



COLLEGE OF
PHARMACISTS
OF MANITOBA

College of Pharmacists of Manitoba Annual Report 2024

Integrity in Action: Protecting the Public, Always



200 Tache Avenue
Winnipeg, Manitoba R2H 1A7

Email info@cphm.ca

Phone (204) 233-1411

Fax (204) 237-3468

cphm.ca



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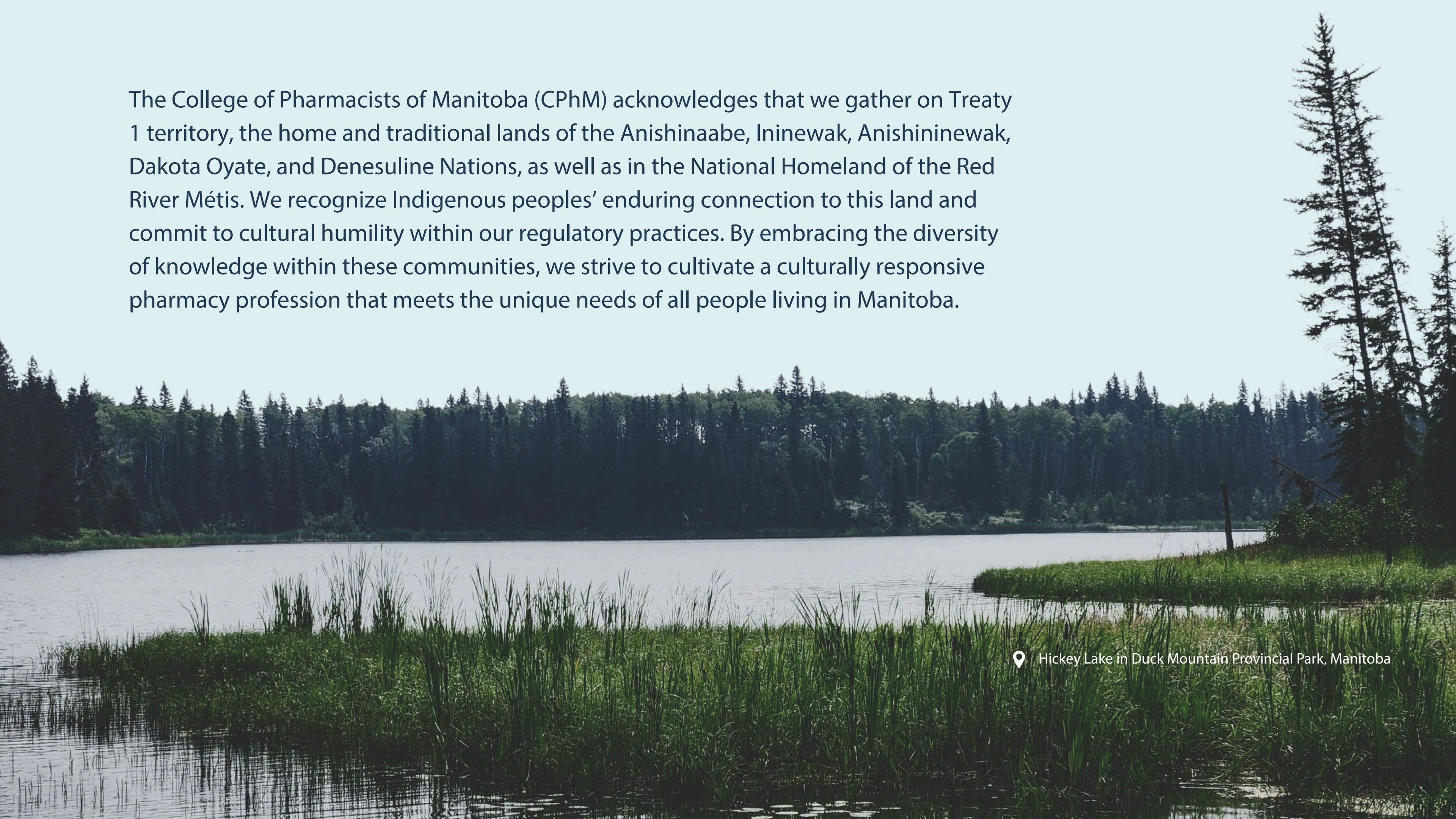
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The College of Pharmacists of Manitoba (CPhM) acknowledges that we gather on Treaty 1 territory, the home and traditional lands of the Anishinaabe, Ininewak, Anishininewak, Dakota Oyate, and Denesuline Nations, as well as in the National Homeland of 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.



📍 Hickey Lake in Duck Mountain Provincial Park, Manitoba

Honouring Our Commitments: A New Land Acknowledgment

In 2024, the College of Pharmacists of Manitoba introduced an updated land acknowledgment that reflects our evolving commitment to reconciliation and cultural humility. Developed with input from Indigenous communities and other interested, affected, and relevant parties, this living statement affirms our recognition of Treaty 1 territory and the National Homeland of the Red River Métis.

This updated acknowledgment is more than a statement, it is a commitment to continuous learning and meaningful engagement. It reflects our responsibility as a regulator to foster a culturally responsive pharmacy profession that meets the needs of all people living in Manitoba. As we continue this journey, we welcome dialogue and feedback to ensure our practices remain respectful, relevant, and inclusive.



Message from the Chair and Registrar/CEO

The following message from the Chair and Registrar/CEO highlights how CPhM continues to advance its mandate through integrity-driven initiatives that protect the public and strengthen trust in the pharmacy profession.



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

At the College of Pharmacists of Manitoba (CPhM), integrity is more than a value, it’s a responsibility. This year’s annual report theme, *Integrity in Action: Protecting the Public, Always*, reflects the foundation of our work as a modern professional regulator committed to public safety, accountability, and continuous improvement.

Throughout 2024, CPhM focused on initiatives that not only strengthen our regulatory programs but also reinforce public trust in the pharmacy profession. These efforts include enhancements to governance, risk-based quality assurance, and regulatory visibility, each one guided by our commitment to meaningful, sustained public protection.

Strengthening Governance for the Public Interest

One of the most significant undertakings of the past year was the comprehensive review of the CPhM governance framework. With support from external experts and stakeholder feedback, the Council approved changes to modernize its structure and function, aligning CPhM with leading practices in regulatory governance.

The reform process emphasized a shift toward a smaller, more skills-based council composed of both public and appointed members who are equipped to make risk-informed decisions in the public interest. It also included updates to recruitment and selection processes, an improved orientation program, and a stronger focus on council competencies and ongoing development.

By modernizing its governance model, the Council has taken an important step toward ensuring that CPhM remains transparent, accountable, and responsive to the evolving expectations of the public it serves.

Enhancing Patient Safety Through Proactive Quality Assurance

During the past year, CPhM advanced its proactive quality assurance programming by expanding the Pharmacy Site Inspection Program and formalizing the Pharmacist Learning Portfolio Review process.

In 2024, CPhM continued to phase in its updated site inspection framework across all licensed pharmacies, with full implementation expected by 2025. In 2023, 60 pharmacies were inspected using this new model, which emphasizes continuous quality improvement and risk identification through in-depth reviews of operational processes, documentation, and medication safety practices.

The learnings from those inspections have informed ongoing enhancements in 2024 as CPhM strengthens its proactive approach to pharmacy oversight.

Similarly, CPhM formalized its long-standing Learning Portfolio Review process as a proactive regulatory program in 2024. While these reviews have been conducted for many years, the fall 2023 renewal period marked the introduction of a more structured, program-wide approach supported by a new document management system (DMS). This updated framework was fully implemented in 2024, enabling a more efficient and consistent review of learning portfolios. That year, CPhM reviewed a random sample of 20% of licensed pharmacists to verify ongoing engagement in continuing professional development (CPD). This structured approach promotes reflection, practice-relevant learning, and professional accountability as key components of CPhM’s quality assurance efforts.

These programs underscore a key regulatory shift: from reactive oversight to proactive engagement with pharmacy professionals to reduce risk before harm occurs.

Supporting a Culture of Safety with Safety IQ

CPhM remains committed to building a culture of safety through the Safety IQ program, which launched June 1, 2021. Now in its third year of implementation, Safety IQ requires all community pharmacies to anonymously report medication incidents and near-misses to a medication incident reporting platform which exports the data to the national incident data repository. In 2024, CPhM continues to see progress in fostering a culture of safety and continuous quality improvement in community pharmacies across Manitoba.

