

Report of the Professional Conduct Committee to the Council of the Pharmaceutical Society of Ireland following an Inquiry held pursuant to Part 6 of the Pharmacy Act 2007.

Registered Pharmacist:

Mr. John O'Meara

Registration Number:

7210

Complaint Reference(s):

468.2018

Date of Inquiry:

13th and 14th October 2021.

Members of Inquiry Committee:

Mr. Dermott Jewell, Chair, non-Pharmacist

Ms Barbara O'Connell, Pharmacist

Mr. Mark Kane, non-pharmacist

Legal Assessor:

Mr. Eugene Gleeson, SC

Appearances:

For the Registrar:

Mr. Frank Beatty, SC

Instructed by Ms. Aisling Ray, Fieldfisher Solicitors.

For the Respondent:

Mr. Marc Murphy, BL

Instructed by Mr. Andrew Vallely, Partners at Law Solicitors

For the three Pharmacies

Mr. Ronan Kennedy, SC

Instructed by Andrew Vallely, Partners at Law Solicitors.

In Attendance:

Mr. John O'Meara.

Ms. Liz Kielty, Solicitor, PSI

Ms. Anna Malone, PSI

Ms. Catherine Dunne, TrialView

Ms. Ellen Ward, Logger

Evidence Presented:

Mr. Padriac Knox, concerned member of the public

Ms. Úna Ní Chárthaigh, Communications and Engagement Executive, PSI.

Dr. Conor B. McCrystal MPSI, Independent Expert Witness.

Documentation Considered:

Exhibit 1: Core Book

Appendix A *(Copy in attachment to this report)

Appendix B *(Copy in attachment to this report)

Expert Report

1. Subject matter of the Complaint

The matter of the Pharmaceutical Society of Ireland (PSI) and the inquiry into allegations of professional misconduct and conviction in the State of an offence triable by indictment within the meaning of Section (35)(1)(a) and Section (35)(1)(g) of the Pharmacy Act 2007 on the part of (a) Mr. John O'Meara (Reg. No. 7210) and (b) McGrath and Conlon Limited, trading as Wicklow CarePlus Pharmacy (Reg. No. 7531), which was referred on the grounds specified in Section 36(1)(b) of the Act. (c) O'Meara's Pharmacy Arklow Limited, trading as O'Meara's Careplus Pharmacy, (Reg. No. 5736), which was referred on the grounds specified as Section 36(1)(b) of the Act and (d) Ferrybank Pharmacy Limited, trading as Ferrybank CarePlus Pharmacy (Reg. No. 7532), which was referred on the grounds specified in Section 36(1)(b) of the Act, by the Professional Conduct Committee under Part 6 of the Act and

2. Allegations

1. That you, whilst you were a Registered Pharmacist and/or Superintendent Pharmacist at Wicklow CarePlus Pharmacy, Supervalu Centre, Wicklow Town, County Wicklow and/or Ferrybank CarePlus Pharmacy, Ferrybank Mall, Ferrybank, Arklow, County Wicklow; and/or O'Meara's CarePlus Pharmacy, Upper Main Street, Arklow, County Wicklow;

- a) Caused and/or permitted one or more of the medications as specified in Appendix A, including prescription only medications and/or controlled drugs and/or unlicensed prescription medications, to be and/or to remain unaccounted for in Wicklow CarePlus Pharmacy during the period 1 January 2017 to 22 October 2018; *and/or*
- b) Failed to keep and/or maintain and/or to cause to be maintained at Wicklow CarePlus Pharmacy an accurate and/or complete controlled drugs Register in respect of the controlled drug Ritalin for the period 1 June 2018 – 30 June 2018, in accordance with legislative requirements; *and/or*
- c) On or about 24 August 2018 had in your possession at your residential address a package containing in or about 1 gram of cocaine, a controlled drug; *and/or*
- d) Sourced and supplied and/or caused to be sourced and supplied to you from Wicklow CarePlus Pharmacy, one or more of the prescriptions only medications as specified in Appendix B, including one or more controlled drugs and/or unlicensed medications, in circumstances where there was no valid prescription to authorise any or all of the medications and/or the medications had not been prescribed for you by a registered medical practitioner; *and/or*
- e) On or about 24 August 2018, had in your possession at your residential address one or more of the prescription only medications as specified in Appendix B, including one or more controlled drugs and/or unlicensed medications, in circumstances where;
 - a) it was inappropriate to do so; *and/or*
 - b) no prescriptions had been presented to authorise the supply of one or more of these medications to you; *and/or*
- f) On or about 24 August 2018, had in your possession at your residential address, for the purpose of selling or otherwise supplying to other person(s), up to 1,700 x Alprazolam 1mg tablets; *and/or*
- g) Corresponded by message with one or more other persons, through the WhatsApp messaging platform, in which messages you offered *and/or*

agreed and/or arranged to sell and/or supply prescription only medicines, including controlled drugs, to other persons, in circumstances where you knew and/or ought to have known that those persons did not have prescriptions to authorise supply; and/or

2. That you, whilst you were a Registered Pharmacist, on or about 6 October 2020, at Dublin Circuit Court, were convicted in the state of four offences as outlined in the Order of Dublin Circuit Criminal Court dated 6 October 2020 contained at Appendix C, namely:

a) Unlawful possession of a controlled drug, to wit Cocaine, contrary to section 3 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977; and/or

b) Unlawful possession of a controlled drug, to wit Methylphenidate, contrary to section 3 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977; and/or

c) Unlawful possession of a controlled drug, to wit Alprazolam, contrary to section 3 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977; and/or

d) Possession of a controlled drug, to wit Alprazolam, for the purpose of sale or supply, contrary to section 15 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977 and in contravention of the Misuse of Drugs Regulations 2017, made under section 5 of the Misuse of Drugs Act 1977; and/or

3. Such further or other allegations as may be notified to you in advance of the Inquiry.

And further by reason of one or more of the allegations and/or sub-allegations set out at 1 above, you are guilty of professional misconduct in that you acted in a manner that:

- (i) is infamous and/or disgraceful in a professional respect; and/or
- (ii) involves moral turpitude and/or fraud and/or dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist; and/or
- (iii) is a breach of Principles 1 and/or 4 and/or 6 of the Code of Conduct for Pharmacists;

And further by reason of one or more of the allegations and/or sub-allegations set out at 2 above, you have been convicted in the State of one or more offences triable on indictment.

3: Applications

1st Application

The Committee was advised of two preliminary applications the first of which was a privacy application on behalf of Mr. O'Meara.

Mr. Murphy, in making the application, advised the Committee that Mr. O'Meara had, in October 2020, been convicted of various offences under the Misuse of Drugs Act at the Dublin Circuit Criminal Court and was sanctioned by that Court. Mr. Murphy requested the Committee to consider the potential impact that proceeding in public would have on Mr. O'Meara's health.

