



ANNUAL REPORT 2025

College of Pharmacists of Manitoba

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CPhM.ca



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The College of Pharmacists of Manitoba acknowledges that we gather on Treaty 1 territory, the home and traditional lands of the Anishinaabe, Ininewak, Anishinewak, Dakota Oyate, and Denesuline Nations, as well as in the National Homeland of the Red River Métis. We recognize Indigenous peoples' enduring connection to this land and commit to cultural humility within our regulatory practices. By embracing the diversity of knowledge within these communities, we strive to cultivate a culturally responsive pharmacy profession that meets the unique needs of all people living in Manitoba.



Lake Winnipeg

Message from the Chair and Registrar/CEO

Dear pharmacy professionals, system partners, and members of the public,

Over the course of the year, the College of Pharmacists of Manitoba (CPhM) strengthened its current regulatory framework and advanced initiatives to meet the evolving needs of all communities across Manitoba.

In 2025, CPhM launched its 2025-2027 Strategic Plan, entitled; Future-Pharmacy Regulation, which outlined a clear, forward-thinking approach to pharmacy regulation. The plan focuses on supporting Manitoba's pharmacy workforce, modernizing regulatory approaches and preparing for future legislative changes that will shape and strengthen the future of pharmacy care in Manitoba. It also emphasizes enhancing and strengthening operational infrastructure to support effective, efficient regulation. While this work will continue throughout the strategic cycle, CPhM has already made meaningful progress in advancing these priorities.

CPhM completed several key tactics of the strategic plan, including important organizational changes to better position itself for long-term success. In July 2025, CPhM transitioned to new office space within the Center for Professional Regulatory Collaboration. This move enables more effective use of resources and strengthens CPhM's ability to operate efficiently in a modern regulatory environment.

Significant progress was made to improve how pharmacy professionals enter the workforce in Manitoba. CPhM has modernized its registration, listing, and licensing processes. This includes streamlined pathways for eligible jurisdictions and a more accessible online application system. Together, these improvements have made it easier for qualified pharmacy professionals to become eligible to practise in Manitoba, helping address health human resource pressures while maintaining the standards required for safe and ethical practice. As pharmacy practice continues to evolve, CPhM is strengthening its oversight of compliance in higher-risk areas of practice, including an enhanced focus on sterile compounding in 2025. These efforts support consistent standards and the delivery of safe, high-quality care across all pharmacy settings.

Throughout this period of change and progress, CPhM has remained committed to its mandate to serve and protect the public interest in pharmacy practice, as established by *the Pharmaceutical Act*. Every initiative and decision is grounded in its responsibility to ensure safe pharmacy practice and maintain public trust.

Looking ahead, CPhM will continue to build on the momentum of 2025 by advancing the strategic priorities, modernizing its regulatory approach, and working collaboratively with system partners to support safe, responsive pharmacy practice.

None of this progress would be possible without the dedication and commitment of pharmacy professionals, Council members, public representatives, and CPhM staff. Together, your ongoing efforts play a vital role in advancing the health and well-being of all who access pharmacy care and maintaining public trust in the profession. Thank you.

Sincerely,

Kevin Hamilton,
Registrar/CEO

Kathy Hunter,
Chair, Council



Message from a Public Representative

Serving as a public representative on the Council of the College of Pharmacists of Manitoba (CPhM) continues to be a meaningful experience. Public representatives play a vital role in ensuring that the interest of the public remains at the center of regulatory decision making. We contribute a public perspective that supports balanced discussions, strengthens governance, and reinforces transparency and accountability.

Public representatives participate not only on Council, but across all CPhM committees. This involvement brings a valuable perspective to discussions that helps shape the future of pharmacy regulation in Manitoba. By contributing to Council and committee work, public representatives help ensure that decisions reflect both the expertise of pharmacy professionals' and the best interests of the public, and promote safe and ethical practice of pharmacy professionals to meet the needs of all people accessing pharmacy services in Manitoba.

In my role on Council, I serve on CPhM committees, including on the Extended Practice Advisory Committee which has been particularly rewarding. The Extended Practice Advisory Committee reviews the expanded scope of practice and ethics expectations of extended practice pharmacists, inspection and audit outcomes, to maintain currency and relevance. Additionally, I also serve on the Finance Committee. The Finance Committee is responsible for monitoring the financial affairs of CPhM and drafting an annual budget for Council consideration.


I appreciate the collaborative efforts of committee members. I enjoy working with pharmacy professionals and representatives from other health regulatory bodies, including the College of Physicians and Surgeons of Manitoba and the College of Registered Nurses of Manitoba, to contribute meaningful impacts to health profession regulation in the province.

As a public representative, I am proud to provide a public perspective to these essential discussions and decisions. The collective work of Council, CPhM committees, and staff enhances pharmacy practice and advances accessibility to healthcare services for all people living in Manitoba. I look forward to continuing in this role as a public representative on Council and contributing to its success and progress in 2026.

Elizabeth Reimer
CPhM Public Representative



About CPhM

The image shows the exterior of a modern building with a brick facade and large windows. The text "Centre for Professional Regulatory Collaboration" is visible on the building's facade. The image is overlaid with a purple gradient and geometric shapes.

Centre for Professional
Regulatory Collaboration

CPhM Mandate

CPhM's mandate is to serve and protect the public interest in pharmacy practice, as established by *the Pharmaceutical Act* (The Act). This responsibility remains the foundation of our work and informs every decision we make as a regulatory body.

How We Regulate in the Public Interest

Each year, CPhM carries out key activities to maintain the standards of pharmacy practice across Manitoba, including:

- Establishing and maintaining registration criteria for pharmacy professionals and maintaining the public register
- Setting and enforcing standards of practice and a code of ethics.
- Investigating complaints and determining appropriate remedial or disciplinary actions when needed
- Ensuring pharmacy professionals engage in ongoing learning to continually enhance competence to practice
- Licensing community, hospital, and clinical practice pharmacies according to established operating requirements and standards



Our Purpose Statement

The College of Pharmacists of Manitoba (CPhM) regulates the pharmacy profession with a commitment to excellence in person-centred, evidence-informed, and timely pharmacy care for all people. We serve the public interest by ensuring all pharmacy professionals are qualified to provide safe, ethical, and culturally sensitive care, free from all forms of racism, including Indigenous-specific racism. Through inclusivity, collaboration, and a dedication to integrity and accountability in our regulatory practices, we create an equitable environment that protects and prioritizes the public's best interests.

Our Guiding Principles



Accountability First

We uphold integrity in every decision and action, prioritizing transparency and responsibility to earn and maintain the public's trust.



Unwavering Commitment to Equity

We are dedicated to creating a culturally sensitive, anti-racist regulatory environment, respecting and promoting fairness for all those who seek care in Manitoba.



Person-Centered Excellence

We place the health and well-being of the people we serve at the center of our work, fostering compassionate, timely, and evidence-informed care.



Collaboration and Inclusivity

By engaging with system-partners, interested, affected, or relevant parties, and communities, we advance the pharmacy profession through open dialogue and inclusive decision-making.



Integrity-Driven Decision Making

With a focus on ethical practice and empathy, we consistently act to protect the public's interests and inspire trustworthiness in all regulatory practices.

Strategic Plan

In 2025, CPhM launched the 2025-2027 Strategic Plan: Future-Pharmacy Regulation. Future-Pharmacy Regulation is a forward-thinking approach to the regulation of pharmacy practice and reinforces CPhM's commitment to enhance patient safety and care delivery through professional and regulatory practices that address the diverse needs of all equity-seeking groups, including rural, Indigenous, francophone, and other communities in Manitoba. It reflects our intent to evolve our regulatory framework to meet the future needs of the pharmacy profession, embracing innovation, emerging trends, and advancing technologies to ensure that pharmacy practices remain safe, efficient, and aligned with future healthcare demands. This theme conveys our commitment to staying ahead of changes in the field to promote safe pharmacy practice and remain responsive to the diverse needs of people living in Manitoba.

Strategic Priority 1:

Support Manitoba's Pharmacy Workforce: Empower pharmacy professionals with tools and resources to deliver high-quality care. This includes improving standards of practice, enhancing the quality assurance program, and developing an accessible complaints process.

Key Initiatives:

- Expand and improve the current Quality Assurance Program using best practices and right-touch regulation principles.
- Ensure continued Standards of Practice development, monitoring, and review to support pharmacy professionals in providing safe, effective, ethical care.
- Support continued efforts to strengthen CPhM Complaints and Discipline processes to further enhance fairness, efficiency, and accessibility.

