

COLLEGE OF PHARMACISTS OF MANITOBA  
**NEWSLETTER**

Spring 2020

**Feature: COVID-19 Pandemic 4**

# Table of Contents

## Features

4. COVID-19 Pandemic

6. President's Message

## Professional Development

7. Commitment to Professional Development

8. Communication and Conflict Resolution Tool

## Quality Assurance

9. Moving Forward with Safety IQ

## Practice Advisories

10. Therapeutic Relationship Guidelines

10. Education from the Adult Inquest Review Committee Meetings of the Chief Medical Examiner's Office

13. Medication Recalls

## Discipline Decisions

14. Discipline Decision

## News and Events

17. College Award Recipients

17. Young Leader Award Recipients

18. In Memoriam

THIS NEWSLETTER is published four times per year by the College of Pharmacists of Manitoba (the College) and is forwarded to every licenced pharmacist and pharmacy owner in the Province of Manitoba. Decisions of the College of Pharmacists of Manitoba regarding all matters such as regulations, drug-related incidents, etc. are published in the newsletter. The College therefore expects that all pharmacists and pharmacy owners are aware of these matters.

### OFFICERS

Wendy Clark, President, District 2  
Sonal Purohit, Vice President, District 1  
Jane Lamont, Executive Treasurer, District 2  
Kevin Hamilton, Past President, District 2

### COUNCILLORS

Laurie Andrews, Public Representative  
Ryan Buffie, District 1  
Alanna Doell, District 1  
Donna Forbes, Public Representative  
Donald Himbeault, Public Representative  
Drupad Joshi, District 2  
Bharti Kapoor, Public Representative  
Nicole Nakatsu, District 1  
Ravi Pandya, District 2  
Dr. Lalitha Raman-Wilms, Dean, College of Pharmacy  
Dr. John Toole, Public Representative

### LIAISONS TO COUNCIL

Susan Balagus, Pharmacy Technician  
Brenda Rosenthal, C.S.H.P. (MB Branch)  
Dr. Brenna Shearer, Pharmacists Manitoba  
Danika Vandale, Student Representative, College of Pharmacy

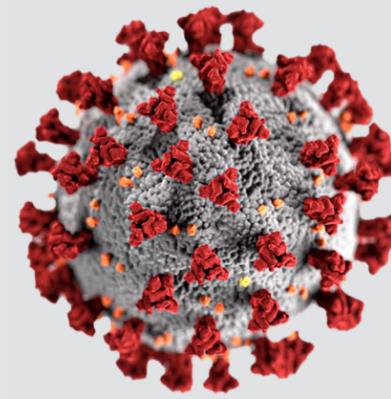
### COLLEGE STAFF

Susan Lessard-Friesen, Registrar  
Jill Hardy, Deputy Registrar  
Rani Chatterjee-Mehta, Assistant Registrar for Quality Assurance  
Kathy Hunter, Assistant Registrar for Field Operations  
Kim McIntosh, Assistant Registrar for Qualifications and Practice Development  
Ronda Eros, Practice Consultant  
Meret Shaker, Practice Consultant  
Lori McKietiuik, Director of Operations  
Bev Robinson, Registration Officer  
Stacey Hjordleifson, Senior Administrative Assistant  
Gus Gottfred, Communications & Quality Assurance Coordinator  
Lindsay Henderson, Executive Assistant to the Registrar & Deputy Registrar  
Brittany Delaquis, Administrative Assistant  
Hazel Suh, Administrative Assistant

200 TACHÉ AVENUE, WINNIPEG, MB | PHONE: (204) 233-1411  
FAX: (204) 237-3468 | EMAIL: [INFO@CPHM.CA](mailto:INFO@CPHM.CA) | [WWW.CPHM.CA](http://WWW.CPHM.CA)

Our mission is to protect the health and well-being of the public by ensuring and promoting safe, patient-centred and progressive pharmacy practice in collaboration with other health-care providers.

# COVID-19 Pandemic



Since early March, the College of Pharmacists of Manitoba (College) worked with our stakeholders regarding the COVID-19 pandemic. There has been a number of notices sent to pharmacy professionals in Manitoba with important information regarding changes provincially and federally.

### Social Distancing

Businesses in Manitoba, including pharmacies, must ensure separation of one to two metres between patrons assembling in the business.

As discussed in a previous notice, pharmacy owners and managers should also consider the following measures to protect the public and pharmacy staff:

- Signage regarding the importance of social distancing and handwashing/hygiene for both patients and staff.
- Limit the number of patients allowed in the pharmacy at one time, as appropriate.
- Modification of floor space to ensure appropriate room for social distancing in the front store.
- Control flow of patients by use of physical barriers, floor markings, and signage.
- Encourage the use of contactless payment.
- Clean and disinfect the dispensary and front store routinely, especially high contact areas.
- Modify the floor space in the dispensary to help increase distance between staff. This may include marked and separated workstations for staff, as appropriate.

