PHARMACEUTICAL SOCIETY OF IRELAND

HEARING HELD IN PUBLIC BEFORE THE PROFESSIONAL CONDUCT COMMITTEE OF THE PHARMACEUTICAL SOCIETY IN IRELAND

PRIVATE & CONFIDENTIAL

RE: MR JOHN O'MEARA - REGISTRATION NUMBER 7210
CASE REFERENCE NUMBER: 468.2018

HELD REMOTELY

ON WEDNESDAY, 13 OCTOBER 2021

Committee Members:	Mr Dermott Jewell, Chairman
Lay member	Mr Mark Kane
Pharmacist:	Ms Barbara O'Connell
Legal Assessor:	Mr Eugene Gleeson
Counsel for the Registrar:	Mr Frank Beatty, SC
Counsel for Registrant:	Mr Ronan Kennedy, SC
Instructed by:	Mr Andrew Vallely

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1 PROCEEDINGS COMMENCED ON WEDNESDAY, 13 OCTOBER, 2021, AS
2 FOLLOWS:
3 CHAIR: Everybody, you are very welcome back. We
4 reconvene. As I understand it, Mr Beatty, we are going to
5 be commencing with Ms Nevin's evidence, I think.
6 MR BEATTY: That's correct. So, if I could call Ms Nevin.
7 CHAIR: Thank you.
8 MS DUNNE: So, Ms Nevin has joined the call.
9 CHAIR: Good morning, Ms Nevin. You can see us and hear
10 us?
11 MS NEVIN: I can, yes, thanks, Chair.
12 CHAIR: Good morning. I will introduce myself. I am
13 Dermot Jewell, I am the Chair of this Inquiry. Thank you
14 for being here. Before you give your evidence, can I ask
15 you, do you wish to do so on oath or on affirmation?
16 MS NEVIN: On affirmation, please.
17
18 AMANDA NEVIN (affirmed) - examined by Mr Beatty
19
20 CHAIR: Thank you very much. I will pass you across to
21 Mr Beatty.
22 WITNESS: My camera seems to be having difficulty there.
23 Can you still see me?
24 CHAIR: We can see a frozen vision of you.
25 WITNESS: Yes, okay. It's gone blank on my screen.
26 MR MURPHY: Just for the purposes of Mr O'Meara, Chairman,
27 I have no difficulty if Ms Nevin gives evidence without a
28 camera, subject to whatever the Committee thinks.
29 CHAIR: Thank you very much, Mr Murphy, I appreciate that.
30 MS. DUNNE: If I could just make a -- sorry to interrupt,

1 if I could just make a quick suggestion. Ms Nevin, if you
2 want to just try leaving the call and rejoining again, that
3 might resolve the issue. We'll just give that one go.
4 Thank you.
5 WITNESS: Okay, perfect. Yes.
6 [Pause in the record].
7
8 MS DUNNE: Ms Nevin has rejoined the call. If you want to
9 turn on your camera and unmute your microphone, and we'll
10 see if it works.
11 WITNESS: I am attempting to start my camera, but it's --
12 okay, now it looks like it might be, yes.
13 CHAIR: Yes, we have you. Very good. Right. I am going
14 to pass you immediately across to Mr Beatty, then. Time is
15 precious. Thank you.
16 WITNESS: Okay, thank you.
17 MR BEATTY: I'll just make sure I have my microphone on.
18 Ms Nevin, I am counsel on behalf of the Registrar. I am
19 going to ask you a few questions, and once you're
20 finished -- once I am finished asking you questions it may
21 be that Mr Murphy, on behalf of the Registrant, has
22 questions for you, and it may be that the Committee has
23 questions for you as well; is that all right?
24 WITNESS: That's fine, yes.
25 MR BEATTY: Excellent. Could you just outline for the
26 Committee what your qualification is?
27 A. I am a pharmacist by profession. I've been registered with
28 the Pharmaceutical Society of Ireland as, since 2007. I
29 joined the PSI in 2014 as an authorised officer. So I am
30 an authorised officer of the PSI under the functions of

1 Part 7 of the Pharmacy Act.
2 Q. Can you tell me, how did you come across Mr O'Meara?
3 A. In August of 2018, the inspection enforcement manager, Ruth
4 McDonnell, was contacted by the Gardaí in relation to some
5 concerns regarding Mr O'Meara. They informed her that they
6 had identified medicines in Mr O'Meara's residence, and
7 that there was evidence of the sale and supply of
8 controlled drugs on his mobile telephone. This raised
9 concerns regarding the possible diversion of medicines from
10 the pharmacies for which Mr O'Meara was superintendent
11 pharmacist at the time. On the basis of this information,
12 Ms McDonnell instructed the commencement of an
13 investigation under the authority of Section 67 of the
14 Pharmacy Act 2007, and I was assigned to lead the
15 investigation.
16
17 I, accordingly, visited Wicklow CarePlus Pharmacy on the
18 29th of August 2018, and that was my first, if you like,
19 investigation activity in relation to the matter, and I met
20 Mr O'Meara in the course of that investigation visit on
21 that date.
22 1 Q. I see. Can you just set out the statutory basis for that
23 inspection?
24 A. It was under the authority of Section 67 of the Pharmacy
25 Act 2007, which provides authorised officers of the PSI
26 with powers of inspection, powers to enter a pharmacy, and
27 to inspect and to detain evidence, if required.
28 2 Q. I see. And before we go into your inspection, did you get
29 any sense, and can you give the Committee any insight into
30 the staffing of the pharmacy, this is the Wicklow pharmacy?

1 A. Well, I wouldn't -- the registered information, or the
2 registered details for the pharmacy in relation to staffing
3 held by the PSI would generally include only those
4 positions in governance and supervision in a pharmacy. So,
5 the superintendent pharmacist, who is the pharmacist who is
6 in overall control of the management of a pharmacy and of
7 the management of the supply of medicines from the
8 pharmacy, and the supervising pharmacist, who is the
9 pharmacist in day-to-day control of the management and
10 administration of a pharmacy.
11
12 So, the information that was on record for the PSI was that
13 John O'Meara was the superintendent pharmacist for Wicklow
14 CarePlus Pharmacy, so in overall control, and the
15 supervising pharmacist was Ms Andrea Doyle, so she was the
16 pharmacist in day-to-day control of the management of the
17 pharmacy.
18 3 Q. That's very helpful. Again, before we just go into the
19 actual inspection, can you just identify for the Committee
20 what the -- the documents that you were looking for and
21 what those documents would normally contain?
22 A. Yes. So, because we were reviewing the sale and supply of
23 medicines from the pharmacy, with a view to determining
24 whether there were any medicines unaccounted for at the
25 pharmacy, the documents that were requested and reviewed
26 primarily related to sale and supply of medicines.
27 So, documents to identify incoming quantities of medicines
28 from wholesalers, such as invoices. However, a lot of that
29 information was obtained through the HPRA subsequently, as
30 invoices are not generally retained in a pharmacy

1 potentially for very long, and in order to ensure that
2 accurate information was received on incoming quantities.
3
4 At the pharmacy, then, the documents requested included
5 documents which would show details of legitimate supplies
6 of medicines from the pharmacy. So, that includes a
7 document called a Drug Usage Analysis, which presents a
8 summarised, overall account of the total quantities of each
9 medicine supplied from the pharmacy over a given period.
10 It also included Dispensed Drug Reports for individual
11 medicines, which detail each individual supply of the
12 particular medicine supplied from the pharmacy over a given
13 period, so it would list each patient that had been
14 supplied with the medicine and the quantity supplied.
15
16 I also reviewed the Controlled Drugs Register. So, the
17 misuse of drugs regulations, it sets up a scheme for the
18 regulation of drugs which are subject to misuse and abuse,
19 and it categorises medicines into five schedules, depending
20 on the potential for serious misuse of the drug.
21
22 Schedule 1 includes drugs which are generally not available
23 for legal supply in any context, such as heroin or cocaine,
24 illicit medicines. Schedule 2, then, is the highest level
25 of control of a medicine which can be supplied in
26 legitimate circumstances, such as morphine-type drugs.
27 Schedule 2, therefore, is the highest level of control of a
28 controlled drug within a pharmacy for drugs that are
29 available on prescription and classified as schedule 2
30 controlled drugs.

1
2 These drugs have to be stored in a safe in the pharmacy and
3 the transactions of them have to be recorded in a register
4 within 24 hours of the transaction taking place, so that
5 there is a running account of the quantity of medicine in
6 the pharmacy and an account of every amount that comes in
7 and out of the pharmacy.
8
9 So, I reviewed, it's called the Controlled Drugs Register,
10 and I reviewed that Register in the course of the
11 inspection. I also reviewed the Duty Register, which is
12 the record of what pharmacist provided cover at the
13 pharmacy on any given day.
14 (Indiscernible cross-talk.)
15 4 Q. Sorry, I interrupted you there, sorry. Were there any
16 other documents?
17 A. As I recall, they were the documents reviewed.
18 5 Q. That's very helpful. And you said there that you carried
19 out inspection on the 29th of August 2018. Was that the
20 only inspection that you carried out?
21 A. No, that was the first inspection carried out. There was a
22 second inspection carried out in -- on the 22nd of October,
23 if I recall; is that the correct date?
24 6 Q. It is.
25 A. So, on --
26 7 Q. What I am putting to you -- sorry.
27 A. Please go ahead.
28 8 Q. What I am going to do for the Committee is, I am going to
29 bring you through the two reports that you prepared on the
30 basis -- the two separate reports on the basis of those

1 inspections.
2 A. Perfect, yes.
3 9 Q. I am hoping that you will have access to a Core Book there,
4 and it's -- you will find it under the Court Bundles, and
5 you'll see, and the Committee will see, that tab 12 refers
6 to an authorised officer's report. Do you see that?
7 A. Are you addressing myself --
8 10 Q. Yes, I am.
9 A. -- Mr Beatty, or the Committee?
10 I don't actually have access to the Core Book, but I can
11 see what's on screen, so ...
12 11 Q. Yes. We can get it up on screen, that's helpful. So, I am
13 learning about this process myself as well, so that's
14 helpful. The first thing I am going to do is bring you to
15 the very final page of that report, which is the page 15.
16 A. I do have access to the report itself, so ...
17 12 Q. I am sure neither the Committee nor Mr Murphy will have any
18 difficulty with you referring to the report, as you have it
19 as well.
20 A. Very good.
21 MR MURPHY: Sorry, Mr Beatty. I have no difficulty
22 whatsoever. If it assists you and it assists the
23 Committee, you can lead this witness, and I will intervene
24 if there's any difficulty.
25 MR BEATTY: Thank you very much.
26 13 Q. That's your signature; is that right?
27 A. That's my signature, yes.
28 14 Q. And it's dated the 3rd of September 2018; is that correct?
29 A. That's correct.
30 15 Q. If I could bring you to paragraph 6.1 of that report, which

1 is on page 9.
2 A. Yes.
3 16 Q. If you could just go through that and explain what occurred
4 in relation to your visit on the 29th of August?
5 A. So, on the 29th of August myself and John Bryan, who is
6 also an authorised officer of the PSI presented at Wicklow
7 CarePlus Pharmacy under the authority of Section 67 of the
8 Pharmacy Act. As I explained earlier, the purpose of our
9 visit was to review the sale and supply of medicines from
10 the pharmacy due to the concerns that had been raised by
11 the Gardai regarding the possibility of diversion of
12 medicines from the pharmacy.
13
14 So, shortly after we arrived -- Mr John O'Meara was on duty
15 at the pharmacy on the day, and we introduced ourselves and
16 explained the purpose of our visit. Mr O'Meara quite
17 quickly began to state that he hadn't been completely
18 compliant with his prescriptions. At that point I
19 cautioned him and he continued later in the visit to
20 explain that he had been prescribed Efexor a number of
21 years previously by a consultant, and that he had been
22 obtaining supplies of this medicine from the pharmacy, but
23 had not been obtaining prescriptions from it and had not
24 been recording it on his patient medication record within
25 the pharmacy as having been supplied from the pharmacy. He
26 stated that his GP was aware that he was taking the Efexor,
27 but he hadn't been obtaining any prescriptions for the
28 medicine.
29
30 He also stated that he had also been prescribed Ritalin

1 tablets, and that he had obtained prescriptions for this
2 medicine and had recorded it on his patient medication
3 record. I subsequently reviewed Mr O'Meara's patient
4 medication record. So, a patient medication record details
5 all supplies of a medicine made to a particular patient
6 over the time period that you select for it to display. I
7 noted that there were records of supply of Ritalin included
8 on the record, and there were no supplies of Efexor.
9 17 Q. I see. If you look at paragraphs 6.3 and 6.4, you carried
10 out an investigation, which I have no doubt you'll tell the
11 Committee about now, and it was in relation to dates, 1
12 January 2018 to 29 August 2018. What was the relevance of
13 those dates?
14 A. Yes. So those dates -- well, the 29th of August was the
15 date that we were in the pharmacy. So, we wanted to review
16 the sale and supply of medicines from the start of that
17 year, so we chose the 1st of January to the 29th of August
18 as the date range for which we would look at the quantities
19 of medicines coming into the pharmacy and the quantities of
20 medicines legitimately recorded as having left the
21 pharmacy.
22
23 Having reviewed the documents which provided us with that
24 information, we were, on the day, limited as to the
25 information we had regarding the medicines which had been
26 obtained into the pharmacy from wholesalers. The HPRA
27 assisted us and did provide us with the quantities of four
28 medicines which had been supplied into the pharmacy from
29 the two major wholesalers, Uniphar and United Drug.
30

1 So, on the day in the pharmacy, we were able to review
2 those four medicines in detail with the result that, for
3 the medicine, Xanax, we were able to identify that there
4 were approximately 174 boxes of Xanax 1 mg tablets, which
5 is the highest strength of Xanax, and they come in 100
6 tablet boxes, unaccounted for at the pharmacy in 2018 over
7 the course of that period, from the 1st of January to the
8 inspection on the 29th of August.
9 18 Q. I see. If I could just bring you to paragraph 6.3, just to
10 start with, there's a reference to the Drug Usage Analysis
11 report, and you have given evidence as to what that is.
12 You will find that, or at least the Committee will find
13 that at tab 12B, and we might just put it up on the screen
14 so that you can explain what it says.
15 A. So, this is the Drug Usage Analysis report, and you can see
16 that it displays in alphabetical order a number of
17 medicines. In the second column, it displays a quantity,
18 and that is the quantity for this report of that medicine
19 that was recorded on the dispensing system as having been
20 supplied from Wicklow CarePlus Pharmacy over the period
21 from the 1st of January to 29th of August 2018. And you
22 will see that Mr O'Meara has confirmed that on the side
23 there in handwriting.
24 19 Q. That's his signature, is it?
25 A. That's his signature, yes. He wrote, "I confirm that this
26 covers from 1/1/2018 to 29/8/2018", and I asked him to do
27 that because the report does not state the dates in and of
28 itself. So, he confirmed that they were the parameters
29 that he entered into the computer when requesting the
30 report to generate.