This year’s Safety IQ reporting and evaluation revealed trends that continue to inform pharmacy practice across Manitoba. By learning from incidents, CPhM and pharmacy professionals are working together to create safer systems that prioritize patients.

Addressing Safety Risks with Time-Delayed Safes

The safety of patients and pharmacy staff remained top of mind as Manitoba faced a rise in pharmacy robberies. In collaboration with law enforcement, CPhM supported the implementation of time-delayed safes for narcotics in community pharmacies.

This crime prevention strategy has proven effective in deterring theft and was rapidly implemented across the province.

By responding quickly to emerging risks, CPhM demonstrated its ability to act decisively in the public interest.

Collaborative Efforts: A Shared Commitment to Safe Pharmacy Care

None of this progress would be possible without the dedication of pharmacy professionals, the Council members, public advisors, and CPhM staff.

Pharmacy professionals, including pharmacists and pharmacy technicians, are the foundation of safe pharmacy care. Their commitment to quality improvement, safety initiatives like Safety IQ, and continuous education ensures that patient care remains a priority in every pharmacy.

Council members provide leadership and governance, ensuring that policies align with the evolving needs of the profession and the public. Their oversight helps guide CPhM strategies to maintain the standards of safety and accountability.

Public advisors offer important perspectives that ensure CPhM work reflects the needs and concerns of the public. Their insights help shape policies that protect public health and safety.

Finally, CPhM staff work diligently behind the scenes, managing regulatory processes, inspections, and compliance. Their efforts support pharmacy professionals and ensure we can respond effectively to challenges in the sector.

Together, these groups are vital in advancing the CPhM mandate and maintaining a culture of safe pharmacy care.

As we continue our journey as a modern regulator, we remain steadfast in our focus: integrity in action—protecting the public, always.

Sincerely, Ryan Buffie **Kevin Hamilton**
Chair, Council Registrar/CEO

Message from a Public Representative

As a public representative on the Council of the College of Pharmacists of Manitoba (CPhM), I am honoured to bring the perspective of all people living in Manitoba into the governance of pharmacy practice. My role is to ensure that decisions made by CPhM prioritize public interest, reflect the needs of the people, and uphold the standards of pharmacy care. Public representation is essential in regulatory discussions, helping to shape policies that safeguard patients and strengthen trust in the profession.

One of the key ways I contribute to this work is through my role on the Executive Committee, where I collaborate with Council members to oversee governance, committee structures, and succession planning. This work ensures that CPhM leadership remains accountable and responsive to the evolving needs of patients in Manitoba. I also play a role in monitoring the outcomes of Council decisions to ensure they align with CPhM's public protection mandate and long-term strategic goals.

A significant initiative in 2024 was the development of the Pharmacy Manager Training Program, a collaboration between CPhM, subject matter experts, and the University of Saskatchewan's Continuing Pharmacy Education (USask CPE). This program was created in response to emerging trends and potential risks identified by CPhM's Complaints Committee. I am a strong advocate for this initiative, as it represents a proactive approach to addressing these trending areas and mitigating risks. By ensuring that all pharmacy managers have a strong, consistent understanding of Manitoba's pharmacy regulatory requirements, this initiative helps reduce risks, improve pharmacy operations and, most importantly, protect the public.

CPhM Council and committee members are committed to ensuring pharmacy professionals provide safe, ethical, and patient-centred care. As a public representative, I take this responsibility seriously and will continue to advocate for decisions that put the well-being of patients in Manitoba first. I look forward to continuing this important work in 2025 and ensuring that public voices remain at the heart of pharmacy regulation.



Donna Forbes
CPhM Public Representative

About CPhM



Understanding Our Role

Regulation and Governance in Pharmacy Practice

At the College of Pharmacists of Manitoba (CPhM), professional regulation is central to our mandate of protecting the public interest. As the regulatory authority for pharmacy professionals in Manitoba, we are responsible for overseeing safe, competent, and ethical pharmacy practice through a modern, transparent, and inclusive model of regulation.

What We Mean by Professional Regulation

Professional regulation is the framework that ensures pharmacy professionals provide care that aligns with public expectations for safety, quality, and ethics. It reflects a shift away from the term self-regulation, recognizing the increasing importance of public involvement and regulatory accountability.

Today, professional regulation includes both the expertise of regulated professionals and the active participation of the public in shaping how care is delivered and overseen.

Our Legislative Foundation

CPhM is established through legislation that outlines our authority and responsibilities. This legislation provides the framework for how we regulate the pharmacy profession and ensures our actions remain focused on protecting the public interest, not the interests of the profession.

The Role of Pharmacy Professionals in Regulation

While pharmacy professionals bring essential knowledge to the regulatory process, they are expected to participate with the understanding that their primary duty is to serve the public. CPhM supports professional participation through:

- Opportunities to apply for Council and committee appointments
- Engagement in consultations
- Attendance at Council and Annual General Meetings
- Ensuring public participation, including the 2024 establishment of the Citizens Roster

Public involvement is crucial to maintaining legitimate and trustworthy regulation. To uphold this principle, CPhM ensures the inclusion of public representatives, appointed by the Minister of Health, on the Council, statutory committees, and standing committees. These public voices play a vital role in fostering transparency and accountability in our decision-making processes.



Looking Ahead

CPhM remains committed to strengthening trust in professional regulation by fostering meaningful public engagement and ensuring that all regulatory activities continue to reflect our purpose and values. This balanced and inclusive approach helps sustain a safe, ethical, and culturally responsive pharmacy profession in Manitoba.

Safeguarding the Privilege to Regulate

Professional Regulation is a privilege, not a right. CPhM upholds this privilege by continually demonstrating that our processes are transparent, inclusive, and clearly focused on protecting the public interest. We avoid activities that could be perceived as self-serving or aligned solely with the interests of the profession.

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 pharmacists and pharmacy technicians
- Setting and enforcing standards of practice and a code of ethics
- Investigating complaints and determining appropriate remedial or disciplinary actions when needed

Our Purpose

In 2024, the College of Pharmacists of Manitoba (CPhM) continued its evolution as a public-first regulator by reaffirming our mandate, clarifying our purpose, and replacing traditional organizational values with guiding principles rooted in integrity, equity, and transparency.

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.

Our Purpose

Our purpose is to regulate the pharmacy profession with a commitment to excellence in person-centred, evidence-informed, and timely pharmacy care for all people. We fulfill this purpose by ensuring that all pharmacy professionals in Manitoba are qualified to provide safe, ethical, and culturally sensitive care—free from all forms of racism, including Indigenous-specific racism.

We are guided by principles of inclusivity, collaboration, integrity, and accountability. These principles support our regulatory role in fostering an equitable environment that prioritizes public safety and well-being.

Evolving from Mission to Purpose

In 2024, CPhM completed a significant shift from a traditional mission statement to a clear, action-oriented purpose statement. This evolution reflects the growing need for clarity, inclusivity, and focus in a complex and rapidly changing healthcare landscape.

A purpose-driven approach allows us to clearly articulate the following:

- **Our Regulatory Focus:** A steadfast commitment to evidence-based, transparent decisions that protect the public interest.
- **Our Values in Action:** The integration of equity, accountability, and public safety in all areas of our work.
- **Our Impact:** A regulatory environment that responds to the diverse needs of communities across Manitoba.



Our Guiding Principles

To support this new purpose, we adopted guiding principles that reinforce our commitment to public safety, ethical regulation, and accountability.

These principles now shape how we operate and engage with the public and the profession:

Why These Changes Matter?

As healthcare continues to evolve, so too must the role of regulators. Our renewed purpose and guiding principles ensure that we remain responsive to changing expectations while staying true to our mandate. **Through this framework:**

- We help ensure all people in Manitoba receive pharmacy care that is safe, ethical, and culturally respectful.
- We promote a proactive and inclusive approach to regulation.
- We remain adaptable to a complex healthcare environment—always focused on the public’s best interests.



Accountability First

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



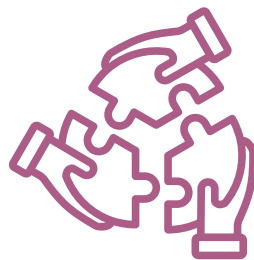
Unwavering Commitment to Equity

- 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-Centred Excellence

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



Collaboration and Inclusivity

- By engaging with system partners, interested, affected, and 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 trust in all regulatory practices.