- Encourage patients to setup refills by phone, as appropriate.

Review the College's [Guidelines for Ensuring Pharmacy Accessibility During a Health Crisis, or Pandemic](#).

### Medication Delivery During COVID-19 Pandemic

The College has developed an updated guidance document regarding medication deliveries. This document can be found [here](#), and on the College's homepage.

### Prescribing and Dispensing of Drugs to Treat COVID-19

In collaboration with the College of Physicians and Surgeons of Manitoba and the College of Registered Nurses of Manitoba, a guidance document has been developed regarding the prescribing and dispensing of drugs to treat COVID-19. This document can be found [here](#), and on the College's homepage.

### Emergency Planning and Central Fill Pharmacy Services during the COVID-19 Pandemic

The College has received questions regarding the possibility of incorporating central fill pharmacy services as part of a pharmacy's emergency preparedness plan. A guidance for pharmacy professionals can be found [here](#).

### M3P Prescriptions

Through March and April, the College received inquiries regarding measures to ensure safe patient access to Manitoba Prescribing Practices Program (M3P) drugs during the COVID-19 outbreak.

In response to these inquiries, the College and our stakeholders have posted an updated guidance document regarding drugs that usually require an M3P form. It is found on the members-only portal on the College's website.

### Exemption to the CPhM Prescribing Practice Direction

In an effort to minimize COVID-19 exposure while maintaining continuity of care for patients, Council has granted a temporary exemption to the CPhM Prescribing Practice Direction.

A direct assessment of the patient may now be conducted via telephone, in-person, or by face-to-face communication with the patient (e.g. telehealth/videoconferencing). All other requirements must be met as described in the Act, Regulation, and Prescribing/Prescribing and Dispensing Practice Directions.

This exemption to permit telephone assessments will be in place for an initial period of two months as of September 30, 2020, and will be re-assessed upon expiry.

### Recently Retired Pharmacists

College Council has passed a motion to waive the 2020 licensing fee for this group of applicants to assist during the COVID-19 pandemic, providing all other licensing requirements are met, including but not limited to those requirements for professional development and practice hours. In this case, Council will also determine when this licence issued to assist during a health crisis, will expire. Please contact Bev Robinson, Registration Officer, by email at [brobinson@cphm.ca](mailto:brobinson@cphm.ca) for further information on the application and licensing requirements.

### Health Canada CDSA Exemption

On March 19, 2020, Health Canada issued a short-term exemption under the Controlled Drugs and Substances Act (CDSA), permitting pharmacists to extend or transfer CDSA prescriptions, and accept verbal orders if permitted within the applicable provincial or territorial scopes of practice during the COVID-19 pandemic.

Please note that this exemption is currently not in place in Manitoba. This federal exemption requires amendments to Manitoba regulations, and the College has been working closely with the provincial government and other stakeholders on this matter since the release of this federal exemption. The College will continue to keep you informed.

### Point of Care Testing

The College has received questions from pharmacists regarding point of care testing for COVID-19. Please find a guidance document for pharmacy professionals [here](#).

Pharmacists in Manitoba cannot currently conduct point of care testing for COVID-19. The College has consulted with MHSAL, and all testing is currently being coordinated provincially. Provincial coordination is important to ensure that all results are integrated with the health system, tracked and reported daily, and that positive test results immediately trigger Public Health interventions including expedited contact tracing. Further, there are no Health Canada approved POCT that have been validated for sensitivity and accuracy in Manitoba at this time.

# President's Message



Dear Colleagues,

It is my honour to serve as President of the College of Pharmacists of Manitoba for the 2020 to 2022 Term. I take on this responsibility with a clear understanding of the mandate of the College to ensure the public receives safe

pharmacy care. The College mission, to put the health interests of Manitobans as its first priority, is at the centre of everything the College does in the regulation of pharmacy practice in this province.

Like many members of the College, I have been practicing on the frontlines during this health crisis and I am acutely aware of the unique challenges that exist during these uncertain times. The College sincerely thanks all pharmacy professionals and other frontline health providers for your tremendous efforts and dedication to meeting the high patient care and safety demands placed on you and your practice at this time.

Decisions made in the best interests of patient safety are not always easy. Uninformed public opinion and commentary can place incredible stress and pressures on practitioners. Be vigilant in making wise decisions for your patients during this time knowing that the College and your colleagues support you. As well, it is important to take care of yourself. Be sure to take the necessary steps to access resources available to you to stay well and be safe. For at least some of your patients, you may be their only constant during this health crisis, and they have come to depend on you.