1 20 Q. I see. It could be that the Committee have some questions
2 in relation to that report, but I am going to go on to the
3 next report that you refer to, which is the Dispensed Drugs
4 Report, and the Committee will find that at tab 12C. If
5 that could be put up just so that you can explain what that
6 tells you?
7 A. This particular document that's displaying currently is not
8 a Dispensed Drug Report. It is a template that I had
9 prepared in advance of the inspection with a list of
10 medicines for which I was going to request a Dispensed Drug
11 Report.
12 21 Q. I see.
13 A. So, it's not the actual Dispensed Drug Report itself. So,
14 Mr O'Meara used this to generate the reports, and you can
15 see he has signed where he generated one and he has written
16 in a number of places, "No results" where there were no
17 results for that medicine.
18 22 Q. I see. Was there a Dispensed Drug Report that was obtained
19 following this?
20 A. Yes, so there were Dispensed Drug Reports obtained for each
21 of the medicines on the document you are looking at now,
22 beside which John O'Meara has signed his name. So, there
23 would have been one for Concerta XL 18, one for XL 27, one
24 for each medicine. They are probably --
25 23 Q. If you scroll down from that page, that's page 2 of 4, what
26 are those reports? Or, sorry, what is that document I
27 should ask?
28 A. It's page 9 ... it's still on the same document currently.
29 24 Q. If we scroll down a little bit further?
30 A. Yes, now you are into the Dispensed Drug Report. So, this

1 is a Dispensed Drug Report for Concerta XL 18mg tablets,
2 and it details -- you can see the patient name has been
3 redacted. So, it will detail the name of the patient in
4 each instance and the date on which the medicine was
5 supplied to that patient and the quantity supplied to the
6 patient.
7 25 Q. I see. That continues on, and it may be that the Committee
8 have particular questions in relation to that in due
9 course, but that continues on. But that is the Dispensed
10 Drug Report, and it explained what that informs you of;
11 isn't that correct?
12 A. Yes, it informs you of each individual supply of a given
13 medicine recorded as having been legitimately supplied from
14 the pharmacy on the dispensing system at the pharmacy over
15 whatever date period you select.
16 26 Q. Then you carried out a stock inventory; is that correct?
17 A. That's correct, yes. For the medicines under review, I
18 counted the quantity of stock present at the pharmacy at
19 the time.
20 27 Q. We'll have that put up. But -- (audio cut out) -- is that
21 correct?
22 A. Pardon, Mr Beatty, I think I might have missed --
23 28 Q. Sorry, I just have -- I just had it put up on the screen.
24 I am just letting the Committee know where they would find
25 it, but we've put it up on the screen for you so that you
26 can just bring the Committee through it and inform them as
27 to what it tells you as regards your investigation?
28 A. Yes. Okay. So, this is the template that I had prepared
29 in advance of the inspection with the medicines that I
30 intended to review. It is set out just to assist in the

1 actual counting of the medicines within the pharmacy. So,
2 you can see I've filled in the name of the pharmacy and the
3 date, the quantity in open boxes, the quantity in closed
4 boxes, then added those together, and I have signed --
5 that's my initials, 'AN', that I have counted each of those
6 medicines. I also, for a number of medicines, I asked for
7 assistance from the pharmacy manager and technician, Sinéad
8 Moran, as I was unable to locate any of -- some of the
9 medicines within the pharmacy, and I just sought her
10 assistance in confirming that there either were none or --
11 she did locate, I think, the Phenergan, she did locate some
12 Phenergan tablets that I hadn't been able to locate, and
13 she confirmed that the others, that there was no stock.
14 So, the total quantity there along in that column is the
15 quantity of that medicine that was in the pharmacy on the
16 29th of August.
17 29 Q. All right. That's very helpful. What information were you
18 provided for by Mr Smullen? If you would just explain who
19 Mr Smullen is and what information you were provided for by
20 him?
21 A. Yes. Mr Smullen is an enforcement officer with the Health
22 Product Regulatory Authority. So, the HPRA is the
23 regulator of medicines in Ireland, and they regulate both
24 pharmaceutical manufacturers and wholesalers and
25 distribution. So, they have access to the wholesalers and
26 the information that wholesalers would hold regarding the
27 medicines that they have supplied to a pharmacy or
28 pharmacies. So, in this instance, Mr Smullen presented at
29 the pharmacy in the course of our visit to see if we needed
30 any assistance in that regard, and I requested information

1 regarding the medicines under review from him. He
2 explained that it would take some time to provide
3 comprehensive information, so I requested that in the
4 initial instance on that day if he could provide me with
5 information regarding the quantities of four medicines;
6 namely Xanax, 1mg tablets, Ritalin, 10mg tablets, Stilnoct,
7 10mg tablets, and Zimovane, 7.5mg tablets. I asked him if
8 he could get information from the main wholesalers, Uniphar
9 and United Drug, regarding the quantities of those
10 medicines supplied into Wicklow CarePlus Pharmacy in 2018
11 from 1st of January to the date of the inspection,
12 29th August, which he did. That then gave me the
13 information regarding the amounts of those medicines that
14 had come into the pharmacy over that period.
15 30 Q. So, if one looks at paragraph 6.6 of your report, you asked
16 him to obtain that information in relation to the drugs
17 that are identified -- sorry, I should bring it up for the
18 Committee -- if one looks at paragraph 6.6, your request of
19 Mr Smullen was for the quantities of medicine that had been
20 provided by the wholesalers in relation to the four drugs
21 that are identified in that paragraph, for the period
22 1st January 2018 to 29th August 2018; is that right?
23 A. That's correct, yes.
24 31 Q. Now, at paragraph 6.7 and onwards -- so, at 6.7, you deal
25 with the issue of Xanax. At 6.10, you deal with the issue
26 of Ritalin. In 6.12, you start in relation to Stilnoct
27 and I think at 16.14, you go back into the issue of
28 Ritalin. And Cialis is dealt with at 6.18.
29 I'd ask you to be conscious that the Committee have had
30 this documentation, and I have no doubt they have gone

1 through it, but if you could just treat them as not yet
2 having gone through this documentation, because there is,
3 as you would imagine, a significant amount of
4 documentation, and if you could explain to the Committee
5 what your findings were, starting at paragraph 6.7 of your
6 report?
7 A. Okay, yes. So, 6.7 deals with Xanax, and Xanax is a
8 medicine which contains the active ingredient or the active
9 medicinal product, Alprazolam. It's a benzodiazepine, and
10 it's licensed for anxiety, but only when the disorder is
11 severe. It is available in three strengths, so it's
12 available in 250 microgram tablets, 500 microgram tablets
13 and 1mg tablets. So, the 1mg tablets are the highest
14 strength and they would, in my experience, be the less
15 commonly prescribed and used strength of Xanax.
16 32 Q. Ms Nevin, I don't mean to interrupt you. I am just seeing
17 that there is just some small difficulty in relation to the
18 reception from Ms O'Connell and Mr Kane. I am going to
19 just make sure that they can hear this evidence, and that
20 there's no difficulty.
21 MR KANE: Mr Beatty, I wasn't aware of any difficulty. I
22 can see 6.7 and I can see you. I can see --
23 MS O'CONNELL: Yes, I can see everything as well and hear
24 everything.
25 MR BEATTY: I'm sorry, I was just getting some feedback
26 saying there might be a difficulty. Sorry. Ms Nevin, if
27 you just continue, then?
28 A. No problem. So, as I noted earlier, Xanax was one of the
29 medicines reviewed at the inspection of the 29th of August.
30 The information obtained from Mr Smullen stated that there

1 had been 11,100 tablets of Xanax supplied by United Drug to
2 the pharmacy over that period, and 6,700 Xanax tablets
3 supplied from Uniphar over the period. That is a quantity
4 of 17,800, which is approximately 178 boxes, they come in
5 boxes of 100 tablets. So, 178 boxes of Xanax 1mg tablets
6 supplied into the pharmacy from the 1st of January to 29th
7 of August 2018. Then, a review of the Drug Analysis
8 Report, which showed how many of those tablets were
9 supplied out of the pharmacy to patients on the dispensing
10 system, showed that 111 tablets had been recorded as
11 supplied, so that's just over one box. There were also 279
12 tablets in stock at the pharmacy on that date, so just
13 short of three boxes.
14
15 So, to summarise, there were 178 boxes supplied to the
16 pharmacy, approximately one box legitimately supplied out
17 of the pharmacy, and just under three boxes still in stock
18 in the pharmacy, which left a balance of 174 boxes of Xanax
19 1mg tablets which were not accounted for at the pharmacy.
20 They had been supplied into it, they weren't at it, but
21 there was no legitimate account of where they had gone at
22 the pharmacy. That's 174 boxes of 100 tablets, is over
23 17,000 Xanax 1mg tablets.
24
25 I completed a similar exercise for Ritalin 10mg tablets.
26 Ritalin contains the medicine Methylphenidate, and it's a
27 central nervous stimulant, and a schedule II controlled
28 drug due to, as I was explaining earlier, the Misuse of
29 Drugs Regulations and its potential for abuse and misuse.
30 So, because Ritalin is a schedule II controlled drug, the

1 records that have to be kept are even more detailed than in
2 the case of other medicines. Each individual transaction
3 has to be recorded in the Controlled Drugs Register to show
4 each quantity that comes into the pharmacy and each
5 quantity that leaves the pharmacy.
6
7 So, I reviewed the Controlled Drugs Register, as this would
8 be more accurate for the purpose of determining if there
9 were any of this medicine unaccounted for. At the time of
10 the inspection, on that day in the pharmacy, Mr Smullen was
11 able to tell me that eight packs of Ritalin 10mg, so
12 they're 30-tablet packs, eight packs had been supplied
13 since the 1st of January into the pharmacy from Uniphar and
14 14 packs had been supplied into the pharmacy from United
15 Drug. So, that's 22 packs.
16
17 When I reviewed the Controlled Drug Register, I was able to
18 identify that there were records for eight packs of Ritalin
19 10mg having been supplied by Uniphar, those were recorded,
20 but there were only records in the Controlled Drugs
21 Register of four packs of Ritalin coming into the pharmacy
22 from United Drug. So, the information from the HPRA was
23 that there were 14 packs of Ritalin supplied by United Drug
24 since the 1st of January, and the information recorded in
25 the Controlled Drugs Register was that there were only four
26 received from United Drug; so there was a discrepancy of
27 10 packs of Ritalin 10mg tablets.
28
29 The quantity of Ritalin in the pharmacy was checked and
30 corresponded with the CD register. There was no indication

1 that there were any inaccuracies in the CD register. So,
2 the final result of this review was that there were 10
3 packs of Ritalin 10mg tablets unaccounted for at the
4 pharmacy on 29 August 2018.
5 33 Q. Thank you, Ms Nevin. If I could just stop you there. So,
6 you've just accounted for the Xanax and you've accounted
7 for Ritalin. I should have just -- before you went off
8 Ritalin, I should have brought the Committee to tab 12E,
9 and you might put that up on the screen. If you could just
10 explain what that is?
11 A. That is a copy of an invoice which, if I recall, this
12 invoice -- yes, it's an invoice that I detained from the
13 pharmacy on the 29th of August in the course of the
14 inspection. I had requested invoices from Mr O'Meara on
15 presentation at the pharmacy, and he did supply me with
16 some invoices present at the pharmacy. On review, I noted
17 a number of supplies of Xanax 1mg on these invoices. So,
18 supplies into the pharmacy or receipts by the pharmacy.
19 And this particular invoice shows a supply of seven boxes
20 of Xanax 1mg tablets from -- it's a United Drug invoice
21 into Wicklow CarePlus Pharmacy, and it's dated the 2nd of
22 August. So, seven boxes of Xanax into Wicklow CarePlus
23 Pharmacy on 2nd of August from wholesaler, United Drug.
24 34 Q. I see. So, that document, and it's not just the one page,
25 but it goes on, but just for the Committee, and they may
26 have questions in relation to it, but this is the document
27 that shows what was supplied by United Drug; is that right?
28 A. That's correct, yes. That's the document that was present
29 in the pharmacy.
30 35 Q. And it goes on also to deal with the supply by Uniphar; is

1 that correct?
2 A. Yes. There are a number of invoices from Uniphar also,
3 which include supplies or receipts into the pharmacy of
4 Xanax 1 mg tablets, yes.
5 36 Q. That's great, thank you. And you had accounted also for
6 Ritalin. And I notice -- and you've accounted for Ritalin,
7 if one looks at your report, essentially up to paragraph
8 6.11, as I understand the position, and 6.12 goes on to the
9 issue of Stilnoct. The Ritalin issue arises again at
10 paragraph 6.14, so I think, for ease of the Committee, if
11 we could stick on the Ritalin and continue with the
12 investigations that were carried out and are set out at
13 paragraph 6.14 of your report?
14 A. Sure, yes. So, I suppose there's an account of Ritalin to
15 a point, because that was the point at -- to which I could
16 bring it on the day of the inspection, on the 29th of
17 August. I carried out a similar reconciliation for
18 Stilnoct and Zimovane on the day of the inspection at the
19 pharmacy, but there didn't appear to be any stock of those
20 medicines unaccounted for.
21
22 So, I proceed then in the report to elaborate on the
23 Ritalin matter because, subsequent to the inspection, I was
24 able to obtain copies of the individual invoices for
25 Ritalin 10mg tablets via the HPRA from the wholesalers.
26 So, subsequent to the inspection I was able to obtain that
27 documentation and review it at the offices of the PSI.
28 On reviewing that information, I noted that there were
29 three invoices involved from -- yes, that's it, from United
30 Drug, there were three invoices. From Uniphar, there

1 were -- Uniphar, yes, sorry, we have already established
2 that Uniphar were accounted for. United Drug involved
3 three invoices. And when I reviewed the details of those
4 invoices against the entries in the Controlled Drugs
5 Register, I was able to identify that the invoice dated the
6 14th of June 2018 for a quantity of 10 boxes of Ritalin
7 10mg tablets, had not been entered into the Controlled
8 Drugs Register. The other two invoices had been entered
9 into the Controlled Drugs Register. And that was
10 identified, if you like, the individual supply into the
11 pharmacy of Ritalin 10mg tablets that was ultimately
12 unaccounted for at the pharmacy. The 10 boxes supplied on
13 14th of June 2018 had not been recorded in the Controlled
14 Drugs Register.
15 37 Q. I see. Then I suppose I just bring you to -- or the
16 Committee to tab 12G, just in support of your findings.
17 This is the CD register entries for Ritalin 10mg tablets.
18 If you could explain to the Committee what this -- the
19 entire of this document is, and obviously we can scroll
20 down, if necessary. 12G. So, what does this document tell
21 you?
22 A. As I understand it, you're looking for the Controlled Drugs
23 Register, and that's not what is currently being displayed.
24 38 Q. Yes, I am just seeing that.
25 A. It's appendix 13 of that report, but I don't have the Core
26 Book to get the ...
27 39 Q. Possibly, if we scroll down, maybe, I am just trying to ...
28 Keep scrolling down, please. It's a 90-page document, so
29 once we come to the Controlled Drugs Register, you can let
30 the Committee know. Is it there? I'll come back to that.

