PSI
The Pharmacy Regulator
An Rialtóir Cógaisíochta

Report of the Professional Conduct Committee ("the PCC or the Committee") to the Council of the Pharmaceutical Society of Ireland in relation to a complaint made pursuant to Part 6 of the Pharmacy Act 2007 ("the Act").

Introduction - Summary Details

Registered Pharmacist:	Edward Malone
Pharmacist Registration Number:	6986
Complaint Reference(s):	566.2020
Date of Inquiry:	25 and 26 November 2025
Public/Private Hearing:	Public
Meeting Format:	PSI House, Fenian Street, D2
Members of Committee:	Ms Susan Ahern S.C. - Chair Mr Rory O'Donnell MPSI Ms Lorraine Gannon
Legal Assessor:	Ms Lorna Lynch S.C
Appearances:	
For the Registrar:	Mr Brian Gageby, B.L Ms Aisling Ray, Fieldfisher LLP Ms Zoe Richardson, Fieldfisher LLP Ms Hannah Torpey, Fieldfisher LLP
For the Registrant:	Mr Ronan Kennedy S.C. Mr Aidan Healy, DAC Beachcroft Solicitors Mr Gary Rice, DAC Beachcroft Solicitors
Registrant in attendance:	Yes
Witnesses (if applicable):	[redacted], Authorised Officer, PSI Mr. Brendan Kerr, expert witness on behalf of Registrar.
Other Attendees:	Deirdre O'Malley, D. O'Malley Stenography.
In Attendance from the PSI:	Mr Ciaran Lyng, Solicitor, PSI Ms Clara O'Reilly, Regulatory Executive, PSI Ms Olesea Bargan, PSI Legal Affairs

1. The Complaint

This is a complaint of the Registrar of PSI in respect of Mr Edward Malone, MPSI (Registration number 6986), hereinafter "the Registrant" and/or "Mr Malone". The complaint was referred by the Preliminary Proceedings Committee ('PPC') on 22 July 2021 to this Professional Conduct Committee ("PCC") on the grounds of professional misconduct and/or poor professional performance within the meaning of Section 35(1)(a) and 35(1)(b) of the Pharmacy Act 2007, respectively.

2. Allegations

The allegations against the Registrant as set out in the Notice of Inquiry dated 7 August 2025 ~("the Allegations") are:-

That you, whilst you were a Registered Pharmacist and/or Supervising Pharmacist and/or Superintendent Pharmacist at [redacted]

1. *During the period on or about 12 May 2015 to 7 July 2015, added and/or caused to be added and/or permitted to be added, in handwriting, one or more of the items which appear in Column B of **Appendix A** (the "Column B Items") to prescriptions which appear in Column A of **Appendix A** in circumstances where;*

    a. *One or more of the Column B Items were not prescribed and/or authorised to be prescribed by the prescriber; and/or*

    b. *One or more of the Column B Items were not supplied to the Patients referred to in Column C of **Appendix A**; and/or*

    c. *Payment from the HSE Primary Care Reimbursement Service for one or more of the Column B Items was claimed and received; and/or*

    d. *One or more of the Column B Items were recorded in patient medication record for that patient as having been supplied; and/or*

2. *During the period on or about 01 May 2015 to 13 May 2015, directed and/or permitted* [redacted]*, being a pharmacist at* [redacted]*, to add and/or cause to be added, in handwriting, one or more of the items which appear in Column B of **Appendix B** ("The Column B Items") to the prescriptions which appear in Column A of **Appendix B** in circumstances where;*

    a. *One or more of the Column B Items were not prescribed and/or authorised to be prescribed by the prescriber; and/or*

    b. *One or more of the Column B Items were not supplied to the Patients referred to in Column C of **Appendix B**; and/or*

    c. *Payment from the HSE Primary Care Reimbursement Service for one or more of the Column B Items was claimed and received; and/or*

d. *One or more of the Column B Items were recorded in patient medication record for that patient as having been supplied; and/or*

3. *On one or more of the dates within Column A of **Appendix C** supplied and/or caused to be supplied and/or permitted to be supplied one or more of the handwritten items referenced in Column C of **Appendix C** (the "Column C Items"), in circumstances where;*

   a. *One or more of the Column C Items were not prescribed and/or authorised to be prescribed by the prescriber; and/or*

   b. *One or more of the Column C Items were supplied otherwise than in accordance with legislative requirements; and/or*

   c. *Payment from the HSE Primary Care Reimbursement Service for one or more of the Column C Items was claimed and received; and/or*

