THE COLLEGE OF PHARMACISTS OF MANITOBA

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

And in the matter of: **Mandeep Kaur, a pharmacist registered with the College of Pharmacists of Manitoba**

DECISION AND ORDER OF THE DISCIPLINE COMMITTEE

Introduction

1. Pursuant to a Notice of Hearing dated August 17, 2023 (the "Notice") and an Amended Notice of Hearing dated April 7, 2026 (the "Amended Notice"), a hearing was conducted by the Discipline Committee (the "Discipline Committee") of the College of Pharmacists of Manitoba (the "College") at the offices of Thompson Dorfman Sweatman LLP, on April 16, 2026, with respect to charges formulated by the Complaints Committee of the College (the "Complaints Committee") alleging that Mandeep Kaur ("Ms. Kaur"), being a pharmacist under the provisions of *The Pharmaceutical Act*, C.C.S.M. c. P60 (the "Act") and a registrant of the College, is guilty of professional misconduct or conduct unbecoming a member, having displayed a lack of knowledge or skill or judgment in the practice of pharmacy or the operation of a pharmacy, or any of the above, as described in section 54 of the Act, in that, at Shopper's Drug Mart #533, Unit C – 1155 Main Street, Winnipeg, Manitoba (the "Pharmacy"):

1. [redacted]

2. She failed to secure narcotic and controlled drug substance inventory in contravention of section 43 of the *Narcotic Control Regulations,* C.R.C., c. 1041 (the "NCRs"), subsection G.03.012 of the *Food and Drug Regulations*, C.R.C., c. 870 (the "FDRs"), and subsection 72(1)(a) of the *Benzodiazepines and Other Targeted Substances Regulations* (SOR/2000-217) (the "BOTSRs"), and section 2.3.1. of the Practice Direction: Drug Distribution and Storage (the "DDS PD"), in that she:

   a. upon becoming pharmacy manager, on or about March 22, 2022, failed to conduct a narcotic and controlled substance count jointly with the departing pharmacy manager in contravention of the Narcotic and Controlled Drug Accountability Guidelines (the "Accountability Guidelines");

   b. between approximately March 22, 2022 and March 25, 2023, failed to maintain a perpetual inventory of Methadose® 10 mg/mL concentrate and Methadose SF® 10 mg/mL concentrate in contravention of section 2.3.2.1 of the DDS PD and the Accountability Guidelines, or either of them;

   c. between approximately March 22, 2022 and into 2023, failed to conduct a physical inventory count of Methadose® 10 mg/mL concentrate and Methadose SF® 10 mg/mL

concentrate every three months in contravention of section 2.3.2.2 of the DDS PD, and the Accountability Guidelines, or either of them;

d. on multiple occasions between April 24, 2022 and October 5, 2022, failed to investigate discrepancies in the narcotic and/or controlled drug inventory in contravention of sections 2.3.2.3 and 2.3.2.4 of the DDS PD, or either of them;

e. on multiple occasions between April 24, 2022 and October 5, 2022, failed to submit Loss and Theft Reports for Controlled Substances and Precursors to the Office of Controlled Substances, Health Canada, and to the College in contravention of section 42 of the NCRs, section G.03.013 of the FDRs, subsection 72(2) of the BOTSRs, and section 2.3.2.5 of the DDS PD, or any of them;

~~f. on multiple occasions between April 24, 2022 and October 5, 2022, failed to submit Loss and Theft Reports for Controlled Substances and Precursors to the College, in contravention of section 2.3.2.5 of the DDS PD;~~

g. failed to keep narcotic and controlled substance accountability records in a clear, concise, and easily readable format which facilitates ease of use and regulatory review in contravention of sections 2.1.1, 2.1.2, and 2.1.3 of the Records & Information Practice Direction (the "R&I PD"), or any of them;

h. on approximately three occasions between April 21, 2022, and March 15, 2023, failed to securely store the drug inventory in a narcotic safe in contravention of sections 2.2.8, and 2.2.15 of the Practice Direction: Standard of Practice #15: Pharmacy Facilities (the "Facilities PD"), and the Accountability Guidelines, or any of them;