In only a few short months, we have come to experience perhaps two of the most life-altering events in our modern history, the COVID-19 pandemic and world protest to end systemic racism, discrimination and social injustice. Life around the world has changed and as some anxiously wait for life to return to normal, others search for a new normal. However, it has become

clear, there are no guarantees on when normal will exist again. Greater awareness, understanding and unity are needed on both fronts in order to begin to heal, recover and reach a better place, a stronger place, a place where the health and welfare of every person is a priority, regardless of ancestry, heritage or the color of your skin.

Many recognize racism only in terms of obvious acts of hatred. As long as we condemn overt acts of hatred and violence made against someone based on the color of their skin, we are content in believing we are not racist. However, racism exists in our subconscious. It is ingrained, learned, and it determines our perspective including stereotypes and assumptions. For this reason, systemic racism is difficult to recognize. It has influenced our policies and practices. The analogy with the pandemic is startling. Like the carrier of a virus with no symptoms, systemic racism has existed in our society undetected, yet it permeates every facet of life and our ability to survive.

In our search for a new normal and at this time of great transformation in the world, we are all called to action and to take a stand against racism. Silence perpetuates systemic racism and the status quo is no longer an option. Advocating against all forms of racism, discrimination and social injustice can improve patient care and public protection.

Council has heard these important messages and has committed to leading the College on a journey of discovery, acknowledgement, greater awareness and understanding, and transformation to end systemic racism. This is not just another project or initiative of the College and there are no pre-determined timelines. This will be an extensive journey, taken under the guidance of experts and in unity with other regulators and health professions to truly transform and find that new normal where the College can say with complete certainty, it protects the health and safety of all Manitobans.

**Wendy Clark**  
**President**

# Professional Development

## Commitment to Professional Development

The College recognizes the many pharmacists whose outstanding participation in professional development (PD) activities during the PD year earned them a Commitment to Professional Development Certificate for 2018-2019.

Recipients of the certificate participated in a minimum of 50 hours of professional development activities, of which, a minimum of 30 hours were accredited learning activities. Congratulations to the following pharmacists on their achievement:

Joyce Adegbite  
Rizwan Ahmed  
Karam Al-Bayati  
Arleigh Andrushak  
Nicole Armstrong  
Marian Attia  
Joanna Ayotte  
Allison Bell  
B. Marie Berry  
Andrew Blais  
Noor Breik  
Dayna Catrysse  
William Cechvala  
Ryan Chan  
Jessica Cheung  
Victoria Cheung  
Wendy Clark  
Marcin Cychowski  
Sheril Cyriac  
Kavita Dave  
Alison Desjardins  
Pritpal Dhanjal  
Jeremiah Diana  
Betty Dong  
Terry Dubyts  
Cecile Dumesnil  
Michael Dwilow  
Ahmed Elshafeey  
Karin Ens  
Hans Epp  
Michelle Esau  
Carmen Fotheringham  
Jesse Franklin  
Stephanie Geith  
Eriny Gendy

Jennifer Gibson  
Kevin Hamilton  
Isaac Hanna  
Erika Hartel  
Warren Hicks  
Lorraine Hilderman  
Joseph Ho  
Tara Hoop  
Curtis Hughes  
Dustin Hunt  
Shannon Hunter  
Dieu Huynh  
Lorraine Kaus  
Samantha Kendall  
Emily Klekta  
Meghann Klowak  
Christopher Lawson  
Jugnu Lodha  
Dora Ma  
Janice Macalino  
Amarjeet Makkar  
Tara Maltman-Just  
Nicholas Malzahn  
Tara Jean Martin  
Scott McDougall  
Taylor McVannel  
Julie Mistri  
Arlene Nabong  
Khanh Nguyen  
Jason Nutbean  
Amy Oliver  
Kimberley Ortwein  
Jaimin Patel  
Arpitaben Patel

Caterina Pearson  
Ryan Persaud  
Kristine Petrasko  
Alan Phung  
Mervin Pichlyk  
Mathilda Prinsloo  
Erin Ramalho  
Lalitha Raman-Wilms  
Janine Rivest  
Ligy Russel  
Marina Saad  
Hanan Salem  
Jean Monique Sanchez  
Meret Shaker  
Navdeep Sidhu  
Jenny Sigurdson  
Candice Sisson  
Robyn Small  
Timothy Smith  
Alice Studney  
Meera Thadani  
Douglas Thidrickson  
Tinu Thomas  
Keith Tibbatts  
Linda Tran  
Dana Turcotte  
Julia Walker  
Travis Warner  
Danica Wasney  
Deanna Werry  
Monica Wong  
Lesley Worsnop  
Horst Wuerfel  
Amir Youssef  
Osama Zaki  
Lisa Zaretsky

# Communication and Conflict Resolution Tool - A Resource to Help you Avoid a Complaint

Using improved communication strategies is the best approach to better addressing patient concerns. When patients feel they have been heard and their needs have been met, they are less likely to file a formal complaint with the College.

