



College of Pharmacists of Manitoba NEWSLETTER

SPRING 2025



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Safety IQ Feature

Proper documentation and record keeping are fundamental to maintaining the safety, quality, and integrity of pharmacy practice. Learn more about why documentation matters and key areas of documentation in continuous quality improvement.



Future-Pharmacy Regulation

CPhM recently published and announced *Future-Pharmacy Regulation*, the 2025-2027 Strategic Plan. *Future-Pharmacy Regulation* is designed to address the evolving needs of all communities in Manitoba. Read more about Future-Pharmacy Regulation and the three strategic priorities on [page 5](#).

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 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.

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**The mandate of the
CPhM is to serve and
protect the public interest**

This Newsletter is published four times per year by the College of Pharmacists of Manitoba (CPhM) and is forwarded to every pharmacy professional in the Province of Manitoba. Decisions of the CPhM regarding all matters such as regulations, drug-related incidents, etc. are published in the newsletter. The CPhM therefore expects that all pharmacy professionals are aware of these matters.



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Message from the Chair

Dear Pharmacy Professionals,

As we welcome the arrival of spring, I would like to take a moment to reflect on Pharmacy Appreciation Month, celebrated each March to recognize the invaluable contributions of pharmacy professionals across Canada. Thank you for your dedication and for keeping all people living in Manitoba healthy and safe.

I also want to extend my appreciation to those who attended the mandatory continuing professional development webinar, *Advancing Equity in Pharmacy: Supporting Gender Diversity and 2SLGBTQ+ Patients*, on February 5, 2025. Developed in partnership with the Rainbow Resource Centre, this webinar provided pharmacy professionals with essential knowledge and skills to foster inclusive and equitable environments for both patients and colleagues. For those who couldn't attend, the webinar recording is now available through the [Registrant Portal](#).


In addition, CPhM has launched a Pharmacy Manager Training Program, now mandatory for all pharmacy managers in Manitoba and highly recommended for all pharmacy professionals. This program was developed in response to trends and risks identified by the Complaints Committee and aims to proactively address these issues, reduce risks, and enhance pharmacy managers' leadership skills.

This year also marks the beginning of our 2025-2027 Strategic Plan, *Future-Pharmacy Regulation*. This plan reflects Council's commitment to a forward-looking approach to pharmacy regulation in Manitoba — that prioritizes innovation, inclusion, and responsiveness to the diverse and evolving healthcare needs of all people living in Manitoba, while maintaining a steadfast focus on public safety. For more information and to learn about the three strategic priorities, visit: <https://cphm.ca/about-the-college/strategic-plan/>.

As this will be my final message as CPhM Council Chair, I want to take this opportunity to highlight some key developments from the past year:

- **Approval of Extended Practice Pharmacist (EPPh) Consultation Review Ad-Hoc:**
EPPh's must now complete a minimum of 15 PD hours/CEUs related to their specialty annually. Additionally, access to eChart Manitoba, or a comparable electronic patient records system, is now a minimum requirement. [More details here.](#)
- **Amendments to the Pharmaceutical Regulation for Pneumococcal Vaccines:**
As of September 20, 2024, certified pharmacists can administer newly approved, publicly funded pneumococcal vaccines.
- **Approval of Two New Pharmacy Technician Listing Pathways:**
Council has approved two new pathways for pharmacy technicians to become listed in Manitoba: an **international graduate pathway** for eligible





pharmacy technician graduates and a **bridging program pathway** for experienced pharmacy assistants. Previously, listing was only possible through a CCAPP-accredited program or the Canadian Mobility Agreement. These new options aim to address workforce shortages and improve access to qualified pharmacy technicians. [More details here.](#)

- **Implementation of New Policies:**

This includes a data protection policy to strengthen safeguards for CPhM collected data and a Jurisprudence Examination (JP) policy, which sets clear eligibility criteria and limitations for the CPhM JP Exam. Further information on [CPhM policies here.](#)

I would like to sincerely thank my fellow Council members and all committee volunteers for their dedication and collaboration over the past year. I am also grateful to everyone who provided feedback — your insights have been invaluable in shaping informed, evidence-based decisions. Finally, I extend my best wishes to the incoming Council Chair and Council members. May you continue to lead with purpose, ensuring the safety and well-being of the public.

Wishing you all a productive and successful spring season.

Ryan Buffie
Chair, College of Pharmacists of Manitoba

Feature Article:

Future-Pharmacy Regulation

CPhM recently published and announced *Future-Pharmacy Regulation*, the 2025-2027 Strategic Plan. *Future-Pharmacy Regulation* is designed to address the evolving needs of all communities in Manitoba, including rural, Indigenous, Francophone, and other equity-seeking groups. Additionally, the 2025-2027 strategic plan reflects Council's commitment to upholding and advancing quality standards in pharmacy services across Manitoba and enhancing patient safety and care delivery through professional and regulatory practices.