Reflecting on Our Progress: 2021–2024 Strategic Plan

The 2021–2024 Strategic Plan was developed during a period of significant uncertainty at the height of the COVID-19 pandemic. Despite these challenges, the CPhM advanced critical regulatory priorities and achieved measurable results across all three strategic focus areas: cultural competence, quality standards, and pharmacy safety.

Strategic Priorities and Outcomes

Strategic Priority I

Support pharmacy professionals in effectively delivering services that meet the social and cultural needs of all patients.

- **Completed:** Cultural safety training for Council and staff; environmental scan to inform future planning
- **Ongoing:** Cultural Safety Plan continues as part of the 2025–2027 Strategic Plan

Strategic Priority II

Promote quality pharmacy services by ensuring pharmacy professionals are aware of and adhere to professional standards and expectations.

- **Completed:** Launch of updated preceptor training and enhanced professional standards
- **Partially Completed:** Pharmacy Manager Training to be implemented in early 2025

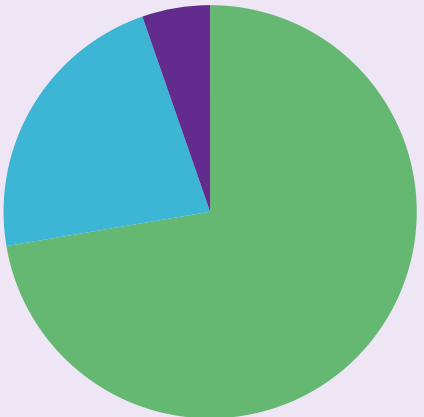
Strategic Priority III

Promote safety in pharmacy services and ethical practice.

- **Completed:** Legislative proposals developed; pharmacy safety campaigns launched
- **Ongoing:** Continued advocacy to prohibit inducements in community pharmacy practice

Completion Status of 2022–2024 Strategic Initiatives:

- **Completed: 68%**
- **Ongoing: 21%**
- **Partially Completed: 5%**



2022–2024 Impact at a Glance:



25+ cultural competence initiatives completed



3 strategic priorities advanced through targeted public awareness campaign



1 new Professional Practice Committee established



100% of CPhM staff and Council completed cultural safety training

Looking Forward: Carrying Momentum into the Future

As CPhM transitions into the 2025–2027 strategic cycle, our focus remains on completing outstanding work while taking bold steps toward future-ready regulation. Ongoing initiatives, such as pharmacy manager training and cultural safety implementation, continue to align with our legislated mandate and public protection goals.

Key areas of focus include:

- Completing high-impact initiatives, including pharmacy manager training
- Advancing legislative reform to strengthen accountability and fairness
- Embedding risk-based approaches to enhance regulatory efficiency and oversight
- Prioritizing diversity, equity, inclusion, belonging, and accessibility (DEIBA) across all initiatives

Council & Governance Reform



2024 marked a year of significant progress for the College of Pharmacists of Manitoba (CPhM), with several initiatives and governance reforms aimed at improving regulatory practices, increasing transparency, and protecting the public. These updates reflect CPhM’s ongoing commitment to adapting to the evolving needs of the profession while upholding the standards of pharmacy practice in Manitoba.

Strengthening Council Governance ✓

Competency-Based Council Appointments

In 2024, CPhM implemented significant governance reforms, shifting from an election-based model to a competency-based appointment process for Council members. This change supports regulatory best practices and enhances Council’s ability to govern effectively in the public interest.

Key elements of the new appointment process include:

- **Inclusive Eligibility:** Both pharmacists and pharmacy technicians are now eligible to serve on Council.
- **Merit-Based Selection:** Applicants are assessed against a defined set of competencies and criteria, ensuring qualifications and experience align with CPhM’s needs.
- **Objective Review:** The Appointments Committee conducts an impartial review of all applicants.
- **Diverse Representation:** The process considers practice settings, cultural backgrounds, and geographic representation to reflect the communities CPhM serves.
- **Defined, Staggered Terms:** Council members may serve up to two consecutive three-year terms, with a two-year gap before reappointment. Staggered terms ensure continuity and renewal of ideas on Council.

This modernized approach allows CPhM to maintain public confidence, support sound decision-making, and attract highly qualified individuals committed to public protection.

Expanded Council Representation

In addition to creating a pharmacy technician Council seat, CPhM introduced term limits to strengthen succession planning and bring new perspectives to governance. These updates support long-term strategic leadership and improve overall accountability.

Increasing Transparency & Accessibility ✓

Launch of the Governance Hub

CPhM launched the [Governance Hub](#), a dedicated online resource to support transparent and accessible regulatory governance. The Hub provides timely updates, policy resources, and expert insights into the evolving role of regulators.

Comprehensive Policy Webpage

To enhance transparency, CPhM introduced a centralized [Policies Page](#) housing all governance policies. This platform ensures policies are easily accessible to the public, Council, and registrants.

Professional Regulation Language Update

Reflecting a broader shift in Canadian regulatory language, CPhM replaced the term “self-regulation” with “professional regulation.” This update emphasizes the College’s responsibility to act in the public interest and underscores its commitment to regulatory integrity and accountability.

Enhancing Public Participation ✓

Citizens Roster

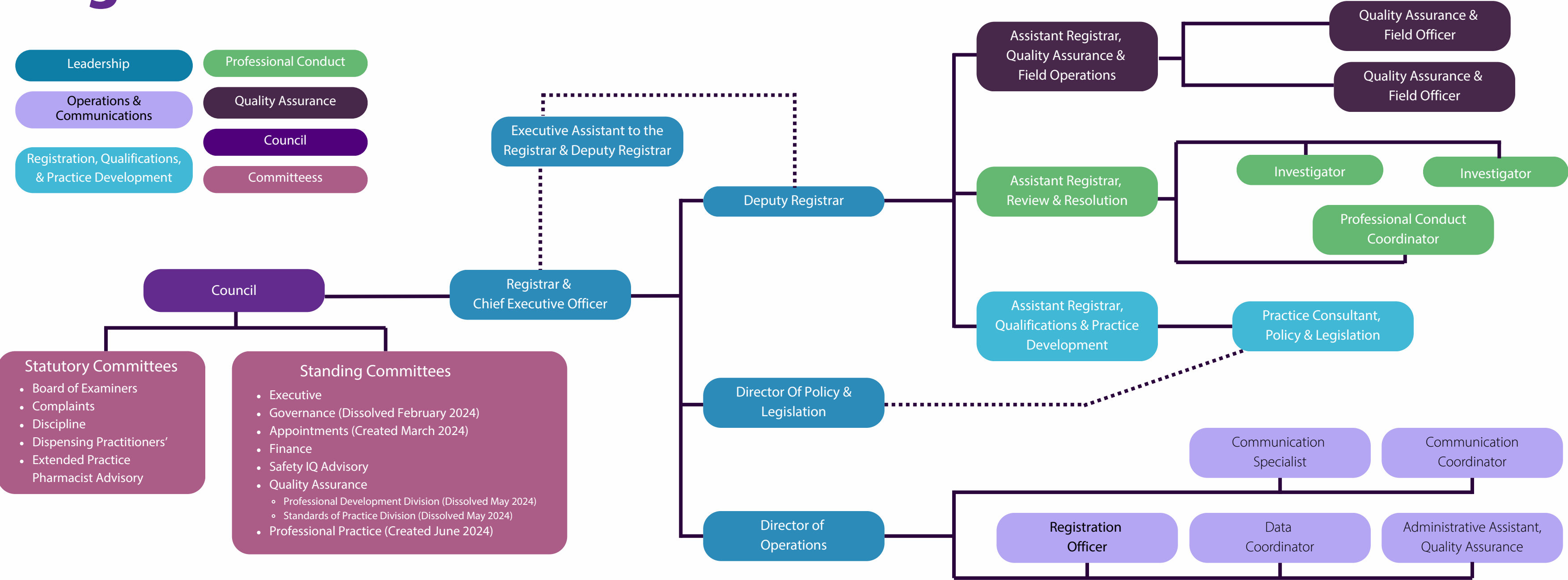
In 2024, CPhM introduced the [Citizens Roster](#), a new initiative to increase public participation in pharmacy regulation. The Roster invites Manitoba residents who are not CPhM registrants to apply to serve as public members on CPhM committees.

By including diverse community voices in regulatory decision-making, the Citizens Roster helps ensure pharmacy regulation is inclusive, transparent, and grounded in the needs and values of the public.

Applicants may come from all walks of life—experience with community initiatives, volunteer work, or participation in local organizations is valued. Members of the profession are encouraged to share this opportunity within their communities.