1 Don't worry about that for the moment, and I'll come back
2 to that. Just continuing then at paragraph 6.16.
3 A. Yes. So, on reviewing the three invoices, which included
4 Ritalin 10mg tablets from United Drug, I noted that, I
5 suppose, in summary, the two invoices which were for two
6 packs each of Ritalin which had been entered into the
7 Controlled Drugs Register, they also included other
8 products which had been supplied on the same invoice.
9 However, the invoice dated the 14th of June 2018, which
10 included the 10 packs of Ritalin 10mg tablets which had not
11 been entered in the CD register, did not contain any other
12 medicines ordered at the same time. It was the only item
13 ordered on that invoice.
14
15 When I reviewed subsequently the Duty Register for 2018, so
16 the records of the pharmacist on duty on a given date, I
17 noted that Mr John O'Meara was recorded in the Duty
18 Register as being the only pharmacist on duty on the 14th
19 of June 2018.
20 40 Q. And that Duty Register can be found at tab 12I, and we'll
21 just put that up for you.
22 A. Yes. So, you can see there that this is two pages from
23 June 2018 covering the week from Monday, the 11th to
24 Saturday, the 16th. And on Thursday, the 14th of June, the
25 register is signed by Mr O'Meara as having been the
26 pharmacist on duty from 9.00 to 7.00, and there is no other
27 pharmacist recorded or pharmaceutical assistant recorded as
28 having been on duty on that date, the date that the Ritalin
29 was ordered.
30 41 Q. And what did that tell you?

1 A. That told me that the order for ten packs of Ritalin which
2 had not been entered in the Controlled Drugs Register had
3 been ordered on a date on which John O'Meara was the sole
4 pharmacist on duty, and, accordingly, would indicate that
5 Mr O'Meara was the person who ordered the medicines, or
6 certainly the person responsible for the sale and supply of
7 medicines at the pharmacy on that day -- date.
8 42 Q. I see. I have to come back to that drug register. But
9 before I do that, I am going to deal with the
10 investigations that you carried out in relation to Stilnoct
11 and Cialis. In relation to Stilnoct, you will see that at
12 paragraph 6.12 of your statement, and if you could just
13 account for that?
14 A. Yes. As I explained, on the day of the inspection, we
15 could obtain limited information regarding the quantities
16 of medicines which had been obtained into the pharmacy from
17 wholesalers. So, I asked Mr Smullen to obtain information
18 for four medicines; Xanax, as we've discussed, Ritalin
19 10mg, as we've discussed, because there were indicators
20 within the pharmacy that those medicines -- that there
21 might have been an issue with those medicines. I also
22 asked for Stilnoct 10mg tablets and Zimovane 7.5 mg
23 tablets, because these are sleeping tablets,
24 benzodiazepine-like sleeping tablets, which have quite a
25 high potential for abuse and misuse, and, therefore, were
26 included in the medicines which were being reviewed.
27 However, when I carried out a reconciliation of incoming
28 quantities versus outgoing legitimate supplies and the
29 stock at the pharmacy, no issues arose in relation to
30 Stilnoct 10mg tablets or Zimovane 7.5 mg tablets. There

1 was no indication that any stock of those medicines was
2 unaccounted for at the pharmacy on 29th of August 2018.
3 Subsequent to the visit -- that was on the day of the
4 visit. Subsequent to the visit further information was
5 received. Now, at the time of writing this first report,
6 comprehensive information was only received from the
7 wholesaler, United Drug, but, even in the absence of
8 receipt of information from Uniphar, an analysis of the
9 information showed that there were also 79 -- approximately
10 79 boxes of Cialis 20 mg tablets unaccounted for.
11 43 Q. I think, Ms Nevin, you deal with that in your subsequent
12 report; is that correct?
13 A. I deal with it in more detail, yes. As I said, we didn't
14 have full information at this point.
15 44 Q. Yes.
16 A. We were still awaiting information from Uniphar.
17 45 Q. That's right.
18 A. So, it did develop further. But even at this point of
19 writing, we were able to identify that additional
20 discrepancy as arising at the pharmacy.
21 46 Q. Yes. And the United Drug information you received, I don't
22 think we need to go through it, but the Committee can see
23 that at tab 12F. So, moving on then to Cialis. And just
24 before I do that, I think now I can get, in relation to
25 Ritalin, I can get the drug register up for you, and the
26 Committee should find it as a separate document just after
27 the Amanda Nevin statements.
28
29 If you could just bring the Committee through this in
30 respect of the Ritalin issue. You may have to look at the

1 document in more detail.
2 A. Yes. I think that this may be a copy of the entire
3 Controlled Drugs Register -- oh, no, it's not. We're
4 there. Scroll down another page, please. Yes, there's the
5 record for Ritalin 10mg. So, as you can see, this register
6 records the date of the supply, the name and address of
7 where the supply was either made, the patient it was made
8 to, or the wholesaler it was obtained from, and the amount
9 obtained or supplied. And then, to the far right, there's
10 a running balance, the running stock balance maintained.
11 These entries are 2013. So, if you can scroll down another
12 couple of pages, we should come to the more recent
13 transactions.
14 47 Q. Again, I think scroll down to -- again, keep scrolling, and
15 keep going, please. Keep going. Keep going. Just that
16 page -- sorry, the last page that you -- if you could go
17 back one. Yes, just there.
18 A. So, you can see that the transactions for 2017 and 2018 are
19 included on this page. So, it was 2018 we were reviewing
20 at the time. I could see there are supplies recorded on
21 the 12th of January, 28th of March and 4th of May, each to
22 a named patient. Then the receipts from wholesalers are
23 included, also. So, you have a receipt on the 28th of
24 March from Uniphar and a receipt on 5th of May for United
25 Drug. Oh, I think, yes, I think they then started a new
26 register. So, we probably do need to keep scrolling down
27 to see where an entry should be for June. Okay, yes,
28 that's it, yes.
29 So we can see there entries in June and July of 2018 --
30 48 Q. All right.

1 A. -- which include incoming quantities from Uniphar and
2 United Drug on the 21st of June and 13th of July, but do
3 not include, neither on that previous page of the register
4 or this one, is there a record for the ten packs obtained
5 from United Drug on the 14th of June.
6 49 Q. All right. Well, I think that is sufficient, unless the
7 Committee have any specific queries. What I am going to do
8 then is, I am going to bring you back to the final issue in
9 relation to your first report, which is the issue of
10 Cialis.
11 A. Yes. So, subsequent to the inspection, the HPRA requested
12 more complete information from the wholesalers regarding
13 medicines supplied into Wicklow CarePlus Pharmacy in 2018.
14 Due to the large quantities of Xanax 1 mg tablets and
15 Ritalin 10mg tablets, which had been identified as being
16 unaccounted for on 29th of August, there was quite an
17 urgency in getting this information to the Registrar.
18 Accordingly, this first report was written and completed on
19 3rd of September before information had been received from
20 Uniphar regarding all of the medicines under review.
21 The information had been received, however, for United
22 Drug, and I conducted a reconciliation for those medicines
23 to see if any additional discrepancies arose. I identified
24 from the information that -- so, the information from
25 United Drug stated that 468 tablets of Cialis 20 mg had
26 been supplied by them to Wicklow CarePlus Pharmacy over the
27 period from January to August 2018. They're packs of four,
28 so that is just over 110 to 120 packs.
29
30 The Drug Analysis Report, which shows how many units of a

1 medicine were supplied from the pharmacy legitimately,
2 showed that 132 tablets had been supplied to patients, and
3 there were 20 tablets in stock at the pharmacy; that's five
4 packs of four. So, reconciling those figures showed that
5 there were 316 Cialis 20 mg tablets which remained
6 unaccounted for at Wicklow CarePlus Pharmacy as of 29th of
7 August 2018. That's 79 boxes of Cialis 20mg, four-tablet
8 boxes. Cialis contains Tadalafil, it is a medicine used
9 for the treatment of erectile dysfunction. But it is --
10 yeah, it is occasionally, I believe, subject to diversion
11 and supply on other markets.
12 50 Q. I see. Ms Nevin, that's very helpful, and that brings you
13 to the first inspection, and you made it clear that you
14 were still waiting for information. And there was a second
15 inspection then, which you have given evidence in relation
16 to, and that resulted in the creation of a second report;
17 is that right?
18 A. That's correct. When we had received both the information
19 requested from Uniphar and the additional information
20 obtained during the second inspection, a second more
21 comprehensive report was compiled with up-to-date figures
22 and additional information.
23 51 Q. Dated 22nd of November 2018. And I'll have that put up for
24 you, Ms Nevin. And again, I am going to bring you first to
25 the final page so you can simply confirm that it is you
26 that authored the report and the date of the report?
27 A. That's still the first report that's displaying there.
28 52 Q. Yes, it should be tab 13, if we could have that. We'll put
29 that up in just a few minutes. Before we put that up,
30 moving the matter on, did this investigation, did it still

1 cover the period from the 1st of -- you might remember the
2 period, the relevant period that was covered in the first
3 report was the period of the 1st of January 2018 until the
4 date of the inspection. Did that remain the relevant
5 period?
6 A. The period was extended to include 2017. So, the overall
7 period reviewed was from the 1st of January 2017 to,
8 depending on the medicine, either the 29th of August or the
9 date of the second inspection, the 22nd of October.
10 53 Q. I see. And we just have that in front of you now, or at
11 least I hope it's in front of you, which is -- that is your
12 report; is that correct?
13 A. Yes, that's my report. That's my signature.
14 54 Q. And then if I could bring you to paragraph -- sorry, to
15 page 13 of that report.
16 A. Page 13, yes.
17 55 Q. You refer to the visit at paragraph 5.6 and the Dispensed
18 Drug Report for the period 1st of January 2017 to 31st of
19 December 2017, and I can tell the Committee they'll find
20 that book 5 at tab 13F, and we can put that up on the
21 screen, and if you can just tell the Committee what that
22 is?
23 A. So, again, the document that's displaying currently is the
24 template I prepared in advance just as --
25 56 Q. Yes. And we'll just scroll down and let you explain to the
26 Committee what the entire document deals with.
27 A. So, yes, this is the Dispensed Drug Report for Xanax 1mg
28 for 2017. So, at the previous inspection, we had requested
29 the same report for the 2018 period, but the decision was
30 made to extend the time period under review to include

1 2017, to examine if there were also quantities which
2 appeared to be unaccounted for from that period.
3 57 Q. I see. And you liaised, then, you say at paragraph 5.7,
4 with the HPRA, and you received information from them?
5 A. That's correct. So, yes, similarly to -- as we were
6 discussing with the previous inspection visit, the HPRA
7 assisted our enquiries by obtaining information from the
8 wholesalers outlining supplies of medicines under review to
9 Wicklow CarePlus Pharmacy in 2017. We had already obtained
10 the information for 2018, so it was extended to include
11 2017.
12 58 Q. Right.
13 A. That then allowed us to -- or allowed me to reconcile the
14 figures for the medicines under review and to obtain a
15 figure for any medicines unaccounted for at the pharmacy
16 over the period from the 1st of January 2017 to 29th of
17 August.
18 59 Q. "The PSI authorised officers conducted an analysis of all
19 of the information received for the medicines listed in the
20 table at paragraph 5.4 for the years 2017, 2018."
21 So, if we could just go back to 5.4 of that report.
22 A. So, essentially, 5.4 presents the results of the analysis
23 conducted for the 2018 period. For those medicines we
24 extended the period to 2017 to see did the issue extend
25 back into 2017, were there additional supplies of these
26 medicines unaccounted for if we looked at 2017 as well.
27 60 Q. I see. Going back to paragraph 5.19, having carried out
28 that exercise, you provide a table that explains what your
29 findings were and if you could just bring the Committee
30 through that, please.

1 A. So, having obtained -- it is 5.9, I am sorry, where you
2 were previously was correct.
3 61 Q. It is.
4 A. The table at 5.9.
5 62 Q. Sorry, 5.9?
6 A. Yes, that's it, thank you. So, having received complete
7 information for 2017 and 2018, both from the wholesalers
8 and from the pharmacy by virtue of the two inspection
9 visits, the reconciliation was carried out for each of the
10 seven medicines listed in this table to identify what, if
11 any, of those medicines was unaccounted for at the pharmacy
12 over that period. This is, if you like, the final results
13 of the analysis for these medicines and is for the period
14 1st of January 2017 to the date of that first inspection
15 visit on 29th of August 2018. The result was that there
16 were 300 tablets per ten boxes of 30 tablets of Ritalin
17 10mg unaccounted for and, as we discussed earlier, that did
18 not change. The number of Xanax 1mg tablets rose to 20,790
19 tablets, that is 208 boxes approximately of 100 tablets.
20 If you'll recall, for 2018 that was 174, so it did
21 increase. However, the majority of the unaccounted for
22 medicines appeared to be unaccounted for in 2018 rather
23 than in 2017. There was approximately 9 boxes, 258 tablets
24 of the medicine Zimovane 7.5mg tablets which contains
25 Zopiclone, a sleeping tablet, unaccounted for. There were
26 956 or approximately 239 boxes of Cialis 20mg, we mentioned
27 that at the end of the first report that based on the
28 United Drug information it was apparent that there were
29 approximately 79 boxes unaccounted for in 2018, however,
30 extending that to 2017 and including the Uniphar data, that

1 increased to 239 boxes of the Cialis, the erectile
2 dysfunction medicine. There were also four boxes of Efexor
3 XL 150mg, there are 28 capsule boxes unaccounted for,
4 109 capsules. That is one of the medicines Mr O'Meara
5 stated that he had been taking from the pharmacy without
6 prescription.
7
8 Similarly, they were 79 boxes of Efexor 37.5mg capsules.
9 Those boxes only contained seven capsules each, they are a
10 smaller pack size, but there were 79 boxes of those
11 unaccounted for. Mr O'Meara stated that he was taking that
12 medicine from the pharmacy also at the first inspection.
13
14 Then the final medicine unaccounted for was Tylex capsules,
15 Tylex contains, it is a painkiller, an analgesic containing
16 Paracetamol and Codeine. Codeine is converted in the body
17 to morphine, so it can be subject to abuse and misuse.
18 There were 565 capsules of Tylex unaccounted for at the
19 pharmacy which is approximately six boxes, they come in 100
20 capsule boxes. So, that was the final tally of medicines
21 which were unaccounted for at Wicklow CarePlus pharmacy
22 over the period 1st of January 2017 to the 29th of August
23 2018, a total of 23,500 units of medicines.
24 63 Q. How would you characterise that?
25 A. It's an extremely large number of medicines to be
26 unaccounted for at a pharmacy, particularly medicines each
27 of which has the potential for abuse or misuse with the
28 exception perhaps of the Efexor which Mr O'Meara did state
29 he had been taking from the pharmacy and had been at some
30 point prescribed. It was extremely concerning at the time,

1 yes.
2 64 Q. I see. Then just carrying on at paragraph 5.10, what was
3 your findings in relation to that?
4 A. It's essentially a reiteration of the information regarding
5 the recording of the Ritalin in the Controlled Drugs
6 Register which shows it is the receipt of Ritalin 10mg
7 tablets on the 14th of June 2018 which has not been entered
8 in the Controlled Drugs Register as is required under the
9 Misuse Of Drugs Regulations.
10 65 Q. Then at 5.11 you refer to the Duty Register of the pharmacy
11 and that can be found for the Committee at tab 13J, and if
12 that might be just brought up. What did that inform you?
13 A. Again, this is a reiteration of what was in the first
14 report that Mr O'Meara was the pharmacist on duty on the
15 14th of June 2018 when those Ritalin tablets were obtained
16 and not recorded in the register. Apologies, there's a bit
17 of repetition in the second report in order to cover --
18 66 Q. Yes, that's understandable. Then you investigated
19 unlicensed, unauthorised and exempt medicinal products.
20 Could you just explain for the Committee what those are and
21 account for your investigation in relation to those?
22 A. Yes, so to provide a little bit of background context, when
23 the Gardaí provided information to Ruth McDonnell, they
24 provided her with details of the some of the medicines that
25 they had seized at Mr O'Meara's residence and they included
26 testosterone injections. Testosterone injection -- because
27 of that, that medicine and some similar medicines were
28 included in the review conducted at the first inspection
29 visit, however there was no stock available at the pharmacy
30 and no issues were identified.