Future-Pharmacy Regulation focuses on three key priorities: strengthening Manitoba's pharmacy workforce, preparing for legislative changes, and enhancing operational infrastructure. These priorities ensure that pharmacy practice in Manitoba remains progressive, responsive, and inclusive. Centric to *Future-Pharmacy Regulation*'s priorities is the continued integration of diversity, equity, inclusion, belonging, and accessibility (DEIB+A), which will shape every aspect of Strategic Plan work, ensuring that pharmacy regulation remains accessible, equitable, and responsive to the diverse populations CPhM serves.

Strategic Priorities Overview

1. Support Manitoba's Pharmacy Workforce

Priority one aims to empower pharmacy professionals by providing the necessary tools and resources to deliver high-quality care. Key initiatives include expanding the Quality Assurance Program, continuing the development of Standards of Practice, and ensuring an accessible complaints process that reflects the principles of DEIB+A. This will assist in continuing to foster an inclusive and effective workforce ready to meet future healthcare needs.

2. Prepare for and Shape Legislative Changes

As the healthcare landscape evolves, so must the regulatory framework that supports pharmacy practice in Manitoba. This priority focuses on developing necessary legislative and regulatory documents for transitioning under the Regulated Health Professions Act (RHPA) and modernizing the regulation of pharmacy professionals to meet new healthcare demands, ensuring that Manitoba's pharmacy practices remain safe and efficient.

3. Build and Support Operational Infrastructure


The third priority is dedicated to strengthening

CPhM's internal systems to enhance efficiency and effectiveness in regulating the pharmacy profession. This includes creating a Digital Strategy Roadmap, optimizing operational processes, and ensuring that risk management and resource allocation are aligned with future needs. By evolving internal systems, CPhM is enhancing its capacity to remain responsive to the changing demands of the healthcare field.

Diversity, Equity, Inclusion, Belonging, and Accessibility (DEIB+A)

DEIB+A is at the core of the 2025–2027 Strategic Plan. CPhM continues to embed DEIB+A in every initiative and decision-making process, ensuring that the principles of inclusivity and equity are central to shaping the future of pharmacy regulation. By integrating DEIB+A, CPhM is ensuring that Manitoba's pharmacy profession reflects the diverse needs of all communities, including Indigenous, rural, francophone, and other equity-seeking groups.

CPhM's commitment to DEIB+A is reflected in several key initiatives separate to the 2025-2027 Strategic Plan, such as the updated [Land Acknowledgment](#), developed with input from



Indigenous communities, and the new [Purpose Statement and Guiding Principles](#), which strengthen CPhM's foundation for an inclusive profession. These efforts ensure that pharmacy regulation in Manitoba remains accessible, equitable, and responsive to the diverse populations CPhM serves.

A Commitment to Transparency and Accountability

At CPhM, transparency and accountability are core values. To track progress on the strategic priorities, quarterly updates will be published through CPhM's Accountability Dashboards. These updates, available on the CPhM website, will provide insights into the progress of key initiatives, ensuring that system partners are kept informed throughout the implementation process.

For a comprehensive look at the full 2025–2027 Strategic Plan, including detailed initiatives and action statements, visit the Strategic Plan webpage: <https://cphm.ca/about-the-college/strategic-plan/>.



Safety Feature: Developing an Effective Training Plan for New Pharmacy Staff: A Key to Patient Safety and Workplace Success

A pharmacy's ability to provide safe, quality patient care depends on a well-trained and supported team. When new employees receive effective training, they can quickly become confident, capable members of the pharmacy team, contributing to smoother workflows, a positive work environment, and better patient outcomes.

Developing a structured training plan helps set new hires up for success, especially in busy pharmacy environments. Thoughtful preparation can also improve staff retention and reduce the risk of medication errors which are key factors in creating a culture of safety.

Investing in effective training for new staff offers numerous benefits for a pharmacy, including:

- **Improved workflow efficiency**, leading to safer and timelier patient care.
- **A positive work environment**, where team members feel confident and supported in their roles.
- **Reduced staff turnover**, as well-prepared employees are more likely to feel competent and remain in their positions.

Training new employees can be challenging, particularly in an already understaffed pharmacy. New hires may feel pressured to perform tasks they haven't yet mastered without proper preparation. A well-structured training plan helps ensure both the employee and the pharmacy benefit in the long run.