The Complaints Committee (Committee) of the College has identified that poor or unprofessional communication is a common trend in complaint matters. In an effort to reduce the occurrence of complaints driven by poor customer service or a communication breakdown, the Committee has recommended the development of a Communication and Conflict Resolution Tool to be used by pharmacy professionals in Manitoba. This tool helps guide pharmacy staff to follow established best practices of good communication and conflict resolution.

Effective communication doesn't come naturally to some of us, and all of us have room to improve our communication skills. Effective communication and de-escalation skills can be achieved with practice.

The College recommends that all pharmacy staff consider and implement the strategies discussed within the Communication and Conflict Resolution Tool. Practicing the techniques described in the tool with pharmacy staff and outside of a stressful interaction with a patient, will help to reinforce the techniques. This promotes a more natural use of the strategies when you find yourself in a conflict situation. Becoming comfortable with these best practices will help promote effective communication and conflict resolution for everyone the next time a patient brings a concern forward to the pharmacy staff.

## Quality Assurance

# Moving Forward with Safety Improvement in Quality – Safety IQ

While the College planned to announce the implementation timelines for Safety IQ within this newsletter, it has been decided that the mandatory implementation of the Safety IQ standardized continuous quality improvement (CQI) program will be delayed. This decision was made considering the increased pressures that pharmacy professionals are facing as a result of the COVID-19 pandemic.

However, CQI programs such as Safety IQ can provide important insights during times of increased stress on pharmacy professionals, such as during this pandemic. As a result, pharmacy professionals are encouraged to engage in a CQI program at this time. Several continuous quality improvement platform providers, such as PharmaPod and ISMP Canada's Community Pharmacy Incident Reporting Platform (CPhIR) are offering complementary access to their platform and CQI tools to community pharmacies in Manitoba over the next few months. Please contact platform providers directly for more information.

Safety IQ is a standardized CQI program that has been developed specifically for community pharmacies in Manitoba but incorporates similar elements to other provincial CQI programs. The Safety IQ program includes anonymous reporting of medication incidents to a national incident data repository (NIDR), proactive review of pharmacy processes and documentation of improvement plan development and monitoring.

Safety IQ also aims to foster a safety culture with open discussion of quality related events among pharmacy staff. By contributing to national medication incident data, learnings are shared beyond the individual pharmacy and expands to health professionals across the country with the ultimate goal of improving patient safety.

Currently available resources related to Safety IQ are available on the College website:

### Community Pharmacy Safety Toolkit

The Community Pharmacy Safety Toolkit was launched in September 2019. The toolkit outlines key concepts of safety culture and provides resources to support pharmacy professionals in making necessary ongoing changes to improve communication of medication incidents and safety in their community pharmacy.

### A Safer Future: Preparing your Pharmacy for Safety IQ

This Professional Development (PD) program provides information to help community pharmacies in Manitoba plan for the implementation of Safety IQ. The PD program can be accessed on the Previously Recorded Program page on the College website. It is accredited for 2 CEU and information on how to claim CEU credits is also found on this page.



## Therapeutic Relationship Guidelines

The College has identified value in formalizing expectations on pharmacy professionals as it relates to appropriate relationships with patients and former patients. This formalized expectation is to be used by pharmacists as a guideline, in providing an understanding for maintaining appropriate boundaries in a therapeutic relationship between the pharmacist and a patient, and/or caregiver.

Council has recently approved the implementation of the [Practice Guideline for Professional Boundaries in Therapeutic Relationships](#), which is now posted on the College website for pharmacy professionals and the public. Pharmacy professionals are encouraged to review the Practice Guideline, and consider strategies for the implementation and maintenance of professional boundaries in therapeutic relationships with all patients and/or caregivers.

## Education from the Adult Inquest Review Committee Meetings of the Chief Medical

The College of Pharmacists of Manitoba attends monthly Adult Inquest Review Committee meetings at the Chief Medical Examiner's Office to review deaths which may have involved prescription drugs, focusing on opioids and other drugs of abuse. A case study based on information obtained from these meetings is presented in each Newsletter to provide an opportunity for education and self-reflection for all pharmacists on patterns of opioid, benzodiazepine and other drug dispensing in your own practice. All dates, patient initials, names of pharmacies, and prescribers have been changed and de-identified to protect the identity of the patient and their family.

