THE COLLEGE OF PHARMACISTS OF MANITOBA

In the matter of: ***The Pharmaceutical Act*, C.C.S.M., c.P60**

And in the matter of: **Caitlin Giercke, a pharmacist registered with the College of Pharmacists of Manitoba**

DECISION AND ORDER OF THE DISCIPLINE COMMITTEE

Introduction

1. Pursuant to a Notice of Hearing dated January 30, 2026 (the "Notice"), a hearing was conducted by the Discipline Committee (the "Discipline Committee") of the College of Pharmacists of Manitoba (the "College") at the offices of Thompson Dorfman Sweatman LLP, on June 1, 2026, with respect to charges formulated by the Complaints Committee of the College (the "Complaints Committee") alleging that Caitlin Giercke ("Ms. Giercke"), being a pharmacist and/or pharmacy manager 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, of conduct unbecoming a member, or of having displayed a lack of knowledge or skill or judgment in the practice of pharmacy or the operation of a pharmacy, or any of the above, as described in section 54 of the Act, in that, at Pharmasave #456, 308 Saskatchewan Ave. E., Portage la Prairie, Manitoba (the "Pharmacy"):

1. In respect of care provided to patient "[redacted]":

    a. On or about June 17, 2020, she dispensed the narcotic drug oxycodone without regard to prescriber-specified fill dates or authorized dispensing intervals, in contravention of subsection 2(3) of the Act, sections 69(4), 78(1)(b) and 83 of *The Pharmaceutical Regulation*, Man Reg 185/2013 (the "Regulation"), and section 4.1 of the *Practice Direction: M3P Information Entered into DPIN* (the "M3P PD"), or any of them;

    b. On or about June 17, 2020, she provided oxycodone in a quantity which exceeded the amount authorized by the prescriber, in contravention of section 2(3) of the Act, sections 69(4), 78(1)(b) and 83 of the Regulation, and section 4.1 of the M3P PD, or any of them;

    c. On two occasions, she dispensed an M3P scheduled narcotic drug pursuant to a faxed prescription addressed to a different pharmacy, in contravention of section 2(3) of the Act, section 83(g) of the Regulation, and Statement VII of the *Code of Ethics* (the "Code"), or any of them; and

    d. She dispensed oxycodone pursuant to a prescription order that prescribed more than one drug, in contravention of subsection 77(b) of the Regulation, and the *Joint Statement: Ensuring Safe Access to M3P Prescriptions for Patients During the Covid-19 Outbreak (April 2020)* (the "Covid Statement"), or either of them.

2. In respect of care provided to patient "[redacted]", on March 1, 2021, she dispensed or authorized the dispensing of Apo-Hydromorphone 2mg and Teva-Fentanyl 12 mcg patches without a prescription, in contravention of subsection 31(2) of the *Narcotic*

Control Regulations, C.R.C. c. 1041 (the "NCRs"), subsection 2(3) of the Act, subsection 69(1) of the Regulation, section 4 of *The Pharmaceutical (General Matters) Regulation*, Man. Reg. 194/2013 (the "General Regulation"), section 4.1 of the M3P PD and Statement VII of the Code, or any of them.

3. In respect of care provided to patient "[redacted]", on May 12, 2021, she dispensed or authorized the dispensing of OxyNeo® 80mg tablets without obtaining a prescription directly from the prescriber, in contravention of subsections 77 and 78 of the Regulation, and *Prescription Copies: Pharmacist Obligations & Considerations (2014)*, or any of them.

4. In respect of care provided to patient "[redacted]":

   a. On July 6, 2021, she dispensed Intuniv® XR without a prescription, in contravention of section C.01.041(1)(a) of the *Food and Drug Regulations*, C.R.C. c. 870 (the "FDRs"), subsection 2(3) of the Act, subsection 69(1) of the Regulation and section 4 of the General Regulation, or any of them; and

   b. On July 6, 2021, she created an improper and inaccurate Intuniv® XR prescription record in the Pharmacy record and entry into DPIN, in contravention of subsection 9(4) of the *Prescription Drugs Payment of Benefits Regulation* (the "Benefits Regulation"), section 2.1.3 of the *Practice Direction: Records and Information* (the "Records PD"), and Statements VII and VIII of the Code, or any of them.