To learn more or apply, visit cphm.ca/citizens-roster.

Organizational Structure



Leadership

Kevin Hamilton
Registrar & Chief Executive Officer
Rani Chatterjee-Mehta
Deputy Registrar
Lindsay Henderson
Executive Assistant

Anne Janes
Director of Policy & Legislation
Lori McKietiuik
Director of Operations

Registration, Qualifications, & Practice Development

Kim McIntosh
Assistant Registrar, Qualifications & Practice Development
Meret Shaker
Practice Consultant, Policy & Legislation

Quality Assurance

Chris Louizos
Assistant Registrar, Quality Assurance & Field Operations
Arleigh Andrushak
Quality Assurance & Field Officer
Kevin Chaboyer
Quality Assurance & Field Officer

Professional Conduct

Brent Booker
Assistant Registrar, Review & Resolution
Anna Brown
Professional Conduct Coordinator
Stacey Hjorleifson
Investigator
Emily Kaminsky
Investigator

Operations & Communications

Bev Robinson
Registration Officer
Maria Arquiza
Data Coordinator
Robyn Maharaj
Administrative Assistant, Quality Assurance
Anja Sadovski
Communications Specialist
Neely Hammerberg
Communications Coordinator

CPhM Council & Committees

Council and Committee Membership: Council is the governing body of CPhM. It is made up of appointed CPhM registrants, public representatives appointed by the Minister responsible for Health, and one ex-officio member. Council meetings are open to the public. Each committee is guided by its terms of reference and consists of council members, members of the public, and pharmacists and pharmacy technicians appointed by the Council.

Council Liaisons*

Tanjit Nagra, Pharmacists Manitoba (*until April 26, 2024*)
Leah Pritchett, CSHP-MB Branch (*until May 14, 2024*)
Cecile Ngai, Pharmacy Technician (*until May 14, 2024*)
Shaelyn Gustafson, U of M College of Pharmacy, Student (*until May 14, 2024*)

** Under the new bylaws effective May 2024, the role of Council liaison has been discontinued.*

CPhM Council

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.

Terms of Service:

Council members attend five meetings annually and participate in various CPhM committees. Pharmacy professionals serve three-year terms and may serve two consecutive terms, while public representatives serve terms determined by the Minister.

Composition of the Council

Our Council is composed of:

- 4 public representatives appointed by the Minister responsible for health.
- 1 pharmacy technician.
- 6 pharmacists.
- The Dean of the College of Pharmacy (Ex Officio).

Council Members

Ryan Buffie, Chair
Kathy Hunter, Vice Chair
Donna Forbes, Public Representative
Don Himbeault, Public Representative
Amanda Andreas, Public Representative
Elizabeth Reimer, Public Representative
Alanna Doell, Pharmacist
Brendon Mitchell, Pharmacist
Teryl Moore, Pharmacist
Chantal MacDonald, Pharmacy Technician
Lavern Vercaigne, Dean, U of M College of Pharmacy
Tory Crawford, Public Representative (*until Feb 9, 2024*)
Jane Lamont, Chair (*until May 14, 2024*)
Wendy Clark, Past President (*until May 14, 2024*)
Jennifer Ludwig, Executive Treasurer (*until May 14, 2024*)
Sonal Purohit, Pharmacist (*until May 14, 2024*)
Joanne Johnson, Pharmacist (*until May 14, 2024*)
Dr. Lalitha Raman-Wilms, Dean, U of M College of Pharmacy (*until Sept 20, 2024*)
Pawandeep Sidhu (*until Sept 27, 2024*)



CPhM 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 the Council.

Statutory Committees

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

Board of Examiners Committee

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	Lavern Vercaigne, Ex-Officio, Non-Voting Member
Don Himbeault, Public Representative	Leah Pritchett, CSHP- MB Branch Liaison (until May 14, 2024)
Kathy Hunter	Jane Lamont (until May 14, 2024)
Shelly Tshiovo	Lalitha Raman-Wilms (until Sept 20, 2024)

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	Brenda Martinussen, Public Representative
Mike Sloan, Vice-Chair	Susan Ruff, Public Representative
Clint Huber	Barbara Sproll, Vice-Chair (until Sept 27, 2024)
George Kolomaya, 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	Beatrice Patton	Scott Wilson, Public Representative (until Mar 14 2024)
Martha Mikulak, Vice-Chair	Natalie Thickson	Ron Corrigan (until May 13, 2024)
Eddie Ahoff	Luba Fedorkiw, Public Representative	Britt Kural (until June 24, 2024)
Jenny Luc	Alex Lytwyn, Public Representative	Nicholas Honcharik (until June 24, 2024)
Zahid Zehri	Roque Anonuevo, Public Representative	
Carol Davis	Richard Panciera, Public Representative	
Amandeep Dhanoa	Tracy Lynn Theile, Public Representative	

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
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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	Donna Forbes, Public Representative	Deb Elias, CRNM
Ashley Walus	Don Himbeault, Public Representative	Coralie Buhler, CRNM
Jamison Falk	Amanda Andreas, Public Representative	Tory Crawford, Public Representative (until Feb 9, 2024)
	Dr. Anna Ziomek, CPSM	Dr. Robert Ariano, Chair (until June 24, 2024)
	Dr. Brent Kvern, CPSM	

CPhM Committees

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.



Committee dissolved as of May 13, 2024:

Audit Committee

Members:

- Bill Eamer, Chair
- Carol Davis
- Julia Walker
- Kathy Hunter
- Tory Crawford, Public Representative
- (until Feb 9, 2024)*

Committee dissolved as of May 13, 2024:

Finance Risk Management Committee

Members:

- Jennifer Ludwig, Chair
- Kevin Hamilton, Ex-Officio
- Bill Eamer, Public Representative
- Carol Davis
- Julia Walker
- Kathy Hunter
- Tory Crawford, Public Representative
- (until Feb 9, 2024)*

Committee dissolved as of Feb 23, 2024:

Governance Committee

Members:

- Wendy Clark, Chair
- Don Himbeault, Public Representative
- Amanda Andreas, Public Representative
- Gary Cavanagh
- Glenda Marsh
- Jennifer Ludwig
- Christie Atkinson

Committee dissolved as of May 13, 2024:

Quality Assurance: Standards of Practice Division

Members:

- Robin Hidlebaugh, Chair
- Pat Trozzo
- Gayle Romanetz
- Sheri Dyck
- Bernadette Ogoms
- Donald (Scott) McFeetors
- Tim Smith
- Carla Pensack

Committee dissolved as of May 13, 2024:

Quality Assurance: Professional Development Division

Members:

- Brendon Mitchell, Chair
- Cenzina Caligiuri
- Gholam Reza Ebrahimian
- Olasumbo Ojo
- Olena Serwylo
- Tim Smith
- Pat Trozzo
- Rizwan Ahmed
- Anu Okunnu

CPhM Committees

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

Members:

Anu Okunnu, Chair	Cecile Ngai	Arlene Nabong <i>(until June 24, 2024)</i>
Pat Trozzo	Christie Atkinson	Gayle Romanetz <i>(until June 24, 2024)</i>
Brendon Mitchell	Pawandeep Sidhu <i>(June 24- Sept 27, 2024)</i>	Judy Lee-Wing <i>(until June 24, 2024)</i>
Teryl Moore		Linda Carroll <i>(until June 24, 2024)</i>
Mina Mikhail	Robin Hidlebaugh <i>(until June 24, 2024)</i>	Robert Francis <i>(until June 24, 2024)</i>
Krista Medal		Sheila Ng <i>(until June 24, 2024)</i>

Executive Committee

Members:

Ryan Buffie, Chair	Jane Lamont <i>(until May 14, 2024)</i>
Kathy Hunter, Vice Chair	Wendy Clark <i>(until May 14, 2024)</i>
Chantal MacDonald	Jennifer Ludwig <i>(until May 14, 2024)</i>
Donna Forbes, Public Representative	Pawandeep Sidhu <i>(June 24- Sept 27, 2024)</i>

Finance Committee

Members:

Kathy Hunter, Chair	Brendon Mitchell
Kevin Hamilton, Ex-Officio	Christie Atkinson
Julia Walker	Elizabeth Reimer, Public Representative

Created as of May 13, 2024:

Professional Practice Committee

Members:

Rizwan Ahmed, Chair	Schalk Strydom
Teryl Moore	Shelley Tshiovo
Robin Hidlebaugh	Chantal MacDonald

Created as of Mar 1, 2024:

Appointments Committee

Members:

Ryan Buffie, Chair	Elizabeth Reimer, Public Representative
Don Himbeault, Public Representative	Jane Lamont <i>(until Sept 27, 2024)</i>



Manitoba's Pharmacy Professionals

This section provides an overview of Manitoba's pharmacy professionals, highlighting licensing and listing figures along with developments in expanded scopes of practice.

