



## IN THE MATTER OF PART 6 OF THE PHARMACY ACT 2007

### Mr Michael McCormack MPSI (Reg. No. 6261)

Following the submission of a report of the Professional Conduct Committee (the “**Committee**”), the Council, at its meeting on 14 February 2019, decided to attach the following conditions to Michael McCormack’s registration as a pharmacist in relation to the findings of professional misconduct and poor professional performance made by the Committee in its report, dated 20 December 2018, which are set out in Appendix 1 attached to this notice.

#### **Conditions attached to Mr McCormack’s registration as a pharmacist are as follows:**

- (i) That Mr McCormack shall enter into a mentoring programme for a period of eighteen months with a practising Superintendent Pharmacist (“the **Mentor**”), acceptable to the Registrar of the PSI (“the **Registrar**”). Mr McCormack shall meet with the Mentor on at least four occasions during the eighteen month period.

The Mentor shall provide advice and guidance to Mr McCormack in relation to the following areas of Mr McCormack’s practise which the Professional Conduct Committee found were deficient:

- (a) Compliance with the requirement for the sale and supply of medicinal products to be conducted by or under the personal supervision of a registered pharmacist;
- (b) Maintenance of controlled drug register;
- (c) Supply of controlled drugs;
- (d) Supply of medications on the High Tech scheme;
- (e) Maintenance of prescription register
- (f) Storage of medicinal products; an
- (g) Standard operating procedures.

Mr McCormack shall comply with the advice, guidance and recommendations of the Mentor. The Mentor shall issue a report to the Registrar twice during the eighteen month period; after a period of 9 months and at the conclusion of the 18 month period.

- (ii) Mr McCormack shall engage a pharmacist (“the **Auditor**”), acceptable to the Registrar of the PSI, to carry out an audit of his practise, wheresoever that may be carried out, each year for a period of three years from the commencement of these conditions. A report of each audit shall be provided by the Auditor to the Registrar following each audit

The Auditor shall audit and duly report on the following areas of Mr McCormack’s practise which the Professional Conduct Committee found were deficient:

- (a) Compliance with the requirement for the sale and supply of medicinal products to be conducted by or under the personal supervision of a registered pharmacist;
- (b) Maintenance of controlled drug register;
- (c) Supply of controlled drugs;
- (d) Supply of medications on the High Tech scheme;
- (e) Maintenance of prescription register;
- (f) Storage of medicinal products; and
- (g) Standard operating procedures.

- (iii) Mr McCormack shall discharge all costs associated with the implementation of, and his compliance with, these conditions.

## **APPENDIX 1: FINDINGS**

That you, while you were a Registered Pharmacist and/or Supervising Pharmacist and/or Superintendent Pharmacist at Savage Scripts Limited t/a Leighlin Pharmacy (hereinafter referred to as the “**Pharmacy**”):

1. On one or more of the dates outlined at Appendix A, failed to ensure that one or more of the sales and/or supplies of medicinal products, including prescription only medicinal products, outlined at Appendix A were carried out by or under the personal supervision of a registered pharmacist;

### **FINDING: PROFESSIONAL MISCONDUCT**

2. In respect of one or more of the dates outlined at Appendix B, failed to ensure that a register of all prescription only medications sold and/or supplied from the Pharmacy was maintained in accordance with legislative requirements; and/or

### **FINDING: POOR PROFESSIONAL PERFORMANCE**

3. Between in or around 1 February 2014 and 18 November 2014, failed to keep and/or maintain at the Pharmacy an accurate and/or complete controlled drugs register in respect of the supply of Schedule 2 controlled drugs, otherwise than in accordance with legislative requirements; and/or

### **FINDING: POOR PROFESSIONAL PERFORMANCE**

4. Supplied and/or caused to be supplied and/or permitted to be supplied one or more controlled drugs as outlined at Appendix C otherwise than in accordance with any or any valid prescription; and/or
5. On one or more dates between March 2013 and November 2014 as outlined at Appendix D, supplied and/or caused to be supplied and/or permitted to be supplied to “**Patient A**”, Humira 40mg/0.8ml otherwise than in accordance with a valid prescription, and/or

### **FINDING ALLEGATIONS 4 & 5 TAKEN TOGETHER: POOR PROFESSIONAL PERFORMANCE**

6. On or around 18 November 2014, failed to ensure that the retail pharmacy business was conducted in a manner that facilitated and/or ensured the appropriate storage of prescription only medicinal products, such that:
  - (a) one or more Schedule 2 and/or 3 controlled drugs as outlined at Appendix E(i) were not stored in the Pharmacy’s controlled drugs safe; and/or

- (b) one or more medications as outlined at Appendix E (ii) which had been removed from their primary packaging were not labelled with the relevant information, including but not limited to expiry details, to facilitate their adequate identification and/or to facilitate batch recalls; and/or
  - (c) a fridge, in which one or more medicines were stored, and/or monitored dosage containers were found within the staff toilet area, in circumstances where this was not a clean and/or appropriate environment for storage of such items; and/or
7. On or around 18 November 2014, failed to have any or any adequate documented Standard Operating Procedures in place at the Pharmacy in respect of the storage and/or preparation and/or dispensing and/or sale and/or supply of medicinal products; and/or

**FINDING ALLEGATIONS 6 & 7 TAKEN TOGETHER: POOR PROFESSIONAL PERFORMANCE**