Two letters were introduced: One from Dr. Finian Fallon, consultant psychologist dated the 5th of October 2021 and a second from Dr. Paul English, GP, Slievemore Clininc, Stillorgan, Dublin, of the same date.

Dr. Fallon, in his letter, referred to the problems of the past regarding Mr. O'Meara's severe anxiety levels and how he had made life changes to manage and overcome past challenges. He understood that Mr. O'Meara would continue to attend psychotherapy sessions in the future.

In his letter, Dr. English similarly, referred to concerns regarding Mr. O'Meara's history of mental health issues and how a hearing in public could have a negative effect. Mr. O'Meara was continuing his prescribed anti-depressant medication.

Mr. Murphy concluded with reference to Mr. O'Meara's management of his addiction and his positive progress made in battling that and changing his lifestyle and career. He then moved to the issue of the significant media attention and reporting that Mr. O'Meara's criminal proceedings had previously attracted and respectfully submitted that it was not necessary or in the interests of justice for a second wave of publicity.

Finally, in the context of publicity, he asked the Committee to have cognizance of the fact the Mr. O'Meara's mother had, *'stepped into the breach in respect of Mr. O'Meara's difficulties and taken over the running of the corporate entities'*.

Mr. Beatty, on behalf of the Registrar, advised that he was objecting in the strongest terms to the application.

In the first instance and regarding the reference to Mrs. O'Meara, as she was not a party to the application, all matters related must be discounted.

It was clear, from the provision of Section 42 of the Act, that the default was that hearings of the Professional Conduct Committee *'shall be held in public'*. The interests of the public must be considered for their role in this matter and lend themselves to the matter proceeding in public.

It was the Registrar's position that, in light of the allegations that were the subject of the inquiry, that it be done in public. This went to the transparency of the process and also to informing practitioners of the consequences if matters such as this occur.

Mr. Murphy made reference in the context of the application to a number of matters previously aired in the course of the court proceedings that had culminated in Mr. O'Meara's receiving an 18-month suspended sentence. These included a Petition in May 2020 that outlined the positive position of Mr. O'Meara being drug free since August 2018, being in full time education in pursuit of a Master Degree in computer science and not having the intention of ever working in a pharmacist again. This, Mr. Murphy contended, was a much more positive characterization of Mr. O'Meara than that which the Committee had been presented with earlier.

The Committee adjourned and having carefully considered the submissions, documents and reports took the decision not to accede to the request.

Reasons

The statutory process to be followed requires further action in the form of an Inquiry once the complaint has been considered and found to require further action by the PCC. This process is central to the PSI's mandate to protect the public, which in turn requires it to maintain public confidence in pharmacists and the manner in which they are regulated. Section 42 (1) of the Act is clear in its provision that a hearing before the professional conduct committee shall be held in public.

Therefore, any application to hold an inquiry/hearing other than in public, demands scrutiny and consideration of all circumstances made in submission that could have the effect of outweighing both the public and professional interest.

The Committee acknowledged the stressful nature of the experience of being the subject of such a disciplinary process and notably through a criminal process in a very public manner. But consideration must be given to the features of the allegations involved and the impact both real and potential for the public and the profession if proven. This goes to the heart of the provisions of the Act and the PSI must be seen to be competent and effective in process and convincing and transparent in its public procedure.

This was not an application putting forward a relevant medical disability. Treatment to date is reported to be very positive and especially in the year that had elapsed since the criminal court proceedings. Whilst not underestimating the ongoing stress to the registrant caused by this inquiry and having consideration for his wellbeing the Committee has not found any convincing arguments put forward, taken individually or collectively, that denied the registrants right to fair procedure or were sufficient to outweigh the public interest and the conducting of this inquiry in public.

2nd Application

Mr. Kellady advised that the second application was in respect of three pharmacies that are limited companies. Specifically, the application was made before the court on foot of an ex-parte Docket and Petition filed on behalf of Otheca Group Limited, Ferrybank Pharmacy Limited, McGrath and Connelly Limited and O'Meara's Pharmacy Arklow Limited.

The application was made on the previous Friday for the appointment of an interim examiner and that application was acceded to by the High Court.

Mr. Mark Degnan of Deloitte was appointed to the position and the matter was remitted to Wicklow Circuit Court, returnable for the 22nd of October 2021.

Mr. Degnan, in a letter dated the 11th of October, wrote to Mr. Valley at Partners in Law, advising of his appointment and formally seeking a deferral of the Inquiry hearings in respect of the three companies to allow him to prepare and finalise a scheme of arrangement to ensure the survival of the companies. Mr Degnan undertook to engage with the PSI and their legal advisors directly to keep them apprised of his procedure with the examinership process.

Mr. Beatty advised that, while he did have questions regarding the timing of the application, he would reserve his position at this time. He confirmed that the Registrar accepted the position in which the examiner, having just been appointed, had been placed and there was no objection to the application.

In consideration that there was consent from the Registrar and in light of the examinership being put in order, the Committee acceded to the adjournment.

4: Opening and Introduction

In advance of opening, Mr. Beatty advised that there were significant admissions being made and that he wished to hand in statements the contents of which were all admitted. He would then be calling Inspector Seamus Ryan, Ms Amanda Nevin and the expert to give evidence.

It was confirmed that the standard of proof was that of beyond reasonable doubt.

5: Admissions

Mr. Beatty read the allegations into the record together with detail of the specific drugs and quantities involved from Appendices A and B (copies attached to this report to Council).

He advised and Mr. Murphy confirmed that Mr. O'Meara was admitting **Allegations 1** (a) to (g) as a matter of fact and also Allegations 2, (a) to (d) of the Notice of Inquiry. Similarly, it was confirmed that Mr. O'Meara was admitting to poor professional performance as set out in Allegation 3 sections (i) to (iii) inclusive.

It was also accepted and confirmed that one or more of the allegations under sub-**Allegation 2** 'have been convicted in that State of one or more offences triable on indictment'.

Mr. O'Meara was also admitting the contents of the expert report of Dr. Conor McCrystal. There were 16 statements in the book and Mr. O'Meara admitted all without the necessity for formal proof.

Mr. Murphy, confirmed for the inquiry record, that Mr. O'Meara admitted to all of the above.

6: Evidence and Submissions

The Committee were then taken through evidence as had been indicated by Mr. Beatty in his introduction and the progress of that can be followed by reference to the significant detail within the transcripts.

However, it is important that this report focus upon certain of the specific detail that formed the basis of the allegations and charges that were raised both in terms of (a) volume (b) manner of accessibility/supply of drugs but also, significantly, (c) in terms of the potential for public harm through their distribution.