1
2 On this second inspection visit, it came to my attention
3 that there was stock of testosterone injections at the
4 pharmacy. Accordingly, I requested more detailed
5 information regarding the quantities of those medicines
6 which had been obtained into the pharmacy. So, the
7 testosterone injections in question are Androtardyl and
8 Testovis and they are classified as exempt medicinal
9 products. In general, all medicines supplied from a
10 pharmacy must be authorised for sale or supply in Ireland.
11 There is an exemption to allow for a medicinal product that
12 is not licensed here to be obtained by a pharmacy and
13 supplied from a pharmacy, but only on foot of a specific
14 order of a registered medical or dental practitioner for
15 the treatment of a patient under their care to fulfil the
16 special needs of that patient. So, it's very specific.
17 With most medicines a pharmacy can order quantities of
18 medicines required from a wholesaler without any additional
19 requirement, except to place their order. With these
20 medicines, because they are not licensed for sale here, the
21 pharmacist is required to order them on a special order
22 form where they provide some additional information to
23 support the legitimacy of them obtaining those products.
24
25 As I said, on the second visit some of these unlicensed
26 testosterone injections were identified at the pharmacy and
27 I, accordingly, requested the pharmacist on duty on the
28 day, which was the supervising pharmacist, Andrea Doyle, to
29 obtain some information from the wholesalers regarding the
30 supplies of these medicines which had been made to the

1 pharmacy over the period, the 2017 and 2018 period. So,
2 from 1st of January 2017 to the date of, in this case the
3 second inspection, the 22nd of October.
4
5 I reviewed a number of medicines based on what had been
6 identified at Mr O'Meara's residence and what was present
7 in the pharmacy on this second date. Similar to the other
8 medicines reviewed, I obtained the same kind of reports
9 from the pharmacy, so reports of the legitimate supply of
10 these medicines through the dispensing system. Liaising
11 with the HPRA, I obtained information from the various
12 suppliers of unlicensed medicines. It includes the main
13 suppliers, Uniphar and United Drug, which were referenced
14 previously, and also includes a supplier called Medisource
15 which specialises in exempt or unlicensed medicinal
16 products, and through the HPRA was able to obtain
17 information from each of those wholesalers regarding exempt
18 medicines supplied to Wicklow CarePlus Pharmacy.
19 Medisource were also able to supply a copy of the order
20 forms that they had received from Wicklow CarePlus Pharmacy
21 requesting these supplies of unlicensed medicines.
22
23 At the pharmacy when I requested reports of these medicines
24 supplied legitimately through the dispensing system, there
25 were no results to show. So, none of the medicines under
26 review, namely Androtardyl, Testovis, Spiropent, Proviron
27 and Dexamphetamine Sulphate, they hadn't been supplied from
28 the pharmacy in the 2017 and 2018 according to the records
29 kept at the pharmacy.
30 67 Q. I see.

1 A. When I reviewed the information from the wholesalers I was
2 able to identify, and you'll see this in the table at
3 paragraph 5.21, that 152 ampules of Androtardyl had been
4 ordered into the pharmacy over that period, 2017 to 2018,
5 200 ampules of Testovis, both of these medicines contain
6 testosterone. 500 tablets, or five packs of Spiropent, and
7 150 tablets or five packs of Proviron tablets. Each of
8 these medicines, these quantities were received into the
9 pharmacy, but there was no records of supply of them from
10 the pharmacy and they were not present at the pharmacy.
11 68 Q. Thank you, Ms Nevin. Then at paragraphs 5.22 to 5.26 you
12 explain what these medicines are, if you could just explain
13 to the Committee what they are?
14 A. Yes. So, the testosterone containing medicines are
15 medicines which can be used by healthcare providers to
16 treat hormonal issues or diseases such as muscle loss.
17 However, testosterone is what is classed as an anabolic
18 steroid. Testosterone, as probably most people will be
19 aware of, can be misused by athletes and bodybuilders in an
20 attempt to boost their performance or improve their
21 physical appearance. As I said, these medicines are
22 unlicensed, so they are not commonly used or prescribed.
23 Testosterone would occasionally be prescribed and used, and
24 I would be familiar with that. I was not at the time of
25 writing familiar with the medicines, Spiropent and
26 Proviron. However, I did some research on them and the
27 Proviron tablets contains a medicine, an active ingredient
28 called Mesterolone which, similar to testosterone, is a
29 steroid or hormonal-type drug and it, like testosterone, is
30 used for its androgenic effects. The medicine, Spiropent,

1 contains the active ingredient Clenbuterol which, on
2 researching it, I was able to obtain information which
3 stated that it is a stimulant and that it is used by
4 performance and image enhancing drug users to aid fat
5 burning and muscle definition.
6 69 Q. I see, that's very helpful. Just looking at the table then
7 again at 5.21, I see the total units are 1,002 units, how
8 would you characterise that?
9 A. They are very, very large quantities, particularly, as
10 explained, these medicines are not medicines that you would
11 see every day as a pharmacist working in a pharmacy. I
12 don't have specialist knowledge of the use of illicit use
13 of medicines for the purpose of performance and image
14 enhancing, so I can't really comment on the Spiropent and
15 Proviron, they are not -- it's five packs of each, so
16 500 tablets of Spiropent, but I don't have knowledge of how
17 many of those tablets someone would take if they were using
18 them for that purpose. The testosterone certainly is an
19 extremely high quantity, there are 350 testosterone
20 injections unaccounted for. That's a lot of testosterone,
21 I would imagine, but again I don't have the specialist
22 knowledge to know what the quantities used by some in
23 performance and image enhancing would be.
24 70 Q. I see. Just moving on to paragraph 5.28, you refer to the
25 orders that were placed. Can you just explain to the
26 Committee what your investigation found in that respect?
27 A. Yes. So, as I explained, these medicines are not licensed
28 for sale and supply in Ireland. They have to be under an
29 exemption of the legislation to allow them to be sourced
30 and supplied by a pharmacy, but in order to meet this

1 exemption the suppliers generally require an order form to
2 be filled out. Medisource were able to provide copies of
3 the order forms that they had received for these medicines
4 in 2017 and 2018, and I reviewed these order forms and
5 noted that each of the order forms, of which there were
6 nine in total, five in 2017 and four in 2018, each of them
7 was signed by John O'Meara, either with his signature and
8 included his professional pharmacist registration number,
9 7210. Each of the forms included a declaration that the
10 medicines were being sourced by or to the order of a
11 registered medical practitioner to fulfil the special needs
12 of a patient under his care and that they would only be
13 used in accordance with that exemption in the legislation.
14 71 Q. I see. If I could bring you on -- sorry?
15 A. Yes.
16 72 Q. Sorry, were you finished, Ms Nevin?
17 A. Just from that information, the medicines were ordered by
18 Mr O'Meara and a review of the order forms also show that
19 quantities of 50 Testovis and Androtardyl injections at a
20 time were placed, which are large orders for those
21 testosterone containing injections.
22 73 Q. I am going to move on to the last medicine now which is
23 Sudafed, and you will see that from paragraphs 5.30 of your
24 report. Before I do that, could you just explain to the
25 Committee the nature of Sudafed?
26 A. Yes. So, Sudafed is an over-the-counter medicine. It
27 contains Pseudoephedrine and it is licensed for the
28 treatment of congestion in cough and cold medicines, so it
29 is a decongestant medicine. It can, however, be used as a
30 precursor material in the production of Methamphetamine or

1 crystal meth, and because of this potential for its
2 diversion for illicit purposes, there are limitations on
3 its sale and supply. The maximum quantity in a pack of
4 Pseudoephedrine tablets is 12, 12 x 60mg tablets and no
5 more than one pack per transaction can be supplied to a
6 patient without a prescription. So, Pseudoephedrine
7 mirrors some of the effects of Ephedrine, which is a
8 stimulant, which can be used similar to the stimulant
9 medicine we mentioned earlier, Spiropent and Clenbuterol
10 can be used by performance and image enhancing drug users
11 to speed up metabolism and burn fat.
12
13 There is also an alternate potential use for
14 Pseudoephedrine in cocaine users who sniff cocaine to
15 counteract the nasal stuffiness that such cocaine use can
16 cause. So, over-the-counter decongestants are sometimes
17 used for that purpose by cocaine users. In the course
18 of -- how this came to our attention, I suppose. In the
19 course of reviewing the information that we obtained from
20 United Drug and Uniphar, the supplies of Sudafed to the
21 pharmacy stood out. There were particularly large supplies
22 of, around about 200 boxes at a time, of Sudafed recorded
23 as having been supplied into the pharmacy which raised
24 concerns in relation to the medicine.
25 So, at that second investigation visit on the 22nd of
26 October, we reviewed in more detail the sale and supply of
27 Sudafed to identify whether all of those supplies which had
28 been made to the pharmacy were accounted for as sale at the
29 pharmacy.
30 74 Q. Supplies can be found, just for the Committee, at tab 13P,

1 and we might just have that put up for the Committee. It
2 should be 13P. I am not sure that's the document. We can
3 move on for the time being, and I can find out where you'd
4 find that document. But just moving on, you --
5 A. So -- yes. So similar to the other medicines, I obtained
6 information at the pharmacy in relation to the legitimate
7 supplies made from the pharmacy. Now, this is a
8 nonprescription medicine, so we checked dispensing records
9 just to -- for completion, but there were no records of any
10 Sudafed having been supplied on foot of prescriptions.
11 Then I reviewed sales recorded as having been made through
12 the till system. So, the electronic point of sale system,
13 which records each box of medicine scanned through the till
14 when it's being sold to a customer, and obtained the
15 information recorded on that system as to how many boxes of
16 Sudafed had been supplied over the counter from the
17 pharmacy.
18
19 So again, reconciling the figures for what came into the
20 pharmacy, the stock present in the pharmacy on the date of
21 the inspection, on 22nd of October, and the records of what
22 had been supplied through the till system or the
23 prescription system, reconciling those figures identified
24 that there were over 34,000 tablets of Sudafed 60mg
25 unaccounted for at the pharmacy, which equates to about
26 2,900 boxes of Sudafed 60mg tablets. The --
27 Sorry, Mr Beatty, I can't hear you there.
28 75 Q. Sorry. The Committee will see from tab 13Q the sale of
29 Sudafed from the pharmacy. Is that the document, Ms Nevin?
30 I am going to have to come back to the Committee in

1 relation to these documents. I am not sure why they're --
2 I will identify, I am not sure I need this witness to go
3 through it, because the documents are agreed, but I will
4 identify where those documents can be found, the ones that
5 I have referred to at tab 13P and 13Q, and, in fact, we
6 will have those put up, and put up separately, and we can
7 go through them, if necessary, if the Committee needs to go
8 through them.
9
10 So sorry, Ms Nevin, just continuing then in relation to the
11 dispensing software of Sudafed, and that's identified at
12 paragraph 5.36. You said there were no records in the
13 pharmacy dispensing software of Sudafed 60 mg tablets
14 having been dispensed to a patient from the pharmacy in
15 2017 or 2018; is that correct?
16 A. Yes, that's correct. Yes.
17 76 Q. You engaged then, you say, at paragraph 5.37, with the
18 HPRA. And what did that tell you?
19 A. That gave me the information regarding the number of
20 Sudafed tablets supplied into the pharmacy in 2017 and
21 2018.
22 77 Q. Thank you. You carried out your analysis, and you refer to
23 that at paragraph 5.38. And what were the findings of
24 those as set out at paragraph 5.39 of your report?
25 A. So, the result of the analysis was that there were 34,788
26 Sudafed 60mg tablets unaccounted for at Wicklow CarePlus
27 Pharmacy over the period from 1st of January 2017 to 22nd
28 of October 2018.
29 78 Q. I see. And how would characterise that volume?
30 A. It's enormous. It's a huge quantity of Sudafed to be

1 unaccounted for from a pharmacy over a period. I've never
2 encountered that on any other occasion.
3 79 Q. I see. Then at paragraph 5.4, you account for the period
4 of -- sorry, you account for the -- so, you reviewed the
5 United Drug and Uniphar supply information for the same
6 period?
7 A. Yes. So, as we discussed, the HPRA provided the supply
8 information. So, in reviewing it, I think I noted
9 previously some -- some large orders stood out, orders of,
10 you know, circa 200 packs at a time of Sudafed. So, those
11 orders, the dates that those orders were placed on were
12 reviewed against the Duty Register at the pharmacy, the
13 record of who was on duty on those dates. It was noted
14 that on -- in 2017 John O'Meara was the pharmacist on duty
15 for four of the five dates in 2017 when a quantity of 200
16 Sudafed 60mg -- 200 boxes, I should say, of Sudafed 60mg
17 tablets was ordered. And in -- yes.
18 80 Q. Then you carried out a reconciliation with the Duty
19 Register in 2017 --
20 A. Sorry, Mr Beatty, I think the order maybe in the report is
21 not ideal. I did this same exercise with both 2017 and
22 2018. So, if there was a large order of, you know, circa
23 200 boxes placed in either 2017 or 2018, I checked the date
24 that that order was placed against the Duty Register with
25 the pharmacy, with the result that it was identified that
26 Mr O'Meara was on duty on four of the five such dates in
27 2017. If you go back to paragraph 5.34, he was recorded as
28 being the pharmacist on duty on nine of ten dates in 2018
29 on which such large quantities were placed. So, on a total
30 of 15 occasions, 13 of those occasions of these large

1 orders of 200 boxes, Mr O'Meara was the pharmacist on duty
2 at the pharmacy.
3 81 Q. I see. And, Ms Nevin, that has been very, very helpful. I
4 just want to deal with two matters just very, very briefly.
5 The first is, in relation to the sales and the analysis
6 that you carried out in relation to the Sudafed, and I'm
7 sorry to the Committee that there was confusion there, and
8 I make no criticism of the Respondent in this regard, I am
9 simply explaining that -- I think the Core Book was agreed
10 very late, and I think we're just suffering the
11 consequences of that, and I understand why that is the
12 case, it is simply by way of explanation, not by criticism.
13 But I can now tell the Committee that at tab 13T and U, and
14 I might just have those put up on the screen so that you
15 can just go through those for completeness.
16 Can you just explain what these documents are? And I
17 appreciate that I am taking you slightly out of context
18 here, so --
19 A. No problem. So, these are reports generated from the
20 electronic point of sale, or the till system at Wicklow
21 CarePlus Pharmacy, providing the overall total of Sudafed
22 tablets, packs of 12, supplied from the pharmacy. There's
23 two pages there. The first one is the report of such sales
24 for 2017, and the second one is the report of such sales
25 for 2018, up until the 22nd of October, which was the date
26 on which the report was generated.
27 Oh, actually, it was until -- it's until the 21st of
28 October. We went with the day before, just to -- not to
29 cause any confusion with the day of the inspection itself.
30 82 Q. I see. And then the analysis carried out, I think, is at