### Introduction

KF was a 40-year-old woman who was found deceased at home in December 2018. She had a past medical history of opioid addiction and was on a methadone maintenance treatment program. There was no suicide note found and no indication of trauma. An autopsy was performed, and cause of death was determined to be multi-drug overdose involving carfentanil and methadone. This case was identified by the College as an important learning opportunity for pharmacists to review dispensing practices.

### Results

The toxicology report was positive for methadone and carfentanil. The following chart represents the results of the toxicology report:

| Drug                                 | Level (ng/mL)                               | Therapeutic Range, if applicable (ng/mL) |
|--------------------------------------|---|--|
| Methadone                            | 650*  | 100-400                                  |
| EDDP (inactive methadone metabolite) | 88  |  |
| Carfentanil                          | 1.11 (The lowest carfentanil is 0.05 ng/mL) |  |

\*Please note that a level of 650 ng/ml methadone in a long-term, stable opioid replacement therapy (ORT) patient cannot necessarily be interpreted as a toxic level. This level may be appropriate and it cannot be assumed that the methadone was overused.

KF's DPIN showed that she was dispensed the following drugs (and had been for the preceding 6 months):

| Generic Name | Date Dispensed | Strength | Quantity | Days Supply | Prescriber | Pharmacy          |
|--------------|----------------|----------|----------|-------------|------------|-------------------|
| Methadone    | Dec 20, 2018   | 10 mg/ml | 16*      | 5*          | Dr. Psy    | TT Pharmacy       |
| Alprazolam   | Dec 13, 2018   | 1 mg     | 56       | 28          | Dr. Psy    | Bullseye Pharmacy |
| Temazepam    | Dec 13, 2018   | 30 mg    | 28       | 28          | Dr. Psy    | Bullseye Pharmacy |

\*Daily dose 3.2 mL (32 mg). Patient received a total of two witnessed doses and five carry doses weekly.

### Discussion

There are multiple factors that are important to consider:

- Although benzodiazepines did not contribute to the patient's death, it is still important to note that KF was prescribed near or higher than recommended doses of benzodiazepines. The Ashton Manual<sup>1</sup> is an excellent benzodiazepine reference and includes a chart for determining approximate oral dosages of benzodiazepines in diazepam equivalents. The Compendium of Pharmaceuticals and Specialties (CPS) 2 and the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain Opioid Manager<sup>3</sup> are also excellent resources that can be used to determine approximate diazepam equivalents. Prescribing more than 30-40 mg of diazepam or equivalent per day is generally not recommended. At 2 mg of alprazolam per day (20 to 40 mg diazepam equivalents) in addition to 30 mg of temazepam per day (10 to 15 mg diazepam equivalents), the patient may have received greater than the recommended cumulative dose of benzodiazepines.
- Long-term use of benzodiazepines is not

supported by evidence and prescribing more than one at a time is not recommended. There is no evidence that combination benzodiazepines improves efficacy, but combination treatment may increase risk of harm. This practice may be an attempt to treat anxiety and insomnia individually without consideration of their common causes. Patients should have a long-term plan for managing anxiety and insomnia in place, including a strategy for discontinuing the benzodiazepine once the effects of long-term treatment (e.g., SSRI/SNRI, psychotherapy) begin to take effect. Buspirone could also be considered an alternative to a benzodiazepine for anxiety.

- Prescribing benzodiazepines concurrently with methadone can result in excessive sedation and lead to increased risk of respiratory depression. If it is necessary to prescribe them together, daily dispensing or dispensing along with methadone is recommended. For more information about appropriate prescribing practices in opioid replacement therapy, refer to the Opioid Agonist Therapy (OAT) Guidelines for Manitoba Pharmacists.

- Consider providing naloxone kits to patients at risk of opioid overdose (e.g., >90 mg morphine equivalent, ORT patients, multiple prescribers, frequent early refills, frequent emergency visits requesting opioid, history of opioid use disorder, concomitant CNS depressants, during tapering plan). Note that greater than normal doses of naloxone may be required to reverse an overdose for more potent opioids, like fentanyl and carfentanil.
- The patient's benzodiazepines did not appear on the toxicology report. The patient may have been diverting the medication or was not taking them. The patient was supplementing with street drugs (carfentanil) which in combination with the patient's methadone, resulted in a fatal overdose. Patients showing signs of instability should not be given carries.

It would have been advisable for the pharmacist dispensing the patient's medications to have a conversation with the prescriber about the combination, dosages, and quantities dispensed of the medications prescribed. These conversations should always be documented appropriately.

It is a pharmacist's primary responsibility to ensure patient safety when dispensing prescription medication. All members are reminded of their professional obligation to ensure that each prescription is reviewed thoroughly. Proper measures must be taken to address issues with appropriateness of drug therapy, drug interactions, therapeutic duplication as well as correct dosage.