4. *During the period 13 May 2015 to 05 July 2015, recorded and/or caused to be recorded and/or permitted to be recorded in prescription register and/or the daily audit report, the items which appear at Column B of **Appendix D** (the "Column B Items"), as having been supplied in circumstances where;*

   a. *No such dispensing occurred; and/or*

   b. *Payment from the HSE Primary Care Reimbursement Service for one or more of the Column B Items was claimed and received; and/or*

5. *Supplied and/or caused to be supplied and/or permitted to be supplied the High Tech medicinal products, as specified in **Appendix E**, otherwise than in accordance with a valid prescription and/or contrary to PSI Guidance "Good Dispensing Practice – High Tech Scheme" and/or contrary to the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) to the following patients:*

   a. *Patient A [redacted] - Prograf 1mg capsules and/or Prograf 0.5mg capsules and/or Cellcept 500 mg tablets, on or about one or more of the dates set out in **Schedule 1** of **Appendix E**; and/or*

   b. *Patient B [redacted] - Prograf 1mg capsules, Prograf 0.5mg capsules and Cellcept 500 mg tablets, on or about one or more of the dates set out in **Schedule 2** of **Appendix E**; and/or*

   c. *Patient G [redacted] - Humira Prefilled Pen x2, on or about one or more of the dates set out in **Schedule 3** of **Appendix E**; and/or*

6. *Supplied and/or caused to be supplied and/or permitted to be supplied the following schedule 2 controlled drugs otherwise than in accordance with a valid prescription and/or contrary to the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) and/or the Misuse of Drugs Regulations 1988, as amended, to the following patients:*

   a. *On 07/08/2015 to Patient H [redacted] - Oxycontin 40mg tablets x76; and/or*

7. *On or about 1 May 2015, caused to be supplied and/or permitted to be supplied and/or directed [redacted] MPSI, a pharmacist at [redacted], to supply, the following controlled drugs, purportedly by way of emergency supply, in circumstances where such supply was not permitted*

by Regulation 8 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended);

a. *Patient I [redacted] - Zopitan Zopiclone Tabs 7.5mg x28, which contains the Schedule 4 controlled drug zopiclone; and/or*

b. *Patient J [redacted] - of Rivotril Tabs 00.5mg x60, which contains the Schedule 4 controlled drug clonazepam; and/or*

c. *Patient K [redacted] - Butrans Transdermal Patch 5mcg/hr x4, which contains the Schedule 2 controlled drug buprenorphine; and/or*

d. *Patient L [redacted] - Zimovane FC Tabs 7.5mg x28, which contains the Schedule 4 controlled drug zopiclone; and/or*

8. *During some or all of the period 02 February 2015 to 6 September 2015, while you were the Supervising Pharmacist at [redacted], were not in whole time charge of [redacted] contrary to Section 28 of the Pharmacy Act 2007, as amended; and/or*

9. *Failed to keep proper records in accordance with Regulation 10 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003; and/or*

That you, whilst you were a Registered Pharmacist and/or Superintendent Pharmacist at Caveator Limited trading as Lalors Pharmacy, 69 Collins Avenue West, Grace Park, Donnycarney, Dublin 9 ("Lalors Pharmacy");

10. *During the period 1 May 2015 to 30 July 2015, added and/or caused to be added and/or permitted to be added, in handwriting, one or more of the items which appear in Column B of **Appendix F** (the "Column B Items"), to the prescriptions which appear in Column A of **Appendix F** in circumstances where;*

a. *One or more of the Column B Items were not prescribed and/or authorised to be prescribed by the prescriber; and/or*

b. *One or more of the Column B Items were not supplied to the Patients referred to in Column C of Appendix F; and/or*

c. *Payment from the HSE Primary Care Reimbursement Service for one or more of the Column B Items was claimed and received; and/or*

d. *One or more of the Column B Items were recorded in patient medication record for that patient as having been supplied; and/or*