1 U, tab U, if we can put that up on the screen.
2 A. Yes. So, we can see there that United Drug provided
3 information that 8,280 tablets had been supplied to Wicklow
4 CarePlus Pharmacy in 2017; Uniphar in 2017, 6,456; United
5 Drug in 2018, 9,912; Uniphar in 2018, 17,112. So, they're
6 all the supplies into the pharmacy.
7
8 Then what was recorded through the till system as having
9 been supplied from the pharmacy: In 2017, 3,768; in 2018,
10 2,988. Those are the figures from those reports we just
11 looked at. And then what was in stock in the pharmacy on
12 22nd of October was 216 tablets. So, the discrepancy, when
13 you reconcile what came in with what as we recorded as
14 going out through the till system and what is in stock at
15 the pharmacy is 34,788 tablets.
16 83 Q. Thank you very much. Then just the last thing I want to do
17 with you, Ms Nevin, is the statements, which the Committee
18 will find there are bundles of Amanda Nevin's statements,
19 or bundles is probably a scarier word than it needs to be,
20 but there are two statements that were provided for you. I
21 can just have them put up on the screen. These are the
22 21st of November 2018 and 31st of August 2018, and you
23 might just confirm that these are your statements?
24 A. These are my statements, yes.
25 84 Q. I understand that those are agreed, both as regards their
26 admission and also as regards their content, and Mr Murphy
27 might just confirm that in due course?
28 MR MURPHY: Yes, I confirm that's the case, Mr Beatty.
29 85 Q. MR BEATTY: So, thank you very much, Ms Nevin, because that
30 was all very, very detailed, necessary, but detailed. I

1 have no doubt that Mr Murphy may have questions for you,
2 and, if he doesn't, that the Committee will have. So,
3 thank you.
4 WITNESS: Thank you, Mr Beatty.
5 MR MURPHY: Thank you, Ms Nevin. I have no questions for
6 you. Thank you.
7 CHAIR: Thank you, Mr Murphy. Can I ask the Committee
8 members have they any questions for Ms Nevin?
9 MR KANE: Yes, Chair. Just one question. It does seem
10 that, from the investigation that Ms Nevin carried out,
11 that the Registrant was cooperative in the early stages,
12 and I am just wondering if she would like to speak to that
13 again, in fairness to the Registrant?
14 MS NEVIN: Yes, no problem. Yes, the only occasion on
15 which I encountered Mr O'Meara was that first inspection
16 visit of the 29th of August 2018, when Mr O'Meara was the
17 pharmacist on duty, and he was completely cooperative
18 throughout. I believe that I have stated that
19 unequivocally in my statement, towards the end of my
20 statement for that visit. I -- yes. So, paragraph 30 of
21 my statement dated 31st of August 2018, "Mr Bryan and I
22 thanked Mr O'Meara for his assistance, acknowledged his
23 complete cooperation throughout the day, and departed the
24 pharmacy at approximately 4:00."
25 Mr O'Meara did cooperate throughout that visit.
26 MR KANE: Thank you very much. They're all the questions I
27 have.
28 CHAIR: Ms O'Connell, nothing from yourself?
29 MS O'CONNELL: No.
30 CHAIR: No. Ms Nevin, all that remains is for me to thank

1 you for your time and your evidence. It's been much
2 appreciated. Thank you very much. Take care.
3 WITNESS: Thank you very much, Chair. Thank you.
4 Good-bye.
5 CHAIR: I am going to -- that was a lengthy contribution.
6 I am going to guide that we take a break. I think it's not
7 a bad idea at this stage. We'll resume at 12 o'clock.
8 Thank you very much, everybody.
9
10 Short break
11
12 MS DUNNE: I see Mr Murphy joined and the logger is present
13 on the call also. So you're good to go. Thank you, Chair.
14 CHAIR: Welcome back, everybody, and good afternoon.
15 Mr Beatty, I am assuming you are heading to your next
16 witness?
17 MR BEATTY: I am. Just a housekeeping matter. And that is
18 that, you will see from the last witness, there were two
19 reports at tabs 12 and 13, and I specifically went from
20 page 9 of the report at tab 12, and I think it was page 13
21 of the report at tab 13, and in those is a number of
22 exhibits referred to, and I think what will be easiest for
23 the Committee is if we were to put a bundle of those
24 exhibits together so at least they're not being -- it would
25 be a net -- it would make it a more net issue, if that was
26 of any help?
27 CHAIR: That's very good help, and appreciated. Thank you
28 for that.
29 MR BEATTY: All right. So, that's the first matter. And
30 the second matter, yes, is my next witness. Just before I

1 call my next witness, I should say that I am quite
2 conscious that I have engaged the Committee in what is
3 evidence that is agreed, but still quite detailed, and I
4 think that was necessary, but I am conscious that you've
5 heard a great deal of evidence.
6
7 The report of the expert, Mr McCrystal, what it does is it
8 includes, understandably, a lot of the narrative that you
9 have heard either from Inspector Ryan or from Ms Nevin.
10 So, I propose, really, just keeping this down to what his
11 comments are. Obviously, the report is available to you,
12 and it is agreed, but I think it would be, in circumstances
13 where you've heard all the factual evidence, so to speak,
14 it would be the appropriate way to proceed.
15 CHAIR: That makes perfect sense. Thank you for that.
16 You're muted, Mr Beatty.
17 MR BEATTY: I call Dr Conor McCrystal.
18 CHAIR: Good afternoon, Dr McCrystal. Can you see us and
19 hear us?
20 WITNESS: Yes. Good afternoon, Chair. How are you?
21 CHAIR: I am well, thank you. And yourself, I hope.
22 Dr McCrystal, just before you give evidence, can I ask you,
23 do you want to do so on oath or affirmation?
24 WITNESS: Affirmation, please, Chair.
25
26 DR CONOR McCRYSTAL (affirmed) - examined by Mr Beatty
27
28 86 Q. Thank you, Chair. Dr McCrystal, thank you for attending
29 today. I am just going to go through your report as
30 briefly as I can, because your report is agreed, but simply

1 to just inform the Committee as to what your opinion is, if
2 that is all right?
3 A. Certainly.
4 87 Q. I can your report in front of you, and I am going to just
5 start at the beginning. You provide an executive summary;
6 isn't that right?
7 A. Yes, that's correct, on page 3.
8 88 Q. And the very first sentence says, "The report deals with a
9 single allegation consisting of seven sub-allegations in
10 relation to the complaint of the Registrar of the PSI in
11 respect of Mr John O'Meara."
12 So, you're dealing with allegations 1 through to F, is that
13 right, or is it G? All allegations that are paragraph 1,
14 but you're not giving any opinion in relation to the
15 allegations in paragraph 2; isn't that correct?
16 A. Yes, it's all to do with allegations 1, and it goes from 1
17 to G.
18 89 Q. Yes, 1 to G, thank you. And then at the very last sentence
19 of that executive summary, you say that your view that the
20 offences are the more serious end of the professional
21 misconduct, and that is your view, is it?
22 A. Yeah, that was my view when I reviewed the Book of
23 Evidence. I've obviously been listening in on this, the
24 second day of this Inquiry, so it remains my opinion that
25 it is at the more serious end of professional misconduct.
26 90 Q. Thank you, Dr McCrystal. Paragraph 1.1, you provide your
27 CV. I don't propose to go into that, because I don't think
28 there is any issue in relation to that. Obviously, the
29 Committee may have questions for you in relation to your
30 CV. So, I'm just going to go on to what you say was the

1 summary of your brief, and we've gone through that, which
2 is the allegations at paragraph 1, and not paragraph 2;
3 isn't that correct?
4 A. That's correct.
5 91 Q. Then, in relation to the definition of professional
6 misconduct, you provide the definition as included in the
7 Act; isn't that correct?
8 A. That's correct, yes, as per the Act 2007.
9 92 Q. Yes. At paragraph 5, you note that the High Court has
10 stated that, before a finding of professional misconduct
11 can be made, the act or omission in question must be
12 considered to be serious; isn't that correct?
13 A. That's correct.
14 93 Q. At paragraph 1.4, you deal with the parties involved, and
15 obviously today is confined to the issue of Mr O'Meara. I
16 suppose I would just remind you of that, I know you're
17 aware of that, but I would just remind you of that. Then
18 you account for the appendices, appendix 2, 3 and 4, which
19 relate to the chronology of the events, the relevant
20 documents and the brief that was provided to you. I don't
21 think any issue arises in relation to that. So, I am going
22 to move on, if that's all right?
23 A. That's fine.
24 94 Q. At the next part of your report you deal with the
25 allegations and you set them out, but we propose dealing
26 with them one by one. So, I am going to move on from
27 there. And at paragraph 8, you refer to the allegation of
28 professional misconduct, and you identify the three grounds
29 of professional misconduct that are advanced against
30 Mr O'Meara. One is that the conduct is infamous and/or

1 disgraceful in a professional respect; 2 involves moral
2 turpitude and/or fraud and/or dishonesty of a nature or
3 degree which bears on the carrying on of the professional
4 pharmacist and/or, 3, is a breach of principles, 1, 4
5 and/or 6 of the Code of Conduct; isn't that correct?
6 A. Yes, that's correct. Any one of those will ground a
7 finding of professional misconduct.
8 95 Q. Yes. You go through Appendix A and Appendix B, which are
9 identical to those contained in the Notice of Inquiry;
10 isn't that right?
11 A. That's correct.
12 96 Q. And then, as regards the substance of your report, at page
13 11 of your report, under paragraph 3.1, you identify
14 allegation 1(a) of the Notice of Inquiry?
15 A. Correct.
16 97 Q. And you find that there is professional misconduct, and at
17 paragraph 3.12 you say that your reason is based on the
18 assumption that all factual allegations have been proven,
19 and they have now been admitted. You go on to say that PSI
20 officers carried out an investigation to each of the three
21 CarePlus Pharmacies on the 29th of August 2018. You refer
22 to that, and the Committee have heard about that
23 investigation from Ms Nevin, so I am going to move on to
24 page 12 of your report.
25
26 You say, at the second paragraph of that, you say, "It
27 appears that the unaccounted for medicines were primarily
28 sourced through Wicklow CarePlus Pharmacy, where John
29 O'Meara worked as a pharmacist. Mr O'Meara was also the
30 Superintendent Pharmacist of Wicklow CarePlus Pharmacy at

1 this time. The Superintendent Pharmacist is in overall
2 control of the management of the pharmacy, including its
3 professional and clinical management, and management of the
4 administration of the sale and supply of medicines. John
5 O'Meara is the accountable person in this case, and must
6 assume full responsibility for the medications that cannot
7 be accounted for."
8 And that's your opinion, is it?
9 A. Yes, that remains my position on that.
10 98 Q. In relation to this allegation, you identify in the next
11 paragraph that the drugs were listed in table 3, and they
12 are significant drugs of abuse. Can you just give the
13 Committee some understanding of where you are coming from
14 in relation to that?
15 A. Yes. In my report, I've listed the drugs in Appendix A. I
16 have called it table 3 in my report. I suppose I have
17 given some details on each individual drug and how they can
18 be used and, I suppose, abused. I suppose, the one that
19 catches my eye there would be the 207 boxes of Xanax.
20 Now, Xanax is a common benzodiazepine given out and
21 dispensed in community pharmacy. The 1mg strength would be
22 unusual, you wouldn't see it very often. You'd normally
23 see the lower strengths, 500 micrograms, 250 micrograms,
24 so, you know, this was a huge amount of a medication that
25 wouldn't be dispensed that often that was missing in the
26 pharmacy.
27
28 Xanax would be a common drug of abuse on the streets. It
29 would be diverted through different channels, and certainly
30 there would be a demand for it.

1 I suppose all the drugs there, you know, in particular the
2 likes of the anabolic and androgenic steroids,
3 testosterone, Mesterolone and Clenbuterol, also, all drugs
4 of abuse on the street, and there were significant
5 quantities of those drugs that were unaccounted for in the
6 pharmacy.
7
8 I suppose I should also mention Sudafed. You know, the
9 amount of Sudafed that had gone through the pharmacy, that
10 appears unaccounted for, is, I think I used the
11 word "Staggering" there. A huge amount of medication.
12 It's well flagged up in pharmacy that such medication can
13 be abused, and, therefore, it's tightly controlled. Only
14 one box of 12 can be sold in an individual transaction, and
15 yet here we have a case where we have nearly 3,000 packs of
16 this unaccounted for. So, all in all, there was quite a
17 supply of medication there that was unaccounted for, and
18 medication that would be of interest and would be well
19 known in pharmacy as being drugs that would be in demand on
20 the street.
21 99 Q. I see. Then you go on at paragraph 3.1.3 to deal with the
22 threshold of seriousness. And what is your view in that
23 respect?
24 A. I have gone through professional misconduct. Does it meet
25 the standard in the literature? (Indistinct speech) --
26 Medical Council? You know, I clearly believe the threshold
27 of seriousness has been reached in this case. It's clearly
28 a matter concerning conduct, and I believe it's a case of
29 professional misconduct. It's a serious matter.
30 100 Q. That's at the top of page 14 of your report, and you

1 identify the three grounds, which I think are all three
2 contained in the Notice of Inquiry in relation to this
3 allegation; is that correct?
4 A. Yes, that's correct. So, I have identified that Mr O'Meara
5 had engaged in a pattern of behaviour that is infamous or
6 disgraceful in a professional respect. And number B
7 involved moral turpitude and/or fraud and/or dishonesty of
8 a nature or degree which bears on the carrying on of the
9 profession of a pharmacist. And then I've listed breaches
10 of the Code of Conduct, including principle 1, principle 4
11 and principle 6. I've also listed some of the
12 sub-principles, also.
13 101 Q. Yes. And I don't intend to go through the principles in
14 each one of them, but you have accounted for them in each
15 instance; isn't that correct?
16 A. That's correct.
17 102 Q. If I could move on, then, to allegation 1(b) of the Notice
18 of Inquiry, and I note again at 3.2.1 of the report, that
19 your finding is of professional misconduct?
20 A. That's correct.
21 103 Q. And this reason is based on the assumption that all factual
22 allegations have been proven; is that right?
23 A. That's correct.
24 104 Q. And you rely, in the following two paragraphs, which I
25 don't intend to go into in detail, because the Committee
26 have heard extensively in relation to both these matters,
27 you refer to the investigation on the 29th of August and
28 the statement of Ms Nevin of 31st of August 2018?
29 A. That's correct.
30 105 Q. Having considered those, at the bottom of page 16, you

1 refer to the keeping of registers for Schedules 1 and 2 of
2 controlled drugs. Can you just go into that in a little
3 bit of detail?
4 A. So, in a pharmacy, drugs are in Schedule 1 and Schedule 2.
5 Schedule 1 drugs are rarely stopped in pharmacy. Mainly
6 Schedule 2 drugs, these drugs are kept in a controlled drug
7 safe, and when drugs come into the pharmacy and when
8 they're signed out and dispensed to patients, notification
9 is kept in a register, so they're tightly controlled
10 because of the nature of the drugs.
11 106 Q. You refer in that context to the SI 173 of 2017 and Article
12 19.1 (a) of that regulation?
13 A. That's correct.
14 107 Q. You give you opinion then at the top of paragraph 17, you
15 say, "John O'Meara has breached this legislation in a
16 situation where a large quantity of a Schedule 2 controlled
17 drug was not entered into the Controlled Drug Register and
18 was found not to be in the controlled drug safe on
19 inspection by officers of the PSI"; is that right?
20 A. That's correct.
21 108 Q. You give your opinion that this is professional misconduct,
22 and that it's met the threshold that you've referred to,
23 earlier on, of seriousness?
24 A. That's correct.
25 109 Q. You refer to the Code of Conduct, and your ground can be
26 seen in relation to this allegation at 1 (b), can be seen
27 at the top of page 18, and your grounds is a breach of the
28 Code of Conduct. So, it's one of the items of professional
29 misconduct that is identified in the Notice of Inquiry; is
30 that right?