3. She failed to meet the requirements pertaining to the Safety IQ program in contravention of subsection 56(1)9 of the Regulation, in that she failed to review and analyze all medication incidents and recurrent near-miss events, and failed to complete the Safety Self-Assessment(s) and annual Continuous Quality Improvement meeting(s), for improvement in contravention of section 3.2.5 of the Practice Direction – Standards of Practice #9: Medication Incidents and Near-Miss Events (the "Incidents PD");

4. She failed to establish, implement and/or maintain, sufficient written policies and procedures ("P&P") in contravention of subsection 56(1)13 of the Regulation in that she failed to:

[redacted]

b. establish and implement P&P to expeditiously address, document and analyze medication incidents in contravention of subsections 56(1)9 and 56(1)12 of the Regulation, and sections 3.1.1, 3.2.3.4 and 3.2.5 of the Incidents PD, or any of them;

c. implement and maintain adequate P&P to secure and manage narcotic and controlled drug inventory in contravention of subsection 56(1)9 of the Regulation and section 2.3.2 of the PD DDS, or either of them;

d. implement and maintain P&P for the assessment and use of technology that ensured safe and effective pharmacy practice in contravention of subsection 56(1)16 of the Regulation;

e. implement and maintain P&P for patient counselling in contravention of sections 56(1)1 and 73 of the Regulation, and section 3.0 of the Patient Counselling Practice Direction (the "Counselling PD"), or any of them;

f. implement and maintain P&P for retaining accurate pharmacy records in contravention of sections 2.1.3 and 2.3.1.2 of the R&I PD, or either of them; and,

g. implement and maintain P&P to ensure all staff perform tasks within their skill level and professional development in contravention of subsection 65(1) and 65(2) of the Regulation;

5. On or about January 26, 2023, pertaining to patient [redacted] she failed to ensure patient safety in contravention of subsection 83(g) of the Regulation, in that she:

   a. failed to take reasonable steps to provide adequate supervision of a pharmacy assistant to ensure that they complied with the legislation governing the practice and specific activity of dispensing and patient counselling in contravention of subsection 65(2) of the Regulation, and section 2.10.4 of the Practice Direction: Supervision, or either of them;

   b. failed to provide patient counselling on a new prescription in contravention of subsection 56(1)1 of the Regulation and subsections 2.2 and 2.7 of the Counselling PD, or any of them;

6. On multiple occasions between January 2023 and June 2023, she failed to ensure records pertaining to patient counselling were created in contravention of subsection 56(1)12 of the Regulation, and section 3.0 of the Counselling PD, or either of them;

7. She failed to conduct and complete the Safety Self-Assessment and the Annual CQI Meeting by October 1, 2022, as required by the College for pharmacy licensure, in contravention of sections 3.2.5.3 and 3.2.5.4 of the Incidents PD, or either of them;

8. She made a false declaration on the 2023 pharmacy licence renewal application informing the Registrar that she completed the Safety Self-Assessment, and conducted the Annual CQI Meeting, when she had not, in contravention of section 52 of the Regulation and Statement VIII of the Code.

2. The hearing into these charges convened on April 16, 2026. Mr. Jeffrey Hirsch and Ms. Sharyne Hamm appeared as counsel for the Complaints Committee. Mr. William Haight appeared as counsel for Ms. Kaur, who also attended in person. Mr. Thomas Reimer appeared as counsel for the presiding panel of the Discipline Committee (the "Panel").

3. The Complaints Committee and Ms. Kaur jointly submitted a Statement of Agreed Facts (the "Statement"), which was entered into evidence as Exhibit 2. In the Statement, Ms. Kaur admitted the following, with respect to jurisdiction, service, panel composition and practice and discipline history:

I. Jurisdiction, Service and Panel Composition

a. She is a member of the College.

b. She received valid service of the Notice and the Amended Notice.