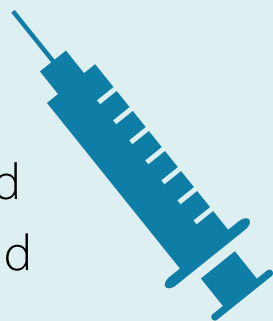


Expanded Scopes of Practice

Pharmacists can expand their scope of practice in the areas of prescribing, drug or vaccine administration, and ordering of screening and diagnostic testing by successfully completing the requisite Council-approved education, training, and application process.

1292

pharmacists authorized to administer drugs and vaccines by injections



861

pharmacists authorized to prescribe drugs for smoking cessation

892

pharmacists authorized to prescribe drugs for uncomplicated cystitis

307

pharmacists authorized to order lab tests for outpatients *



1053

pharmacists authorized to prescribe drugs for self-limiting conditions

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

Additional Registration and Licensing Categories



As of 2024, **47 pharmacists** have registered as extended practice pharmacists, allowing them to provide expanded care in defined specialty areas.



In 2024, there were **178 pharmacy students** registered, representing the future of the profession as they complete their academic and experiential training in preparation for licensure.



Additionally, **61 pharmacy interns** registered with CPhM in 2024 and are actively gaining hands-on experience under the supervision of licensed pharmacists, an essential step in their transition from education to independent practice.

Registration & Licensing of Pharmacy Professionals

Of the **113** pharmacists registered and licenced for the first time in Manitoba in 2024:

41 were domestic pharmacy graduates from the University of Manitoba



15 were licensed pharmacists from other provinces and territories



57 were international pharmacy graduates (IPGs)



Total pharmacy professionals practicing in Manitoba for 2024:

1700 pharmacists registered and licensed

237 pharmacy technicians listed



Manitoba Pharmacies

Place of Practice



**Community
Pharmacy**

1175 Pharmacists
73 Pharmacy Technicians



**Hospital and Other
Healthcare Facilities**

382 Pharmacists
53 Pharmacy Technicians



**Other (Association / Academia
/ Government / Industry /
Corporate Office / Clinic)**

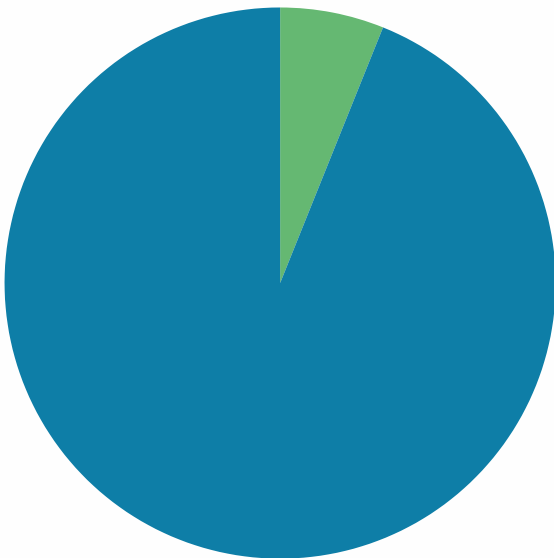
207 Pharmacists
119 Pharmacy Technicians

509 Total Number of Licensed Pharmacies in Manitoba in 2024

- 31 Hospital pharmacies
- 478 Community pharmacies

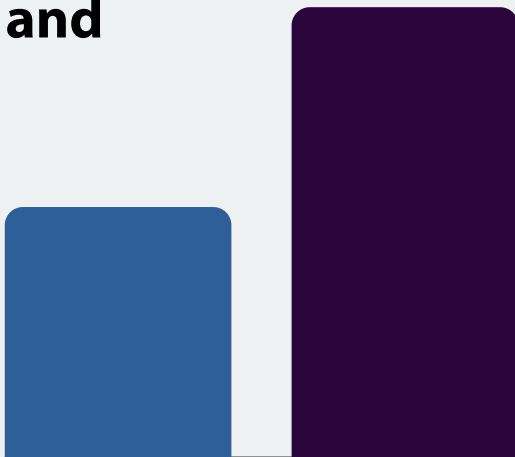
**478 Community
pharmacies**

**31 Hospital
pharmacies**



28 Total Number of Pharmacy Closures and New Openings

- 10 Permanent Closures
- 18 New Openings



Maintaining Quality Assurance

This section provides an overview of Manitoba's Quality Assurance programs, highlighting requirements, assessment processes, and resources that support continuous professional development.



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)
- Time-delayed Safes

These programs monitor compliance and promote ongoing quality improvement ensuring that pharmacy practices prioritize patient safety.



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 non-accredited—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 recognized quality
Maintain a 3-year record:	Document activities in a PD Log or Learning Plan
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 contributes to the delivery of safe, effective, and person-centred patient care.

Advancing Pharmacy Care through Extended Practice Pharmacists

A key development in 2024 was the removal of barriers for achieving and maintaining the Extended Practice Pharmacist (EPPh) designation, a vital role in expanding pharmacy services in Manitoba. In 2021, CPhM undertook a comprehensive consultation to evaluate the EPPh framework. Building on the feedback received, the EPPh Consultation Review Ad-Hoc Committee proposed a series of recommendations, most of which were approved by Council in June 2024. Among these recommendations were updates to professional development (PD) requirements for EPPhs, which now include an annual completion of 15 Continuing Education Units (CEUs) related to their specialty.

Additionally, the Committee addressed barriers related to patient record access and CPhM will continue discussions with the government on pressing issues such as the cost of eChart access and public coverage for lab tests ordered by pharmacists as it relates to enhanced and collaborative safe patient care. These updates ensure that EPPhs have the resources they need to practice effectively and collaboratively, while contributing to the delivery of health services, thereby improving patient care and promoting equitable healthcare access for all those living in Manitoba.

CPhM's ongoing commitment to advancing pharmacy practice emphasizes the critical role pharmacists play in delivering high-quality healthcare services. As the regulatory body for pharmacy practice in Manitoba, CPhM ensures that the evolving needs of the public are met through progressive pharmacy practices and patient-centered care.



Pharmacy Inspections

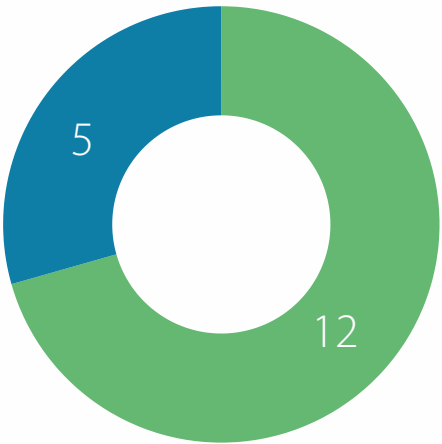
Pharmacy inspections ensure that facilities, policies and procedures, and practices meet CPhM standards for patient safety and care. From new pharmacy openings to routine inspections, CPhM field officers ensure that pharmacy managers and pharmacists have the knowledge and tools to meet practice requirements.

The Field Operations team uses a hybrid model that leverages both virtual and in-person inspections to increase reach across Manitoba.

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.

17 Virtual Inspections



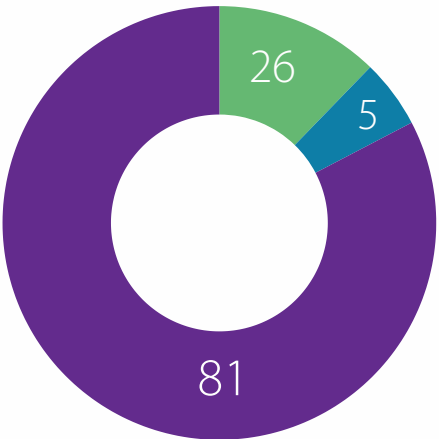
5 New Openings
12 Miscellaneous



112 In-person Inspections



81 Routine
26 Miscellaneous
5 New Openings



1595

Total number of reports for individual drugs received and reviewed



378

Number of reports that required CPhM Field Operations follow up



Enhancing Security Measures

Time-Delayed Safes: Strengthening Pharmacy Security in Manitoba

In a continued effort to prioritize the safety of pharmacy staff and the public, CPhM introduced important amendments to the Pharmacies Facilities Practice Direction, approved by Council on January 31, 2024. These amendments mandate the storage of all narcotics and controlled drugs in time-delayed safes within community pharmacies across Manitoba, with the requirement to prominently display signage indicating their use.