1 A. That's correct.
2 110 Q. You identified the principles of the Code of Conduct that
3 you are relying on, and that are evident to the Committee,
4 and those are your findings; isn't that right?
5 A. That's correct.
6 111 Q. Thank you, Dr McCrystal. In relation, then, moving on to
7 allegation 1 (c), your finding is stated at paragraph 3.3.1
8 of professional misconduct. Again, that's on the
9 assumption that all factual allegations have been proven;
10 is that right?
11 A. That's correct.
12 112 Q. You refer to the search by the Gardaí, and again, the
13 Committee have heard great detail of that from both
14 Inspector Ryan's statement and his evidence, and you rely
15 on that?
16 A. Correct.
17 113 Q. Then you go on to say, "cocaine is classified as a
18 Schedule 2 controlled drug under the Misuse of Drugs
19 Regulation 2017 SI 173/2017. A pharmacist may have a
20 Schedule 2 controlled drug in his or her possession when
21 carrying on a retail pharmacy business and can possess
22 controlled drugs through certain exemptions as detailed in
23 SI No. 173, and you account for those and identify them as
24 8.3 and 10.1, which can be seen at the bottom of page 19
25 and the top of page 20; is that correct?
26 A. That's correct.
27 114 Q. You identify then that, "Cocaine is not licensed as a
28 medicine on the Irish market", and you identify the breach
29 of Section 3 and 27 of the Misuse of Drugs Act 1977, as
30 amended?

1 A. That's correct.
2 115 Q. And at the bottom of paragraph 20, you state, "Cocaine is a
3 drug of abuse that is currently freely available in Ireland
4 and has damaged many individuals and families across the
5 state. Pharmacists are encouraged to be role models and
6 provide leadership against the huge backdrop of illegal
7 drugs used in the State. Pharmacists who participate in
8 the use of illegal drugs, such as cocaine, has breached the
9 trust that the public have in the pharmacy profession. It
10 is my personal opinion that such pharmacist is not a fit
11 person to be on the pharmacy register."
12 When you refer to your personal opinion, can the Committee
13 take that also as your professional opinion?
14 A. Yes, it's my personal and it's also my professional opinion
15 that such a pharmacist is not fit to be on the Register.
16 116 Q. I see. And then in relation to the opinion as to
17 professional misconduct, which is referred to at page 21 of
18 your report, you refer to the breach of the Code of Conduct
19 and the -- sorry, you refer to the professional misconduct
20 on the following grounds: (A) that he has engaged in a
21 pattern of behaviour that is infamous or disgraceful in a
22 professional respect, and (B) in breaching the code of
23 pharmacists, and specifically you identify the principles
24 which are readily discernible to the Committee; is that
25 correct?
26 A. That's correct.
27 117 Q. If I could move on to allegation 1(d), and your finding is
28 at the top of page 22, and it's a finding of professional
29 misconduct; is that correct?
30 A. That's correct.

1 118 Q. Again, that's on the basis that the factual allegations
2 have been proven, and you refer to the fact that the
3 prescription-only medicines listed in Appendix B were all
4 found in Mr O'Meara's private residence at a search by the
5 Gardaí on the 24 August 2018. And again, the Committee
6 have Inspector Ryan's evidence in relation to that.
7 About halfway down that paragraph, you state the following:
8 "The fact of the matter is that many of these drugs are
9 common drugs of abuse on the streets. It would appear from
10 the Book of Evidence that many of these drugs were procured
11 from Wicklow CarePlus Pharmacy by John O'Meara who worked
12 there as a pharmacist. Mr O'Meara was also the
13 superintendent pharmacist at Wicklow CarePlus Pharmacy at
14 the time. The superintendent pharmacist is in overall
15 control of the management of the pharmacy, including its
16 professional and clinical management, and management of the
17 administration, sale and supply of medicines."
18 And you go on in the next sentence, or the one after that,
19 you say, "John O'Meara is the accountable person in this
20 case and must assume full responsibility for the
21 medications that were sourced and supplied to himself in
22 the absence of a prescription."
23 And is that your position?
24 A. That remains my position.
25 119 Q. You refer then to the Pharmacy Business Regulations 2008,
26 both in relation to staff, equipment and procedures, and
27 management and supervision -- sorry -- supervision of a
28 retail pharmacy business. You might just account briefly
29 for those to the Committee, because I think they feature
30 again in your report?

1 A. Yes. I suppose that particular one, 4.1 (a), it talks
2 about what a pharmacy owner must provide. I suppose the
3 key part is what I've underlined at the end of -- the end
4 of that section, which is, "He or she shall not use, for
5 any such purposes, premises other than those that
6 constitute his or her retail pharmacy business and which
7 have been specified in his or her application for
8 registration under Section 17 of the Act."
9 Basically means, when a pharmacy is registered, the retail
10 pharmacy business is registered on that footprint. So, you
11 know, it's inappropriate to store medicines other than at
12 the retail pharmacy business that has been registered with
13 the PSI.
14 120 Q. Account for that by way of narrative on the second last
15 paragraph of page 23, you say, "It is not appropriate to
16 store prescription only medicines elsewhere other than at
17 the registered retail pharmacy business, and it is the
18 responsibility of the pharmacy owner and the Superintendent
19 Pharmacist that the sale and supply of medicinal products
20 is carried out in accordance with all legal requirements."
21 A. That's correct.
22 121 Q. Is that your opinion on the basis of what you have
23 outlined?
24 A. Yes.
25 122 Q. In relation to professional misconduct, the grounds are in
26 relation to all three identified in the Notice of Inquiry;
27 is that correct?
28 A. That's correct.
29 123 Q. Then you identify, insofar as it is a breach of the Code of
30 Conduct, at page 24, you identify the Code of Conduct in

1 question in your opinion; is that correct?
2 A. That's correct.
3 124 Q. Then just moving on to allegation 1(e) of the Notice of
4 Inquiry, again at paragraph 3.5.1, which is at page 25, you
5 find that constitutes professional misconduct?
6 A. Correct.
7 125 Q. Again, on the basis that the factual allegations have been
8 proven to the Committee?
9 A. Correct.
10 126 Q. You go on to say, "The prescription-only medicine listed in
11 Appendix B were all found in Mr O'Meara's private residence
12 after a search by the Gardaí." And "It is not appropriate
13 to store prescription only medicines elsewhere other than
14 at the registered retail pharmacy business and it is the
15 responsibility of the pharmacy owner and the Superintendent
16 Pharmacist that the sale and supply of medicinal products
17 is carried out in accordance with all legal requirements."
18 And that was your opinion; is that right?
19 A. Yes, and that remains my opinion.
20 127 Q. And you have given your opinion in relation to SI 488, both
21 in relation to staff, premises, equipment and procedures,
22 and to management and supervision of a retail pharmacy, and
23 I think the Committee have heard that. But you go on to
24 say then, about halfway through on page 26, that, "Some of
25 the medicines were controlled drugs, Xanax 1mg, Ritalin
26 10mg, Dexamfetamine. Some were unlicensed in Ireland
27 Testovis, Pro-viron, Androtardyl and Spiropent, and others
28 were so-called PIEDs, performance and image-enhancing
29 drugs, e.g., Proscar. The fact of the matter is that many
30 of these drugs have a known street value, and it is of

1 great concern that all these medicines were found in the
2 private residence of a registered pharmacist."
3 Could you just expand on that a little?
4 A. Yes. I suppose I've listed the drugs there, and the issue
5 is that these drugs would be known on the streets, they
6 would be in demand. So, a pharmacist certainly should not
7 keep drugs of that nature anywhere apart from in the retail
8 pharmacy business. You know, those drugs should only be
9 ordered in. They should only be supplied on foot of valid
10 prescriptions, and certainly, if no valid prescriptions
11 existed, there's no reason why those drugs should be in the
12 residence of a registered pharmacist.
13 128 Q. I see. And then, as regards your opinion of professional
14 misconduct, you find on all three grounds identified in the
15 Notice of Inquiry, which can be seen at paragraphs 26 and
16 27 of your report?
17 A. Correct.
18 129 Q. You might just confirm that for the transcript. Yes. Then
19 on the -- as regards the Code of Conduct, you refer to --
20 sorry, you identify the principles, and they can be read by
21 the Committee; is that right?
22 A. That's correct.
23 130 Q. Then just in relation to allegation 1(f), and I have
24 brought the Committee -- I am not sure if you were in
25 attendance, I am sure you were -- but I brought to the
26 Committee's attention that 1(f)(a), as identified by you at
27 page 28 of your report, is not, in fact, an allegation,
28 clearly, that wasn't known to you, so there's no criticism
29 of you in that respect, but it wasn't an allegation, so
30 we're dealing only with allegation 1(f)(b); is that

1 correct?
2 A. That's correct.
3 131 Q. You find that as an instance of professional misconduct?
4 A. That's correct.
5 132 Q. Again, the assumption is based on all factual allegations
6 having been proven to the Committee?
7 A. Correct.
8 133 Q. Then you go on to say, "It is clear that John O'Meara had a
9 large quantity of the controlled drug methylphenidate 10mg
10 tablets, which is Ritalin, and Alprazolam 1 mg tablets,
11 Xanax in his possession on 24 August 2018. The quantity
12 stockpiled would appear to be such that it is likely they
13 were for personal use."
14 Can you just expand on that a little?
15 A. Yes. I suppose we're talking in particular about the Xanax
16 here, the Alprazolam. So, there were 17 packets, each
17 containing 100 tablets. That's a lot of medication. Now,
18 I know in Mr O'Meara's testimony he talked about some of
19 the quantities of Xanax that he had been taking, but I
20 suppose you have to equate this with the WhatsApp messages
21 that you'll probably come on to now in a minute, where
22 people were obviously looking for Xanax, and Mr O'Meara was
23 supplying it to them. So, there was a lot of Xanax on the
24 premises. Were they all for him? Probably unlikely,
25 on -- in viewing this and everything, what we've heard, in
26 terms of everything that we've heard.
27 134 Q. Yes, then in relation to the Ritalin, you rely on the
28 evidence of Ms Lynch, which is available to the Committee
29 and some of which was read into the record, and the
30 evidence of Ms Andrea Doyle. Again, that is available to

1 the Committee and portions of which have been read into the
2 record. You go on to deal with the possession of
3 controlled drugs for unlawful sale or supply at page 29,
4 and if you could just account for that in some more detail?
5 A. That is in relation to the Misuse of Drugs Act 1977. So,
6 under possession of controlled drugs for unlawful sale or
7 supply 15.1, in relation to section 29 of the Act:
8 "It is an offence under subsection 1 of this section where
9 it is proven that a person was in possession of a
10 controlled drug and the court having regard to the quantity
11 of the controlled drug which the person possessed or to
12 such other matter as the court consider relevant is
13 satisfied that it is reasonable to assume that the
14 controlled drug was not intended for the immediate personal
15 use of the person, he shall be presumed, until the court it
16 satisfied to the contrary, to be in the possession of a
17 controlled drug for the purpose of selling or otherwise
18 supplying it to another in contravention of regulations
19 under section 5 of the Act."
20 135 Q. That's very helpful. You deal in relation to this issue
21 then at paragraph 30 and you say: "It is clear from
22 WhatsApp messages provided in evidence by Sergeant Seamus
23 Ryan (now Inspector Seamus Ryan) that Mr O'Meara was
24 involved in the sale and supply of Xanax 1mg tablets to
25 other persons, fig 2(a) to (d) Appendix 3 of this report",
26 and all of these messages have been made available. Then
27 you say, "res ipsa loquitur", what do you mean by res ipsa
28 loquitur?
29 A. Really that the facts speak for themselves in this case,
30 because the WhatsApp messages clearly show the interaction

1 between Mr O'Meara and third parties.
2 136 Q. I see. You go on to say that this is a breach section 15
3 and 27 of the Misuse of Drugs Act which you have
4 identified?
5 A. Correct.
6 137 Q. You find professional misconduct only in relation to
7 1(f)(b) which in fact is simply just 1(f) now because there
8 is no (a), as we went through, and you do so on the three
9 grounds that are identified in the Notice of Inquiry; is
10 that right?
11 A. That's correct.
12 138 Q. In relation to the Code of Conduct, you identified the
13 principles and those are available to the Committee?
14 A. Correct.
15 139 Q. Then if I could go on to allegation 1(g) of the Notice of
16 Inquiry, you state that this constitutes professional
17 misconduct; isn't that right?
18 A. Correct.
19 140 Q. You rely on the WhatsApp messages that have been advanced
20 by Inspector Ryan in that respect; is that correct?
21 A. That's correct.
22 141 Q. At the top of page 32 you give an account of the drugs and
23 the nature of the drugs. The first paragraph, if you could
24 just either read that out or account exactly what it is
25 that you are saying to the Committee in respect of this
26 allegation?
27 A. So, it would appear from the WhatsApp that third parties
28 were looking for certain drugs from Mr O'Meara. These
29 would include Xanax, which is a benzodiazepine hypnotic,
30 again a common drug of abuse on the streets known as

1 purples in this, so it is 1mg Xanax. Then, Stilnoct which
2 contains the drug zolpidem, which is a controlled drug,
3 also schedule 4, it is a sleeping tablet. Zimovane
4 zopiclone, this is a Z drug, it's a controlled drug as
5 well, CD 4, that is also a sleeping tablet. Some other
6 drugs were listed, they are prescription-only medicines
7 such as Difene, which is nonsteroidal anti-inflammatory
8 drug. Then Cialis/Tadalafil which is a drug for the
9 treatment of erectile dysfunction. I suppose effectively
10 Mr O'Meara was supplying these drugs to third parties, as
11 shown in the WhatsApp messages.
12 142 Q. You characterise that as he was functioning as a dealer of
13 drugs with a known street value in direct contravention of
14 all legislation governing the sale and supply of such
15 medicines and pharmacists, is that your professional
16 opinion?
17 A. It is, because certainly the public see pharmacists in a
18 particular light. This isn't a way that pharmacists should
19 operate a business and, I suppose, if the public were to
20 see pharmacists acting in this regard, it is certainly a
21 poor reflection on how the public would view the pharmacy
22 profession as a whole. It's certainly extremely
23 inappropriate. It's not normal behaviour and it's
24 certainly not behaviour that could be tolerated by someone
25 who says they are a pharmacist, it wouldn't be acceptable
26 behaviour.
27 143 Q. I see. You go into the trust between the public and the
28 pharmacist, and if you could just expand on that?
29 A. Yes, it would be fair to say that the public are very
30 trusting of pharmacists and this has been highlighted