5. Between June 2020 and October 2021, she failed to protect controlled substances within the Pharmacy by delegating narcotic accountability tasks to a pharmacist other than the pharmacy manager and/or by failing to oversee the narcotic accountability tasks assumed and conducted by a staff pharmacist at the Pharmacy in regard to manual adjustments and the maintenance of the perpetual inventory, in contravention of sections 42 and 43 of the NCRs, sections G.03.012 and G.03.013 of the FDRs, subsections 72(1)(a) and 72(2) of the *Benzodiazepine and Other Targeted Drug Regulations* SOR/2000-217, (the "BOTSRs"), sections 2.3.2.1, 2.3.2.3, 2.3.2.4 and 2.3.2.5 of the *Practice Direction: Drug Distribution and Storage* (the "DDS PD"), sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, the *Narcotic and Controlled Drugs Accountability Guidelines* (the "Narcotic Guidelines"), and Statements VIII and X of the Code, or any of them.

6. On multiple occasions between June 2020 and October 2021, in her capacity as pharmacy manager, she failed to protect the controlled substances at the Pharmacy by failing to oversee the controlled substance receiving process at the Pharmacy, failing to detect possible diversionary actions by a staff pharmacist, and failing to protect her narcotic signature, in contravention of section 43 of the NCRs, section G.03.012 of the FDRs, subsections 75 and 79(2)(e) of the Regulation, sections 2.3.1, 2.3.2.1, 2.3.2.3 and 2.3.2.4 of the DDS PD, sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and Statements VIII and X of the Code, or any of them.

7. On multiple occasions between June 2020 and October 2021, in her capacity as pharmacy manager, she failed to oversee important narcotic accountability practices

and failed to intervene despite being aware that narcotic accountability practices were not being properly completed, in contravention of sections 42 and 43 of the NCRs, sections G.03.012 and G.03.013 of the FDRs, subsections 72(1)(a) and 72(2) of the BOTSRs, section 2.3.2 of the DDS PD, sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and the Narcotic Guidelines, or any of them.

8. On multiple occasions, she created prescription records within the Pharmacy and in DPIN which indicated that she had dispensed PMS-Hydromorphone 1mg/ml Oral Solution, when she had provided compounded hydromorphone oral solution, in contravention of subsection 38(d) of the NCRs, sections 2(3) and 78 of the Act, subsections 56(1)12, 70(1)(c) and 78(1)(c) of the Regulation, section 2.1.1 and 2.1.3 of the Records PD, section 4.2 of the M3P PD, and Statement VIII of the Code, or any of them.

9. Between June 2020 and October 2021, as pharmacy manager, she:

    a. failed to maintain an accurate perpetual inventory of regular, unsalable and patient-returned controlled substances within the Pharmacy, in contravention of section 43 of the NCRs, section G.03.012 of the FDRs, section 72(1)(a) of the BOTSRs, sections 2.3.2.1 and 2.3.2.2 of the DDS PD and the Narcotic Guidelines, or any of them;

    b. failed to ensure that all discrepancies in the perpetual narcotic and/or controlled drug inventory were investigated and the investigations documented, and failed to evaluate whether procedural changes or preventative measures were needed to prevent future discrepancies in contravention of section 43 of the NCRs, section G.03.012 of the FDRs, subsection 72(1)(a) of the BOTSRs, sections 2.3.2.3 and 2.3.2.4 of the DDS PD, and the Narcotic Guidelines, or any of them;

    c. failed to ensure that the disposal of pharmacy-generated and patient-returned controlled substances was done in accordance with prescribed guidelines and documented, in contravention of sections 2.1.1., 2.1.2 and 2.1.3 of the Records PD, and the Narcotic Guidelines, or any of them;

    d. failed to ensure the security of narcotic and/or controlled substances in the Pharmacy by failing to ensure that a record of the receipt of hydromorphone powder was created at the Pharmacy, failing to maintain a perpetual inventory of the drug, and failing to include hydromorphone powder in inventory verification counts, in contravention of sections 30 and 43 of the NCRs, sections 2.3.1, 2.3.2.1 and 2.3.2.2 of the DDS PD, sections 2.1.1 and 2.1.3 of the Records PD, and the Narcotic Guidelines, or any of them;