11. *During the period 2 June 2015 to 26 June 2015, caused to be supplied and/or permitted to be supplied, the following controlled drugs, purportedly by way of emergency supply, in circumstances where such supply was not permitted by Regulation 8 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended);*

a. *Patient SW - Zopitan tablets 3.75mg x 56; and/or*

b. *Patient SD - Anxicalm 5mg tablets x20; and/or*

c. *Patient SD - Dalmane 15mg capsules x20; and/or*

12. *Failed to keep proper records in accordance with Regulation 10 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003; and/or"*

3. Opening submissions

3.1 Mr Gageby BL on behalf of the Registrar indicated that this was a case in which admissions were being made by the Registrant and that the Registrar would submit in due course that cancellation should be the recommended sanction. Mr Gageby opened the Notice of Inquiry and confirmed that the Registrar was not pursing the allegations at 1(b), 1(d), 2(b), 2(d), 3(b), 4(a), 10(b) or 10(d).

3.2 Mr Kennedy SC on behalf of the Registrar confirmed that admissions as to fact were being made in respect of all of the Allegations being pursued by the Registrar being 1(a), 1(c), 2(a), 2(c) 3(a), 3(c), 4(b), 5 to 9 inclusive, 10(a), 10(c), 11 and 12. Mr Kennedy confirmed that in respect of the factual allegations, it was admitted on behalf of Mr Malone that the Allegations in combination or cumulatively amounted to;

(i) poor professional performance; and

(ii) professional misconduct in breach of Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists. And amounted professional misconduct being conduct that is infamous or disgraceful in a professional respect.

4. Evidence

4.1 [redacted], Authorised Officer of the PSI gave evidence. She confirmed that at the relevant time Mr Malone was the Superintendent and Supervising Pharmacist and beneficial owner of [redacted] and was also the Superintendent Pharmacist and beneficial owner of Lalor's Pharmacy. She gave evidence about the inspections carried out in October 2015 at [redacted] and Lalor's Pharmacy, the steps taken during and in relation to the investigation and the extensive documentation obtained. [redacted] gave evidence regarding the requirements of a valid prescription, the fact that pharmacists had no prescribing authority at the time of the incidents the subject matter of the Allegations, the limits on emergency supplies, the requirements of maintaining a daily audit and the position of a supervising and superintendent pharmacist.

4.2 [redacted] went through examples of the subject matter of the Allegations with reference to relevant documentation in respect of the first prescription identified in each of Appendix A, Appendix B, Appendix C, Appendix D of the Notice of Inquiry. [redacted] referred to the prescribing and supply of High Tech medicines and went through a number of examples of patients referred to in the Notice of Inquiry who received High Tech medicines without a valid prescription. [redacted] referred to the prescribing and supply of controlled drugs and the legislation governing same and she addressed the underlying documents in respect of Allegation 6.

4.3 [redacted] gave evidence regarding the matters at Allegation 7 which concerned the supply by another pharmacist of controlled drugs and she outlined the requirements in respect of a supervising pharmacist, both in terms of a minimum period of qualification (namely 3 years) and that such person is required to be in whole time charge of the pharmacy. [redacted] agreed that on review of the duty register for [redacted], Mr Malone was recorded as having worked an average of 14.5 hours per week over the 31 week period reviewed. [redacted] also gave evidence regarding the requirements to keep records in respect of a pharmacy.

4.4 On cross examination, [redacted] confirmed her understanding that Mr Malone co-operated with the initial inspection at Lalor's Pharmacy on 8 October 2015, that he identified his handwritten on prescriptions and that he produced requested documentation. [redacted] confirmed that there was a second inspection of Lalor's Pharmacy on 19 April 2016 to obtain duplicates of GMS prescriptions and daily audit reports and she agreed that Mr Malone printed off copy documents and signed and dated same as requested. [redacted] stated that it is was a statutory requirement for Mr Malone to keep and produce such documentation.

4.5 [redacted] gave evidence on behalf of the Registrar and confirmed that she was a pharmacist employed with the HSE Primary Care Reimbursement Service ("PCRS"). When asked by Mr Gageby, she agreed that a claim made on foot of prescription where items are handwritten into the prescription which were not prescribed by the doctor, would be a breach of the contract between the pharmacist and the HSC. On cross-examination, it was put to [redacted] that as far as the PCRS aspect was concerned, a settlement was reached and honoured by Mr Malone in June of 2019. [redacted] confirmed that part of that settlement was the relinquishment of the contract in relation to [redacted].