1 especially over the last 18 months in terms of the
2 pandemic. Listen, obviously this happened before that, but
3 the public would not expect to see pharmacists behaving
4 this way. Pharmacists are in a particular position in that
5 they have access to this medication. Of course, it is all
6 tightly -- there are regulations in place that control how
7 pharmacists deal with and dispense this medication. The
8 public would not expect to see a pharmacist supplying
9 medication in this way outside the regulations to third
10 parties.
11 144 Q. Thank you, Dr McCrystal, you identify SI 540 and you
12 conclude that this constitutes professional misconduct on
13 the three grounds identified in the Notice of Inquiry; is
14 that right?
15 A. That's correct.
16 145 Q. You identify the principles of the Code of Conduct that you
17 are relying on and those are available to the Committee; is
18 that right?
19 A. That's correct.
20 146 Q. There are two further aspects of your report, one under the
21 heading "Overall Conduct" which you can see at page 34, and
22 then the second is your opinion and your conclusions. I am
23 not going to deal with the opinion and conclusions because
24 it simply goes through what you and I have just gone
25 through now. If I could just bring you to page 34 of your
26 report, specifically paragraph 3.3, which refers to the
27 overall conduct.
28
29 You found these, each of these instances, each allegation 1
30 through to (g) is individually professional misconduct; is

1 that right?
2 A. That's correct.
3 147 Q. At the second last paragraph on page 34 you say: "John
4 O'Meara's overall conduct when all seven allegations are
5 considered together amount to professional misconduct", is
6 that right?
7 A. Correct.
8 148 Q. Then you go on to say: "I am of the view that the offences
9 are at the more serious end of professional misconduct.
10 John O'Meara, through his actions, clearly had no regard
11 for the profession of pharmacy, the Code of Conduct for
12 pharmacists", and you set out what that is?
13 A. Correct.
14 149 Q. Again, you focus on the trust that exists between the
15 public and the profession at the end of the first paragraph
16 at page 35 of the report?
17 A. Correct.
18 150 Q. In the second paragraph of that page 35 you say in the
19 second sentence: "John O'Meara showed no respect for
20 pharmacists and ancillary staff employed" and you refer to
21 Andrea Doyle, who you say got very little support and was
22 ignored when she raised the issues of professional concern.
23 You go on to refer to Ms Claire Lynch, who stopped working
24 in the pharmacy because she didn't want to be involved in
25 what was going on, and the Committee have heard the
26 evidence in that respect insofar as those excerpts of the
27 respective witnesses was read out, and is that your
28 opinion?
29 A. Yes, that's my opinion. Andrea Doyle was left in a very
30 difficult situation because clearly she had raised her

1 concerns, which were ignored. Claire Lynch was a relief
2 pharmacist who worked in that group, she was aware what was
3 going on and she chose to stop her employment because she
4 was aware that what was going on was not meeting the
5 standard and it was outside what would normally be
6 expected, it was outside of normal practice.
7 151 Q. Dr McCrystal, that's very, very helpful. Thank you for
8 your evidence. It may be that Mr Murphy has a few
9 questions for you and it may be that the Committee has
10 questions for you, so thank you.
11 A. Thank you.
12
13 MR MURPHY: I have no questions for you, thank you very
14 much.
15 CHAIR: Have members of the Committee any questions for
16 Dr McCrystal? No, Dr McCrystal, there are no questions and
17 none from myself. It only remains for me, on behalf of the
18 Committee, to thank you and for your time and for your
19 contribution to the evidence, it is very much appreciated.
20 Thank you.
21 DR McCRYSTAL: Thank you very much, Chair.
22 CHAIR: So, Mr Beatty.
23 MR BEATTY: The Committee will be glad to hear that that is
24 the end of the Registrar 's case. The Registrar is anxious
25 to make submissions in relation to sanction in this matter.
26 However, I would appreciate just a little bit of time to
27 maybe do that and in fact I may discuss the matter with
28 Mr Murphy as well just to ascertain exactly what his
29 position is. It won't take long, I wouldn't have thought
30 more than half an hour. We can either take a lunch break

1 at this stage, if it suits the Committee, or we can -- we
2 can take a lunch break now if that suits the Committee and
3 it can be a short lunch break or it can be a long lunch
4 break, that is a matter for the Committee and I can come
5 back and make submissions.
6 CHAIR: Thanks for that, that makes perfect sense. I think
7 the best solution is to break now and take a break for
8 lunch. From what I can see, it's 12.40. I would suggest
9 that we would come back at a quarter to two, unless
10 somebody has made arrangements whereby they are committed
11 up to 2 o'clock. If not, then I suggest we come back at a
12 quarter to two. Are we good on that? I see nobody put up
13 their hands. So, that's it. We will adjourn for now and
14 reconvene at a quarter to two. Thank you very much.
15
16 LUNCHEON ADJOURNMENT
17
18 THE HEARING RESUMED AFTER THE LUNCHEON ADJOURNMENT AS
19 FOLLOWS:
20
21 MS DUNNE: Good afternoon, Chair. I hope you can hear me.
22 You'll be able to see we are still waiting on Mr Kane to
23 join the call. I'll just give him a quick call myself to
24 see if he's having any technical difficulties.
25 CHAIR: Good. Thank you, Catherine.
26 MS DUNNE: Just a quick update for everyone. I have spoken
27 to Mr Kane and he will be joining the meeting in just a
28 moment.
29 CHAIR: Is the logger in place?
30 MS DUNNE: The logger is in place, she is active on the

1 call, and she can let us know if she has any issues, but
2 yes, everyone is present. As soon as Mr Kane joins the
3 call, you are ready to go.
4 CHAIR: Thanks very much.
5 MR KANE: My apologies for that, Chair. I was caught on a
6 call. My apologies.
7 CHAIR: These things happen. No problem, Mr Kane. Welcome
8 back everybody. We can recommence the Inquiry, and I will
9 go directly to Mr Beatty.
10 MR BEATTY: Thank you, Chair. Sorry, before I suggested
11 that we go to sanction after lunch, it hadn't been formally
12 stated by Mr Murphy whether he wished to adduce any
13 evidence or whether he wished to make submissions, and I
14 should have afforded him that opportunity, so I am sorry
15 about that, and maybe that is something that should be
16 done.
17 MR MURPHY: There's no difficulty. I don't propose to go
18 into evidence, Mr Chair.
19 CHAIR: Thank you, Mr Murphy, for that.
20 MR MURPHY: In fairness to Mr Beatty, he had actually
21 canvassed that to me. He just hadn't formally said it.
22 CHAIR: Very good.
23 MR BEATTY: Essentially, I just want to make some brief
24 submissions in relation to the issue of sanction, and I am,
25 I suppose, making a presumption in that respect. I will
26 just explain what that assumption is. If one looks at
27 section 47 of the Act, you will see: "On completion of an
28 inquiry, a Committee of Inquiry shall make a written report
29 to the Council." Subsection 2 says: "The report shall
30 specify the subject matter of the complaint, the evidence

1 presented and the Committee's finding.
2 3. The report may include such additional matters as the
3 committee considers appropriate." I am presuming that the
4 Committee may make recommendations in relation to sanction
5 and for that reason I am making these submissions, and I am
6 obviously in the Committee's hands in that respect.
7
8 I would also refer to section 48 and read in sections 48(1)
9 and 48(2), I don't propose reading section 48(3) because it
10 doesn't apply to this situation. Section 48.1 provides:
11 "Within 30 days after considering the report", that is the
12 report of section 47,
13 "... the Council shall -
14 (a) if the committee finds that the complaint is not
15 substantiated, dismiss the complaint, or
16 (b) if the Committee finds that the complaint is
17 substantiated, impose one or more of the following
18 disciplinary sanctions on the registered pharmacist or the
19 pharmacy owner-
20 (i) an admonishment or censure,
21 (ii) the attachment of conditions to the registration of
22 the pharmacist or retail pharmacy business, which may
23 include restrictions on practice or, as the case may be,
24 the carrying on of the business,
25 (iii) the suspension of the registration for a specified
26 period,
27 (iv) the cancellation of the registration,
28 (v) a prohibition for a specified period on applying for
29 restoration to the register."
30

1 Before I advise the Committee as to what the Registrar's
2 position is, I'll just read out subsection 2, which is
3 relevant to the case at hand, and that is:
4 "The Council may not cancel the registration of a
5 pharmacist or retail pharmacy business on the grounds of a
6 conviction for an offence unless, in the Council's opinion,
7 the nature of the offence or the circumstances in which it
8 was committed are such that, where the pharmacist or
9 pharmacy owner applying for registration, the Council would
10 refuse the registration."
11
12 So, those are the options available to the Council. If the
13 Committee is going to make recommendations, that is what is
14 available to you.
15
16 The Registrar is looking for the cancellation of the
17 registration and a prohibition for a period of seven to ten
18 years on applying for registration -- sorry, for
19 restoration to the register. I suppose I'll give the
20 Committee the rationale behind that. The Committee will be
21 familiar with the principles that apply to the sanctioning
22 of a registrant where findings have been made against them,
23 and they can be found in the case of Medical Council v
24 Murphy, the President, Finlay P, it was an unreported
25 judgment of 29 June 1984. That case identified four
26 principles that the Council should look at, and obviously
27 in that case it was the Medical Council. Of course, the
28 primary objective was to protect the protection of the
29 public. In addition to that, it was to demonstrate the
30 serious view taken of the extent and the nature of the

1 misconduct so as to deter a practitioner from repeating
2 that conduct once they resumed practice.
3
4 The third consideration was to point to the gravity of the
5 offence to other members of the profession, which is one
6 that I had alluded to earlier on in the hearing.
7
8 Then there is the obligation to assist the practitioner
9 with as much leniency as possible. Those principles have
10 been endorsed in the case of Herman v Medical Council which
11 is reported [2010] IEHC 414, and in the case of Dowling v
12 An Bord Altranais which is reported at [2017] IEHC. In the
13 case of Dowling v An Bord Altranais, Ni Raifeartaigh J
14 emphasised the issue of mitigation and she stated that that
15 is something that the Committee or the Council, but I
16 suppose the Committee if they are making recommendations,
17 should consider. That stands to reason if there are issues
18 that mitigate the offence. They have been identified, such
19 as remorse, insight and whether it's a once-off incident.
20 Obviously those feature in this case so I want to just
21 touch on those because there was, I suppose, on one level
22 there was, one would argue, quite compelling evidence in
23 favour of Mr O'Meara in that respect.
24
25 Before I go into my submissions as to why that sanction is
26 appropriate, I would, and I have no doubt the Committee
27 know I would just refer them to the guidance on sanctions
28 which they will find -- I can put it up, if you wish,
29 that's probably the easiest thing to do because I am just
30 worried that I am going to get the tab number wrong. Can

1 that be put up for the Committee? It is tab 38 of the
2 booklet, if it can be put up there, which is helpful.
3 That deals with the issues that I have addressed and you'll
4 see at page 5 it deals at paragraph numbers 8(a), (b) and
5 (c): "To protect the public from a risk of harm, to promote
6 the health and safety of the public, to promote and
7 maintain the public confidence in the pharmacy profession
8 in the delivery of pharmacy services and its regulation."
9 I say that's important obviously. "To promote and maintain
10 proper professional standard and conduct for the members of
11 the profession and those who operate pharmacies." I don't
12 propose to do any more than identify at page 6 the issues,
13 proportionality and leniency.
14
15 Then at page 7, mitigation and aggravating factors which
16 you can obviously have consideration to.
17
18 Then at page 9, the aggravating factors include, and it
19 refers to different factors that apply; 27, 28 and 29, and
20 I suppose I would specifically be relying on, in light of
21 the evidence, paragraphs 31, 32 and 33 which is the abuse
22 of a position of trust, the position within the pharmacy
23 and, in this case, not only was Mr O'Meara a pharmacist,
24 but he was indirectly the owner of the pharmacy but also he
25 was the superintendent pharmacy. Then 33 deals with
26 particular aggravating circumstances such as dishonesty,
27 drug or alcohol abuse.
28
29 Those are available to the Committee and if one looks at
30 page 12, you'll see also the relevance of criminal

1 convictions and the nature of those convictions. If one
2 looks then at page 17, it gives you some guidance into the
3 cancellation of registration, and you'll see at 76 there
4 is: "Where the sanction is imposed, the Registrant's name
5 will be removed from the register and they will no longer
6 be able to work as a pharmacist or operate the pharmacy.
7 Cancellation of registration is a sanction of last resort
8 for serious, deliberate or reckless acts, such as those
9 involving abuse of trust, dishonesty or persistent
10 failures. It should be used where there is no other way to
11 protect the public..." and that is something that I will be
12 addressing you in relation to.
13
14 "...for example, due to a lack of insight or an inability
15 or unwillingness to resolve matters."
16
17 "77. Cancellation may be appropriate even where the
18 Registrant does not present a risk to the public but the
19 nature and gravity of the allegations are such that any
20 lesser sanction would lack the deterrent effect or
21 undermine confidence in the profession or in the regulatory
22 process."
23
24 Again, I'll be emphasising that in many submissions.
25
26 Then at 78: "Cancellation will be appropriate if a
27 Registrant's behaviour is fundamentally incompatible with
28 being a registered professional."
29
30 I will also refer you to paragraphs 79(a), (b), (c), (f),

1 (h), (i), (j), (k) and (l) which all, I say, support a
2 cancellation in this instance. Why do I say that
3 cancellation in a prohibition is appropriate? I say it's
4 appropriate because if one looks at the allegations, and
5 because of the admissions this can be, I suppose,
6 overlooked -- and I suppose that goes to Mr O'Meara's
7 credit -- but the allegations, as you will see, are really
8 terribly, terribly serious and they go to the fundamentals
9 of what a pharmacist should be doing and, more
10 particularly, should not be doing. So, I would ask you to
11 just look at the nature and the extent of the allegations
12 because I think that is relevant. I say that because I
13 think the primary consideration must be, in this instance,
14 the protection of the public and whether cancellation or
15 prohibition is necessary for that purpose.
16
17 In that respect, I would refer you to two bits of evidence
18 yesterday which I think were telling. One was from
19 Inspector Ryan and at page 87 from line 12, it went through
20 the WhatsApp messages and he stated in one of the WhatsApp
21 messages: "10 minutes, I'll be there." We'll see the
22 conversations and, "don't tell anybody about this, with my
23 job I would get into serious trouble." Inspector Ryan, I
24 think correctly, stated that that would indicate that
25 Mr O'Meara was aware of the ramifications of what he was
26 engaging in. So, he wasn't blind to the fact, he knew
27 exactly what he was doing when he was doing it.
28
29 If one looks then at page 98 from line 13 when he was being
30 cross-examined by Mr Murphy, Inspector Ryan, the question