    e. failed to ensure the drug destruction process for hydromorphone powder was documented, witnessed and attested to by two regulated health care professionals, in contravention of sections 43 of the NCRs, section 2.3.1 of the DDS PD, sections 2.1.1 and 2.1.3 of the Records PD and the Narcotics Guidelines, or any of them;

f. failed to ensure all unexplained shortages of narcotic, controlled and targeted drugs were reported to Health Canada's OCS in contravention of section 42 of the NCRs, section G.03.013 of the FDRs, subsection 72(2) of the BOTSRs, section 2.3.2.5 of the DDS PD, and the Narcotic Guidelines, or any of them; and

g. failed to ensure all unexplained shortages of narcotic, controlled and targeted drugs were reported to the College in contravention of section 2.3.2.5 of the DDS PD, and the Narcotic Guideline, or either of them.

10. With respect to a break-in which occurred at the Pharmacy in February 2021:

a. She failed to report the loss and/or theft of controlled substances to Health Canada OCS within ten days, in contravention of section 42 of the NCRs, section G.03.013 of the FDRs, subsection 72(2) of the BOTSRs, section 2.3.2.5 of the DDS PD, or any of them; and

b. She failed to report the loss and/or theft of controlled substances to the College within ten days, in contravention of section 2.3.2.5 of the DDS PD, and the Narcotic Guidelines, or either of them.

2. The hearing into these charges convened on June 1, 2026. Mr. Jeffrey Hirsch, K.C. and Ms. Sharyne Hamm appeared as counsel for the Complaints Committee. Mr. John Jones appeared as counsel for Ms. Giercke, who also attended in person. Mr. Thomas Reimer appeared as counsel for the presiding panel of the Discipline Committee (the "Panel").

3. The Complaints Committee and Ms. Giercke jointly submitted a Statement of Agreed Facts (the "Statement"), which was entered into evidence. In the Statement, Ms. Giercke admitted the following, with respect to jurisdiction, service, panel composition and practice and discipline history:

I. Jurisdiction, Service and Panel Composition

a. She is a member of the College.

b. She received valid service of the Notice.

c. The College has complied with the requirements of ss. 46(2) and 46(3) of the Act.

d. She has no objection to any of the Panel members, nor to legal counsel to the Panel, whether on the basis of bias, reasonable apprehension of bias, or conflict of interest.

II. Practice and Discipline History

e. Ms. Giercke graduated with her pharmacy degree from the University of Manitoba in 2006.

f. She has been registered as a pharmacist under the Act since June 30, 2006. At all material times, she was a registrant of the College.

g. Ms. Giercke's employment history is as follows:

i. Upon graduation in 2006, she worked as a staff pharmacist at Shoppers Drug Mart #544 in Portage la Prairie, Manitoba (the "Portage SDM");

ii. In January 2020, she gave her notice to operate a Pharmasave in Portage la Prairie;

iii. The opening of the Pharmasave was delayed until June 2020 by the Covid-19 pandemic;

iv. Beginning in June 2020, and continuing to the date of the hearing, Ms. Giercke became the owner and pharmacy manager of Pharmasave in Portage la Prairie (the "Pharmacy").

h. Ms. Giercke has no previous discipline history with the College. She was involved with one previous complaint matter that was resolved without further action being taken by the Complaints Committee.

III. Admissions and Plea

4. Ms. Giercke admitted to having reviewed the Notice and the Statement, which her counsel and counsel for the Complaints Committee both signed. Ms. Giercke admitted the truth and accuracy of the facts in the Statement and admitted that the witnesses and other evidence available to the College would, if called and otherwise tendered, be substantially in accordance with these facts.

5. Ms. Giercke tendered no evidence and made no submissions on the issue of professional misconduct, other than to admit that the conduct described in the Statement demonstrates professional misconduct and a display of a lack of knowledge, skill or judgment in the practice of pharmacy or the operation of a pharmacy as described in section 54 of the Act.

6. Ms. Giercke entered a guilty plea to counts 1 thorough 10 of the Notice (the "Charges").

7. Ms. Giercke agreed that her admissions and guilty plea were voluntary, informed and unequivocal. She also confirmed that she understood that by pleading guilty, she has given up her right to contest the factual accuracy of the allegations in the Charges.