Strategic Priority 2:

Prepare for and Shape Legislative Changes: Proactively lead legislative changes to modernize pharmacy practice, including transitioning to *The Regulated Health Professions Act (RHPA)* and addressing workforce and regulatory challenges.

Key Initiatives:

- Commit resources to plan for and encourage the future legislative reform that would bring CPhM under the RHPA.
- Prepare and plan for the regulation and full registration of Pharmacy Technicians.
- Prepare and plan for modernizing regulation of pharmacists to align with evolving healthcare needs.
- Identify key issues related to the pharmacy professional workforce, ensuring public protection is key in all decisions.

Strategic Priority 3:

Build and Support Operational Infrastructure: Strengthen CPhM internal systems through a digital strategy roadmap, risk management, and optimization of operational processes to support efficient regulation.

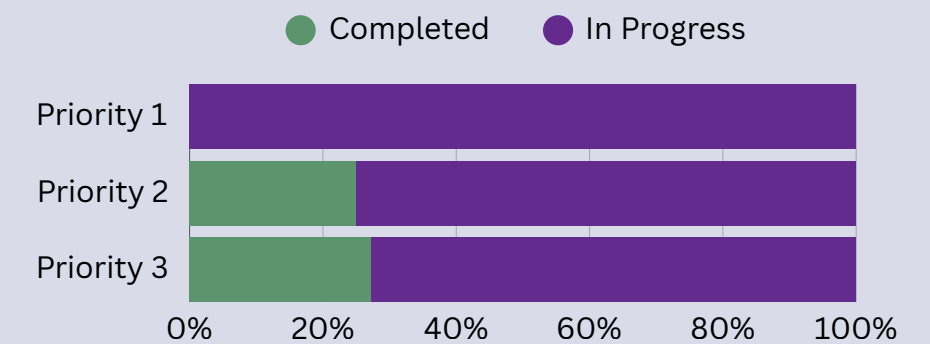
Key Initiatives:

- Develop a Digital Strategy to guide future technology improvements, ensure cybersecurity, and maintain sustainable systems that support the public interest.
- Prioritize and resource the development of policies for internal processes to improve consistency, efficiency, standardization, and professionalism in CPhM operations.
- Develop and maintain a risk register to proactively identify and minimize potential issues.
- Evaluate and optimize the use of physical office space, equipment, and financial resources.

DEIB+A at the Core: Every initiative within the 2025-2027 strategic priority is grounded in CPhM's commitment to fostering diversity, equity, inclusion, belonging, and accessibility. Centering DEIB+A ensures CPhM is better equipped to serve all people living in Manitoba.

For more information on *Future-Pharmacy Regulation* or to view the Accountability Dashboards, visit: <https://cphm.ca/about-the-college/strategic-plan/>

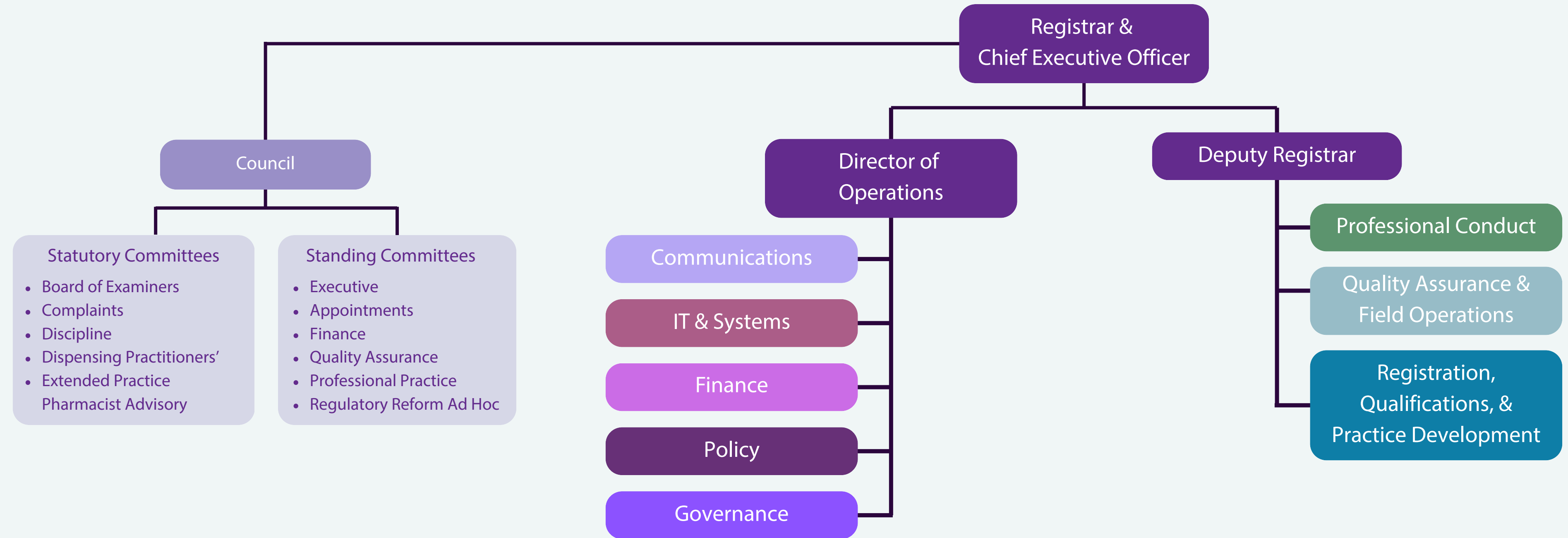
2025 Strategic Plan Overview:



2025 Impact at a Glance:

- 4 consultants hired to assist CPhM with various projects and goals related to the Strategic Plan
- 1 new committee formed
- 1 new organizational management tool implemented (Risk Register)
- 1 successful office relocation executed
- 100% successful transition of all new IT programs to the network at 210 Commerce Drive

Organizational Chart



CPhM Council and Committees

As the governing body of the CPhM, the Council is responsible to set policies and oversee regulatory programs that protect the public interest. Council members bring diverse expertise and perspectives to their roles, which assist in setting strategic direction and monitoring regulatory functions of CPhM.

Role of the CPhM Council

The CPhM Council is responsible for:

- Establishing education and entry-to-practice requirements for pharmacy professionals and pharmacies.
- Setting professional and ethical standards for pharmacy professionals.
- Implementing quality assurance programs to ensure pharmacy professionals' continuing competence.
- Setting and monitoring the organization's strategic plan.

CPhM Council Members

Kathy Hunter, Chair

David Mullins, Vice Chair

Amanda Jenkyns, Public Representative

Donna Forbes, Public Representative

Don Himbeault, Public Representative

Elizabeth Reimer, Public Representative

Todd Derendorf, Pharmacist

Alanna Doell, Pharmacist

Brendon Mitchell, Pharmacist

Teryl Moore, Pharmacist

Chantal MacDonald, Pharmacy Technician

Hope Anderson, Dean, U of M College of Pharmacy

Lavern Vercaigne, Dean, U of M College of Pharmacy (*until July 1, 2025*)

Ryan Buffie, Chair (*until May 13, 2025*)

Committees

Composition of each committee is set out in its terms of reference and consists of Council members, members of the public, and pharmacists and pharmacy technicians appointed by Council.

Statutory Committees

The authority and duties of statutory committees are outlined in *the Pharmaceutical Act* and *Pharmaceutical Regulation*.

Board of Examiners

The Board of Examiners works with CPhM staff to consider and decide on applications for registration, as outlined in *the Pharmaceutical Act*. The Board of Examiners has delegated authority to review and approve individual applications for registration.

Members:
Brenda Rosenthal, Chair
Kasia Kieloch, Public Representative
Kathy Hunter
Shelly Tshiovo
Hope Anderson, Dean, U of M College of Pharmacy
Lavern Vercaigne, Ex-Officio, Non-Voting Member (*until July 1, 2025*)
Don Himbeault, Public Representative (*until June 23, 2025*)

Complaints Committee

The Complaints Committee is delegated authority in *the Pharmaceutical Act* to investigate and make decisions on complaint matters related to the conduct of CPhM registrants, owners, students, and interns. The Complaints Committee has the authority, following investigation, to decide whether the complaint warrants a referral to the Discipline Committee or some other action which upholds the public interest. Complaints Committee decisions are legal in nature and issued independent from oversight or input of Council.