4.6 Mr Brendan Kerr gave expert evidence on behalf of the Registrar. He addressed Allegation 1, which concerned items being added on to prescriptions in handwriting in circumstances where

they were not prescribed by a relevant doctor / authorised prescriber. Mr Kerr gave evidence that prescription-only medicine is only provided on the authority of a written prescription by a duly authorised prescriber. He stated that adding something on to a prescription is something that a pharmacist did not have the authority to do at the time of the incidents the subject matter of the Allegations. He stated that the item would also be recorded onto the pharmacy patient records which could cause a difficulty where another pharmacist dealt with that patient subsequently, and a GP surgery would be completely ignorant of that scenario. Mr Kerr stated that there are no prescribing rights for pharmacists currently within the state. Mr Kerr referred to the importance of Mr Malone's role as a Supervising and Superintendent Pharmacist.

4.7 When asked, Mr Kerr agreed that he had referred to Allegation 1 in his report as poor professional performance and that he had found the conduct alleged in Allegation 1 as being a breach of Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists. Upon enquiry, Mr Kerr confirmed his opinion that the actions by Mr Malone were a pattern of conduct that was totally in conflict with his professional obligations and the statutory framework and were disgraceful in a professional respect. He also confirmed his opinion that the actions involved moral turpitude and dishonesty of a nature which reflected on the reputation and integrity of the profession of a pharmacist.

4.8 When asked, Mr Kerr agreed that his opinion in respect of Allegation 1 was similar in relation to Allegations 3, 4, 7 and 10. In respect of Allegation 2, Mr Kerr confirmed that the position was that Mr Malone did not add items to the prescriptions, but that was done upon his direction or authority by [redacted] and Mr Kerr set out his opinion in that regard.

4.9 Mr Kerr gave evidence in relation to the High Tech Medicines Scheme and affirmed that the authorising prescription must be signed and dated by a Hospital Consultant and the prescription has a maximum validity of six months. Mr Kerr addressed Allegation 5 in respect of the three named patients and the nature of the high-tech medicines dispensed. In respect of Allegation 5, his opinion was that Mr Malone's conduct amounted to poor professional performance. He also stated that it was professional misconduct in the form of a breach of Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists. Mr Kerr agreed that his opinion on this Allegation was that the actions involved moral turpitude of a nature which bears on the reputation of the profession of a pharmacist in a negative way.

4.10 Mr Kerr addressed Allegation 6 which concerned Controlled Drugs and he stated that there is no provision for the supply of any Controlled Drugs by a pharmacy without a prescription. Mr

Kerr agreed that his opinion in respect of Allegation 6 was that it amounted to poor professional performance and a breach of Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists and that the misconduct was serious.

4.11 Mr Kerr set out his opinion in relation to Allegation 8, which concerned Mr Malone not being in whole time charge of [redacted]. Mr Kerr referred to the governance requirements of a Supervising Pharmacist and confirmed his opinion that Allegation 8 amounted to poor professional performance and professional misconduct being a breach of the Code in Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists. Mr Kerr also confirmed his opinion that the conduct amounted to professional misconduct in that there was a pattern of conduct which is disgraceful in a professional respect and that his actions involved moral turpitude and dishonesty, which bears on the reputation of the profession of a pharmacist.

4.12 Mr Kerr set out his opinion in relation to Allegation 9, which concerned a failure to keep records. His opinion was that the relevant conduct amounted to poor professional performance, professional misconduct as a breach of Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists, and that the Registrant's actions involved moral turpitude and dishonesty.

4.13 Mr Kerr gave evidence in relation to Allegation 11, which dealt with the supply of Controlled Drugs in Lalor's Pharmacy. When asked, Mr Kerr confirmed that his view on the previous Allegations in respect of Controlled Drugs in terms of poor professional performance and professional misconduct applied equally to Allegation 11.

4.14 Mr Kerr addressed Allegation 12, which was a failure to keep proper records at Lalor's Pharmacy, and he confirmed that the view he expressed in relation to record keeping at [redacted] applied equally to that Allegation.