In a related context we therefore refer to Mr. Beatty's advise the Committee at an early stage that he was specifically bringing attention to sections of statements from two staff members – Ms. Andrea Doyle and Ms. Claire Lynch. He had selected them mainly because their evidence covered the headings of the - ordering of medication, stock control and the control of drug register. While all staff members had provided statements, it was the statements of these two particular staff members that provided more relevant and informative detail that would be helpful to the Committee.

NB: The evidence presented by the two staff members and especially that of Ms. Amanda Nevin, were of high importance. These would be key to insight for Council and go to the heart of the Committee's recommendations as to sanction.

Extract - Statement of 3rd October 2019.CarePlus Pharmacy, Wicklow Ms. Andrea Doyle.

Ordering of Medication

"We use the standard pack replacement system of the MPS system in the dispensary for ordering medicines. This means that when medicine is dispensed, it is automatically placed on the re-order list. This list is then checked at the end of the day by the pharmacist on duty, and is sent to the wholesaler, so we have replacement medicines arriving the next day. When received, the medicines are checked against the order list by a dispensary staff member, checked off against the invoice, date checked and put to shelf.

If only one specific product is required, this is ordered through the web. We go on to the wholesaler's website and place the order there. Delivery is by 2.00 pm the next day. We then have to manually update our stock count on the system. For any unlicensed medicines an order has to be faxed.

To place these orders, you must be a Registered Pharmacist. On receipt, the stock count on the system has to be updated manually. For over-the-counter medicine Ms Moran managed the ordering." (Ms Sinead Moran is the manager of the retail outlet).

"This was done through a different system to the MPS system, known as the EPOS system. There was an automatic ordering process for this also. On receipt I think the front-of-shop employees checked it in. Ms Moran did the final check against the invoice. I do not deal with these orders, so cannot be sure of the process. Ms Moran is currently on sick leave so I am not sure who is currently managing these orders."

Stock Control

"For stock control, we do a daily count. This involves a manual check of the items against the stock sheet that the system dispenses. We also have external stock takers conduct the stock take annually. Any orders placed for unlicensed products or web orders, or orders for parallel import, require a manual update to the system. There is therefore sometimes a discrepancy between the figure on the system and the amount of medicine in the pharmacy. Sometimes pharmacists can forget to manually update the system if they are very busy in the dispensary."

Parallel imports are medicines that are created in another EU country and imported. For example, Nexium, pharmacies sometimes procure medicines from other countries at a better price, such as France or Greece, so that they can make a greater profit. Our approach initially is to order from our primary wholesaler. If the medicine is unavailable, we check to see if it is available through parallel imports. The final option is to order from our second wholesaler. The dispensary staff input these orders."

Controlled Drugs Register

"The pharmacist on duty must update the controlled drugs register within 24 hours of dispensing controlled drugs in the dispensary. Controlled drugs must be kept in the controlled drugs safe. Even CD4s are kept in the controlled drugs safe in the pharmacy, which is not a legal requirement. For CD2s and CD3s certain information must be recorded in the controlled drugs register. This includes the name and address of the patient, the name of the prescribing doctor and the quantity being dispensed. The pharmacist must then initial the prescription and write his/her pharmacist number. The Supervising Pharmacist must then check the register against the contents of the safe. This used to be done on a monthly basis, but this is now being done on a weekly basis, on every Tuesday. The duty register is always left out for the pharmacist on duty to sign. The pharmacist must sign their name and the hours they have worked. Sometimes if it is busy all day they may, on occasion, forget to do this."

We rarely use the Drugs Usage Analysis Report in the pharmacy. This report gives you an idea of what to order and how much of a particular medicine you are supplying. It allows you to see how frequently you are not dispensing a particular medicine and to stop ordering it or order less. It gives an idea of patient demand over time."

The MPS stores all pharmacy information. It contains every patient, patient medication record, names and dates of birth, addresses and drug information. I am not up to date on the EPOS system, but I expect that there would be a similar report that you could develop on that. I'm not trained on the EPOS system."

Concerns

"I was alarmed when I read the folder of documents and report from the PSI. I had no idea of the extent of the drugs passing through the pharmacy. It looks like a deliberate diversion of prescription and over-the-counter drugs."

"My first concern arose on 21 January 2016 when two boxes of Ritalin 10 mg arrived in the morning delivery. This is a standard quantity to order. I then proceeded to update the quantity in the controlled drugs register. At this point, I saw that 60 tablets of Ritalin 10 mg were dispensed by Mr O'Meara to Mr O'Meara the day before, 20 January 2016 under a prescription from Dr Nick Buggle. I was very surprised."

This was the first entry that I saw in the controlled drugs register from Mr O'Meara to Mr O'Meara. I then checked the prescription. It was dated 7 August 2015. This was the only prescription that was on file for Mr O'Meara for Ritalin. It was Ritalin 10 mg; to be taken DDPN as required by 60, repeat by five. I noted that this prescription was marked as 60 Ritalin having been dispensed to Mr O'Meara on 8 August 2016. This was a red flag."

"The next day Ms Moran was on the phone with Mr O'Meara and I asked to speak with him. I told Mr O'Meara that the prescription did not meet the requirements and did not have the full name or address of his prescriber. I stated that I was not happy to have this prescription dispensed. I asked Mr O'Meara to provide the correct prescription to me the next day, but I heard no more. Mr O'Meara said not to worry as he was the Superintendent Pharmacist, which was the ultimate, and that the liability would lie with him. I asked him to have the correct prescription the next day when he was on duty. I heard no more about the matter."

On 13 August 2016, Mr O'Meara was working a half-day in the pharmacy. Mr O'Meara's mother was working the other half of the day. The next day, eight or 10 boxes of Ritalin arrived in the morning delivery. I then saw that there was a prescription for Mr O'Meara dated 12 August 2016 for 360 Ritalin, 10 mg tablets. There was no address on the prescription and it did not comply with the controlled drugs regulations. This was dispensed as a private prescription. I tried to contact Mr O'Meara about this prescription but could not. I discussed the matter anonymously with colleagues and they said that it is not a matter for the PSI as it relates to personal usage."

"In relation to Sudafed, I was completely unaware of the amount being ordered into the pharmacy. It was brought to my attention by the front-of-shop girls when they realised that the PSI investigation is a serious matter beforehand and sometimes when an order arrived in Mr O'Meara would say that it was a personal order, not to touch it, and he would then take it to his car. The girls did not ever see inside any of these orders. I have never ordered Sudafed to the pharmacy. The orders for Sudafed were placed when I was not on duty. I do not know who ordered Sudafed."

"I believe that I am an excellent Supervising Pharmacist. It was impossible for me to spot what was going on. I had no reason to search for missing medicines."