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

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

II. Practice and Discipline History

e. Ms. Kaur graduated with her pharmacy degree from the Guru Dev University in India in 2008.

f. She has been registered as a pharmacist under the Act since November 2, 2021. At all material times, she was a registrant of the College.

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

i. In or around November 2021, Ms. Kaur became employed as a staff pharmacist at the Pharmacy;

ii. Approximately four months later, on March 22, 2022, Ms. Kaur became the pharmacy manager at the Pharmacy;

iii. Ms. Kaur ceased being the pharmacy manager at the Pharmacy on or about November 22, 2023; and

iv. From December 2023 until the date of the hearing, Ms. Kaur was employed as a staff pharmacist at another Shoppers Drug Mart in Winnipeg, where she is also the Associate Owner through a numbered company. Although she is an Associate Owner, she has never taken on the role of pharmacy manager since leaving the Pharmacy.

h. Ms. Kaur received a reminder letter from the College on September 26, 2022, relating to a patient complaint at the Pharmacy that is not directly related to the charges contained in the Amended Notice.

III. Admissions and Plea

4. Ms. Kaur admitted to having reviewed the Notice, the Amended Notice and the Statement, which her counsel and counsel for the Complaints Committee both signed. Ms. Kaur admitted the truth and accuracy of the facts in the Statement and that the witnesses and other evidence available

to the College, if called and otherwise tendered, would be substantially in accordance with these facts.

5. Ms. Kaur tendered no evidence and made no submissions on the issue of professional misconduct, other than to admit that the conduct described in the Statement demonstrates professional misconduct as described in section 54 of the Act.

6. Ms. Kaur entered a guilty plea to counts 2, 3, 4(b) through (g), 5, 6, 7 and 8 (the "Charges") in the Amended Notice.

7. The Complaints Committee entered a stay of proceedings with respect to counts 1 and 4(a) in the Amended Notice. Count 4(f) from the Notice was struck in the Amended Notice after being merged with count 4(e).

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

9. Ms. Kaur agreed that, with respect to the Charges, her conduct constituted professional misconduct, a breach of the legislation, practice directions, and guidelines (as particularized in the Charges), and a display of a lack of knowledge, skill or judgment in the practice of pharmacy or the operation of a pharmacy.

IV. Disposition

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

V. Decision and Order

11. Considering the evidence contained in the Statement, together with Ms. Kaur's admissions of guilt, the Panel accepts that the Charges have been established. It therefore finds Ms. Kaur guilty of professional misconduct, as described in s. 54 of the Act. The Panel accepts the joint recommendation and therefore makes the following orders, pursuant to ss. 55 and 56 of the Act:

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

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

c. There will be publication of the conviction, penalty and circumstances of the offences, including publication of Ms. Kaur's name.

VI. Reasons for Decision

12. In reaching its decision, the Panel considered the Statement, the joint recommendation, the submissions of the parties, and the affidavit of Dr. Brent Booker affirmed April 14, 2026.

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

A. Summary of Facts

Count 2

14. Count 2 and its subcounts relate to several failures by Ms. Kaur to secure narcotic and controlled drug substance inventory at the Pharmacy. This included failing to conduct an inventory count with the outgoing pharmacy manager when she assumed that role – something that Ms. Kaur acknowledged she knew needed to be done. Ms. Kaur also failed to maintain a perpetual inventory of Methadose® 10mg/mL concentrate and Methadose SF® 10mg/mL concentrate or to conduct a physical inventory count for these substances for approximately a year, when quarterly counts were required. Ms. Kaur appears to have left these counts to be conducted by [redacted], the Pharmacy's Associate Owner, without confirming they were done and done properly.

15. Ms. Kaur has also admitted that she failed to investigate and report discrepancies in the narcotic and controlled drug inventory. These are important functions to detect dispensing and receiving errors and drug diversion and, more generally, to enhance narcotic accountability in a pharmacy. The Statement identifies 225 discrepancies in the narcotic counts, many of which involved hundreds or even thousands of doses. None of these discrepancies had a documented investigation to determine the reason for the discrepancy. Few of the many unexplained shortages were reported to Health Canada, and none were reported to the College as required. Narcotic accountability records were not kept in a clear, concise and easily readable format.

