committee of an interim measure.

53. The Committee agreed that in light of the patient safety aspects of this case and the public protection aspect to certain conditions, that it was appropriate and in the public interest to impose the following interim measures, until the appeal period is over, or if an appeal is successfully lodged, until the appeal has been fully disposed of:

1. *To notify the Pharmaceutical Society of Northern Ireland:*

- *before you take on any position for which you must be registered.*
 - *of contact details of your employer and/or pharmacy owner.*
2. *To notify the following people, in writing, in relation to any work (whether paid or unpaid) for which registration with the Pharmaceutical Society of Northern Ireland is required, of the restrictions imposed on your pharmacy practice:*
 -
 - *All employers or contractors*
 - *Prospective employers or contractors*
 - *Responsible Pharmacist*
 - *Line Manager*
 - *Workplace supervisor*
 -
 3. *Not to work in a GP Practice.*
 4. *Not to provide independent prescribing services.*
 5. *To consent to the Pharmaceutical Society of Northern Ireland exchanging information with your employer, or any other person or organisation for whom you provide services that require registration with the Pharmaceutical Society of Northern Ireland.*
 6. *To inform the Pharmaceutical Society of Northern Ireland if you apply for work as a pharmacist/pharmacy technician outside of Northern Ireland.*
 7. *To place yourself and remain under the direct supervision of a workplace supervisor, who shall be a registered pharmacist, such person to be approved by the Pharmaceutical Society of Northern Ireland.*

COSTS

54. No costs application was made by the Society.

Gary Potter

Chair of the Statutory Committee

23rd June 2022

SCHEDULE

CONDITIONS

1. To notify the Pharmaceutical Society of Northern Ireland:
 - before you take on any position for which you must be registered.
 - of contact details of your employer and/or pharmacy owner.

2. To notify the following people, in writing, in relation to any work (whether paid or unpaid) for which registration with the Pharmaceutical Society of Northern Ireland is required, of the restrictions imposed on your pharmacy practice:
 - All employers or contractors
 - Prospective employers or contractors
 - Responsible Pharmacist
 - Line Manager
 - Workplace supervisor

3. Not to work in a GP Practice.

4. Not to provide independent prescribing services.

5. To consent to the Pharmaceutical Society of Northern Ireland exchanging information with your employer, or any other person or organisation for whom you provide services that require registration with the Pharmaceutical Society of Northern Ireland.

6. To inform the Pharmaceutical Society of Northern Ireland if you apply for work as a pharmacist/pharmacy technician outside of Northern Ireland.

7. To nominate a suitable pharmacist to act as your mentor. Such nomination shall be provided to the Pharmaceutical Society of Northern Ireland within 4 weeks from the date that this order takes effect.

8. To seek advice from and maintain regular contact with your mentor in relation to helping you to identify ways to improve your professional performance and to further develop your professional skills, achieve insight into difficult issues and how to successfully deal with those in your day-to-day work.
9. To place yourself and remain under the direct supervision of a workplace supervisor, who shall be a registered pharmacist, such person to be approved by the Pharmaceutical Society of Northern Ireland.
10. To work with your mentor and your supervisor for a period of not less than 120 days, over a minimum period of 6 months, and a maximum period of 9 months, to ensure a more consistent provision of personal pharmaceutical services, so that matters that arise in your practice are addressed by you personally.
11. To arrange for your mentor and your workplace supervisor to provide a written report on your progress and professional development directly to the Society every four weeks.
12. To compile and submit an extensive portfolio of evidence derived from your period of supervised practice to address all respects which have been identified as deficiencies in your practice. This should include evidence of education and your application of knowledge relevant to the deficiencies identified, including but not limited to:
 - a) Risk management
 - b) Evidence of dealing effectively and professionally with difficult situations
 - c) Evidence of accepting and taking responsibility
 - d) Evidence of reflecting on your own acts and omissions
 - e) Evidence of appropriate record keeping
 - f) Evidence of reviewing medication records
 - g) Evidence of taking and responding to feedback
 - h) Evidence of collaboration with colleagues

13. To notify the Society on completion of your 120 days of practice. This portfolio shall be submitted by you to the Society to allow for the engagement of an independent adviser, who shall be selected by the agreement of both the Registrant and the Society, who shall review the Registrant's portfolio.

Your case shall be reviewed by the Committee at a suitable date after the Society's receipt of the independent review report.

These Conditions shall apply for a period of 12 months.