4.15 When asked, Mr Kerr confirmed that his report did not specifically address the question of fraud.

5. Closing Submissions

Closing submissions on behalf of the Registrar

5.1 Mr Gageby referred to the fact there were admissions made by Mr Malone, supported by the expert evidence, on limbs 1 and 2 of the definition of professional misconduct in the Code of Conduct for Pharmacists. Mr Gageby confirmed that the Committee was being asked to

consider limb 2 of the professional misconduct definition, which is that the actions of Mr Malone involve moral turpitude, fraud or dishonesty of a nature which bears on the carrying on of the profession of a pharmacist. Mr Gageby stated that the evidence of Mr Kerr did not extend to fraud, but did extend to moral turpitude and dishonesty. Mr Gageby made submissions on the question of fraud and submitted that it was open to the Committee to make a determination on something which is self-evidently fraudulent and that they were entitled to come to a conclusion in that regard.

5.2 Mr Gageby addressed the question of sanction and referred to the PSI Sanction Guidance, the stepped approach that is recommended and the importance of applying leniency and proportionality. He submitted that in respect of the Allegations, they were so wide and so serious that cancellation was the only possible sanction which the Committee could impose in this case. Mr Gageby further stated that Mr Malone had engaged in a multiplicity of different types of wrongs conducted on multiple occasions in a short period of time, and that the sheer volume of those actions would of necessity cause the Committee very serious concern. He stated that the Controlled Drugs aspect of the Allegations was extremely worrying and the High-Tech Medicines element was also of particular concern. Nonetheless, Mr Gageby noted that counsel for the Registrant had fairly indicated at the outset of proceedings, that the sanction of cancellation was not something that the Registrant was opposing, in light of the findings and the manner in which the case of [redacted] had ultimately been address by the Committee. Mr Gageby submitted that in respect of Mr Malone, there should be a prohibition from applying to restore his Registration for a period of five years.

Submissions on behalf of the Registrant

5.3 Mr Kennedy submitted that;

- the Registrar bears the onus of proof in the case and before the Committee make any findings, including a finding of misconduct on any limb, they must be satisfied beyond a reasonable doubt that the case is proven. Mr Kennedy submitted that the Committee was entitled to rely on the very extensive admissions made by Mr Malone, including the admissions that his conduct constituted poor professional performance, professional misconduct on limbs 1 and 3 and that he breached Principles 1, 2, 4, 5 and 6 of the Code of Conduct for Pharmacists.

- Mr Malone admitted that his conduct was infamous and/or disgraceful in a professional sense but no admission was made in respect of limb 2 of professional misconduct which

required proof of moral turpitude, fraud or dishonesty. Mr Kennedy submitted that the allegations, did not contain any reference to the word fraud or dishonesty and the only place that the Committee would find those words was in the definition of professional misconduct. He submitted that if fraudulent conduct is to be alleged, it must be spelled out in a notice of inquiry and he referred to legal authorities in that regard. He also noted that in the very comprehensive report produced by Mr Kerr, the word fraud or fraudulent was not used at all. Mr Kennedy made submissions in relation to the issue of dishonesty and stated that dishonesty was not alleged as part of the Allegations and that significant weight should be attached to that by the Committee.

5.4 Mr Kennedy set out personal circumstances relating to Mr Malone and confirmed that he had been registered as a pharmacist since December 2001 and that he was previously a person with an unblemished record. Since the incidents giving rise to the Inquiry, the Registrant had practiced continuously for a period of approximately 20 years without any restriction and he had not come to the adverse attention of the Regulator.

5.5 Mr Kennedy referred to the settlement with the PCRS and the fact that the settlement involved payment, a relinquishment of a HSE contract and the [redacted] was sold in February 2020. Mr Kennedy stated that he was instructed on behalf of the Registrant to offer a sincere and heartfelt apology for his conduct, which he accepted was completely unacceptable. He referred to Mr Malone's full cooperation with the investigation and the extensive formal admissions made for the purposes of the Inquiry. He stated that the admissions saved very considerable time and expense, and obviated the need to call a significant number of witnesses or to prove a substantial body of documentation. Further, that Mr Malone was not offering any opposition to the recommendation that his registration be cancelled or that a prohibition of a duration of five years be imposed and this approach demonstrated insight and reflection on the part of Mr Malone.