Extract - Statement of Ms. Claire Lynch

"Sometimes I saw orders come in for people that were not customers of the pharmacy. The orders then disappeared. I did not query this as it was a small dispensary. I thought on one occasion when drugs arrived in that there was a mistake on the part of the supplier as I had been working the day before and had not ordered the drugs. I was getting ready to return the drugs to the wholesaler when Mr O'Meara arrived into the pharmacy and said that the order was his. Mr O'Meara told me that he had ordered the stock remotely from his home. This was at some point in 2017 but I do not recall exactly when. The drugs that were ordered were as follows:

a. Efexor b. Cialis c. Viagra d. Xanax.

I cannot recall any of the dosages. I noticed Efexor as strange as we were trying not to stock branded medicines, which this drug is. This order came in from either United Drug or Uniphar. I did not dispense any of these drugs to patients of the Pharmacy. There were other days that there was stuff left for Mr O'Meara to collect from the pharmacy. I was told that these drugs were not for Mr O'Meara, but were for his friends. Sinead Moran told me that the orders were for Mr O'Meara.

One day I saw boxes of Testosterone sitting on the counter-top. I do not know how many as they were wrapped up in cling film, as if they had come directly from a wholesalers. There was not just one box; but quite a number. I do not know where these orders came from as they arrived when I was not in the pharmacy."

"It was brought to my attention, through gossip, that Mr O'Meara did things and took things. I stopped looking. As long as I knew I was doing the right thing, ordering correctly, dispensing correctly. When I raised it with Sinead Moran, the shop manager, she said this is the way Mr O'Meara was.

This was the reason that I finished up in the pharmacy. I did not want to be involved and I did not want to know about it anymore. I thought Mr O'Meara would end up overdosing or that the Guards would catch up with him eventually for having drugs that he should not have."

Evidence of Inspector Seamus Ryan, An Garda Síochána.

In 2018, Inspector Ryan was a Sergeant, based in the Divisional Drugs Unit at Dundrum Garda Station in Dublin. He had received information from several sources that Mr. O'Meara was engaged in the supplying and sale of prescription drugs. There was also a possibility that cocaine was being supplied/sold.

On foot of a search warrant, on the 24th of August, 2018 the Gardai visited Mr. O'Meara's home. Mr. O'Meara was described as helpful from the outset and he directed Gardai to a small amount of cocaine and also, from a safe, boxes of Xanax (1mg - approx 1,700) tablets; Boxes of Ritalin (10mg – approx 330) tablets.

Other tablets were discovered but none were controlled and so were later discounted.

These were:

"Testovis Ampules 100 mg, and there was 66 tablets: There was Pro-Viron tablets, 90 of those. There was Androtardyl, 22 Ampules. There was the Efexor, 182 tablets. There was Tylex, 30 mg strength, six tablets. There was Dexamfetamine sulphate, 12 tablets. There was Proscar, 25 tablets. There was Spiropent, 36 tablets. There was Solpadol, 19 tablets. There was Tramadol Hydrochloride, 50 mg strength, 48 tablets. There was some other unknown tablets at the time, yellow and white tablets, again that came back as controlled drugs."

Two mobile phones were also produced to Gardaí by Mr. O'Meara, a Nokia and a Samsung. Both were locked and Mr. O'Meara immediately assisted and unlocked both for inspection.

"I would have examined the phones seized and the main phone was a Samsung there. There was several conversations and he was primarily using the WhatsApp platform and a lot of the activity, the conversations all around that were regarding the sale or supply of controlled drugs, mainly the Xanax in the vast majority of these conversations. I would have used my official phone to take screen shots of these conversations and they would have been all assigned exhibit numbers. The same with the Nokia phone, or there wasn't that much on the Nokia, so that seems to be primarily kind of a work phone as such, but the majority were on the Samsung phone "

Examples outlined to the Committee were:

Message: *"2 or 3 Xanax for said trip. Would one be amenable to helping me out. Please. And thanks."*

Mr. O'Meara: *"Sure thing."* His friend replies, *"thanks, old friend"*.

Mr O'Meara then says, *"In work today but I'll be home later. What exactly do you need?" Then we can see a big list of all the, "2 boxes of purples",*

Inspector Ryan: and purples would be street slang for Xanax, they come in various different colours depending on the strength of them, but purples would be street slang for Xanax.

Message continued: *"I was looking for the other drug, that Codeine, Promethazine".*

Mr O'Meara : *" be home at 7.30, if that suits.*

Messenger replies: *"perfect."*

Mr.Beatty: Just going down to the next one:

Message: *"All good. Thanks. Was hoping to get a few bits off you."*

Mr O'Meara asks him, *"I'll be in Wicklow tomorrow and Saturday, so I can grab them,"* presumably referring to the pharmacy. *"What do you need?"*

Inspector Ryan - Again his potential customer gives him a shopping list there; *"Stilnox x 2, Zimovane x 4, Difene x 1, Citrine x 2. As many Cialis as you can spare. A box of condoms. And the antibiotic I was talking about. Thanks, John, hopefully get to see you tomorrow, if you want to text me how much I owe, I will have the cash ready by you."*

Mr. O'Meara: *"Will do." "Thanks."*

Court Proceedings

"A file was submitted to the Director of Public Prosecutions and on the 31st of July 2019 the DPP directed summary disposal initially and, upon a guilty plea, directed three counts of unlawful possession contrary to Section 3, which is personal possession, simple possession, and that was regarding the cocaine, the Xanax and the Ritalin. And recommended two counts of possession with intent for sale or supply, that is contrary to Section 15, and that's regarding the Xanax and the Ritalin.

The DPP advised that she considered proceeding and tried him on the basis of the fact that O'Meara had no previous convictions, and other mitigating circumstances. That was her rationale for recommending summary disposal on a guilty plea only.

On the 12th of August 2019, I again met Mr O'Meara at Dundrum Station, where I formally charged him, as directed by the Director of Public Prosecutions.

He came before the District Court on the 29th October 2019 basically for a Book of Evidence to be served as the matter had been decided, they had decided to opt for trial on indictment. The Book of Evidence was served and then it came before the Circuit Court on the 20th of December 2019 for arraignment. I think it was for further consultation between the DPP's office and Mr O'Meara's legal team, the charges in relation to Ritalin were withdrawn and there was a guilty plea entered in relation to the other charges. There was a couple of more remands on that and the fine disposed of on, let me see, to the 6th October 2020 for finalisation.

The facts of the matter were given, before Judge Codd, that was at CCJ Court 5 on that date and Mr O'Meara was sentenced to 18 months in regard to the Section 15 matter in relation to the Xanax charge, but that was a suspended sentence, 18 months' suspended sentence in relation to that. The conditions attached to that, to be of good behaviour and to sign a bond to that effect. That basically was the sentencing in relation to those matters".