IV. Disposition

8. Legal counsel for the Complaints Committee and for Ms. Giercke made a joint recommendation with respect to an appropriate disposition. At the hearing on the Charges, the Panel advised the parties that it accepted the joint recommendation, with written reasons to follow. Those written reasons are set out below.

V. Decision and Order

9. Considering the evidence contained in the Statement, together with Ms. Giercke's admissions of guilt, the Panel accepts that the Charges have been established. It therefore finds Ms. Giercke guilty of professional misconduct and of displaying a lack of knowledge, skill or judgment in the practice of pharmacy or operation of a pharmacy, as described in s. 54 of the Act. The Panel accepts

the joint recommendation and therefore makes the following orders, pursuant to ss. 55 and 56 of the Act:

a. Ms. Giercke will pay a fine of $15,000;

b. A restriction will be placed on Ms. Giercke's practicing licence for two years from the date of this Order prohibiting her from being a preceptor;

c. Ms. Giercke will be required to permit the Pharmacy to undergo a routine pharmacy inspection, conducted by and to the satisfaction of the College's Field Operations team, within one year of the date of this Order. The inspection and any necessary follow-up visits will be conducted at the Pharmacy's cost, and any deficiencies identified during the inspection must be corrected to the satisfaction of the College within 30 days of notification;

d. There will be publication of the conviction, penalty and circumstances of the offences, including publication of Ms. Giercke's name;

e. Ms. Giercke will pay a contribution to the costs of the investigation and hearing in the amount of $10,000; and

f. Ms. Giercke will have one year from the date of this decision to pay the fine and contribution to costs ordered in subparagraphs (a) and (e), respectively.

VI. Reasons for Decision

10. In reaching its decision, the Panel considered the Statement, the joint recommendation, the submissions of the parties, and the affidavit of Dr. Brent Booker affirmed June 1, 2026.

11. The following is a summary of the facts contained in the Statement. By her guilty plea, Ms. Giercke has admitted that the facts in the Statement breached the various provisions of the legislation, practice directions, and guidelines cited in the Charges at the beginning of this decision. Citations to these documents and provisions will not be repeated in the summary below.

A. Summary of Facts

Background

12. Before taking steps to open the Pharmacy in 2020, Ms. Giercke worked at the Portage SDM as a staff pharmacist for approximately 13 years. For approximately eight of those years, she worked with Glen Pauch, who at various times worked as a staff pharmacist, pharmacy manager and Associate Owner.

13. Before Ms. Giercke gave her notice in January 2020, she and Mr. Pauch made a verbal agreement that while Ms. Giercke would initially be the sole pharmacy owner, Mr. Pauch would eventually be permitted to buy into the business after his non-compete agreement with Shoppers Drug Mart expired. The two agreed that Ms. Giercke would be the pharmacy manager, that she would take responsibility for the Safety IQ program, medication incident reporting and maintenance of the policy and procedures manual at the Pharmacy, and that Mr. Pauch would handle all back-

office tasks, such as payroll, inventory, and responsibilities related to controlled substance accountability.

14. The investigation that ultimately resulted in separate sets of charges against Mr. Pauch and Ms. Giercke was triggered by a report that Ms. Giercke made to the College on October 25, 2021. Ms. Giercke reported concerns regarding Mr. Pauch's treatment of a patient who was regularly receiving refills of an immediate release opioid 17 to 18 days early without proper prescriber authorization. Ms. Giercke also told the College that she was worried about Mr. Pauch's health and that she was concerned he had been diverting and/or misusing prescription medication. Ms. Giercke told the College's investigator that that although she initially noticed and became concerned that Mr. Pauch was permitting early fills of narcotics in January 2021, she did not express her concerns. She abandoned an attempted intervention in July 2021 because Mr. Pauch was going through a crisis in his personal life.

15. On October 27, 2021, Mr. Pauch voluntarily surrendered his licence and agreed not to work in a pharmacy until his licence was reinstated. On or about the same date, his employment with the Pharmacy was terminated. He recently pled guilty to dozens of charges arising from professional misconduct dating from the start of his tenure at the Pharmacy in June 2020, until he surrendered his licence. Many of the charges to which Mr. Pauch pled guilty related to his mishandling of narcotic and controlled substances in a way that gave rise to a suspicion of diversion.