6. Legal Advice by the Legal Assessor

6.1 Ms Lynch advised the Committee that the burden to prove matters as to fact beyond a reasonable doubt rests with the Registrar and there were full admissions as to fact made on behalf of Mr Malone and that the Committee that they were entitled to rely upon those admissions.

6.2 The Legal Assessor referred to Mr Kerr's report and his evidence that each of the individual Allegations amounted to poor professional performance and professional misconduct, and noted that Mr Kennedy set out extensively the admissions taking all of the Allegations together in combination and/or cumulatively. Ms Lynch advised the Committee that there were admissions by Mr Malone in relation to misconduct in the form of a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6; that there were also admissions by Mr Malone in relation to professional misconduct and that all of the Allegations taken together in combination or cumulatively amounted to professional misconduct as being infamous or disgraceful conduct. There were no admissions made in relation to the limb of professional misconduct which refers to moral turpitude, fraud or dishonesty. Ms Lynch advised the Committee that there was a reference to fraud and dishonesty set out in the definition of professional misconduct contained in the Notice of Inquiry, but that at no stage in his written report or in his oral evidence did Mr Kerr express an opinion on professional misconduct with reference to fraud. The Committee were advised that it was open to them to make a finding of fraud but they would have to be satisfied beyond a reasonable doubt to make such finding and would have to set out clear reasons

6.3 The Committee were advised on the question of sanction and the Committee's role in a recommendation as to sanction, noting that there was no opposition to the proposed sanction of cancellation and prohibition for a period of five years.

6.4 Nevertheless, the Committee were advised that the recommendation as to sanction was for the Committee members to make and that they must come to a decision themselves taking into account the question of public protection, the principle of proportionality and showing as much leniency as permissible to the Registrant, having due regard to the mitigating and aggravating factors and imposing the lowest level of sanction appropriate to the circumstances of the case. The Legal Assessor noted that cancellation was reserved for serious cases at the upper end of the spectrum of conduct and that it was also open to the Committee to set a period of prohibition within which Mr Malone could not apply for restoration to the register.

7. Decision of the Committee

7.1 Allegation 1

Findings as to fact

Allegation 1(a) and 1(c) (which concern 27 prescriptions in Appendix A) are individually proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab10(6)(a).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 1(a) and 1(c) in combination amount to poor professional performance.

The Committee decided that Allegation 1(a) and 1(c) in combination amounted to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.2 Allegation 2

Findings as to fact

Allegation 2(a) and 2(c) (which concern 9 prescriptions in Appendix B) are individually proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(b).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 2(a) and 2(c) in combination amount to poor professional performance.

The Committee decided that Allegation 2(a) and 2(c) in combination amounted to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.3 Allegation 3

Findings as to fact

Allegation 3(a) and 3(c) (which concern 4 prescriptions in Appendix C) are individually proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(c).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 2(a) and 2(c) in combination amount to poor professional performance.

The Committee decided that Allegation 2(a) and 2(c) in combination amounted to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.4 Allegation 4

Findings as to fact

Allegation 4(b) (which concerns 17 prescriptions in Appendix C) is proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(d).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 4(b) amounts to poor professional performance.

The Committee decided that Allegation 4 (b) amounts to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.5 Allegation 5

Findings as to fact

Allegation 5(a), 5(b) and 5(c) (which concern 5 supplies of High Tech medicinal products in Appendix E) are proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone together with the authorised officer's report at Tab 10 of the Core Book, the oral evidence by [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(e).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 5(a), 5(b) and 5(c) in combination amount to poor professional performance.

The Committee decided that Allegation 5(a), 5(b) and 5(c) in combination amount to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional respect and involves moral turpitude of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.6 Allegation 6

Findings as to fact

Allegation 6 (which concerns one supply of controlled drugs) is proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(f).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 6 amounts to poor professional performance.

The Committee decided that Allegation 6 amounts to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6 and is disgraceful in a professional respect.

7.7 Allegation 7

Findings as to fact

Allegation 7(a), 7(b), 7(c) and 7(d) (which concern 5 supplies of Controlled Drugs purportedly by way of emergency supply) are individually proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(g).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 7(a), 7(b), 7(c) and 7(d) in combination amount to poor professional performance.

The Committee decided that Allegation 7(a), 7(b), 7(c) and 7(d) in combination amount to professional misconduct as a breach of the Code, Principles 1, 2, 4, 5 and 6 and is disgraceful in a professional respect.