## Resources

1. The Ashton Manual <https://www.benzo.org.uk/manual/bzcha01.htm#24>
2. Canadian Pharmacists Association. Compendium of Pharmaceuticals and Specialties (CPS) [Available](#)
3. Michael G. DeGroot National Pain Centre. McMaster University. [Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain Opioid Manager](#).
4. The Center for Effective Practice (CEP) [Practice Tool: Benzodiazepine Use](#).
5. Katzman et al., [Canadian Clinical Practice Guidelines for the Management of Anxiety, Posttraumatic Stress and Obsessive-compulsive Disorders](#). *BMC Psychiatry* 2014;14(Suppl 1):S1.
6. CADTH. [High dose and watchful dosing of benzodiazepines: A review of the safety and guidelines. November 21, 2012.](#)
7. Choosing Wisely. Pharmacists. [Recommendation 6](#). Don't prescribe or dispense benzodiazepines without building a discontinuation strategy into the patient's treatment plan (except for patients who have a valid indication for long-term use).
8. Choosing Wisely. [Drowsy without feeling lousy](#). A toolkit for reducing inappropriate use of benzodiazepines and sedative-hypnotics among older adults in primary care. Version 10. July 2017.
9. CADTH. [Discontinuation Strategies for Patients with Long-term Benzodiazepine Use: A review of clinical evidence and guidelines](#). July 29, 2015.
10. Canadian Centre on Substance Use and Addiction (CCSA). [Effective Interventions to Manage Symptoms of Benzodiazepine Withdrawal in Seniors](#). November 2014.
11. [Opioid Agonist Therapy Guidelines for Manitoba Pharmacists](#). December 2019.
12. [Canadian Centre on Substance Use and Addiction \(CCSA\). Resources related to the opioid crisis.](#)
13. School of Pharmacy. University of Waterloo. [Naloxone and Opioid Crisis Resources](#).

# Medication Recalls

As medication recalls become increasingly prevalent across Canada, the impact on patient safety can be significant if recalls are not dealt with appropriately and in a timely manner. Pharmacists are in a unique position as front-line practitioners to provide guidance to prescribers, and patients often rely on pharmacists for direction and re-assurance.

Health Canada issued recalls help to effectively remove products that are in violation of the *Food and Drugs Act*, from further sale or allow for correction of that product. Health Canada expects the responsible party to voluntarily initiate and conduct the recall in a timely and effective manner, and have mitigation measures in place to prevent reoccurrence. If Health Canada believes that a therapeutic product presents a serious or imminent risk to Canadians, Health Canada has the power to order a recall.

According to Health Canada's [Drug and Natural Health Products Recall Guide](#), a "responsible party" is the one accountable for initiating and conducting the recall. The responsible party is expected to have a recall strategy in place, which includes assessing the risk to health according to the following classification:

- Type I: there is a reasonable probability that the use of, or exposure to a recalled product will cause serious adverse health consequences or death.
- Type II: the use of, or exposure to a recalled product may cause temporary adverse health consequences or where the probability of serious adverse health consequences is remote.
- Type III: the use of, or exposure to a recalled product is not likely to cause any adverse health consequences

Depending on the product's degree of hazard and extent of distribution, the recall strategy may also specify a "depth of distribution" from which a product is recalled (e.g. wholesale, retail, user or consumer).

Although the responsible party initiates the recall strategy, collaboration between all parties involved in the distribution chain is necessary. Recall actions can extend beyond the manufacturer of the recalled product and may require distributors, wholesalers, and retailers (such as pharmacies) to notify anyone who received or purchased the affected product through them, and must take appropriate action to return, dispose of, or correct the recalled product.

Therefore, the expectation is that anyone who received, purchased, or used the product being recalled, receive a recall communication (e.g. pharmacies). Those receiving the recall communication are to immediately carry out the instructions specified in the recall, and, where necessary, extend the recall to patients.

It is important to note that Health Canada recall notices do not always provide clear directives or explicitly state the obligations of pharmacists to their patients. A pharmacist cannot rely strictly on the classification system (Type I, II or III), to determine whether or not to contact patients. This is where the pharmacist must employ professional judgment, or comply with direction provided by the provincial government or the College, when provided.

Pharmacists have the obligation to stay well-informed of all drug recalls and resulting shortages that may affect patient safety. All Health Canada [Product Recalls and Alerts](#) are listed on the Health Canada Website within the Recalls and Safety Alerts Database. In addition, [Drug Shortage Canada](#) reports all current and upcoming drug shortages and discontinued drug products. All pharmacists are advised to subscribe to notices from Health Canada, including [MedEffect™](#) Canada e-Notice and Health Product [InfoWatch](#) to stay informed on the latest health product alerts, advisories and drug recalls.