Members:
Shannon Trapp, Chair
Mike Sloan, Vice-Chair
Clint Huber
George Kolomaya, Public Representative
Brenda Martinussen, Public Representative
Susan Ruff, Public Representative

Discipline Committee

The Discipline Committee is delegated authority in *the Pharmaceutical Act* to conduct hearings in cases referred by the Complaints Committee relating to the serious nature of alleged professional misconduct or incompetence. As with Complaints Committee decisions, Discipline Committee decisions are legal in nature, and issued independent from oversight or input of Council.

Members:
Glenda Marsh, Chair
Martha Mikulak, Vice-Chair
Joanna Ayotte
Ryan Buffie
Carol Davis
Jenny Luc
Beatrice Patton
Natalie Thickson
Zahid Zehri
Alex Lytwyn, Public Representative
Roque Anonuevo, Public Representative
Richard Panciera, Public Representative
Tracy Lynn Theile, Public Representative
Eddie Ahoff (*until June 9, 2025*)
Amandeep Dhanoa (*until Sept 2, 2025*)

Dispensing Practitioner Committee

The Dispensing Practitioner Committee considers and decides on applications from practitioners who are not full registered pharmacists to be designated as dispensing practitioners in order to improve patient care and safety in remote communities that do not have reasonable access to pharmacy services. These decisions are made in accordance with the *Pharmaceutical Regulation of the Pharmaceutical Act, Part.11*.

Members:
Rani Chatterjee-Mehta, Chair
Chris Louizos

Extended Practice Pharmacists Advisory Committee

The Extended Practice Pharmacists Advisory Committee reviews and makes recommendations to Council about the regulatory provisions, standards of practice, practice directions and the Code of Ethics that relate to extended practice pharmacists, including the outcomes of inspections and audits that relate to extended practice pharmacists.

Members:
Brenda Rosenthal, Chair
Ashley Walus
Jamison Falk
Amanda Jenkyns, Public Representative
Kasia Kieloch, Public Representative
Elizabeth Reimer, Public Representative
Dr. Marina Reinecke, CPSM
Dr. Brent Kvern, CPSM
Deb Elias, CRNM
Coralie Buhler, CRNM
Donna Forbes, Public Representative (*until June 23, 2025*)
Don Himbeault, Public Representative (*until June 23, 2025*)
Dr. Anna Ziomek, CPSM (*until Oct 16, 2025*)

Committees

Composition of each committee is set out in its terms of reference and consists of Council members, members of the public, and pharmacists and pharmacy technicians appointed by Council.

Standing Committees

Standing committees are established by Council to assist with the work of Council. The duties of each standing committee are set out in the committee-specific terms of reference.

Appointments Committee

The Appointments Committee is responsible for reviewing registrant applications for Council positions and identifying a slate of individuals to recommend for Council confirmation. The selections are based on established competencies that aim to ensure Council composition is diverse and inclusive.

Members:

Don Himbeault, Chair
Alanna Doell

Amanda Jenkyns, Public Representative
Elizabeth Reimer, Public Representative (*until June 23, 2025*)
Ryan Buffie, Chair (*until June 23, 2025*)

Executive Committee

The Executive Committee is responsible for governance, committee structures, and succession planning for both Council and senior management, as well as other duties as delegated to it by Council. Members of Executive Committee are Council members and are elected to the Committee by Council.

Members:

Kathy Hunter, Chair
David Mullins, Vice Chair

Chantal MacDonald
Donna Forbes, Public Representative
Ryan Buffie, Chair (*until May 13, 2025*)

Finance Committee

The Finance Committee is responsible for monitoring the financial affairs of CPhM: financial planning and budget preparations, financial condition, external audit, and financial policies. It ensures there are adequate systems and practices in place to provide reasonable assurance of compliance with generally accepted and sound accounting principles for a not-for-profit organization. The Committee reports and makes recommendations to Council.

Members:

Brendon Mitchell, Chair
Kevin Hamilton, Ex-Officio
Christie Atkinson
Kathy Hunter

Robin Rai
Vanessa Pinto, Public Representative
Elizabeth Reimer, Public Representative
Julia Walker (*until June 23, 2025*)

Committees

Composition of each committee is set out in its terms of reference and consists of Council members, members of the public, and pharmacists and pharmacy technicians appointed by Council.

Standing Committees Continued

Standing committees are established by Council to assist with the work of Council. The duties of each standing committee are set out in the committee-specific terms of reference.

Quality Assurance Committee

The Quality Assurance Committee is responsible for oversight of the CPhM Quality Assurance Program which helps ensure the continuing competency of pharmacists and pharmacy technicians to promote high practice standards amongst registrants.

Members:

Anu Okunnu, Chair
Mina Mikhail
Brendon Mitchell
Teryl Moore
Pat Trozzo

Christie Atkinson
Krista Medal
Cecile Ngai
Arlene Wilgosh, Public Representative
Brenna Shearer, Public Representative

Professional Practice Committee

The Professional Practice Committee is responsible for reviewing, recommending, and keeping current, the standards of practice, practice directions, and practice guidelines to ensure minimum requirements for pharmacy practice, patient health outcomes and patient safety are defined. The Committee oversees consultations, as approved by Council, to obtain feedback and works with subject matter experts to reflect contemporary pharmacy practice in these documents.

Members:

Rizwan Ahmed, Chair
Robin Hidlebaugh
Teryl Moore

Schalk Strydom
Chantal MacDonald
Shelley Tshivo
Vanessa Pinto, Public Representative

Ad Hoc Committee: Regulatory Reform

The Ad Hoc Committee: Regulatory Reform is responsible to guide the work to establish regulation of pharmacists and pharmacy technicians under *The Regulated Health Professions Act (RHPA)*. It will guide development of the regulations, by-laws and policies required to move the College of Pharmacists of Manitoba (CPhM) under the RHPA.

The Committee will provide input into the proposals being recommended prior to submission to Council.

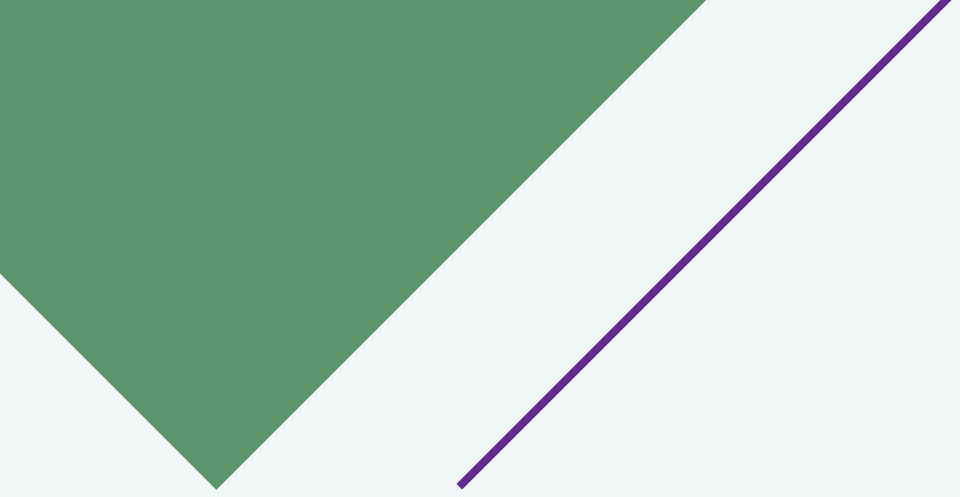
Members:

Christie Atkinson, Pharmacy Technician, Co-Chair
Lavern Vercaigne, Pharmacist, Co-Chair
Stephanie Rozmus, Pharmacy Technician
Elaine Maloney, Pharmacy Technician

Solmaz Nafez, Pharmacist
Jane Lamont, Pharmacist
L. Matthes, Consultant & Project Lead

Manitoba Pharmacy Professionals





Advancements in Registration, Licensing, and Listing Processes for Pharmacy Professionals

In 2025, the College of Pharmacists of Manitoba (CPhM) made significant advancements in modernizing registration, licensing, and listing processes and requirements for pharmacy professionals applying to practise in Manitoba.

By introducing a streamlined pathway for international pharmacist applicants from eligible jurisdictions, online applications, and a new language proficiency policy, CPhM is aligned with best and modern practices across Canadian jurisdictions that help remove barriers when individuals apply to become pharmacy professionals in Manitoba.