This strategic measure aims to enhance security by protecting both the drug supply and pharmacy personnel. The implementation of time-delayed safes has been shown to be an effective deterrent against robberies, with law enforcement agencies such as the Winnipeg Police Service recognizing their role in safeguarding pharmacy environments. The use of time-delayed safes has had a demonstrable impact in other western provinces, notably reducing pharmacy robberies by 80% in Calgary, Alberta, and achieving zero incidents in Edmonton.

While pharmacy robberies have been infrequent in Manitoba, this proactive initiative seeks to prevent future incidents and safeguard the public health by reducing the risk of stolen medication contributing to the ongoing opioid crisis. Since the introduction of mandatory time-delayed safes no pharmacy robberies have been reported to CPhM. The decision reflects CPhM's commitment to maintaining high standards of safety and security in Manitoba's pharmacies, ensuring that both professionals and the public remain protected in the face of evolving challenges.



Example of the signage required in every community pharmacy to indicate the use of a time-delayed safe.

Why Time-Delayed Safes?

Time-delayed safes protect both pharmacy staff and the drug supply. Their use has proven highly effective in other provinces:

- 80% reduction in pharmacy robberies in Calgary, Alberta
- Zero pharmacy robberies in Edmonton after implementation

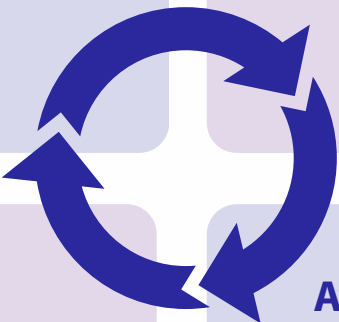
Safety Improvement in Quality (SIQ)

June 1, 2024, marked the three-year milestone 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:



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.



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.

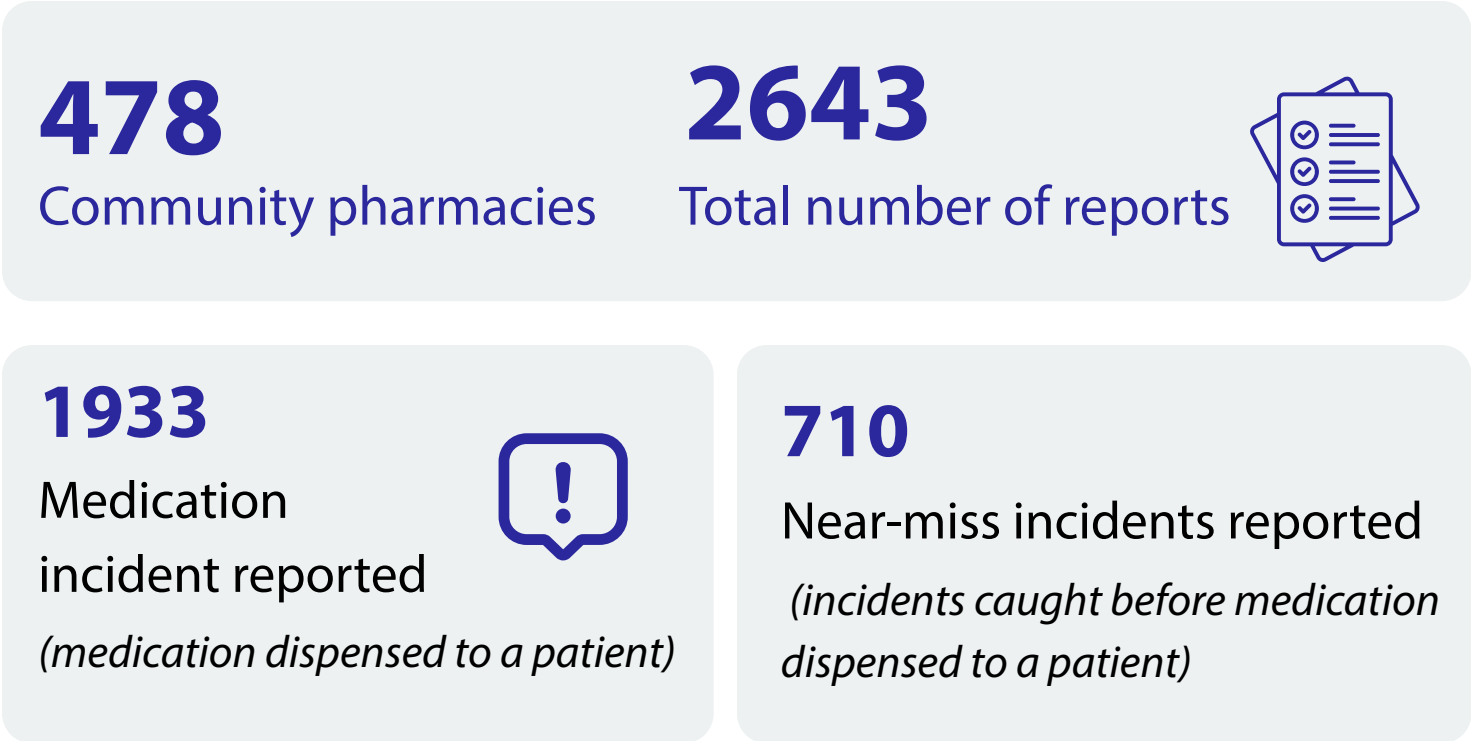
Analyze medication incidents and near-miss events to develop improvement plans. Pharmacy staff analyze incident data using their reporting software tools and additional resources to develop evidence-based improvement plans. Pharmacy staff also complete a safety self-assessment to identify any risky practices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

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.

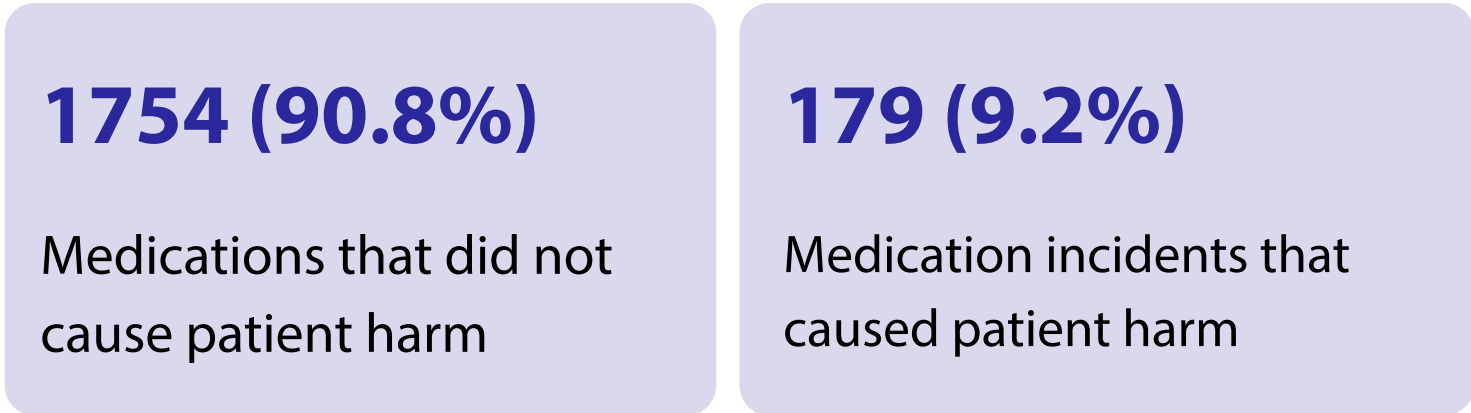
CPhM extends its gratitude to all community pharmacy professionals for their dedication to CQI and patient safety through the implementation and ongoing maintenance of Safety IQ in their pharmacies.