Please see Health Canada's Document titled "[Recall Policy for Health Products](#)" and "[Drug and Natural Health Products Recall Guide](#)" for more information.

## Discipline Decision: Kaur Sidhu

Pursuant to the Notice of Hearing (the "Notice") dated December 7, 2018, a hearing was conducted by the Discipline Committee of the College of Pharmacists of Manitoba (the "College") at the College offices, 200 Tache Avenue, Winnipeg, Manitoba, on September 17, 2019, with respect to charges alleging that Mr. Kaur Sidhu, being a pharmacist under the provisions of *The Pharmaceutical Act*, C.C.S.M. c.P60 ("*The Act*") and a registrant of the College, is guilty of professional misconduct, conduct unbecoming a member, or displayed a lack of skill or judgment in the practice of pharmacy or operation of a pharmacy, or any of the above, as described in section 54 of *The Act*, in that, between May 9, 2016, and June 18, 2018, at River East Pharmacy located at 1417A Henderson Highway, Winnipeg, Manitoba, in his role as pharmacist or pharmacy manager:

1. Failed to appropriately account for narcotic inventory, including expired and patient return narcotics in contravention of the Narcotic & Control Drug Accountability Guidelines (the "Guidelines");
2. [STAYED];
3. Failed to meet the responsibilities of a pharmacy manager by delegating responsibility related to narcotic inventory management to a pharmacy assistant in contravention of the Guidelines and section 65 of the Pharmaceutical Regulation 185/2013 (the "Regulation"), or either of them;
4. Failed to secure pharmacy records from unauthorized access, theft, use or loss in contravention of sections 56(1)12 and 56(1)15 of the Regulation, sections 2.2.3 and 2.2.8 of the Pharmacy Facilities Practice Direction, and section 2.4.1 of the Records and Information Practice Direction, or any of them; and,
5. Prescribed and dispensed in excess of 200 tablets of an Exempted Codeine Preparation in contravention of section 2.10 of the Exempted Codeine Preparations Practice Direction.

At the hearing, Mr. Jeff Hirsch attended as legal counsel to the Complaints Committee, Mr. David Marr attended as legal counsel to the Panel of the Discipline Committee (the "Panel"), and Mr. Grant Stefanson attended with, and as legal counsel to, Mr. Sidhu.

A Statement of Agreed Facts was filed in which the parties agreed to the following:

1. Mr. Sidhu admitted his membership in the College.
2. Mr. Sidhu admitted valid service of the Notice of Hearing dated December 7, 2018, and that the College complied with the requirements of sub-sections 46(2) and 46(3) of *The Act*.
3. Mr. Sidhu had no objection to any of the Panel members nor to legal counsel to the Panel on the basis of bias, a reasonable apprehension of bias, or a conflict of interest.
4. Mr. Sidhu graduated with his pharmacy degree from the University of Manitoba in 1998.
5. Mr. Sidhu was registered as a pharmacist under *The Act* since February 25, 1999.
6. At all times material to this proceeding, Mr. Sidhu was a member of the College as a practising pharmacist in Manitoba.

7. Mr. Sidhu practiced as a retail pharmacist from the time of his initial registration in Manitoba as a pharmacist. Mr. Sidhu was employed by Extra Foods on Notre Dame Avenue in Winnipeg as a pharmacist and pharmacy manager from April through June 1999. From October 1999 through June 2000, he worked at Al-Shifa Pharmacy #2 as a pharmacist and pharmacy manager. Mr. Sidhu was a pharmacist and pharmacy manager at the Zeller's Pharmacy located at 1455 Henderson Highway, in Winnipeg, until October 12, 2010, then worked at Danial Pharmacy from November 2010 until January 2011. Since that time, he owned and operated and worked as the pharmacy manager of River East Pharmacy at 1417A Henderson Highway in Winnipeg.
8. Mr. Sidhu had previous discipline history with the College which included related offences.
9. On May 15, 2012, the Association's Discipline Committee found Mr. Sidhu guilty of 10 counts of professional misconduct and unskilled practice in connection with Mr. Sidhu transferring prescriptions to another pharmacy without obtaining authorization from patients, misidentifying the pharmacy to which the prescriptions were transferred, adding refills to prescriptions without requesting or obtaining authorization from the prescribing physician, transferring prescriptions to a pharmacy not authorized by the patient's agent, contacting patients to have them transfer prescriptions to a pharmacy in which he had or intended to have a direct or indirect financial interest, intentionally misidentified the pharmacy or pharmacies to conceal the true destination of the transferred prescriptions, failed to record the name of the pharmacy filling the prescriptions and using patients' personal health information to contact the customers/ clients and former customers/ clients of the Zellers Pharmacy to solicit their business. Mr. Sidhu was ordered to pay a \$4,000 fine as well as a contribution to the costs of the investigations and proceedings in the amount of \$16,000.
10. On August 17, 2017, the College's Discipline Committee found Mr. Sidhu guilty of two counts of professional misconduct and unskilled practice in connection with Mr. Sidhu dispensing a prescription without confirming the accuracy of the prescription, failing to provide proper patient medication counselling to the patient, failing to document a medication incident and advise the prescribing physician of the medication incident, and contacting a patient with the intent of changing the patient's mind as to the transfer of a medication and/or advancing the commercial interests of a pharmacy in which he has a direct or indirect economic interest. Mr. Sidhu was ordered to pay a \$750 fine as well as a contribution to the costs of the investigations and proceedings in the amount of \$250.