Streamlined Pathway for International Applicants from Eligible Jurisdictions

CPhM was the first province outside of Atlantic Canada to introduce this expedited pathway for pharmacist applicants from international jurisdictions that have substantially similar pharmacy education, entry-to-practice competencies, scopes of practice, and regulatory oversight as those in Manitoba.

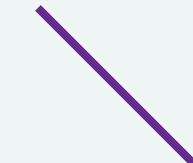
This pathway will reduce administrative burden and other barriers and help support the faster entry of qualified pharmacists at a time when Manitoba faces a health human resource shortage.

Modernizing the Application Process for Registration and Licensure/Listing

With a commitment to enhance transparency, promote inclusivity, and align CPhM's practices with broader trends across Canada, CPhM moved to modernize the application process and information for both pharmacists and pharmacy technicians. The online application processes were introduced and registration and listing checklists were created that simplified the registration and listing processes, timelines, and expectations.

New Language Proficiency Requirements Policy

Along with other registration and listing advancements in 2025, CPhM implemented a new Language Proficiency Requirements Policy in early 2025. The Policy not only aligns with other pharmacy regulators in Canada and adheres to provincial regulatory requirements under The Fair Registration Practices in Regulated Professions Act, but also ensures pharmacy professionals can demonstrate sufficient language proficiency. As pharmacists and pharmacy technicians' roles expand, strong language proficiency skills are essential for interpreting medical information, counseling patients, ensuring informed consent, and building trusting and collaborative therapeutic relationships with the patient, their prescribers, and within their circle of care.



Registration & Licensing of Pharmacy Professionals

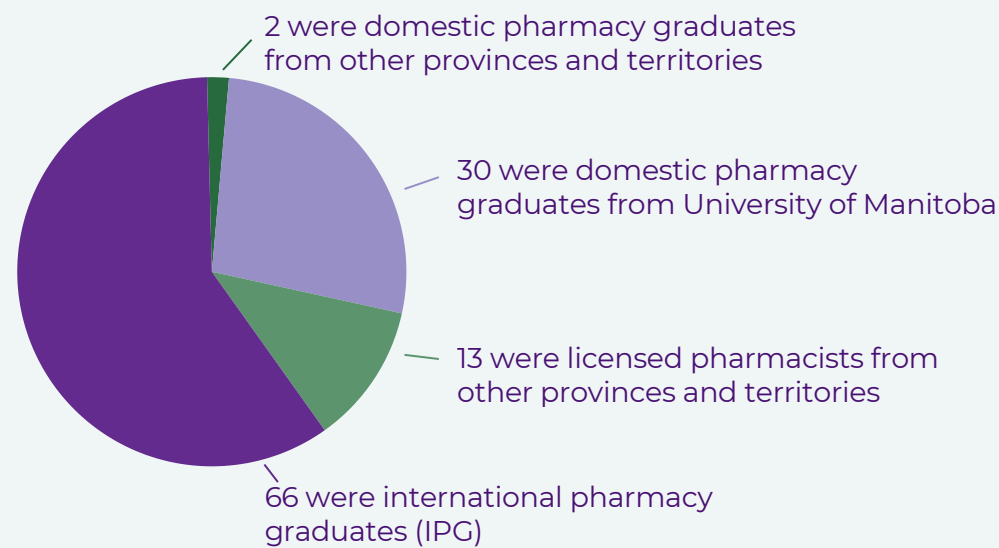


Total pharmacy professionals practicing in Manitoba for 2025:

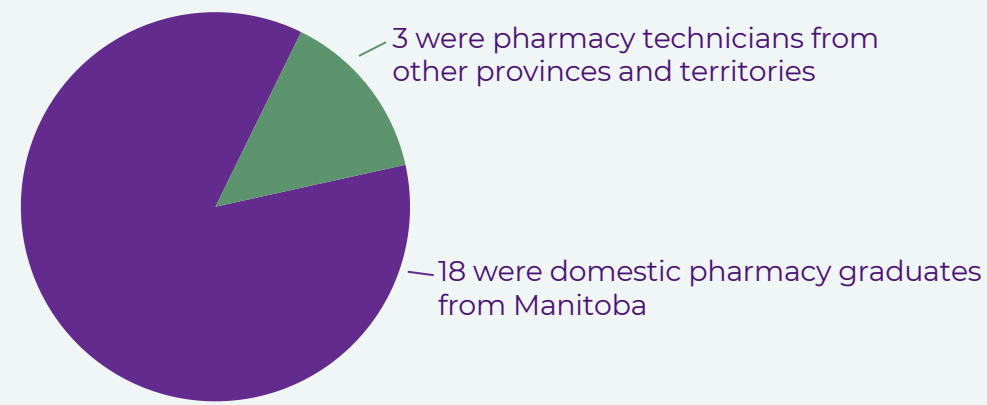
250 pharmacy technicians listed

1812 pharmacists registered and licensed

111 pharmacists registered and licensed for the first time in Manitoba



21 pharmacy technicians listed for the first time in Manitoba



Expanded Scopes of Practice and Additional Registration Categories

Additional Registration and Licensing Categories

- 50** extended practice pharmacists in a specialty area
- 191** pharmacy students
- 85** pharmacy interns

Expanded Scope of Practice

- 1383** pharmacists authorized to administer drugs and vaccines by injection
- 1096** pharmacists authorized to prescribe drugs for self-limiting conditions
- 919** pharmacists authorized to prescribe drugs for smoking cessation
- 993** pharmacists authorized to prescribe drugs for uncomplicated cystitis
- 339** pharmacists authorized to order lab tests for outpatients*

* Authority to order lab tests has not yet been implemented in community pharmacies

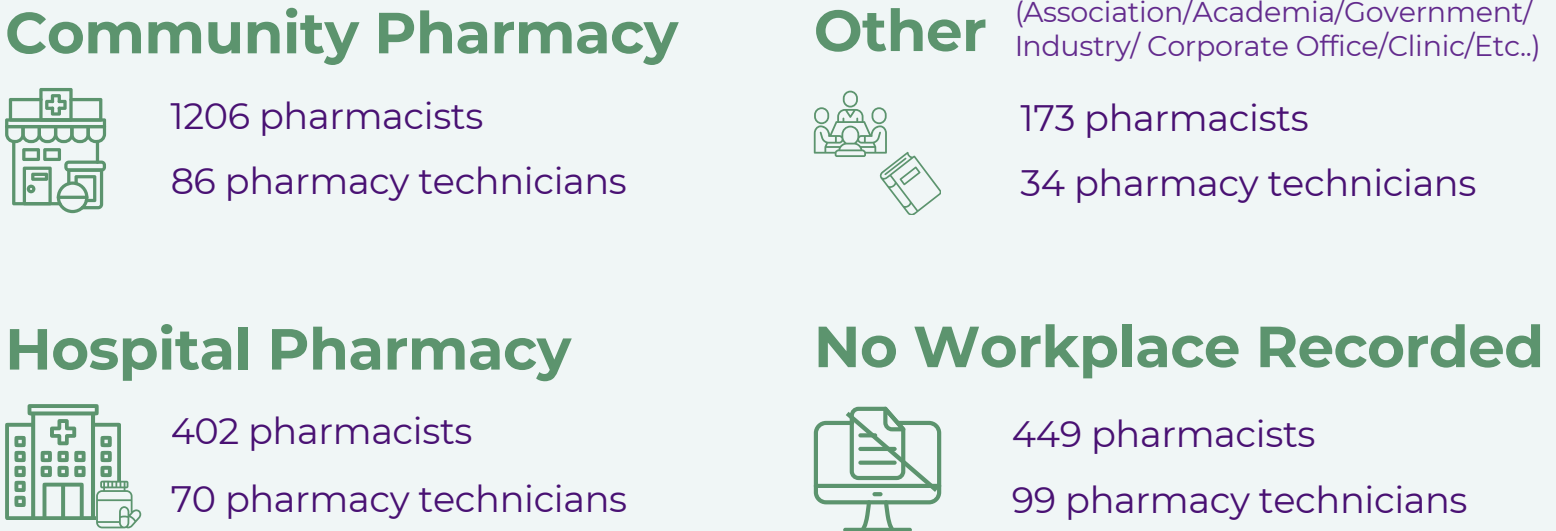


Manitoba Pharmacies

515 total licensed pharmacies



Place of Practice



369 Total Number of New Pharmacies, Closures, And Updates:





Maintaining Quality Assurance



Quality Assurance

Quality assurance is a way to ensure that pharmacies and pharmacy professionals deliver safe and effective care. As the regulator of pharmacy practice in Manitoba, CPhM takes responsibility for the safety and quality of care by engaging in quality assurance programs that assure standards of pharmacy practice, professional competency, and requirements for ongoing quality improvement are met. This core function ensures and encourages continuous learning by all pharmacy professionals with a goal of achieving the delivery of safe quality practice within currently established guidelines. CPhM's quality assurance programs include:

- Pharmacy Inspections Controlled
- Substances Loss and Theft Reporting
- Safety Improvement in Quality (Safety IQ)
- Pharmacist Learning Portfolio Review
- Manitoba Prescribing Practices Program (M3P)
- Pharmacy Manager Training Program

Ensuring Quality Assurance in Pharmacy Practice

CPhM's Role in Quality Assurance

As the regulatory authority for pharmacy practice in Manitoba, CPhM holds a fundamental responsibility for maintaining the safety, quality, and effectiveness of pharmacy services. To ensure pharmacies and pharmacy professionals consistently meet high standards, CPhM engages in comprehensive quality assurance (QA) programs. These programs uphold the integrity of the profession by verifying that pharmacists adhere to ongoing requirements for professional development.

Learning Portfolio Review

A cornerstone of CPhM's quality assurance efforts is the Learning Portfolio Review. This annual review ensures that all licensed pharmacists have completed the continuing professional development (CPD) activities required to maintain licensure. Pharmacists must maintain a three-year record of their learning activities in a Professional Development (PD) Log or Learning Plan. Each learning activity—whether accredited or nonaccredited—must be documented, and supporting materials must be kept to verify completion.

Continuing Professional Development (CPD) Requirements

Pharmacists are responsible for keeping an up-to-date portfolio of their CPD activities, ensuring it is available for review upon request. The minimum CPD requirements are:



25 hours of CPD annually:

Total hours of learning required each year



At least 15 hours from accredited activities:

Accredited learning ensures quality



Maintain a 3-year record:

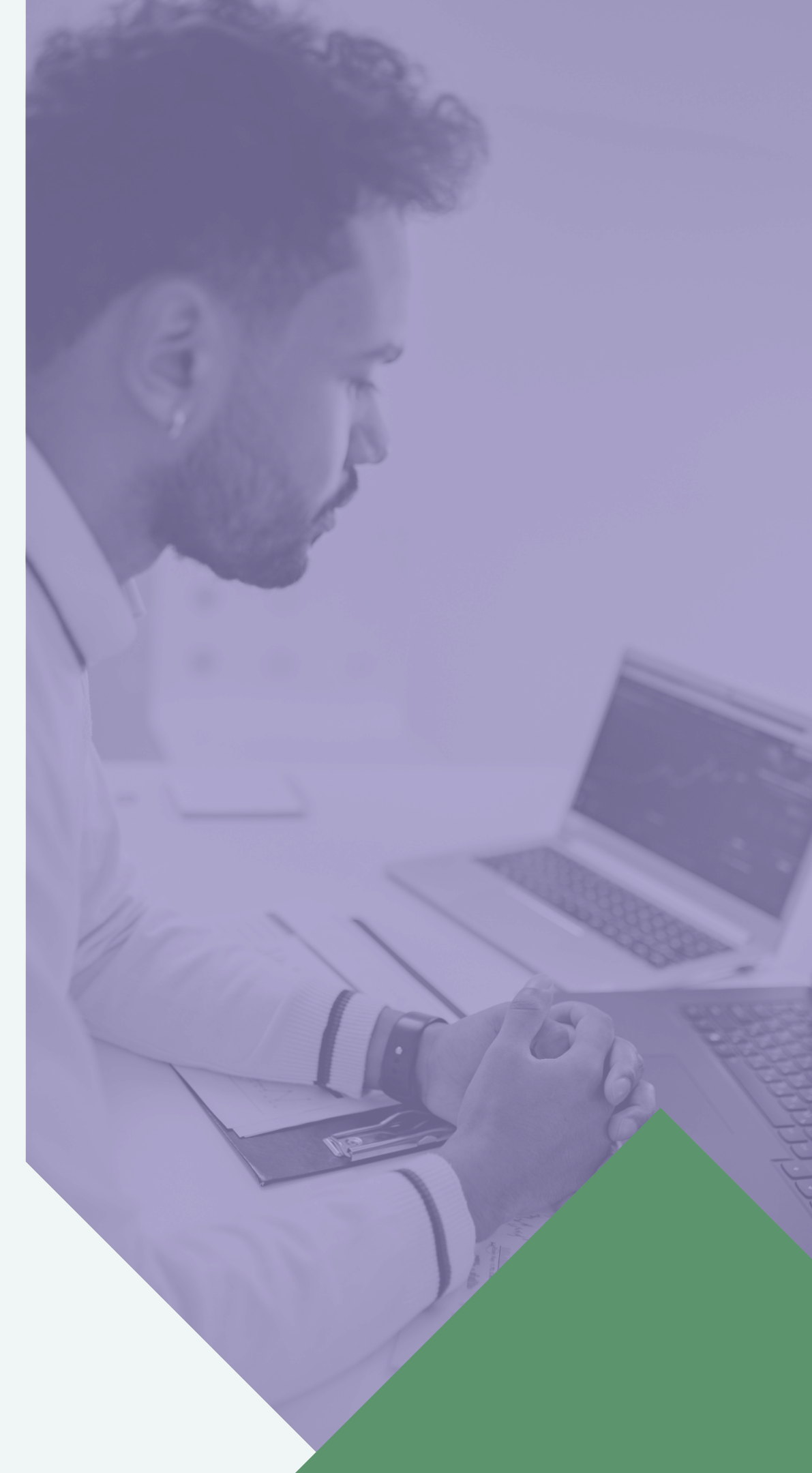
Activities are documented in the online Learning Plan Log



Keep supporting documents:

Certificates or other proof of participation

These requirements ensure that pharmacy professionals remain current with the latest developments in their field and continue to enhance their knowledge. By fostering continuous learning, CPhM upholds the standards of pharmacy practice and ensures pharmacists deliver safe, effective, and person-centred patient care.





Enhancing Pharmacy Operations Through the Pharmacy Manager Training Program

The mandatory Pharmacy Manager Training Program (MPMTP) was launched in early 2025 as an educational initiative to strengthen patient safety and ensure consistent care across pharmacies in Manitoba. The program is designed to enhance the knowledge and skills of pharmacy managers and support them in meeting regulatory requirements for safe and ethical practice.

Developed in collaboration with Manitoba-based subject matter experts and the University of Saskatchewan's Continuing Pharmacy Education, the training focuses on the legislative requirements of pharmacy managers. Key areas include essential pharmacy operations, proper supervision, appropriate management of medication incidents, and maintaining pharmacy security. The program also reinforces the importance of professional accountability and consistent application of standards in daily practice.

Approved by Council under Pillar Two of the 2021-2024 Strategic Plan, the nine-module program was developed in response to the trends and potential risks identified through the complaints process, including reoccurring issues and areas of concern. These insights served as a basis for the program's content to ensure it addressed areas of highest impact and relevance to pharmacy managers. Launched January 30, 2025, current pharmacy managers at that point in time had one year to complete the program by February 1, 2026, and those newly designated as the pharmacy manager after this date are required to complete the training within one year from their CPhM approval and designation as a pharmacy manager.

The MPMTP has now been in effect for one year. As of February 1, 2026, over 460 pharmacy managers have completed the program with newly designated pharmacy managers continuing to complete it. Feedback from participants is mainly positive, and many found the program to be very informative and a useful resource that outlines the responsibilities of the pharmacy manager and is highly applicable to the practice of pharmacy in general. Although unclear if this is a direct result of the MPMTP, there has been an observed 50% decrease in pharmacy manager conduct concerns observed by the Complaints Committee in 2025.

By supporting pharmacy managers in fulfilling their responsibilities via education rather than through the complaints resolution pathway, the program aims to contribute to greater consistency in pharmacy practice across pharmacies in Manitoba and strengthens the overall quality and care across the Manitoba pharmacy system.