Inspector Ryan advised that Mr. O'Meara had been helpful and compliant throughout the investigation:

"And, you know, we had a long conversation with him about it - about his lifestyle at the time and about that, you know, the associations he had with different people brought him down the wrong path in life as such and that he seemed to have been kind of living a Jekyll and Hyde life, as it were. He was a respectable businessman during the week and, you know, a member of society and a pillar of the community, but at the weekend was into the party scene and mixing with celebrities and, you know. Just basically he got into the wrong company, as it were. But no, I have to say I maintained contact with Mr O'Meara throughout and I am satisfied he definitely has turned a corner, as it were, in relation to this and he has gone back to education and has turned his back on his previous lifestyle."

Evidence of Ms. Amanda Nevin.

Ms. Nevin is a registered pharmacist and an authorised officer of the PSI since 2014 under the functions of Part 7 of the Pharmacy Act.

Ms. Nevin commenced her investigative activity of Mr. O'Meara's pharmacies in August of 2018. Her visits commenced with that of Wicklow CarePlus Pharmacy where Mr. O'Meara was Superintendent pharmacist and Ms. Andrea Doyle was the supervising pharmacist. She carried out a second inspection on the 22nd of October of 2018. Mr. Beatty brought Ms. Nevin through the detail of her reports from those investigations and, notably, her findings. The dates under investigation were 1 January 2018 to 29 August 2018.

She liaised with Mr. Smullen, enforcement officer with the Health Product Regulatory Authority (HPRA) in seeking information regarding the medicines under investigations and, notably, his provision of detail regarding the quantities of medicines supplied from the main wholesalers Uniphar and United Drug for the dates specified.

Xanax.

Ms. Nevin advised that: "Xanax is a medicine which contains the active ingredient or the active medicinal product, Alprazolam. It's a benzodiazepine, and it's licensed for anxiety, but only when the disorder is severe. It is available in three strengths, so it's available in 250 microgram tablets, 500 microgram tablets and 1mg tablets. So, the 1mg tablets are the highest strength and they would, in my experience, be the less commonly prescribed and used strength of Xanax."

"The information obtained from Mr Smullen stated that there had been 11,100 tablets of Xanax supplied by United Drug to the pharmacy over that period, and 6,700 Xanax tablets supplied from Uniphar over the period. That is a quantity of 17,800, which is approximately 178 boxes, they come in boxes of 100 tablets.

Then, a review of the Drug Analysis Report, which showed how many of those tablets were supplied out of the pharmacy to patients on the dispensing system, showed that 111 tablets had been recorded as supplied, so that's just over one box. There were also 279 tablets in stock at the pharmacy on that date, so just short of three boxes.

So, to summarise, there were 178 boxes supplied to the pharmacy, approximately one box legitimately supplied out of the pharmacy, and just under three boxes still in stock in the pharmacy, which left a balance of 174 boxes of Xanax 1mg tablets which were not accounted for at the pharmacy. They had been supplied into it, they weren't at it, but there was no legitimate account of where they had gone at the pharmacy.

That's 174 boxes of 100 tablets, is over 17,000 Xanax 1mg tablets".

Ritalin.

"I completed a similar exercise for Ritalin 10mg tablets. Ritalin contains the medicine Methylphenidate, and it's a central nervous stimulant, and a schedule II controlled drug due to the Misuse of Drugs Regulations and its potential for abuse and misuse. So, the records that

have to be kept are even more detailed than in the case of other medicines. So, I reviewed the Controlled Drugs Register, as this would be more accurate for the purpose of determining if there were any of this medicine unaccounted for.

At the time of the inspection Mr Smullen was able to tell me that eight packs of Ritalin 10mg, so they're 30-tablet packs, had been supplied since the 1st of January into the pharmacy from Uniphar and 14 packs had been supplied into the pharmacy from United Drug. So, that's 22 packs.

When I reviewed the Controlled Drug Register, I was able to identify that there were records for eight packs of Ritalin 10mg having been supplied by Uniphar, those were recorded, but there were only records in the Controlled Drugs Register of four packs of Ritalin coming into the pharmacy from United Drug.

So, there was a discrepancy of 10 packs of Ritalin 10mg tablets.

So, the final result of this review was that there were 10 packs of Ritalin 10mg tablets unaccounted for at the pharmacy on 29 August 2018”.

Cialis

“Now, at the time of writing this first report, comprehensive information was only received from the wholesaler, United Drug, but, even in the absence of receipt of information from Uniphar, an analysis of the information showed that there were also 79 -- approximately 79 boxes of Cialis 20 mg tablets unaccounted for”

“Cialis contains Tadalafil, it is a medicine used for the treatment of erectile dysfunction. But it is -- yeah, it is occasionally, I believe, subject to diversion and supply on other markets”.

Mr. Beatty referred Ms. Nevin to the findings from her second report.

Testosterone

“On this second inspection visit, it came to my attention that there was stock of testosterone injections at the pharmacy. So, the 7 testosterone injections in question are Androtardyl and Testovis and they are classified as exempt medicinal products.

There is an exemption to allow for a medicinal product that is not licensed here to be obtained by a pharmacy and supplied from a pharmacy, but only on foot of a specific order of a registered medical or dental practitioner for the treatment of a patient under their care to fulfil the special needs of that patient. So, it's very specific.

I, accordingly, requested the pharmacist on duty on the day, which was the supervising pharmacist, Andrea Doyle, to obtain some information from the wholesalers regarding the supplies of these medicines which had been made to the pharmacy over the 2017 and 2018 period.

Liaising with the HPRA, I obtained information from the various suppliers of unlicensed medicines. It includes the main suppliers, Uniphar and United Drug, which were referenced previously, and also includes a supplier called Medisource which specialises in exempt or unlicensed medicinal products, and through the HPRA was able to obtain information from each of those wholesalers regarding exempt medicines supplied to Wicklow CarePlus Pharmacy.

Medisource were also able to supply a copy of the order forms that they had received from Wicklow CarePlus Pharmacy requesting these supplies of unlicensed medicines. At the pharmacy when I requested reports of these medicines supplied legitimately through the dispensing system, there were no results to show.

When I reviewed the information from the wholesalers I was able to identify that 152 ampules of Androtardyl had been ordered into the pharmacy over that period, 2017 to 2018, 200 ampules of Testovis, both of these medicines contain testosterone. 500 tablets, or five packs of Spiropent, and 150 tablets or five packs of Proviron tablets. Each of these medicines, these quantities were received into the pharmacy, but there was no records of supply of them from the pharmacy and they were not present at the pharmacy.

The testosterone certainly is an extremely high quantity, there are 350 testosterone injections unaccounted for.