16. The Charges against Ms. Giercke relate primarily to her own pharmacy practice and to her failure to adequately oversee the Pharmacy's controlled substance accountability practices.

Count 1

17. In connection with Count 1, Ms. Giercke has admitted that on June 17, 2020, she dispensed the narcotic drug oxycodone to patient [redacted] without regard to the fill dates and dispensing intervals authorized by the prescriber. On this occasion, Ms. Giercke used a prescription record created by Mr. Pauch to fill 150 oxycodone 10mg tablets for the patient seven days before the fill date authorized by the prescriber.

18. It is not clear if Ms. Giercke reviewed the actual prescription before treating the patient. Whether or not she did, when Ms. Giercke filled the prescription, she failed to account for 60 oxycodone 5mg tablets that Mr. Pauch had dispensed to the patient two days earlier using the same prescription. This resulted in the patient receiving more oxycodone than [redacted] had been prescribed. There was no record that Ms. Giercke contacted the prescriber about the excess dose.

19. The prescription used to dispense [redacted] oxycodone in June 2020 was addressed to, and intended for, the [redacted], not the Pharmacy. Filling a prescription addressed to a different pharmacy is a breach of the provisions of the Act, the Regulation and the Code identified in Count 1. On one other occasion in November 2020, Ms. Giercke also dispensed oxycodone to [redacted] using a prescription intended for the [redacted]. On neither occasion was there any evidence that Ms. Giercke or anyone else at the Pharmacy had contacted the prescriber or the [redacted] to rectify the issue.

20. Ms. Giercke has also admitted that she dispensed oxycodone to [redacted] using a prescription order that prescribed more than one drug, which breached the Regulation and the Covid Statement.

Count 2

21. Count 2 relates to care Ms. Giercke provided to patient "[redacted]". On March 1, 2021, Ms Giercke dispensed 60 Apo-Hydromorphone 2mg tablets and 5 Teva-Fentanyl 12 mcg/hour patches to [redacted] without a valid prescription using the name of a prescriber who had made a previous prescription. That previous prescription had no remaining refills, but Ms. Giercke dispensed both medications on instructions from Mr. Pauch, who said that the prescriber would be faxing a prescription later that day. However, the prescriber did not issue a new prescription for either of the drugs, meaning that Ms. Giercke dispensed them without authorization.

Count 3

22. Ms. Giercke admits that she dispensed OxyNeo® 80mg tablets to patient "[redacted]" without obtaining a prescription directly from the prescriber. On May 12, 2021, a pharmacy assistant at the Pharmacy prepared a fax request to send to [redacted]'s prescriber requesting a new OxyNeo® prescription for [redacted]. Mr. Pauch added a handwritten note explaining that he had been told by [redacted] that [redacted] was experiencing withdrawal symptoms.

23. Before receiving a response to the faxed request, Mr. Pauch created a prescription for [redacted] using the prescriber's name, under which he dispensed 10 Apo-Oxycodone CR 15 mg tablets. He did not tell the prescriber he had done so. The prescriber then responded to the fax request to indicate that he had sent a prescription for OxyNeo® to [redacted] usual pharmacy, the [redacted], and would not be sending an authorization for the Pharmacy to fill the prescription.

24. The Pharmacy obtained a copy of the prescription addressed to the [redacted]. On May 12, 2021, Ms. Giercke filled this prescription and did not adjust the dispensed quantity to account for the oxycodone tablets Mr. Pauch had provided to [redacted] earlier that day.

25. By accepting a copy of this faxed prescription, Ms. Giercke contravened legislation that prohibits inter-pharmacy transfers of prescriptions for narcotic drugs.

Count 4

26. Count 4 relates to a prescription for Intuniv® XR that Ms. Giercke dispensed to patient [redacted]" without a prescription. [redacted] was a [redacted] with no patient history at the Pharmacy. On July 6, 2021, Ms. Giercke initialed a Kroll hard copy to indicate she had authorized the dispensing of 30 tablets of Intuniv® to [redacted]. There was no evidence that Ms. Giercke had received a prescription before she dispensed the medication. Ms. Giercke has also admitted in connection with this fill that she created an improper and inaccurate prescription record in the Pharmacy's Kroll dispensary system and in DPIN, using a prescriber's name without that prescriber's authorization.