Pharmacy Inspections

Pharmacy inspections ensure that facilities, policies and procedures, and practices meet CPhM standards for patient safety and care. From new pharmacy openings to routine inspections, CPhM field officers ensure that pharmacy owners, pharmacy managers and pharmacists have the knowledge and tools to meet practice requirements. The Field Operations team uses a hybrid model that leverages both virtual and in-person inspections to increase reach across Manitoba.

In 2025, CPhM fully implemented sterile compounding inspections for community and hospital pharmacies that compound sterile preparations. Sterile compounding inspections ensure compliance with the requirements of the National Association of Pharmacy Regulatory Authorities Model Standards for Pharmacy Compounding of Hazardous and Non-Hazardous Sterile Preparations. The sterile compounding inspection process is robust. The Field Operations team engages directly with the pharmacy manager, compounding supervisor and any other relevant staff before, during, and after the actual in-person inspection. A wide range of topics are reviewed to ensure the pharmacy has the resources to compound compliant sterile preparations in a safe and appropriate manner. This includes but is not limited to staff training, policies, procedures and quality assurance processes, facilities and equipment.

Controlled Substance Loss & Theft Reporting

CPhM requires pharmacists to report loss or theft of controlled substances within ten days of discovery. This process enhances security, accountability, and prevents diversion. Each report is reviewed by a field officer and a follow-up may be conducted to ensure reports are complete and best practices are established.

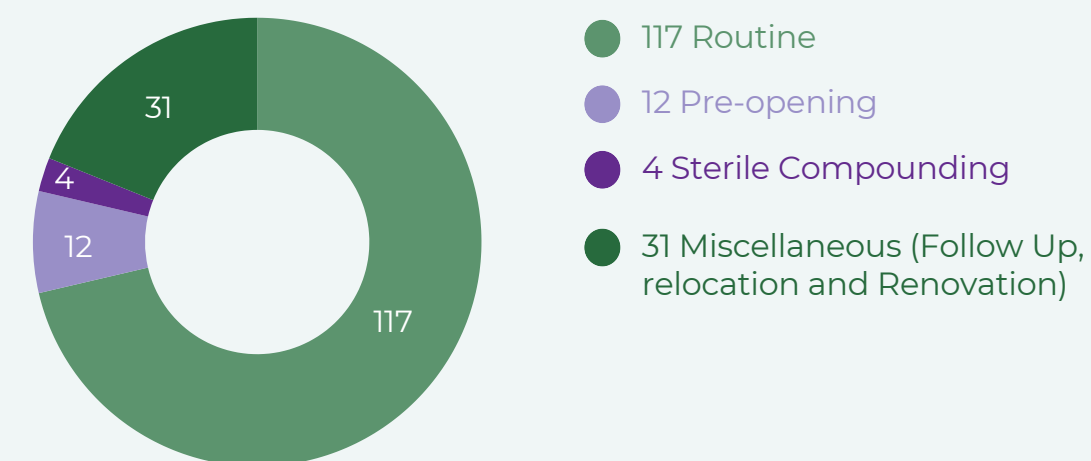
1623 

Total number of reports for individual drugs received and reviewed

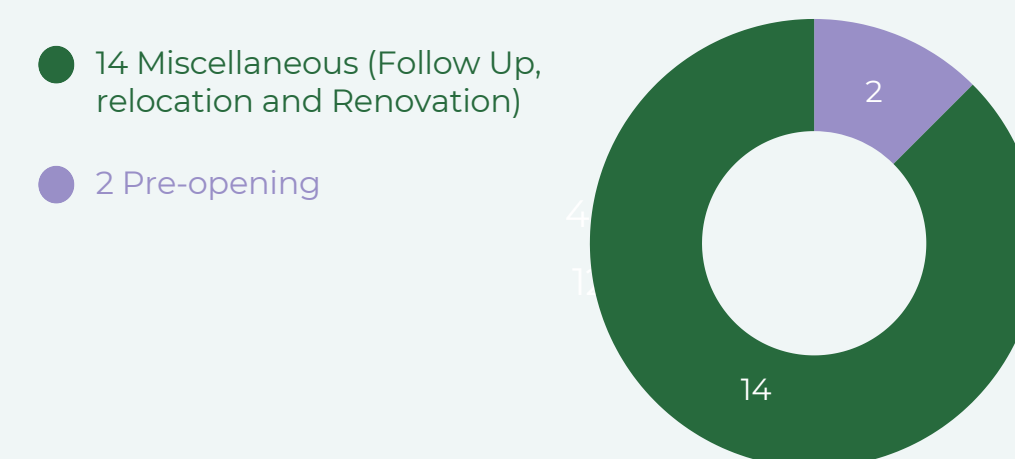
279 

Total number of reports that required CPhM Field Operations follow up

162 In person Inspections



16 Virtual Inspections



Safety Improvement in Quality (SIQ)

June 1, 2025, marked four years since the launch of Safety Improvement in Quality (Safety IQ). Safety IQ stands as the standardized Continuous Quality Improvement (CQI) program specifically designed for community pharmacies across Manitoba. The program encompasses four essential elements that are instrumental in fostering a culture of safety, preventing patient harm, and driving Continuous Quality Improvement (CQI) in community pharmacy settings:



Safety.
Improvement.
Quality.

Report medication incidents and near-miss events. Community pharmacies report medication incidents and near-miss events to an appropriate software program so they can track events. All reports are de-identified and sent to the National Incident Data Repository (NIDR). Medication safety experts analyze aggregate data and share improvement recommendations with healthcare professionals across Canada.

Document improvement plans. Pharmacy teams create, document, and track improvement plans to make pharmacy practice processes safer. Improvement plans are implemented in response to medication incidents and near-miss events and a mandatory safety self-assessment of the pharmacy's practices.

Analyze medication incidents and near-miss events to develop improvement plans. Pharmacy staff analyze incident data using their reporting software tools and additional resources to develop evidence-based improvement plans. Pharmacy staff also complete a safety self-assessment to identify any risky practices in day-to-day medication preparation and dispensing.



Share learning from medication incidents and near-miss events. Pharmacy staff share what they learn from medication incidents and near-miss events with open discussion within the pharmacy team. Pharmacy teams must complete at least one CQI meeting per year with most pharmacy staff attending.

Safety IQ encourages pharmacy teams to ask, "how are we doing?" and "how can we improve?" without fear of punishment or shame, promoting a proactive approach to safety and quality improvement.

CPhM extends its gratitude to all community pharmacy professionals for their dedication to CQI and patient safety through the implementation and ongoing maintenance of Safety IQ in their pharmacies

Fostering a Safety Culture

Safety IQ by the Numbers*


484 Community pharmacies**


2838 Total number of reports

2003


Medication incidents reported
(medication dispensed to a patient)

835


Near-miss incidents reported
(incidents caught before medication dispensed to a patient)

Outcome of reported incidents:


2650 (93.38%)
 Medications that did not cause patient harm, including near miss

188 (6.62%)
 Medication incidents that caused patient harm

Enhancing Accountability and Reporting in Manitoba Community Pharmacies

Safety IQ enables community pharmacies an opportunity to promote a culture of safety in which all pharmacy staff can feel comfortable reporting and talking about medication incidents. In a safety culture environment, we recognize that most incidents happen because there is a system issue where people work. Analysis of medication incidents and near-miss events often reveal a system failure or environmental factors that should be changed to prevent medication incidents. Safety culture must also strike a balance with accountability. Pharmacy professionals remain accountable for their actions and CPhM is committed to maintaining professional accountability while supporting learning and positive change in pharmacy practice.

Top three contributing factors:

757


Workload
(environmental, staffing, or workflow problem)

458


Interruptions
(environmental, staffing, or workflow problem)

232


Look/Sound-alike names
(drug name, label, packaging problem)

Top three incident types:

594
 Incorrect dose/frequency

544
 Incorrect drug

370
 Incorrect strength/concentration

* information provided in this section from the Institute for Safe Medication Practices Canada

** The number of community pharmacies represents the total number of community pharmacies licensed by CPhM and is also supplied by CPhM.

Communication and Shared Learning

Shared learning is a cornerstone of Safety IQ and the de-identified reports sent to the National Incident Repository (NIDR) for Community Pharmacies are translated into actionable reports for community pharmacies in Manitoba and across Canada. These publications symbolize pharmacy professionals' commitment to reporting medication incidents and near-miss events, as well as their contributions to improving the profession at a provincial and national level.