As I said, these medicines are unlicensed, so they are not commonly used or prescribed. Testosterone would occasionally be prescribed and used, and I would be familiar with that. I was not at the time of writing familiar with the medicines, Spiropent and Proviron. However, I did some research on them and the Proviron tablets contains a medicine, an active ingredient called Mesterolone which, similar to testosterone, is a steroid or hormonal-type drug and it, like testosterone, is used for its androgenic effects. The medicine, Spiropent, contains the active ingredient Clenbuterol which, on researching it, I was able to obtain information which stated that it is a stimulant and that it is used by performance and image enhancing drug users to aid fat burning and muscle definition.”

Medisource were able to provide copies of the order forms that they had received for these medicines in 2017 and 2018, and I reviewed these order forms and noted that each of the order forms, of which there were nine in total, five in 2017 and four in 2018, each of them was signed by John O'Meara, either with his signature and included his professional pharmacist registration number, 7210”.

The “review of the order forms also show that quantities of 50 Testovis and Androtardyl injections at a time were placed, which are large orders for those testosterone containing injections.”

Sudafed

Ms. Nevin advised the Committee that “Sudafed is an over-the-counter medicine. It contains Pseudoephedrine and it is licensed for the treatment of congestion in cough and cold medicines, so it is a decongestant medicine. It can, however, be used as a precursor material in the production of Methamphetamine or crystal meth, and because of this potential for its

diversion for illicit purposes, there are limitations on its sale and supply. The maximum quantity in a pack of Pseudoephedrine tablets is 12, 12 x 60mg tablets and no more than one pack per transaction can be supplied to a patient without a prescription. So, Pseudoephedrine mirrors some of the effects of Ephedrine, which is a stimulant, which can be used similar to the stimulant medicine we mentioned earlier, Spiropent and Clenbuterol can be used by performance and image to speed up metabolism and burn fat.

There is also an alternate potential for Pseudoephedrine in cocaine users who sniff cocaine to counteract the nasal stuffiness that such cocaine use can cause. So, over-the-counter decongestants are sometimes used for that purpose by cocaine users. In the course of -- how this came to our attention, I suppose. In the course of reviewing the information that we obtained from United Drug and Uniphar, the supplies of Sudafed to the pharmacy stood out. There were particularly large supplies of, around about 200 boxes at a time, of Sudafed recorded as having been supplied into the pharmacy which raised concerns in relation to the medicine.

So, at that second investigation visit on the 22nd of October, we reviewed in more detail the sale and supply of Sudafed to identify whether all of those supplies which had been made to the pharmacy were accounted for as sale at the pharmacy.

So again, reconciling the figures for what came into the pharmacy, the stock present in the pharmacy on the date of the inspection, on 22nd of October, and the records of what had been supplied through the till system or the prescription system, reconciling those figures identified that there were over 34,000 tablets of Sudafed 60mg unaccounted for at the pharmacy, which equates to about 2,900 boxes of Sudafed 60mg tablets"

Ms. Neving confirmed that following a full analysis, 34,788 Sudafed 60mg tablets were unaccounted for at Wicklow CarePlus Pharmacy over the period from the 1st of January 2017 to the 22nd of October 2018. She characterised the quantity as being 'enormous'. The supplies were confirmed to be:

2017

United Drug 8,280 tablets;

Uniphar 6,456;

2018

United Drug 9,912;

Uniphar 17,112.

Giving a total of 41,760 tablets supplied over the period.

The final reconciled discrepancy was for 34,788 tablets.

Evidence of Dr. Conor McCrystal

Mr. Beatty acknowledged, in advance of calling the expert, that he had taken quite some time to, of necessity, bring the Committee through detailed and agreed evidence.

Therefore, the Committee having heard from both Inspector Ryan and Ms Nevin, it was his

intention to go no further than to ask for Dr. McCrystal's comments on what was factual and admitted evidence.

Dr. McCrystal confirmed his credentials and that he had prepared a report in relation to this matter. He reaffirmed, having heard the evidence presented, his opinion that the offences were at the more serious end of professional misconduct. In outlining his reasons for finding of Professional Misconduct on the assumption that all factual allegations had been proven and were now admitted he reconfirmed his reasoning that:

"It appears that the unaccounted for medicines were primarily sourced through Wicklow CarePlus Pharmacy, where John O'Meara worked as a pharmacist. Mr O'Meara was also the Superintendent Pharmacist of Wicklow CarePlus Pharmacy at this time. The Superintendent Pharmacist is in overall control of the management of the pharmacy, including its professional and clinical management, and management of the administration of the sale and supply of medicines. John O'Meara is the accountable person in this case and must assume full responsibility for the medications that cannot be accounted for."

Dr. McCrystal referred to 'drugs of abuse' in his report and explained that:

"In my report, I've listed the drugs in Appendix A. I have called it table 3 in my report. I suppose I have given some details on each individual drug and how they can be used and, I suppose, abused. I suppose, the one that catches my eye there would be the 207 boxes of Xanax."

Now, Xanax is a common benzodiazepine given out and dispensed in community pharmacy. The 1mg strength would be unusual, you wouldn't see it very often. You'd normally see the lower strengths, 500 micrograms, 250 micrograms, so, you know, this was a huge amount of a medication that wouldn't be dispensed that often that was missing in the pharmacy. Xanax would be a common drug of abuse on the streets. It would be diverted through different channels, and certainly there would be a demand for it."

I suppose all the drugs there, you know, in particular the likes of the anabolic and androgenic steroids, testosterone, Mesterolone and Clenbuterol, also, all drugs of abuse on the street, and there were significant quantities of those drugs that were unaccounted for in the pharmacy."

I suppose I should also mention Sudafed. You know, the amount of Sudafed that had gone through the pharmacy, that appears unaccounted for, is, I think I used the word "staggering" there. A huge amount of medication. It's well flagged up in pharmacy that such medication can be abused, and, therefore, it's tightly controlled. Only one box of 12 can be sold in an individual transaction, and yet here we have a case where we have nearly 3,000 packs of this unaccounted for."

So, all in all, there was quite a supply of medication there that was unaccounted for, and medication that would be of interest and would be well known in pharmacy as being drugs that would be in demand on the street."

Seriousness

"I clearly believe the threshold of seriousness has been reached in this case. It's clearly a matter concerning conduct, and I believe it's a case of professional misconduct. It's a serious matter."

Grounds for Findings

"I have identified that Mr O'Meara had engaged in a pattern of behaviour that is infamous or disgraceful in a professional respect. And number B involved moral turpitude and/or fraud and/or dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist. And then I've listed breaches of the Code of Conduct, including principle 1, principle 4 and principle 6. I've also listed some of the sub-principles, also."