Fostering a Safety Culture

Safety IQ by the Numbers



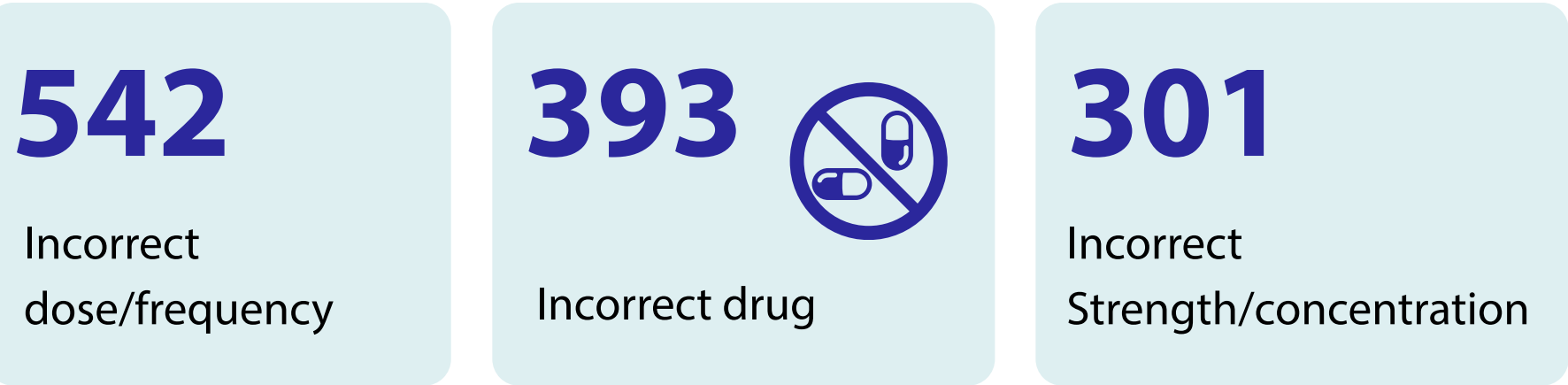
Outcome of reported incidents:



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 incident types:



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.

Communication with Pharmacy Professionals

4

Newsletter Features

8

Friday Five Articles



3

Social Media Posts

Data Analysis and Recommendations

2

Provincial Safety Briefs:

- [Errors with Entered Orders - Preventing Medication Incidents](#)
- [Incorrect Patient Information in Medication Incidents](#)

1

Community Pharmacy National Snapshot July 2024

- [Community Pharmacy National Snapshot July 2024](#)

Safety IQ Academy Statistics (Jan 1- Dec 3, 2024)

Top Three Blogs

- 1

[Pharmacy Workflow Improvements: Insights from the Community Pharmacy Survey on Patient Safety Culture](#)
- 2

[Staffing and Work Pressures: Strategies for a Safer Pharmacy](#)
- 3


[From Assessment to Action: Six Steps to Proactive Improvement Using Your Safety Self-Assessment](#)

12.6k

Unique site visitors

23.7k

Views



7

Blog posts in support of CQI in community pharmacies

Strengthening Transparency and Accountability: Introduction of ID Badges for CPhM Inspectors and Investigators

In 2024, CPhM introduced a new initiative aimed at enhancing the transparency, trust, and accountability of its inspection process; the implementation of ID badges for all inspectors and investigators. This change underscores CPhM's commitment to public health protection, reinforcing the professionalism and integrity of pharmacy inspections across the province.

Pharmacy inspectors and investigators play a critical role in ensuring that Manitoba's pharmacies comply with regulatory standards that safeguard public health. By requiring these professionals to wear visible ID badges during every visit, CPhM has taken an important step toward ensuring that pharmacy staff and the public can easily verify the identity and authority of those conducting inspections. The ID badges display a professional headshot, the inspector or investigator's full name, and the official CPhM logo, making it clear that the individual is a qualified CPhM representative.

This initiative not only serves to enhance security but also reinforces the accountability of those involved in the inspection process. By visibly linking inspectors and investigators to CPhM through their badges, CPhM promotes a culture of transparency and professionalism. This development is particularly important in fostering a sense of trust and confidence among pharmacies and pharmacy staff, knowing that inspections are carried out by authorized and competent professionals committed to ethical standards.

The ID badge initiative provides tangible benefits for both the pharmacies being inspected and the broader regulatory framework. Pharmacy professionals can now be assured that they are interacting with legitimate, authorized individuals when undergoing inspections, fostering a safe and secure environment for both staff and patients.



Manitoba Prescribing Practices Program (M3P)

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 Active Living.



Enhancing Prescribing Practices for M3P Medications

In 2024, changes were made to improve the prescribing and dispensing processes for controlled substances in Manitoba. CPhM, in collaboration with the College of Physicians and Surgeons of Manitoba (CPSM), and other regulatory colleges, finalized changes to the M3P and the Electronic Transmission of Prescriptions Practice Direction. As of June 1, 2024, CPhM phased out personalized M3P prescription forms. Additionally, the revised Electronic Transmission of Prescriptions Practice Direction for authorized prescribers now permanently allows faxing and e-prescribing for all prescriptions, streamlining the process further.

Further changes were introduced under the Health Canada Subsection 56(1) Exemption, which permits pharmacists to transfer prescriptions for narcotics and controlled drugs within Canada, even if previously transferred. This also applies to the transfer of prescriptions for benzodiazepines or targeted substances, allowing them to be transferred more than once. Although not required, pharmacists are encouraged to notify the prescriber if a controlled substance prescription is transferred outside Manitoba to ensure continuity of care. These updates are designed to enhance the safety, efficiency, and continuity of prescribing and dispensing practices across Manitoba's healthcare system

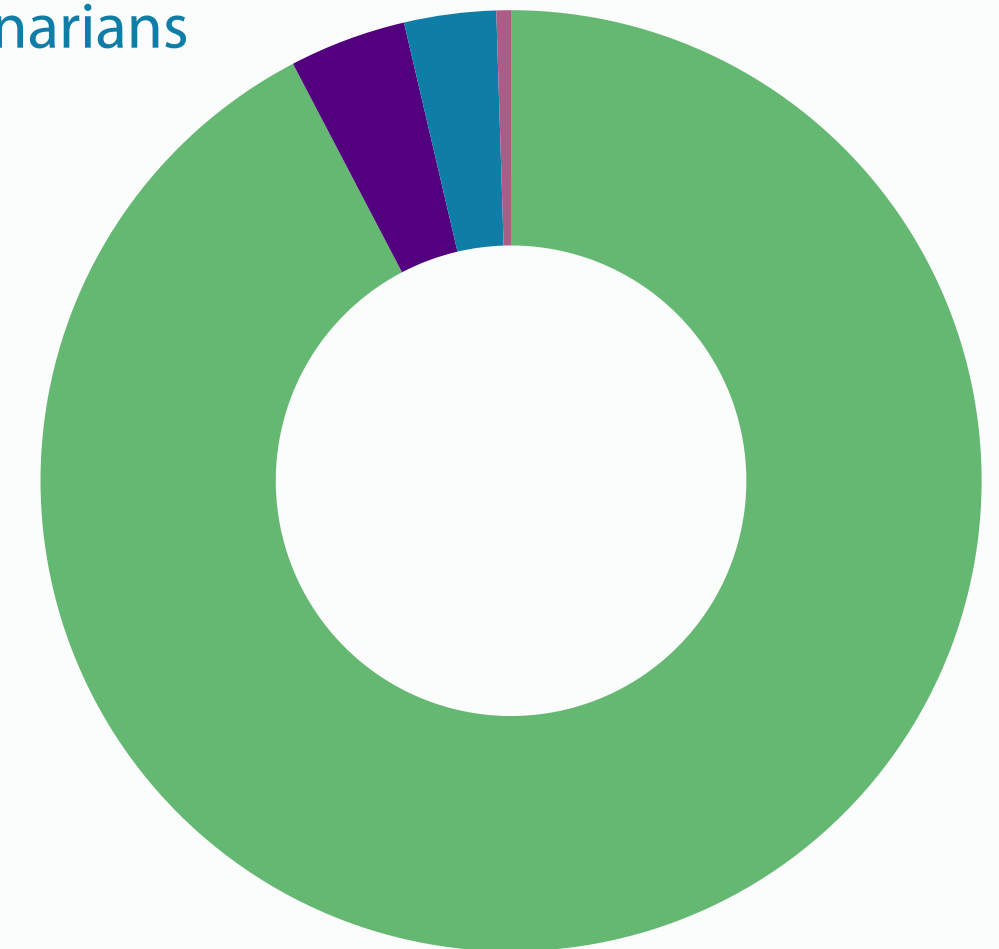
1395 Total M3P prescription pads ordered by the following professions

1288 Physicians

56 Nurse Practitioners

7 Dentists

44 Veterinarians



Complaint and Concern Resolution

This section provides an overview of CPhM's complaint and concern resolution processes, including trends in informal concerns, formal complaints, and discipline outcomes.