Four Steps to Developing an Effective Training Plan

Creating a thoughtful training process doesn't just support the new hire, it sets the entire team up for success. Here's how to get started:

1. Outline the Position's Duties and Responsibilities

- Create a detailed list of all tasks and responsibilities the role entails
- Consult with team members in similar roles to confirm the list reflects the position's full scope of duties.
- Highlight which tasks require specialized knowledge or additional supervision.

Tip: Consider organizing duties into daily, weekly, and occasional tasks to give new staff a sense of what to expect.

Latest from the Safety IQ Blog

The [Safety IQ Blog](#) features short, actionable articles to support continuous quality improvement in your pharmacy. Here are the latest posts:

- [Strategies for Enhancing Medication Safety Culture Through Incident Reporting](#)

Explore strategies for enhancing medication safety culture through incident reporting in community pharmacies. Discover how to craft effective incident reports, prioritize system-based solutions, and foster a culture of continuous improvement. Learn from ISMP Canada's analysis of medication incidents and gain insights to prevent future errors. Empower your pharmacy team with actionable tips and resources for promoting patient safety.

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

Discover practical strategies to enhance pharmacy workflow and promote patient safety and staff satisfaction. Based on insights from the 2023 College of Pharmacists of Manitoba (CPhM) survey, learn how optimizing workflow processes can streamline operations, reduce errors, and improve overall pharmacy efficiency.

2. Prioritize Training Topics

- Group tasks into three or four categories based on priority.
- Start with essential, high-risk, or frequently performed tasks (e.g., processing prescriptions or inventory management).
- Reserve lower-priority tasks for later stages of training.

Tip: Ask experienced staff which tasks they found most challenging when they were new. This insight can help prioritize key skills.

3. Structure the Training Process

- Assign each task group to a specific week or phase of training.
- Use a combination of job shadowing, hands-on practice, and self-directed learning to reinforce skills.
- Designate a staff member to serve as a mentor and provide ongoing guidance.

Tip: Keep sessions short and focused (aim for 20-30 minute blocks) so new employees can absorb information without feeling overwhelmed.

4. Assess and Validate Progress

- Check in regularly throughout the week and not just at the end to provide feedback and answer questions.
- Use open-ended questions to gauge understanding, such as:
 - » Can you explain this process in your own words?
 - » Is there anything you'd like more practice with?
- Adjust the training plan based on the employee's feedback and progress.

Tip: Celebrate small milestones to build confidence and reinforce learning.

The Long-Term Benefits of Thoughtful Training

Investing time in a structured training plan can feel like a challenge in a busy pharmacy, but the long-term benefits are worth it. Well-trained employees are more confident, motivated, and equipped to contribute to a safer, more efficient environment for both patients and staff.

By prioritizing preparation, breaking training into manageable steps, and checking in regularly, pharmacies can create a supportive process that helps new staff succeed from day one. Thoughtful training not only strengthens the team but it helps foster a culture of learning and continuous improvement.



Safety Measure

Data Reports from the NIDR

Data matters! Statistical reports from the [National Incident Data Repository \(NIDR\) for Community Pharmacies](#) highlight the common types of incidents and near-miss events in Manitoba, guiding the improvement efforts of pharmacy professionals and the College of Pharmacists of Manitoba (CPhM).

2023 Year in Review: Medication Incidents and Near-Miss Events

Here is a summary of the data reported by Manitoba's pharmacy professionals for 2023:

- Pharmacy professionals have submitted 2317 reports to the NIDR in 2023
- Pharmacy professionals have reported 1333 medication incidents (medication dispensed and reached the patient) and 193 caused patient harm
- Pharmacy professionals reported 984 near-miss events in 2023

The top three incident types were:

- Incorrect dose
- Frequency
- Incorrect drug and Incorrect strength/concentration

[Please view the Safety IQ: 2023 Year](#)



**Safety.
Improvement.
Quality.**

In Case You Missed It: CPhM Developments

Council Highlights

CPhM Council met on February 28, 2025. Highlights from the meeting include:

New CPhM Council Member:

David Mullins has been appointed as a pharmacist member of Council for the remainder of a 3-year term, expiring May 2027. His selection was made based on competency and the Council's approved competency matrix and follows a call for applications in November 2024.

Citizens' Roster Appointments:

The Citizens' Roster initiative aims to incorporate diverse public perspectives into CPhM committees. Council has appointed:

- Arlene Wilgosh to the Quality Assurance Committee for a two-year term.
- Kasia Kieloch to the Board of Examiners, starting June 2025, for a two-year term.

CPhM continues to encourage people in the community who are not pharmacy professionals to apply for the Citizens' Roster.