Regarding admission and plea, the Statement of Agreed Facts stated that:

11. Mr. Sidhu reviewed the Notice as well as the Statement of Agreed Facts (the "Statement"). He admitted the truth and accuracy of the facts in the Statement and that the witnesses and other evidence available to the College would, if called and otherwise adduced, be substantially in accordance with these facts.
12. Mr. Sidhu tendered no evidence and made no submissions on the issue of professional misconduct other than to admit that the conduct hereinafter described demonstrates professional misconduct, and a lack of knowledge or skill or judgment in the practice of pharmacy or operation of a pharmacy as described in section 54 of *The Act*.
13. Mr. Sidhu agreed to enter a plea of guilty to counts 1, 3, 4, and 5 set out in the Notice.
14. The Complaints Committee agreed to stay Count 2 set out in the Notice.

The Complaints Committee entered a stay of proceedings with respect to Count 2. Mr. Sidhu entered a plea of guilty to counts 1, 3, 4, and 5.

After hearing the submissions of counsel for the Complaints Committee and Mr. Sidhu, the Panel found Mr. Sidhu guilty of professional misconduct, and that he displayed a lack of knowledge, skill or judgment in the practice of pharmacy, or operation of a pharmacy as described in section 54 of *The Act*, and, the Panel accepted the joint recommendation of the parties on disposition. The joint recommendation stated and ordered that Mr. Sidhu:

1. pay a fine in the amount of \$5,000;
2. pay a contribution to the costs of the investigation and hearing in the amount of \$7,000;
3. is prohibited from holding the position of pharmacy manager or preceptor for a period of five years; and,
4. is required to successfully complete a College-approved jurisprudence/pharmacy law course no later than October 31, 2021.

In arriving at its decision, the Panel considered the Statement of Agreed Facts and the joint recommendation on disposition, and concluded that the recommended disposition was sufficient to act as a deterrent, both general and specific, and would serve to protect the public's interest and confidence.

DATED at Winnipeg, Manitoba this 30th day of October, 2019.

THE COLLEGE OF PHARMACISTS OF MANITOBA

## News and Events

# College Award Recipients

### 2019 Pharmacist of the Year

Glenda Marsh

This award is given annually to a Manitoba pharmacist who, in the opinion of his/ her peers, has made a significant contribution to the profession during his/her career, has been elected to office in provincial and/or national pharmacy organizations and possesses high practice standards and innovation.

### Bonnie Schultz Memorial Award for Pharmacy Practice Excellence

Henk Denboer

The Bonnie Schultz Memorial Award for Practice Excellence is given on occasion to a pharmacist who demonstrates outstanding excellence in optimizing patient care, serving as a role model, demonstrating superior communication skills, and displaying compassion, empathy, and concern.

### Patient Safety Award

Safety IQ Team (Ronda Eros, Rachel Carlson, Gus Gottfred, Jill Hardy)

This award recognizes the achievement of an individual pharmacist, a group of pharmacists, an interdisciplinary group (that includes a pharmacist or pharmacists as key participants) or a pharmacy organization that has made a significant and lasting contribution to improving patient safety and health care quality through a specific initiative or project.

### Honorary Member

Carmen Catizone, Executive Director, NABP

An Honorary Membership is given to worthy individuals who are not registered pharmacists in Manitoba, but have provided valuable and notable service to the profession of pharmacy.

# Young Leader Award Recipients

Jenna Esteban Villarba & Lani Kotyrba

This award is given to recently licensed pharmacists (practicing 1 to 5 years post-graduation) and to pharmacy students in their final year of study who have made a professional contribution to patient care, the pharmacy profession or amongst their colleagues and peers at the University Of Manitoba College Of Pharmacy

# In Memoriam



Harry Chunick - January 19, 2020

Robert Publow - April 5, 2020