7.8 Allegation 8

Findings as to fact

Allegation 8 is proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone together with the Authorised Officer's report at Tab 10 of the Core Book and the oral evidence of [redacted] the Authorised Officer.

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 8 amounts to poor professional performance.

The Committee decided that Allegation 8 amounts to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional

respect and involves moral turpitude and dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.9 Allegation 9

Findings as to fact

Allegation 9 is proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone together with the Authorised Officer's report at Tab 10 of the Core Book and the oral evidence by [redacted] the Authorised Officer.

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 9 amounts to poor professional performance.

The Committee decided that Allegation 9 amounts to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.10 Allegation 10

Findings of fact

Allegation 10(a) and 10(c) (which concern 60 prescriptions in Appendix F) are proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone, the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence of [redacted] the Authorised Officer and the relevant underlying documentation contained at Tab 10(6)(i)

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 10(a) and 10(c) in combination amount to poor professional performance.

The Committee decided that Allegation 10(a) and 10(c) in combination amounted to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4,

5 and 6, is disgraceful in a professional respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.11 Allegation 11

Findings of fact

Allegation 11(a), 11(b) and 11(c) (which concerns 3 supplies of Controlled Drugs purportedly by way of emergency supply) are proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone together with the Authorised Officer's report at Tab 10 of the Core Book, the oral evidence by the Authorised Officer [redacted] and the relevant underlying documentation contained at Tab 10(6)(j).

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 11(a), 11(b), 11(c) in combination amount to poor professional performance.

The Committee decided that Allegation 11(a), 11(b), 11(c) in combination amount to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6 and is disgraceful in a professional respect.

7.12 Allegation 12

Findings of fact

Allegation 12 is proven as to fact beyond a reasonable doubt. The Committee has relied upon the admissions by Mr Malone together with the Authorised Officer's report at Tab 10 of the Core Book and the oral evidence by [redacted], Authorised Officer.

Finding as to poor professional performance and professional misconduct

The Committee decided that Allegation 12 amounts to poor professional performance.

The Committee decided that Allegation 12 amounts to professional misconduct as a breach of the Code of Conduct for Pharmacists, Principles 1, 2, 4, 5 and 6, is disgraceful in a professional

respect and involves dishonesty of a nature or degree which bears on the carrying on of the profession of a pharmacist.

7.13 Allegations cumulatively

The Committee decided that Allegation 6, 7(a), 7(b), 7(c), 7(d), 11(a), 11(b) and 11(c) when considered cumulatively amount to professional misconduct that involves moral turpitude of a nature or degree which bears on the carrying on of the profession of a pharmacist.

8. Committee Recommendations on Sanction

8.1 The Committee considered the findings against Mr Malone, their seriousness, and that they concerned conduct which was disgraceful and involved dishonesty, noting the breadth and extent of the medicines involved. These included;

(i) High Tech Medicines which are medicines subject to strict prescribing and control due to potential toxicity and are prescribed for high-risk patients;

(ii) Controlled Drugs which are drugs with a potential for misuse or abuse.

8.2 The Committee noted that the wrongdoing was not a once off but was a persistent pattern of pre-meditated practice on the part of Mr Malone over a period of time. The Committee had regard to the position of privilege and trust occupied by superintendent and supervising pharmacists and pharmacy owners and took account of the very significant passage of time since the relevant events.

8.3 The Committee carefully considered the relevant mitigating factors Noting; Mr Malone's co-operation with the PSI inspection and investigation including confirming his handwriting on prescriptions, handing over documentation and making certain admissions after having being cautioned; that there was a separate inspection in April 2016 and that Mr Malone co-operated with that process and which co-operation was specifically acknowledged by the Authorised Officer.

8.4 The Committee was of the view that Mr Malone showed a degree of early insight as communicated in the letter from his Solicitors dated 21 November 2019 at page 1012 of the Core Book. He also made open and full admissions for the purpose of the Inquiry which had a significant impact in truncating the duration of what would otherwise have been a very lengthy

Inquiry and the considerable savings in terms of costs associated with same. The Committee noted that there was no adverse outcome for any patient or customer and that counsel for Mr Malone outlined a full apology on his behalf in the course of the Inquiry hearing. The Committee had regard to the significant intervening period since the relevant incidents occurred, during which Mr Malone continued to practice as a pharmacist without coming to the attention of the PSI and the Committee took account of his previous unblemished career.