Count 5

27. In connection with Count 5, Ms. Giercke has admitted that, between June 2020 and October 2021, she failed to protect controlled substances within the Pharmacy by delegating narcotic accountability tasks to Mr. Pauch and by failing to oversee Mr. Pauch's conduct of the narcotic accountability tasks relating to manual adjusts and the maintenance of the Pharmacy's perpetual inventory.

28. A pharmacy's perpetual inventory is a key tool in the protection of a pharmacy's controlled substances. The perpetual inventory gives a "snapshot" of the exact quantity of controlled substances in stock at the pharmacy at any given time. If drugs need to be removed because of expiry, damage, errors, or other reasons, adjustments to the perpetual inventory are made by pharmacy staff and properly documented, with a detailed explanation. For the perpetual inventory to function properly, it must be verified by regular physical counts.

29. As outlined above, Ms. Giercke and Mr. Pauch had agreed that, although Mr. Pauch was not the pharmacy manager, he would be responsible for conducting scheduled narcotic counts, investigating discrepancies, and completing the reporting of unexplained losses. In a separate proceeding, Mr. Pauch pled guilty to professional misconduct relating, among other things, to improper manual adjustments he made to the perpetual inventory between June 2020 and October 2021.

30. As a result of Mr. Pauch's manual adjustments to the perpetual inventory, thousands of doses of narcotic and controlled substances are unaccounted for. Although Mr. Pauch acted independently and without Ms. Giercke's knowledge or cooperation, as pharmacy manager it was her ultimate responsibility to ensure proper maintenance of the perpetual inventory and to prevent improper manual adjustments to it.

31. Ms. Giercke has admitted that she did not access the adjustment records that were available to her in the Kroll system at the Pharmacy. She further admits that she failed to secure drugs from theft and diversion and failed to oversee the narcotic accountability tasks undertaken by Mr. Pauch, which allowed him to potentially remove drug inventory from the Pharmacy by way of manual adjustments.

Count 6

32. Ms Giercke has admitted in relation to Count 6 that, on multiple occasions between June 2020 and October 2021, in her capacity as pharmacy manager, she failed to protect the controlled substances at the Pharmacy by failing to oversee the controlled substance receiving process at the Pharmacy, failing to detect possible diversionary actions by a staff pharmacist, and failing to protect her narcotic signature. The College's investigation revealed that on 39 occasions totalling 12,300 doses, narcotic and controlled drugs were shipped to the Pharmacy, but were not recorded at the Pharmacy as having been received and were not entered into the Pharmacy's perpetual inventory. There is no indication of what happened to these drugs.

33. The investigation established a pattern of orders of narcotic and controlled substances being received by Mr. Pauch without proper records, without entry into the Pharmacy's inventory, or with improper manual adjustments being made to the inventory. Ms. Giercke has admitted that she failed to oversee and ensure that the drug receiving process was being properly completed by Mr. Pauch, which was her responsibility as pharmacy manager.

34. Ms. Giercke has also admitted that she shared her narcotic signature widely among the Pharmacy's staff, including with Mr. Pauch. Each pharmacist has a narcotic signature, similar to a digital password, that provides a mechanism to signify that all orders of controlled substances have been properly signed for. It is used both for ordering and receiving narcotics. Sharing these signatures defeats their purpose and is a breach of the legislation.

Count 7

35. Count 7 relates to Ms. Giercke's failure, on multiple occasions between June 2020 and October 2021, to oversee important narcotic accountability practices and to intervene despite being aware that narcotic accountability practices were not being properly completed by Mr. Pauch.

36. Ms. Giercke has admitted that she raised concerns about Mr. Pauch's narcotic accountability practices from time to time but did not adequately intervene or ensure that they were properly completed. As pharmacy manager, Ms. Giercke had ultimate responsibility to ensure that sufficient procedures were in place and being followed to identify theft, loss or diversion of narcotic and controlled drugs.