"John O'Meara has breached this legislation in a situation where a large quantity of a Schedule 2 controlled drug was not entered into the Controlled Drug Register and was found not to be in the controlled drug safe on inspection by officers of the PSI"

Mr. Beatty brought reference to Dr. McCrystal's characterisation that Mr. O'Meara was functioning as a dealer of drugs with a known street value in direct contravention of all legislation governing the sale and supply of such medicines and pharmacists. Dr. McCrystal returned to the issue and his professional opinion as outlined in his report:

"So, it would appear from the WhatsApp that third parties were looking for certain drugs from Mr O'Meara. These would include Xanax, which is a benzodiazepine hypnotic, again a common drug of abuse on the streets known as purples in this, so it is 1mg Xanax. Then, Stilnoct which contains the drug zolpidem, which is a controlled drug, also schedule 4, it is a sleeping tablet. Zimovane zopiclone, this is a Z drug, it's a controlled drug as well, CD 4, that is also a sleeping tablet. Some other drugs were listed, they are prescription-only medicines such as Difene, which is nonsteroidal anti-inflammatory drug. Then Cialis/Tadalafil which is a drug for the treatment of erectile dysfunction. I suppose effectively Mr O'Meara was supplying these drugs to third parties, as shown in the WhatsApp messages."

Dr. McCrystal had made reference to the use of Cocaine in his report in the following terms:

"Cocaine is a drug of abuse that is currently freely available in Ireland and has damaged many individuals and families across the state. Pharmacists are encouraged to be role models and provide leadership against the huge backdrop of illegal drugs used in the State. Pharmacists who participate in the use of illegal drugs, such as cocaine, has breached the trust that the public have in the pharmacy profession. It is my personal opinion that such pharmacist is not a fit person to be on the pharmacy register."

He confirmed that this was both his professional and personal opinion.

Mr. Beatty, in closing, referred to comments made regarding staff at the pharmacies and the impact upon staff members who worked to maintain public trust but found little support.

“John O'Meara showed no respect for pharmacists and ancillary staff employed. Yes, that's my opinion. Andrea Doyle was left in a very difficult situation because clearly she had raised her concerns, which were ignored. Claire Lynch was a relief pharmacist who worked in that group, she was aware what was going on and she chose to stop her employment because she was aware that what was going on was not meeting the standard and it was outside what would normally be expected, it was outside of normal practice”.

There were no questions and Mr. Beatty confirmed that he had concluded the Registrar's case. Mr. Murphy confirmed that he did not propose to go into evidence.

Closing Submissions

In closing, Mr. Beatty sought only to bring attention to the area of sanction. He outlined the areas of relevance within the Act, the provisions for considerations by the Committee and the options available to Council following receipt of the report. He advised that the Registrar was looking for the cancellation of the registration and the prohibition for a period of seven to ten years on applying for restoration to the register. The rationale was, primarily, the protection of the public.

In addition, it was necessary to demonstrate the serious view taken of the extent and nature of the misconduct so as to deter a practitioner from repeating that that conduct once they resumed practice. It was also essential to point to the gravity of the offence to other members of the profession.

Matters of mitigation to aid consideration of leniency should also feature in considerations. Remorse and insight were compelling issues in this matter. The relevance of criminal convictions and the nature of them were also relevant here.

Mr. Beatty referred to areas of evidence presented and how the Committee should take account of certain areas for relevance and concern in terms of the gravity of the offences. Finally, in terms of credit, Mr. Beatty referred to the cooperative approach taken by Mr. O'Meara, his progress since in terms of education and turning his life around.

Mr. Murphy commenced by confirming the point made that there is always a risk in respect of relapse from somebody who has been an addict. However, it was submission that there was no evidence before the Committee that there was any more of a risk with Mr O'Meara than there would be for anybody else who had suffered with addiction. Mr. O'Meara was realistic in terms of what the Committee may ultimately recommend. He was not resisting the ultimate sanction.

He requested consideration of Mr. O'Meara's full cooperation with the Inquiry. Finally, he advised that it was Mr. O'Meara's wish that it was recorded that he was very well aware that it was through his own actions that he found himself in this position. Through these actions he had fallen very, very far. He had let himself, his family and the pharmacists' profession down.

Legal Considerations

Mr. Gleeson advised that, at this point, as all allegations had been admitted, it was for the Committee to retire and commence preparation of its report to Council. He took the opportunity to reflect upon the clear presentations, professionally and appropriately contributed from both sides, in what was a difficult case.

7. Findings of the Committee

The Committee applied the Criminal Standard of Proof, *i.e.*, Beyond Reasonable Doubt, in reaching all its findings.

Allegation 1:

1. That you, whilst you were a Registered Pharmacist and/or Superintendent Pharmacist at Wicklow CarePlus Pharmacy, Supervalu Centre, Wicklow Town, County Wicklow and/or Ferrybank CarePlus Pharmacy, Ferrybank Mall, Ferrybank, Arklow, County Wicklow; and/or O'Meara's CarePlus Pharmacy, Upper Main Street, Arklow, County Wicklow;

- a) Caused and/or permitted one or more of the medications as specified in Appendix A, including prescription only medications and/or controlled drugs and/or unlicensed prescription medications, to be and/or to remain unaccounted for in Wicklow CarePlus Pharmacy during the period 1 January 2017 to 22 October 2018; *and/or*
- b) Failed to keep and/or maintain and/or to cause to be maintained at Wicklow CarePlus Pharmacy an accurate and/or complete controlled drugs Register in respect of the controlled drug Ritalin for the period 1 June 2018 – 30 June 2018, in accordance with legislative requirements; *and/or*
- c) On or about 24 August 2018 had in your possession at your residential address a package containing in or about 1 gram of cocaine, a controlled drug; *and/or*
- d) Sourced and supplied and/or caused to be sourced and supplied to you from Wicklow CarePlus Pharmacy, one or more of the prescription only medications as specified in Appendix B, including one or more controlled drugs and/or unlicensed medications, in circumstances where there was no valid prescription to authorise any or all of the medications and/or the medications had not been prescribed for you by a registered medical practitioner; *and/or*
- e) On or about 24 August 2018, had in your possession at your residential

address one or more of the prescription only medications as specified in Appendix B, including one or more controlled drugs and/or unlicensed medications, in circumstances where;

- a) it was inappropriate to do so; and/or
- b) no prescriptions had been presented to authorise the supply of one or more of these medications to you; and/or
- f) On or about 24 August 2018, had in your possession at your residential address, for the purpose of selling or otherwise supplying to other person(s), up to 1,700 x Alprazolam 1mg tablets; and/or
- g) Corresponded by message with one or more other persons, through the WhatsApp messaging platform, in which messages you offered and/or agreed and/or arranged to sell and/or supply prescription only medicines, including controlled drugs, to other persons, in circumstances where you knew and/or ought to have known that those persons did not have prescriptions to authorise supply; and/or

Finding as to fact:

Found to be substantiated by reason of being admitted by Mr. O'Meara as to fact and to amount to poor professional performance.