Safety IQ Academy Statistics (Jan 1- Dec 31, 2025)

Top Three Blog Posts

- 1 [Developing an Effective Training Plan for New Pharmacy Staff: A Key to Patient Safety and Workplace Success](#)
- 2 [Collecting Critical Patient Information: Key to Preventing Medication Incidents](#)
- 3 [Starting Strong: Onboarding Your Team to Safety IQ in a New Pharmacy](#)

23.9k Views  **4**  Blog posts in support of CQI in community pharmacies

7.7k Visitors 

Communication with Pharmacy Professionals

4 Newsletter Features  **5** Friday Five Blog Posts  **9** Social Media Posts 

Data Analysis and Recommendations

- 2 Provincial Safety Briefs:
 - [Medication Management Following Hospital Discharge](#)
 - [Preventing Patient Education Problems](#)
- 1 Community Pharmacy National Snapshot 2025:
 - [Medication Incidents](#)

Manitoba Prescribing Practices Program

The Manitoba Prescribing Practices Program (M3P) is a collaborative management system aimed at reducing the diversion of controlled substances from legal to illegal markets. The primary goals of the M3P program are to:

- 1** Share information on the use of controlled substances with healthcare professions, regulatory authorities, and federal, provincial and territorial governments.
- 2** Manage a prescription forgery alert system for pharmacy professionals so they can address forgery and diversion issues in their practice.
- 3** Report prescription forgery data to Manitoba Health, Seniors and Long-Term Care.



Complaint and Concern Resolution



Complaints

Any individual can bring a complaint or concern about the conduct of current or former registrants, owners, students or interns in the province of Manitoba to CPhM for resolution. There are two approaches: informal concern and formal complaint resolution.

Informal Concern

An informal concern is an issue or question about the practice of a pharmacist or operation of a pharmacy, that is addressed without initiating a formal complaint.

Resolution is attempted by discussion with both parties to clearly understand the nature of the concern, address it to the concerned person's satisfaction and provide guidance and education to the registrant regarding practice standards and communication strategies.

Formal Complaint

A formal complaint is a written complaint submitted to the CPhM that is reviewed by the Complaints Committee. The Committee examines the written complaint and the response from the pharmacist and/or pharmacy manager, and then decides the most appropriate way to address it in accordance with The Act. If the Committee requires additional information to arrive at an optimal decision, it may order an investigation.

A formal complaint must proceed through the complaint resolution pathway.

Resolution Pathway



Complaint Received:

CPhM receives a written complaint and proceeds through the complaint resolution process. The complaint is reviewed and risk assessed for patient safety to determine if immediate action is needed to protect the public. A notice of complaint is served on the pharmacist and/or pharmacy manager and they are given two weeks to respond to the complaint.



Complaints Committee Review

The Complaints Committee reviews the complaint and response.

Complaints Committee Decision

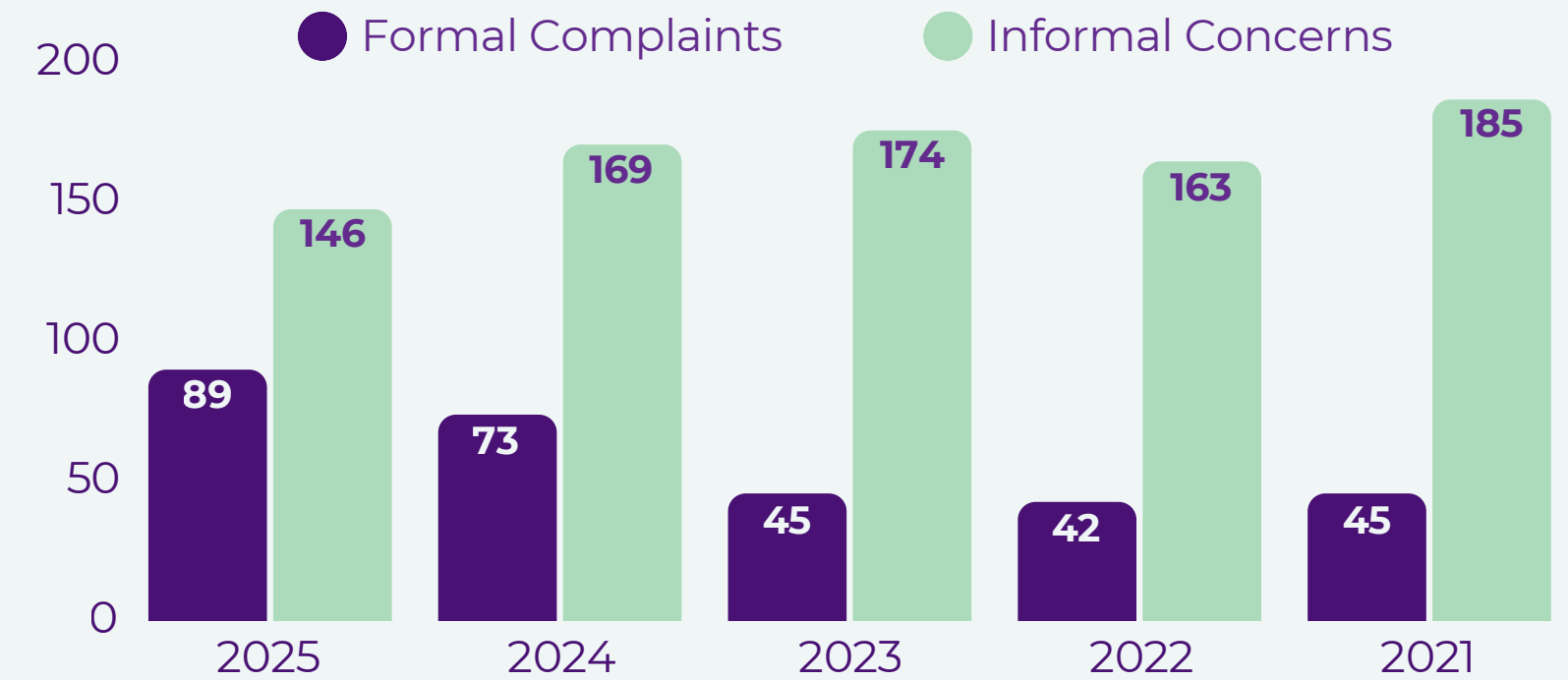
The Complaints Committee makes a decision that may include any of the following: no further action if the complaint is unfounded or vexatious, the provision of educational guidance and/or practice recommendations, referral to mediation, or issuance of a censure (a written caution) to the registrant.



The Committee may also enter into an agreement with the registrant that may provide for a fitness to practice assessment, counselling, monitoring or supervision of practice, remedial training or the placement of conditions on the registrant or pharmacy, accept the voluntary surrender of the pharmacist's license or registration or refer all or part of the matter to discipline.

Complaints by the Numbers




Formal Complaints	2025	2024	2023	2022	2021
Complaints Recieved	89	73	45	42	45
Complaints Resolved	85	60	50	43	31
Complaint Outcomes	202	157	95	52	49
Referred to Discipline	9 Registrants re: 14 Cases*	6 Registrants re: 2 Cases*	2 Registrants re: 4 Cases*	2	2
Appeal under section 39 (1) of the <i>Pharmaceutical Act</i>	1**	1	1	2	0



* In some cases, pharmacy professionals may be referred to the Discipline Committee for multiple matters and/or multiple pharmacy professionals may be referred to the Discipline Committee for the same matter.

** There was only one appeal of the decision made by the Committee in 2025. The appeal panel has the authority to consider the complaint matter like a new complaint and make any decision they deem to be appropriate. The original decision made by the Committee was upheld by the appeal panel.

Complaints Outcomes 2025

1 Remedial training agreement 	
175  Decision letters	7  Censures
1 Complaints Committee imposed condition	
3 Monitoring programs	
1 Voluntary surrender	0 Interim suspensions

Top 10 Conduct Categories	
Communication	46
Patient Counselling	27
Policy and Procedure	25
Final Check	24
Customer Service	24
Ethics	22
Supervision	21
Records and Documentation	19
Medication Error Management	17
Medication incidents	16

Key Findings

- 13.6% decrease in informal concerns
- 22% increase in formal complaints
- Formal complaint increase is likely due to multiple factors/reasons.
- 41.7% increase in complaints resolved
- 28.7% increase in complaint outcomes
- 59.5% of complaints involved three or more categories of conduct
- Communication issues remain the number one conduct issue in a complaint matter
- 50% decrease in manager concerns categories of conduct[†]

[†] More information on the pharmacy manager concerns and the Pharmacy Manager Training Program can be read on [page 23](#).