37. If Ms. Giercke chose to delegate tasks to Mr. Pauch, she was required to oversee his completion of them. It was her responsibility to ensure that the perpetual inventory was maintained, that discrepancies were investigated, and that reporting of unexplained losses was done within 10 days, as required by the legislation.

38. Although Ms. Giercke was aware that patient-returned substances were not being properly handled at the Pharmacy, she took no corrective steps between June 2020 and October 2021. She was aware that there were many significant discrepancies and unexplained shortages, yet she failed to follow up on Mr. Pauch's actions in investigating and reporting them.

Count 8

39. In relation to Count 8, Ms. Giercke has admitted that on multiple occasions she created prescription records within the Pharmacy and in DPIN that indicated she had dispensed PMS-Hydromorphone 1mg/mL Oral Solution, when she had provided compounded hydromorphone oral solution. Pharmacists are required to keep a variety of records that, among other things, accurately record the name, form, manufacturer and quantity of the narcotic.

40. The Pharmacy frequently recorded that it had dispensed PMS-Hydromorphone 1 mg/mL Oral Solution to patient [redacted], when notes made by pharmacy staff indicated that a compounded version of hydromorphone oral solution had been prepared and used to fill the prescriptions. Between February 17, 2021, and December 17, 2021, Ms. Giercke checked and verified 42 prescriptions that used hydromorphone oral solution compounded by Mr. Pauch but were billed as the PMS commercial product.

Count 9

41. The seven subcounts charged under Count 9 relate to a variety of ways in which Ms. Giercke failed to meet her obligations as pharmacy manager. Count 9(a) relates to her failure to maintain an accurate perpetual inventory of regular, unsalable and patient-returned controlled substances. The Pharmacy had no records to show that it properly tracked unusable controlled substances. The Pharmacy had no documentation system in place for patient-returned controlled substances. On one occasion, such substances were stored by Mr. Pauch in the dispensary in an unsecure manner and ultimately disappeared.

42. Count 9(b) relates to Ms. Giercke's failure to ensure that discrepancies in the perpetual inventory were investigated, that the investigations were documented, and that an evaluation was

done as to whether procedural changes or preventative measures were needed to prevent future discrepancies. Between June 2020 and the end of 2021, 215 discrepancies were identified, including 143 drug shortages. However, only 12 of the discrepancies had documented investigations, seven of which related to drug shortages. Although this was one of the things Mr. Pauch had agreed to do, it was Ms. Giercke's ultimate responsibility to ensure that it was done and done properly.

43. Count 9(c) relates to Ms. Giercke's failure to ensure that expired and patient-returned narcotic and controlled drugs were properly destroyed. Count 9(e) details similar facts specifically in relation to hydromorphone powder. Destruction of such drugs must be carried out in the presence of two health professionals and must be clearly documented. Ms. Giercke did not recall ever being asked to participate in the destruction process. In addition to a staggering amount of hydromorphone, which is discussed in relation to Count 9(d), there were hundreds of doses of a variety of other controlled substances that should have been destroyed but which are unaccounted for.

44. The admitted facts relating to Count 9(d) may be the most concerning part of the Statement. Ms. Giercke has admitted that between June 2020 and October 2021, as pharmacy manager, she failed to ensure that a record of the receipt of hydromorphone powder was created at the Pharmacy, failed to maintain a perpetual inventory of hydromorphone powder, and failed to ensure that a record of the receipt of hydromorphone powder was created at the Pharmacy.

45. The investigation revealed that three purchases totalling 22,000 mg of hydromorphone powder were never entered into any record or into the perpetual inventory system at the Pharmacy. Of this amount, 19,223 mg is unaccounted for in the Pharmacy's records.

46. Counts 9(f) and (g) relate to Ms. Giercke's admitted failure to ensure that all unexplained shortages of narcotic, controlled and targeted drugs were reported to Health Canada and to the College. Between June 2020 and the end of 2021, there were 143 unexplained shortages identified at the Pharmacy, none of which were reported to the College or to Health Canada. On one occasion, which is described in Count 10, a report was made, but only outside the required 10-day timeline.

Count 10

47. Ms Giercke has admitted in relation to Count 10 that, following a break-in that occurred at the Pharmacy in February 2021, she failed to report the loss and/or theft of controlled substances to Health Canada and to the College within 10 days, as required by legislation.