Allegation 2:

That you, whilst you were a Registered Pharmacist, on or about 6 October 2020, at Dublin Circuit Court, were convicted in the state of four offences as outlined in the Order of Dublin Circuit Criminal Court dated 6 October 2020 contained at Appendix C, namely:

- a) Unlawful possession of a controlled drug, to wit Cocaine, contrary to section 3 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977; and/or
- b) Unlawful possession of a controlled drug, to wit Methylphenidate, contrary to section 3 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977; and/or
- c) Unlawful possession of a controlled drug, to wit Alprazolam, contrary to section 3 and section 27 (as amended by section 6 of the Misuse of Drugs Act 1984) of the Misuse of Drugs Act 1977; and/or
- d) Possession of a controlled drug, to wit Alprazolam, for the purpose of sale or supply, contrary to section 15 and section 27 (as amended by section 6 of the Misuse

of Drugs Act 1984) of the Misuse of Drugs Act 1977 and in contravention of the Misuse of Drugs Regulations 2017, made under section 5 of the Misuse of Drugs Act 1977; and/or

Finding as to fact:

Found to be substantiated by reason of having been admitted as to fact by Mr. O'Meara and that this conviction has been handed down.

3. And further:

by reason of one or more of the allegations and/or sub-allegations set out at 1 above you are guilty of professional misconduct in that you acted in a manner that:

- (i) is infamous and/or disgraceful in a professional respect; and/or
- (ii) involves moral turpitude and/or fraud and/or dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist; and/or
- (iii) is a breach of Principles 1 and/or 4 and/or 6 of the Code of Conduct for Pharmacists; and/or

And further by reason of one or more of the allegations and/or sub-allegations set out at 2 above, you have been convicted in the State of one or more offences triable on indictment.

Finding as to fact:

Found to be substantiated by reason of having been admitted as to fact by Mr. O'Meara and that this conviction has been handed down.

8. Recommendation as to Sanction:

The Committee recommends that, pursuant to Section 48(1)(b)(iv) of the Act, the registration of Mr. O'Meara be cancelled and also that, pursuant to Section 48(1)(b)(v) of the Act, that a prohibition of 15 years be attached to the cancellation before application can be made for restoration to the register.

Reasons for the Committee's Recommendation as to Sanction:

The Committee considered that the nature and gravity of the allegations demanded a proportionate sanction which reflected the seriousness of the professional misconduct, sent the appropriate message to Mr. O'Meara (as a deterrent) and the wider profession (so they will understand that such professional misconduct can have serious consequences), protected the public and also afforded Mr. O'Meara as much leniency as possible, in the circumstances.

- In mitigation the Committee considered the very realistic approach adopted by Mr. O'Meara in fully admitting to all allegations and thus saving some time and costs. His immediate, full and continued co-operation with the Gardaí was of high importance. He made no challenge to any of the evidence presented and nor did he put forward any resistance to any likely sanction. He had admitted, through Mr. Murphy, that, through his actions, he had fallen very far and had let down his family and the pharmacist profession. He had stepped away from practice as a pharmacist. He had undertaken a university degree course and was currently drug free.
- It is the Committee's view that the professional misconduct here went to the fundamental and core provisions and requirements of registration, breached the threshold of seriousness and was infamous and disgraceful. Professional misconduct involving the sale of drugs holds high potential for damage to society as it undermines pharmacists, who are at the forefront of health care provision. There was a complete absence of consideration of the public interest with a clear failure by this registrant to protect the health, safety and wellbeing of the public for a lengthy period only curtailed through criminal investigation, arrest and procedure through the State Criminal Court process.
- The Committee were struck by the evidence of Ms. Nevin who outlined the extent of wrongdoing through the sheer volume of drugs that were unaccounted for that included unlicensed and controlled and which she described as 'enormous'. Dr. McCrystal in his report considered the quantities to be "staggering".
- The gravity of the danger to the public, the confidence in the profession and the extent of the wrongdoing by Mr. O'Meara was starkly illustrated by Ms. Nevin when she outlined the detail of how 37,788 tablets of Sudafed – a precursor material in the production of crystal meth – could not be accounted for. Dr. McCrystal, in his report, referred to these and a number of the other drugs unaccounted for and advised his opinion, which was not challenged, that, effectively, Mr. O'Meara was supplying these drugs to third parties and that, by so doing, he was functioning as a dealer of drugs, through the format of WhatsApp, with a known street value in direct contravention of all legislation governing the sale and supply of such medicines and pharmacists.
- In the context of this Inquiry, the paramount consideration of the protection of the public was seen by the Committee in terms of promoting and maintaining the trust and confidence the public have in pharmacists and the way they are regulated. This is a vital public interest because if this trust and confidence is lost the professional care provided by pharmacists is inevitably undermined. The Committee considers that, in this case and with the media attention it has received through the criminal proceedings alone, trust *has* to some degree been undermined and so It is important therefore to note that, despite mitigation put forward - that Mr. O'Meara had no intention of ever working as a pharmacist again - consideration must be put to change of circumstances and events that, in the fullness of time, could, realistically,

alter Mr. O'Meara's consideration. There must, therefore, be adequate protections and provisions put in place to ensure that, while acknowledging the positive progress for change that Mr. O'Meara has made in his life since 2018, in consideration of the serious failings and breaches here, there must be adequate allowance of time. The Committee noted the submissions on behalf of the Registrar for prohibition for a period of seven to ten years on applying for restoration to the register. The Committee spend considerable time on this matter. It considers that there must be Provision to allow for any change of mind and a potential wish by Mr. O'Meara to resume his originally chosen profession. Due to the exceptionally serious nature and instances of the breaches here that period was initially considered by the Committee to be appropriately set between 20 and 25 years. However, in consideration of mitigation and insight, a recommendation to Council of a set period of 15 years was deemed an essential and fair minimum term.

Matters Arising

Staff Protections& Supports

The Committee considered that the issues raised within the inquiry regarding the pharmacy staff require internal consideration and review by the PSI. Dr, McCrystal brought reference to it in his report and in evidence to the Committee where he referred to:

"Andrea Doyle was left in a very difficult situation because clearly she had raised her concerns, which were ignored. Claire Lynch was a relief pharmacist who worked in that group, she was aware what was going on and she chose to stop her employment because she was aware that what was going on was not meeting the standard and it was outside what would normally be expected, it was outside of normal practice".

The Committee considers that the PSI should consider the means through which a reporting mechanism could be put in place that would facilitate confidential reporting and some degree of anonymity.

Supplier Engagement

It occurred to the Committee that at no stage was any evidence related in regard to any form or instance of concerns being raised by wholesalers or providers in regard to the quantities which were the subject of such concern.

Again, a review by the PSI to identify possible gaps in or revision of existing reporting mechanisms could provide enhanced procedural protections.

Signed


Dermott Jewell

Dated

15th November 2021.