16. The College's investigator also observed the Pharmacy's narcotic safe to be unsecured on several occasions, including when Ms. Kaur was working in the dispensary and when she was absent from the Pharmacy. Ms. Kaur told the investigator that the time-delayed safe was always left unlocked and ajar during business hours because of the wait time required to open it when it was locked, which obviously defeated the safe's main purpose.

Count 3

17. With respect to Count 3, Ms. Kaur has admitted that she failed to meet the requirements of the Safety IQ program by failing to review and analyze all medication incidents and recurrent near-miss events, and by not completing the Safety Self-Assessment(s) and annual Continuous Quality Improvement meeting(s). These requirements exist so that pharmacies can learn from medication incidents and near-misses and prevent similar occurrences in the future, which enhances patient safety.

Count 4

18. Count 4 and the subcounts to which Ms. Kaur has pled guilty relate to Ms. Kaur's failure to establish, implement and/or maintain sufficient written policies and procedures for the Pharmacy, which is a key obligation for pharmacy managers. During Ms. Kaur's tenure as pharmacy manager, the policies and procedures at the Pharmacy were deficient in many areas, including with respect to addressing and documenting medication incidents, handling breaches of patient health information,

narcotic accountability practices, the assessment and use of technology for safe and effective pharmacy practice, patient counselling retaining accurate pharmacy records, and ensuring that pharmacy staff performed tasks within their skill level and professional development.

19. This last deficiency touched upon Ms. Kaur's own practice in that she did not take Opioid Agonist Therapy training until after the complaints that gave rise to the College's investigation.

Count 5

20. Count 5 relates to care provided to patient [redacted], who was prescribed seven discharge medications following cardiac surgery. When the prescriptions were filled, one of the medications was out of stock at the Pharmacy. This fact was missed by the staff pharmacist who filled the prescription, and the medication was not provided or flagged as missing. The patient then went an unknown time without the medication before suffering a thrombotic event for which surgery was required.

21. Ms. Kaur became aware of the medication incident a short time later, on the same day that the patient's agent arranged to have the missing prescription filled. This was done by Ms. Kaur. When the patient's agent attended the Pharmacy and picked up the medication, [redacted] spoke only to a pharmacy assistant. No counselling was provided to the patient's agent. Despite Ms. Kaur's knowledge of the medication incident, she did not interact with the agent and did not provide counselling to the patient whether through the agent or directly to the patient by telephone.

22. Ms. Kaur has admitted, in connection with Count 5, that she failed to provide adequate supervision to a pharmacy assistant and failed to provide patient counselling on a new prescription.

Count 6

23. In connection with Count 6, Ms. Kaur has admitted that on multiple occasions between January 2023 and June 2023, she failed to ensure records pertaining to patient counselling were created, in breach of the Regulation and the Counselling PD. Pharmacists at the Pharmacy typically documented patient counselling and counselling refusals at the end of their shifts, rather than at the time of their patient interactions. A random audit of 48 new prescriptions for dates in January revealed only four occasions of patient counselling. Ms. Kaur acknowledged that during this timeframe documentation of patient counseling was not occurring at the Pharmacy.

Counts 7 and 8

24. Count 7 relates to Ms. Kaur's failure to conduct and complete the Safety Self-Assessment and the Annual CQI Meeting by October 1, 2022, which was required by the College for pharmacy licensure. In connection with Count 8, Ms. Kaur has admitted that though the Safety Self-Assessment and Annual CQI Meeting were not conducted, she made a false declaration to the Registrar on the Pharmacy's 2023 licence renewal application that they had been.