B. Disposition

48. After hearing submissions from counsel for the Complaints Committee and counsel for Ms. Giercke, the Panel advised the parties that it accepted the joint recommendation with written reasons to follow.

49. This case is a textbook example of why the role of pharmacy manager is so important for the safe and effective operation of a pharmacy and, more specifically, for the protection of narcotic and controlled substances. Ms. Giercke's failure to meet her obligations as the pharmacy manager created an environment in which a bad or incompetent actor could more easily mishandle or divert controlled substances at the Pharmacy. Unfortunately, that risk materialized. The fact that a huge volume of drugs is unaccounted for is attributable both to Mr. Pauch's misconduct and to Ms. Giercke's failure to oversee Mr. Pauch and to intervene as soon as she had concerns.

50. Mr. Pauch was effectively Ms. Giercke's partner in the business of the Pharmacy and had previously occupied senior roles to her at the [redacted]. The Panel recognizes that it may have been difficult for Ms. Giercke to effectively supervise Mr. Pauch. Nevertheless, as her counsel acknowledged at the hearing, that is what she was required to do. She was the pharmacy manager and needed to ensure that any duties she delegated to Mr. Pauch were done properly because they remained her responsibility. As the pharmacy manager, Ms. Giercke had ultimate responsibility to ensure that adequate procedures were in place and being followed to identify theft, loss or diversion of narcotic and controlled drugs. This was not something that could be delegated to Mr. Pauch without oversight.

51. The Panel notes that the Charges relate not just to Ms. Giercke's misconduct as pharmacy manager, but also to pharmacy services she provided as a pharmacist. She needed to be more diligent about following the rules around dispensing narcotic and controlled substances and it is appropriate that these failures should also attract discipline.

52. The Panel accepts that Ms. Giercke regrets her conduct and has taken responsibility for it. She cooperated with the College throughout the investigation and hearing process and entered a guilty plea to all Charges. The Panel is in no doubt that she feels remorseful. Although she should have contacted the College sooner, the Panel notes that she initiated the complaint against Mr. Pauch that ultimately resulted in discipline for herself as well.

53. In the joint recommendation, the parties have proposed a penalty that is reasonable and proportionate to Ms. Giercke's misconduct. The $15,000-fine and the publication of Ms. Giercke's name and the circumstances of her misconduct are serious penalties. In accepting the joint recommendation, the Panel is mindful of the need to maintain public confidence in the integrity of the College's ability to properly supervise its members' conduct. The Panel finds that the recommended penalty is consistent with the principles of sentencing and will meet its objectives. The penalty will act as a specific deterrence of Ms. Giercke from engaging in similar conduct in the future and a general deterrence for the profession, especially those who are or may become pharmacy managers.

54. The Panel also finds that the parties' joint recommendation that Ms. Giercke contribute $10,000 to the College's costs is reasonable, proportionate, and consistent with the Panel's statutory discretion under ss. 56(1) and (2) of the Act.

VII. Conclusion

55. To summarize, pursuant to ss. 55 and 56 of the Act, the Panel orders that:

a. Ms. Giercke will pay a fine of $15,000;

b. A restriction will be placed on Ms. Giercke's practicing licence for two years from the date of this Order prohibiting Ms. Giercke from being a preceptor;

c. Ms. Giercke will be required to permit the Pharmacy to undergo a routine pharmacy inspection, conducted by and to the satisfaction of the College's Field Operations team, within one year of the date of this Order. The inspection and any necessary follow-up visits will be conducted at the Pharmacy's cost, and any deficiencies identified during the

inspection must be corrected to the satisfaction of the College within 30 days of notification;

d. There will be publication of the conviction, penalty and circumstances of the offences, including publication of Ms. Giercke's name;

e. Ms. Giercke will pay a contribution to the costs of the investigation and hearing in the amount of $10,000; and

f. Ms. Giercke will have one year from the date of this decision to pay the fine and contribution to costs ordered in subparagraphs (a) and (e), respectively.

DATED at Winnipeg, Manitoba, this 20th day of August, 2026.

THE COLLEGE OF PHARMACISTS OF MANITOBA



Per: Martha Mikulak
Chair, Discipline Panel