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. Members of the public sometimes seek help from CPhM to resolve their concerns informally without submitting a formal complaint. This type of informal concern resolution is an opportunity to both address the individuals concerns and educate pharmacy professionals, mend relationships, and inform the public about pharmacy practice standards and how pharmacy practice is regulated in Manitoba. Formal complaint resolution involves the process described below which is structured by *The Pharmaceutical Act*.

A formal complaint must proceed through the complaint resolution pathway and outcomes are decided by the Complaints Committee.

Resolution Pathway



Receive

CPhM receives a written complaint from a complainant. CPhM staff review the complaint and perform a risk assessment to determine if immediate action is needed to protect the public. A copy of the complaint is shared with the pharmacist and/or pharmacy manager when they are notified of the complaint. They are given two weeks to respond to the complaint.



Review

The Complaints Committee reviews the complaint and response.

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 pharmacists license or registration or refer all or part of the matter to discipline.

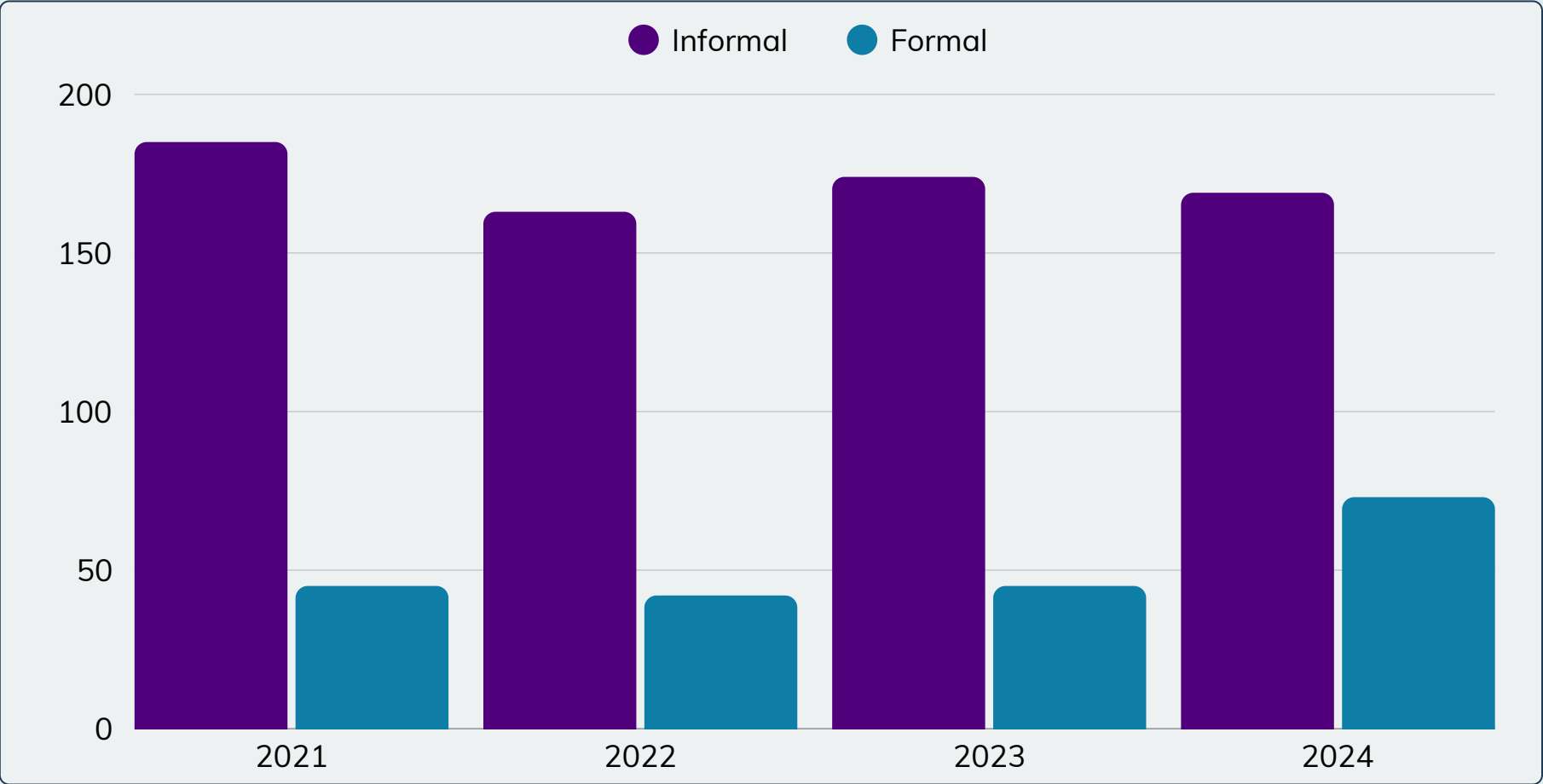
If the Committee needs more information to make a decision, it may order an investigation.



Complaints by the Numbers

Formal Complaints	2024	2023	2022	2021
Complaints Recieved	73	45	42	45
Complaints Resolved	60	50	43	31
Complaint Outcomes	157	95	52	49
Referred to Discipline	6 Registrants re: 2 Cases	2 Registrants re: 4 Cases	2	2
Appeal under section 39 (1) of The Pharmaceutical Act	1	1	2	0
Application for Stay Under Section 41 of The Pharmaceutical Act	0	0	0	0

Informal Concerns and Formal Complaints over the Years



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 needs more information to make a decision, it may order an investigation.

Informal Concern

An informal concern is an issue or question raised by a person 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.

Complaints by the Numbers

Complaints Outcomes 2024



Top 10 Conduct Categories*	
Communication	47
Customer Service	31
Patient Counselling	25
Workflow	22
Policy and Procedure	22
Final Check	21
Manager Concerns	20
Supervision	18
Ethics (eg., registrants, billing, etc.)	18
Medication incidents	18

*Numbers in this table reflect how many times the conduct category was observed in a complaint matter. Often, multiple conduct categories were observed within a single complaint.

Key Findings

- There was a 62% increase in the number of formal complaints compared to the previous year.
- The number of informal concerns remained stable.
- The increase in formal complaints is multifactorial. Overall, there was a 20% increase in complaints resolved and a 65% increase in complaint outcomes compared to last year.

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.

Discipline Outcomes 2024



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 arrives at its' own and independent 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, require counselling/treatment, suspend or cancel 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.

Financial Statements

For the complete audited 2024 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 nonconsolidated statement of financial position as at December 31, 2024 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, 2024.

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 March 20, 2025.

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".

Winipeg, Canada
March 20, 2025

Booke & Partners

Chartered Professional Accountants

As at December 31, 2024 (in thousands of dollars)	2024	2023
Assests		
Current		
Cash	\$ 1,424	\$ 889
Marketable securities	3,829	3,989
Other	1,772	56
	7,025	4,934
Long-term assets	168	1,622
	<u>\$ 7,193</u>	<u>\$ 6,556</u>
Assests		
Current		
Accounts payable and accruals	\$ 112	118
Deferred fee revenue	3,325	2,381
Other	30	4
	3,467	2,965
Net Assests	<u>3,726</u>	<u>3,603</u>
	<u>\$ 7,193</u>	<u>\$ 6,556</u>

As at December 31, 2024 (in thousands of dollars)	2024	2023
Revenues		
Pharmacist fees	\$ 1,888	\$ 1,772
Pharmacy fees	1,238	1,112
Pharmcay technician fees	7	37
Other income	44	41
Fines and cost recovery	215	3
Canada-Manitoba Job Grant (CMJG)	40	-
Investment net income (loss)	311	296
Manitoba Prescribing Practices Program (M3P)	96	93
	<u>3,839</u>	<u>3,354</u>
Expenses		
Regulatory and other operations	3,012	2,639
Complaints and discipline proceedings NAPRA levy	472	537
Awards and contributions	71	67
Other items	-	10
Manitoba Prescribing Practices Program (M3P)	65	49
	<u>96</u>	<u>93</u>
	<u>3,716</u>	<u>3,395</u>
Excess (deficiency) of revenues over expenses	123	(41)
Net assets, beginning of year	<u>3,603</u>	<u>3,644</u>
Net assets, end of year	<u>\$ 3,726</u>	<u>\$ 3,603</u>