B. Disposition

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

26. In reaching its decision, the Panel is mindful that Ms. Kaur was an inexperienced pharmacist when she assumed the role of pharmacy manager in March of 2022. At that time, she had only been registered as a pharmacist in Manitoba for approximately four to five months. The Panel recognizes it would likely have been difficult to decline a request from [redacted], her employer and mentor, to assume the role of pharmacy manager. The Panel accepts that [redacted], who has recently been disciplined by the College, put Ms. Kaur in a difficult position both with [redacted] request to become pharmacy manager and with [redacted] commitment to perform certain important responsibilities, such as narcotic counts, which [redacted] failed to do.

27. Nevertheless, if Ms. Kaur was not satisfied that she could perform the role of pharmacy manager, she should have declined to take it. Having accepted the role, she was obligated to comply with the role's responsibilities, which she failed to do. The role of pharmacy manager is central to the safe and effective operation of a pharmacy in Manitoba. Pharmacists who assume the role of pharmacy manager must not do so lightly.

28. The pharmacy manager role was very important at the Pharmacy, given that it served a vulnerable patient base with complex needs, including many who were receiving Opioid Agonist Therapy. It bears noting that not only did Ms. Kaur accept the pharmacy manager role, but she also remained in it for approximately 20 months, during which time few, if any, steps were taken to improve the policies and procedures at the Pharmacy or to address the patterns of conduct that ultimately led to the Charges.

29. Much of the misconduct detailed in the Charges and Statement relates to Ms. Kaur's role as pharmacy manager. This includes Ms. Kaur's failure to conduct required narcotic and controlled substance counts, failure to maintain necessary perpetual inventories, failure to investigate and report discrepancies in narcotic and controlled drug inventory, failure to keep proper accountability records, failure to properly secure drug inventory in the narcotic safe on three occasions, and failure to establish and maintain sufficient policies and procedures in a variety of important practice areas.

30. The Panel notes additionally, however, that two of the Charges relate to Ms. Kaur's conduct as a pharmacist and an individual registrant. The first, Count 5, relates to Ms. Kaur's failure to adequately supervise a pharmacy assistant and to ensure that patient counselling was provided for a new prescription. This occasion is troubling because the prescription in question had been previously missed by the Pharmacy. Knowing that the original failure to provide the medication had caused harm to the patient, it was especially important to ensure that the patient or their agent had the information they required to safely use the prescribed medication.

31. The second matter relates to Count 8. Ms. Kaur has admitted that she made a false statement to the College in which she stated that a Safety Self-Assessment and an Annual CQI Meeting had both been conducted, when they had not been. In the Panel's view, members of the College must be scrupulously truthful in their statements to the College. This is a fundamental requirement for all registrants, which Ms. Kaur failed to meet. It is appropriate that Ms. Kaur's failure should attract discipline.

32. Ms. Kaur has acknowledged that she did not conduct sufficient due diligence about the responsibilities of a pharmacy manager before agreeing to accept the role, which she should have. More generally, Ms. Kaur has acknowledged her misconduct, as set out in the Statement, has taken responsibility for it, and has expressed regret and remorse. She has also taken steps to advance her professional development since the events that gave rise to the Charges.

33. The sentence proposed in the joint recommendation is proportionate to Ms. Kaur's misconduct. The $15,000-fine and the publication of Ms. Kaur's name and the circumstances of her misconduct are meaningful penalties that meet the objectives of sentencing, including specific deterrence of Ms. Kaur from similar conduct in the future, general deterrence for other members of the profession, the need to maintain public confidence in the integrity of the profession's ability to properly supervise the conduct of its members, and Ms. Kaur's rehabilitation.

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

VII. Conclusion

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

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

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

c. There will be publication of the conviction, penalty and circumstances of the offences, including publication of Ms. Kaur's name.

DATED at Winnipeg, Manitoba, this 9th day of July, 2026.

THE COLLEGE OF PHARMACISTS OF MANITOBA



Per: Martha Mikulak
Chair, Discipline Panel

Erratum dated October 2, 2026

Please note the correction to Section III, bullet 7 of the decision, 'The Complaints Committee entered a stay of proceedings with respect to counts 1 and 4(a) in the Amended Notice. Count 2(f) from the Notice was struck in the Amended Notice after being merged with count 2(e).'