8.5 The Committee was also provided with evidence that Mr Malone entered into a settlement with the PCRS which involved a payment and relinquishment of a HSE contract but the Committee did not view this as a significant mitigating factor. Further and while the Committee was sympathetic to very difficult personal and family circumstances of Mr Malone, the Committee could not attach significant weight to same by way of mitigating factors.

8.6 The Committee was of the view there were a number of aggravating factors present in the case. The instructions and directions to [redacted], a very recently qualified pharmacist, was considered by it to be an aggravating factor and a clear abuse of Mr Malone's position of trust as a superintendent and supervising pharmacist and a pharmacy owner. Further, the breach of trust included directions given to [redacted] regarding controlled substances. The Committee noted that Mr Malone was an experienced pharmacist with a lengthy period in practice prior to the relevant incidents and he was the superintendent and supervising pharmacist at the relevant time. Consequently, the breach of his obligations and responsibilities as a custodian of medicines had to be considered as an aggravating factor. The Committee had regard to the fact that the findings included conduct that was proven to be disgraceful and included dishonesty which undermines public confidence in the profession even in the absence of an adverse outcome. This was pre-meditated and persistent conduct and involved amendments to records in the form of prescriptions

8.7 In considering the question of sanction, the Committee was of the view that the sanction of admonishment or censure would not adequately reflect the seriousness of the findings, the multiplicity of findings, the factual circumstances and would not adequately protect the public. In next considering conditional registration, the Committee was of the view that no conditions could meet the seriousness of the findings or provide the public with an appropriate level of reassurance regarding the Registrant's practice. In considering the possibility of suspension, the Committee had regard to the fact that a pattern of wrongdoing occurred while the Registrant was the superintendent and supervising pharmacist and a pharmacy owner. The Committee was of the view that a period of suspension would not adequately protect the public regarding

safe practice, would not adequately maintain public confidence in the profession and would not sufficiently protect and uphold professional standards.

8.8 The Committee was of the view that the nature and extent of the findings against the Registrant are incompatible with the Registrant continuing to practice as a registered pharmacist. The Committee had regard to the multiple findings of professional misconduct under all three limbs of the definition of misconduct and included deliberate and repeated acts, involved elements of dishonesty, a serious breach of his position of trust and a failure to keep proper records. Consequently, the Committee was of the view that the findings represented a significant deviation from safe practice and amounted to fundamental breaches of the Registrant's obligations and responsibilities in the trusted, important and privileged role of a pharmacist. Balancing the aggravating and mitigating factors and taking into account the requirement to be as lenient as permissible was not sufficient to lead to the conclusion that a sanction less than cancellation could be imposed in this case. The Committee decided that a recommendation of cancellation was proportionate and appropriate in all the circumstances.

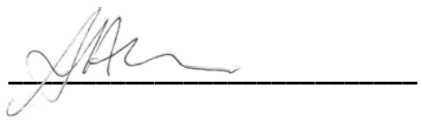
8.9 The Committee considered the question of a period of prohibition on applying for restoration to the register of pharmacists and in doing so considered the nature, extent, seriousness and circumstances of the wide-ranging findings against Mr Malone. The Committee decided that in light of the deliberate and repeated deviations from practice involving dishonesty and breaches of the Registrant's obligations and responsibilities in his trusted role as a pharmacist, it was appropriate and proportionate to impose a prohibition on applying for restoration.

8.10 Although not determinative, the Committee took into account the submission of the Registrar that the period of prohibition should be 5 years and the fact that Mr Malone did not dispute that proposed period. The Committee decided to recommend a period of prohibition of 5 years in light of the aggravating factors in the case and the importance of sending a message to the public and other members of the profession regarding the regulation and discouragement of such serious misconduct.

The Committee makes the following recommendation in relation to sanction:

The Committee recommends that the sanction of cancellation be imposed on Mr Malone.

The Committee recommends that there should be a prohibition on Mr Malone applying for restoration to the register of pharmacists for a period of 5 years from the date of cancellation.

SIGNED: 

Susan Ahern SC
Chairperson

DATE: 03 February 2026