Discipline Process

Discipline Committee Referral

Once a complaint is referred to the Discipline Committee, a discipline panel is selected, and a hearing date is set, in accordance with the timeframes set forth in The Act. The complainant and the investigated person are notified of the hearing date and the charges against the investigated person, by service of the Notice of Hearing.

Hearing Process and Testimony

Discipline hearings are conducted as directed by The Act and in accordance with principles of administrative law. The process involves prosecution and defense lawyers presenting evidence and making submissions on penalty.

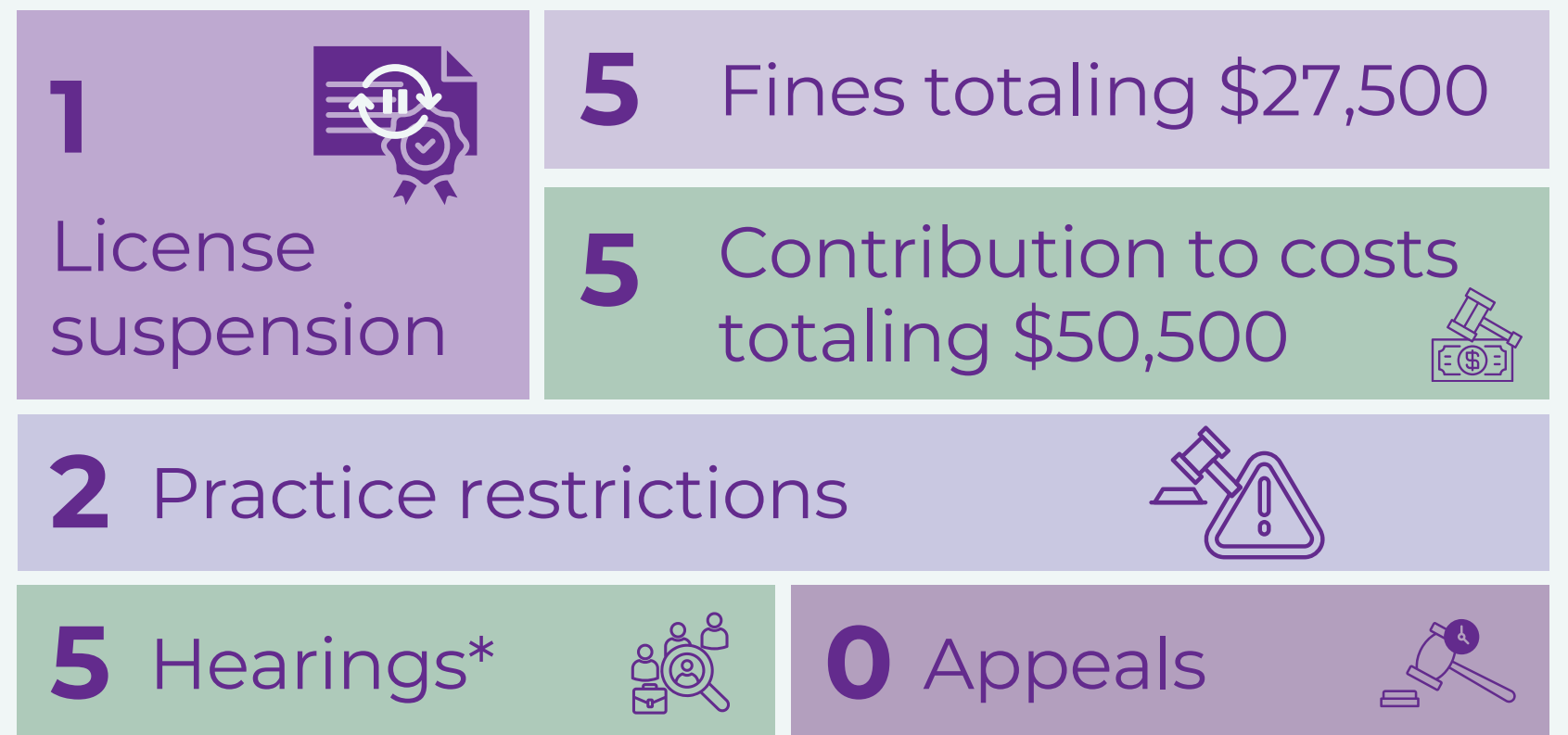
Verdict and Potential Sanctions

The discipline panel deliberates and makes a decision. The investigated person may be found not guilty of the charges against them, or they may be found guilty of an offense under The Act. The discipline panel may make orders that reprimand, impose conditions, requires counselling/treatment, suspends or cancels the registration and/or license of the registrant for a period of time, or permanently, and may fine or order the payment of costs by the registrant.

Appeal of Finding or Order

An investigated person may appeal the finding or order made by the panel to the Court of Appeal by filing a notice of appeal and serving a copy of the notice to the Registrar within 30 days after the date on which the decision of the panel is served on the investigated person.

Discipline Outcomes 2025



* All hearings were uncontested

Financial Statements

For the complete audited 2025 Non-Consolidated Financial Statements, [click here.](#)

Report of the Independent Auditor on the Summary Non-Consolidated Financial Statements

To the Members of College of Pharmacists of Manitoba

Opinion

The accompanying summary non-consolidated financial statements, which comprise the summary non-consolidated statement of financial position as at December 31, 2025 and the summary non-consolidated statements of revenues and expenses and changes in net assets for the year then ended, are derived from the audited non-consolidated financial statements of College of Pharmacists of Manitoba (the "College") for the year ended December 31, 2025.

In our opinion, the summary non-consolidated financial statements are a fair summary of the audited non-consolidated financial statements, on the basis described in the *Management's Responsibility for the Summary Non-Consolidated Financial Statements* section of our report.

Summary Non-Consolidated Financial Statements

The summary non-consolidated financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary non-consolidated financial statements and the auditors' report thereon, therefore, is not a substitute for reading the audited non-consolidated financial statements and the auditors' report thereon.

The Audited Non-Consolidated Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited non-consolidated financial statements in our report dated to be determined.

Management's Responsibility for the Summary Non-Consolidated Financial Statements

Management is responsible for the preparation of a summary of the non-consolidated audited financial statements on the following basis:

The summary non-consolidated financial statements include the major totals and subtotals from the related complete non-consolidated financial statements dealing with matters having a pervasive or otherwise significant effect on the summary non-consolidated financial statements.

Auditors' Responsibility

Our responsibility is to express an opinion on whether the summary non-consolidated financial statements are a fair summary of the audited non-consolidated financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Winnipeg, Canada
March 26, 2026



Chartered Professional Accountants

As at December 31, 2025 (in thousands of dollars)	2025	2024
Revenues		
Pharmacist fees	\$ 2,181	\$ 1,888
Pharmacy fees	1,440	1,238
Pharmacy technician fees	46	7
Other income	309	44
Fines and cost recovery	133	215
Investment income, net	148	311
Canada-Manitoba Job Grant (CMJG)	-	40
Manitoba Prescribing Practices Program	140	96
	<u>4,397</u>	<u>3,839</u>
Expenses		
Regulatory and building operations	3,260	3,012
Complaints and discipline proceedings	681	472
NAPRA levy	75	71
Other expenses	91	65
Manitoba Prescribing Practices Program	140	96
	<u>3,716</u>	<u>3,395</u>
Excess of revenues over expenses	150	123
Net assets, beginning of year	<u>3,726</u>	<u>3,603</u>
Net assets, end of year	<u>\$ 3,876</u>	<u>\$ 3,726</u>

As at December 31, 2025 (in thousands of dollars)	2025	2024
Assests		
Current		
Cash	\$ 1,298	\$ 1,424
Marketable securities	5,050	3,829
Other	853	1,772
	<u>7,201</u>	<u>7,025</u>
Long-term assets	<u>885</u>	<u>168</u>
	<u>\$ 8,056</u>	<u>\$ 7,193</u>
Assests		
Current		
Accounts payable and accruals	\$ 115	\$ 112
Deferred fee revenue	3,470	3,325
Other	595	30
	<u>4,180</u>	<u>3,467</u>
Net Assests	<u>3,876</u>	<u>3,726</u>
	<u>\$ 8,056</u>	<u>\$ 7,193</u>