

## BUSINESS SERVICES

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## PHARMACY & HEALTHCARE REGULATION

RPS case studies January 2008

### Pharmacist Acquitted of Manslaughter

**Facts:** Not yet a professional conduct matter or an RPS case, our pharmacist client was prosecuted in Maidstone Crown Court for manslaughter of patient as a result of supplying Oramorph 100mg/5mls against a prescription calling for Oramorph 10mg/5mls. The prescription had been poorly hand written by an out of hours GP and the pharmacist maintained that when he saw the prescription he was sure it said 100mg/5mls.

Over the course of the investigation it transpired that the prescription had been returned to the patient's regular GP surgery twice without the regular GP spotting the problem. The jury heard from expert pathologists, toxicologists and pharmacologists and acquitted the pharmacist of manslaughter. The Judge ordered our client's costs to be paid out of Central Funds.

**Result:** Acquitted

### Lack of Corroborative Evidence

**Facts:** A pharmacist was alleged to have dispensed 28 Bedroflumethiazide 2.5mg tablets without prescription. The tablets were included in a bag of medication collected by a patient who subsequently consumed 7 tablets. The pharmacist was unable to recall dispensing the item. The pharmacist was advised not to admit the errors due to the lack of corroborative evidence.

**Result:** Letter of Advice

### Reliance on Annotations

**Facts:** The allegation against the locum pharmacist was that she had supplied a regular methadone patient with more methadone than was prescribed. The pharmacist admitted relying on annotations made by the regular pharmacist as to the number of days to be supplied rather than checking the prescription for herself. The pharmacist was advised to accept sole responsibility.

**Result:** Letter of Warning

### Early Admissions

**Facts:** Various dispensing errors were alleged to have been at a pharmacy for which there was no Superintendent Pharmacist. As one of 3 pharmacists involved in the investigation, Pharmacist M, who was a locum with over 30 years experience, admitted one of the nine errors alleged to have occurred at the pharmacy. He admitted at an early stage supplying a patient with Simvastatin 40mg tablets against a prescription calling for Simvastatin 10mg tablets.

**Result:** Letter of Advice

*Continued*

## PHARMACY & HEALTHCARE REGULATION

### CONTINUED

#### Time Passes for Fraud Allegations

**Facts:** A pharmacist owner was alleged to have made a number of dispensing errors and there were further allegations of fraud as a result of claiming for, but not supplying, various patients' medications. During the investigation the pharmacist voluntarily transferred to the non-practising section of the Register and the company was also voluntarily removed from the Society's Register. Over 5 years passed while the investigation was ongoing and corroborative evidence had become difficult to obtain.

**Result:** Letter of Advice

#### Superintendent Steps Down

**Facts:** This matter involved one of three pharmacists alleged to have made nine dispensing errors but evidence of only three. The pharmacist admitted two of the dispensing errors (incorrect patient name on label and supplying Propranolol 80mg tablets instead of Oxprenalol 80mg tablets) and also accepted responsibility for failing to advise the Society that she had ceased to act as Superintendent.

**Result:** Letter of Advice

#### Mental Health and Fitness to Practice

**Facts:** The Society's Inspector received a complaint that the health of a pharmacist had deteriorated to such an extent so as to impair his fitness to practice and causing him to dispense methadone to a patient without prescription. The pharmacist admitted his illness had affected his fitness to practice in the past but maintained he was now fully recovered. He gave an undertaking not to practise if his ability is impaired for any reason in the future.

**Result:** No further action.

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