1 was: "Now, I think you very fairly said at the conclusion
2 of the period of detention you had a conversation with
3 Mr O'Meara and I think he expressed his gratitude and words
4 to the effect that he was in some way grateful that he was
5 caught, isn't that fair to say?"
6 The response was: "A. Yeah, that would be correct", this
7 is the response of Inspector Ryan. "Yeah, that would be
8 correct. I think he felt he knew that the day was coming,
9 when this would happen..." So, these offences, if found to
10 have occurred, and they have been admitted, that was the
11 context and, in my respectful submission, that context
12 cannot be ignored, nor is it in any way diluted or
13 sanitised by his mitigation since that date. The truth is
14 Mr O'Meara knew what he was doing and it was very serious,
15 what he was doing.
16
17 I would also ask the Committee to look at the evidence
18 today and if one specifically looks at Ms Nevin's evidence,
19 at tab 13 she refers to her report. She brought to your
20 attention paragraph 5.9, and there's a table in
21 paragraph 5.9 which demonstrates that there were 23,531
22 units taken from the pharmacy and she stated that that was
23 extremely large. That is the uncontroverted evidence, in
24 fact it's not only uncontroverted, but, again to
25 Mr O'Meara's credit, and Mr Murphy's credit, that evidence
26 has been accepted, it has been admitted and it has not been
27 tested.
28
29 Then that features again at paragraph 5.21 of that report.
30 At 5.21 there are additional medications and you will see

1 1,002 units, and Ms Nevin stated that that was very large
2 quantities and in relation to testosterone it was extremely
3 high.
4
5 Then, again, if one looks at paragraph 5.39 which relates
6 to the Sudafed, there is a quantity of 34,788 tablets and
7 Ms Nevin states that that was enormous, it was a huge
8 quantity not to be accounted for. The extent of the
9 wrongdoing must be, and I have no doubt it is, but it must
10 be appreciated when recommending the sanction.
11
12 Also, when one looks at the expert report, that is
13 Dr McCrystal today in his evidence, there were two portions
14 of his evidence which I would just emphasise. The first is
15 in relation to his report at page 12, and he repeated this
16 today, where in relation to Pseudoephedrine he stated that
17 the amount that was unaccounted for was "staggering". So,
18 not only was this conduct that was being engaged in by
19 Mr O'Meara where the uncontroverted evidence is that he
20 knew what he was doing was wrong and he knew that it would
21 eventually catch up with him, but the extent of the
22 wrongdoing was really quite remarkable. Again, this
23 evidence has not been -- nobody has taken evidence with the
24 description by the expert, Dr McCrystal, at page 32, and he
25 refers to all of the different drugs, and he states, and
26 this is just really, really fundamental to where the
27 Registrar finds himself in relation to just the seriousness
28 of these allegations. He says, "Mr O'Meara was effectively
29 functioning as a dealer of drugs with a known street value
30 in direct contravention of all legislation governing the

1 sale and supply of such medicines by pharmacists. This
2 behaviour by a registered pharmacist is wholly
3 inappropriate and is a breach of trust between the public
4 and a pharmacist." To be honest, my submissions could end
5 there, because no matter what the mitigation is, I don't
6 think there would be anything that would be appropriate
7 other than a sanction and a prohibition for between seven
8 and ten years.
9
10 But I do want to deal with the issue of leniency at
11 mitigation, and I want to deal with it because it is real.
12 There is absolutely no doubt on the evidence that
13 Mr O'Meara has, since these allegations were made,
14 cooperated with both the Gardaí and the Pharmaceutical
15 Society. That cooperation must go to his credit, and
16 hopefully it is what it is presented as being, which is an
17 indication that he has turned his life around. That
18 certainly seems to be supported by the evidence of
19 Inspector Ryan and the limited medical evidence that you
20 have, albeit the medical evidence was advanced for the
21 purpose of an adjournment. So, the Registrar does not want
22 to in any way dilute that, and it certainly goes to his
23 credit.
24
25 But, unfortunately, the issue here is that that mitigation
26 does not, as I say, dilute or sanitise the need in order to
27 protect the public and to demonstrate the gravity of the
28 offence to other members, but that this should be a
29 cancellation. I suppose, and I don't want to appear harsh
30 on Mr O'Meara, but his improvement since 2018 is only a

1 limited indicator. It is a three-year period, and I hope,
2 and indeed the Registrar hopes, that it will continue. But
3 for the purpose of the sanction, we say that that
4 three-year period is just simply too short for the purpose
5 of giving any lesser sanction than cancellation and
6 prohibition.
7
8 Also, unfortunately, it is not supported by way of
9 professional evidence. So, there's no evidence before you
10 to say that this addiction is no longer existing, and of
11 course I'm not suggesting that it is. I am simply saying
12 that, for the purpose of the sanction, you must obtain
13 comfort that not only has he mitigated and not only has he
14 straightened out his life, but it is something that is
15 likely to continue for a number of years. Because, if you
16 don't have that information, you simply cannot give him the
17 benefit of the mitigation, because it doesn't protect the
18 public and it doesn't highlight his conduct to other
19 members.
20
21 When one looks -- at first blush, this seems terribly
22 harsh. However, in this case, it's not, in fact, harsh.
23 Because, again, when Mr Murphy was discussing the matter
24 with Inspector Ryan yesterday, you'll see from page 100,
25 line 19 of the transcript, and Mr Murphy quite rightly
26 asked the following question, "And at all times in his
27 dealings with you, he certainly indicated he was very well
28 aware that there was a significant chance, if not an almost
29 inevitability, that he would have his registration as a
30 pharmacist removed, he was always aware of that and

1 realistic about it, isn't that fair to say?"
2 And Inspector Ryan said that it was.
3 There's no doubt that it is, because -- and that is evident
4 from his petition where he stated that he doesn't wish to
5 practise again. I think it was paragraph 39 of the
6 petition. He stated that he doesn't wish to practise -- I
7 better just -- in fairness to him, I better just get
8 exactly what he said. So, at paragraph 39 of the petition,
9 he states, "He has already made clear he has no intention
10 of ever working as a pharmacist again."
11 So, whilst it may seem harsh not to give Mr O'Meara the
12 credit of his mitigation and the credit of leniency, in
13 this instance, and one could say to the credit of
14 Mr O'Meara, again, it doesn't, in fact, prejudice him. I
15 certainly know that he is agreeable to cancellation. I'll
16 let Mr Murphy set out his position, because I just didn't
17 get a position from Mr Murphy before we sat.
18 So, it is the Registrar's submission that that's -- the
19 only sanction is that cancellation, the prohibition. I
20 suppose the reason for that is that it is unlikely, but not
21 impossible, that Mr O'Meara, for whatever reason, if there
22 was no prohibition, if, for whatever reason, decides to
23 have a change of mind and to reapply again, he has the
24 pharmacies, of which he's a shareholder of the holding
25 company, and there is, and I'm not suggesting that there's
26 any evidence, because there isn't, but a relapse is --
27 sorry -- a reapplication without a prohibition is
28 foreseeable in circumstances where he owns businesses.
29 If that transpired, it is not impossible that there would
30 be a relapse, and there's certainly no evidence before you

1 to suggest that a relapse is not a risk. So, for the
2 purpose of protecting both the public and the regulatory
3 process, we say that the appropriate sanction is a
4 cancellation and a prohibition.
5
6 So, unless -- I'll just check if there's any other matters
7 which the Registrar wishes me to deal with, but unless the
8 Committee, or -- unless the Committee or Mr Gleeson wishes
9 me to address anything, those are my submissions.
10 CHAIR: Thank you very much, Mr Beatty. I would go to
11 Mr Farrell to see if he has any submission to make at this
12 point.
13 MR MURPHY: I'm sorry, do you mean me?
14 CHAIR: Mr Murphy. I beg your pardon. Yes, absolutely.
15 MR MURPHY: I haven't taken Silk yet, unfortunately. I
16 don't have any formal submissions to make on foot of my
17 instructions, save to point out, very briefly, just a
18 number of facts, I suppose more for the record than
19 anything else.
20
21 I'm very conscious of what Mr Beatty says, and he's
22 representing the PSI's position, and I understand that, in
23 respect of addiction and relapse. I would just like to
24 reiterate that whilst, of course, there is always a risk in
25 respect of relapse from somebody who has been an addict,
26 there's no evidence before this Committee that there is any
27 more of a risk with Mr O'Meara than there would be for
28 anybody else who has suffered with addiction. I would just
29 like to place that on the record.
30 In respect of Mr O'Meara's position, Mr O'Meara's position

1 is that he is very realistic, as I have said all along, in
2 respect of what this Committee may ultimately recommend. I
3 would ask the Committee to accept that he has cooperated
4 fully with the Inquiry. Almost every piece of evidence
5 proffered by the PSI, by the Registrar, has been agreed,
6 and insofar as any witness has been questioned, and I
7 think -- I think, I'm subject to correction, I think the
8 only witness that was questioned was, in fact, Inspector
9 Ryan, and I think that is more for the purposes of
10 clarification and perhaps teasing out various issues,
11 rather than in any way challenging any evidence that is
12 proffered by Mr Beatty on behalf of the Registrar and the
13 PSI.
14
15 It has been indicated that there's been almost constant
16 communication between Mr Vallely, my solicitor, and the
17 Registrar in respect of the fact that Mr O'Meara is not
18 resisting, I suppose, the ultimate sanction, and I think
19 that has been set out. I apologise, I can't quite put my
20 hand on the date of that correspondence, but certainly for
21 a period of over a year, if not longer, it has been the
22 position that Mr O'Meara was very realistic in terms of
23 what might ultimately happen, and he indicated that he
24 would not be resisting any such application. That remains
25 the position.
26
27 There was full cooperation with the Gardaí, and, in fact,
28 I'm grateful -- I should place this on the record, I am
29 very grateful to Inspector Ryan in respect of his evidence.
30 I think he gave very fair evidence, both in terms of the

1 gravity of Mr O'Meara's offending, but also the significant
2 mitigating factors that I know that the Committee will take
3 into account.
4
5 Finally, Mr Chairman, I think Mr O'Meara wishes me to state
6 for the record that he is very, very well aware that he
7 finds himself in this position today entirely through his
8 own actions. He is a man -- I would ask the Committee to
9 accept, he is a man who, again, through his own actions,
10 has fallen very, very far. He has lost -- or it seems very
11 likely then that he will lose his profession, his career.
12 He wishes to state on the record that he has let himself
13 down, that he has let his family down, and he also wishes
14 to place on the record that he feels that he has let the
15 profession, the pharmacists' profession down, and he wishes
16 to place that on the record.
17
18 He is, as the Committee will be aware, he is a second
19 generation pharmacist, and I suppose that makes him even
20 more aware of the high standards, the appropriately high
21 standards to which pharmacists should be held and to which
22 Mr O'Meara, unfortunately, through -- during this period of
23 his professional life, did not reach.
24
25 Ultimately, I have nothing else to say, Mr Chairman. Just
26 Mr O'Meara asked me to place those various points on the
27 record. We are not resisting the application that is being
28 made by Mr Beatty.
29 CHAIR: Thank you very, very much, Mr Murphy. That's
30 appreciated. Mr Beatty, you have nothing to add?

1 MR BEATTY: No, I don't.
2 CHAIR: Thank you very much. Before I hand to the Legal
3 Assessor, I will just ask if there are any questions
4 from -- I have none. I just ask the Committee members if
5 they have any further questions at this point. Mr. Kane?
6 MR KANE: It's a question for Mr Beatty. In respect of the
7 prohibition that is suggested for seven to ten years, is
8 that taking fully into account all the mitigation that you
9 yourself have highlighted, and also the matters that
10 Mr Murphy has highlighted?
11 MR BEATTY: Yes, it has. That is, on the basis of the --
12 as should be clear from the Registrar's submissions, the
13 mitigation -- it is the Registrar's view that the
14 mitigation only goes so far. The real issue that is
15 required is the protection of the public, and the
16 highlight -- sorry, in highlighting the Registrant's
17 conduct to other members of the profession. We say that
18 due to the gravity of the allegation, that even with the
19 mitigation and because of the risks that I say that remain,
20 that, in order to protect the public, the prohibition of
21 seven to ten years is necessary.
22 CHAIR: Thank you very much, Mr Beatty.
23 MR KANE: Thank you.
24 CHAIR: Ms O'Connell? No? No. Very good. Thank you very
25 much. It just remains for me then to hand across to
26 Mr Gleeson for his advice to the Committee and in the
27 presence of all the parties.
28 MR GLEESON: In the circumstances, I think the appropriate
29 step to take is for the Committee to retire and make its
30 decision on the issues that are before it. Thankfully, as

1 I understand it, all of the allegations in the Notice of
2 Inquiry have been admitted, and I take it that -- I haven't
3 seen the current Notice of Inquiry, but I take it it has
4 been amended so that 1(f) appears alone, and we don't have
5 1 (f)(a) and 1(f)(b) as before?
6 MR BEATTY: That's correct.
7 MR GLEESON: Thank you, Mr Beatty. Mr Murphy, am I also
8 correct in understanding that, in respect of each
9 individual allegation which is admitted, it is also
10 admitted that they constitute professional misconduct?
11 MR MURPHY: That is the case, Mr Gleeson.
12 MR GLEESON: Yes. Thank you. Well, in those
13 circumstances, it really seems to me that it's a matter for
14 the Committee to retire and start the preparation of its
15 report. I have to say, the way the case was presented in
16 both sides has been refreshingly clear and even in a very
17 difficult case it's lovely to see such cordial
18 relationships between respective legal teams.
19 CHAIR: Thank you very much, Mr Gleeson. What I am going
20 to do just at this -- at this moment -- sorry, there's a
21 talk-back in my ear.
22 MR BEATTY: Sorry, Chair. I don't mean to interrupt you,
23 Chair. I should just formally say that I agree with those
24 advices, just for the record, and thank Mr Gleeson for his
25 comments.
26 MR MURPHY: Yes. Just for the record, I agree as well,
27 and, equally, I thank Mr Gleeson.
28 CHAIR: Thank you both very much, and thank you,
29 Mr Gleeson. What I am just going to do is ask the
30 Committee members and the Legal Assessor to meet me in the

1 private hearing room for five minutes, for clarification of
2 a particular issue, and we will be back to you. So, no
3 more than that. We will be back in a few moments. Thank
4 you.
5
6 Short break
7
8 CHAIR: Catherine, as usual, I'll rely on your advice as to
9 when we are in a position to resume.
10 MS DUNNE: Yes. Good afternoon, Chair. I think we are
11 just waiting on Mr Beatty to return -- oh, he has just
12 actually joined the call there, and the logger is on the
13 call and active, so you are good to go. Thanks very much.
14 CHAIR: Thanks very much. Thanks, Catherine. Thank you
15 all for your patience, and apologies for any delay beyond
16 the time I had suggested.
17
18 The Committee have no further questions or clarifications
19 at this point. So, as I had outlined at the beginning of
20 this Inquiry, the Committee will, in due course, prepare a
21 report for counsel which will set out its findings and any
22 other matters that they consider important within the
23 specifics of this Inquiry.
24
25 At this point, all that remains for me is to thank
26 everybody who has contributed, who has given evidence.
27 Thank you all for your very strong and, as was pointed out,
28 very much appreciated contributions and representations. I
29 now formally close this Inquiry.
30 Thank you again.

1 MR MURPHY: Thank you, Mr Chairman.
2 MR BEATTY: Thank you, Mr Chairman.
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