Restructuring and Amalgamation of Practice Directions:

The Professional Practice Committee has been working on streamlining processes for reviewing and developing standards. Council approved an amalgamated structure for practice directions, which will be more intuitive and accessible for pharmacy professionals. The committee will continue updating practice directions to align with CPhM's 2025-2027 Strategic Plan.

For more details regarding the February 28, 2025 Council Meeting highlights please visit: <https://cphm.ca/friday-five/friday-five-march-14-2025/#CouncilMeeting>.

Language Proficiency Requirement Policy

CPhM has recently added a Language Proficiency Requirement Policy, aligning with best practices as a regulator.

The policy sets out the language proficiency requirements that demonstrate an applicant's ability to speak, read, write and comprehend English or French with sufficient proficiency to practise as a pharmacy professional in the province of Manitoba.

CPhM's policy follows the National Association of Pharmacy Regulatory Authorities' (NAPRA) Language Proficiency Requirement Policy (published in February 2024) and the Language Proficiency Testing Regulation under The Fair Registration Practices in Regulated Professions Act (C.C.S.M. C. F12). It also allows for the acceptance of language tests that are not already recognized under the NAPRA Policy.

For more information regarding CPhM's Language Proficiency Requirements Policy please visit <https://cphm.ca/resource/language-proficiency-policy/>.

Professional Opportunities

2025 Mandatory Professional Development Webinar – *Advancing Equity in Pharmacy: Supporting Gender Diversity and 2SLGBTQ+ Patients*

CPhM's mandatory webinar from February 5, 2024, is available in the Registrant Portal and must be viewed by October 31, 2025. It covers topics such as the differences between sex assigned at birth, gender identity, and cultural identities, as well as strategies for supporting 2SLGBTQ+ patients and implementing inclusive practices in pharmacy settings.

To learn more about the webinar and recording please visit <https://cphm.ca/friday-five/friday-five-february-14-2025/#MandatoryPD>.

Joint Webinar – *Optimizing Prescription Writing: Essentials and Updates in 30 Minutes.*

CPhM, in collaboration with the College of Physicians and Surgeons of Manitoba (CPSM), the College of Registered Nurses of Manitoba (CRNM), the Manitoba Dental Association (MDA), and the Manitoba Veterinary Medical Association (MVMA), have developed a professional development webinar titled Optimizing Prescription Writing: Essentials and Updates in 30 Minutes.

The webinar covers changes effective June 1, 2024, best practices for prescription writing, electronic transfers, and an overview of the M3P program.

For more information about Optimizing Prescription Writing: Essentials and Updates in 30 Minutes, please visit <https://cphm.ca/friday-five/friday-five-march-14-2025/#JointPDWebinar>

Pharmacy Manager Training Program


CPhM's Pharmacy Manager Training Program is a new mandatory program for pharmacy managers in Manitoba to support their regulatory and professional responsibilities. While not mandatory for pharmacists and pharmacy technicians, CPhM encourages all pharmacy professionals to participate to enhance leadership and regulatory knowledge. For more information about this program please visit: <https://cphm.ca/pharmacy-manager-training-program/>.

Optimizing Prescription Writing: Essentials and Updates

On June 1, 2024, updates to the Electronic Transmission of Prescriptions Practice Direction and the Manitoba Prescribing Practices Program (M3P) came into effect. The changes aim to improve prescription processes while minimizing disruptions to daily practice. The updates were made after a 30-day public consultation and collaboration between the College of Pharmacists of Manitoba (CPhM), the College of Physicians and Surgeons of Manitoba (CPSM), the College of Registered Nurses of Manitoba (CRNM), and other regulatory bodies.

The following changes were made:

- **Phasing out of personalized M3P Prescription Forms**
 - » Personalized M3P prescription forms were phased out. Prescribers are encouraged to use the new M3P prescription templates available on their respective college's registrant portals. However, their use is not mandatory, provided all required content is included. For more information, refer to [M3P FAQ](#) and the guidance document titled "M3P Prescription Guidance: Requirements & Recommended Templates" in [CPhM's Registrant Portal](#). To access the guidance document:
 - Go to "My Groups"
 - Select "Active Registrants"
 - Select "Practice Guidance" folder, and,
 - Click on "M3P Prescription Guidance: Requirements & Recommended Templates."
- **Revised Electronic Transmission of Prescriptions Practice Direction**
 - » The revised Electronic Transmission of Prescription Practice Directions is now in effect. This updated practice direction replaces previous joint statements on facsimile and electronic transmission of prescriptions. Additionally, faxing of M3P prescriptions and E-prescribing for all prescriptions are now permanently allowed. For more details visit Electronic Transmission of Prescriptions Practice Direction, and the associated FAQ.
- **The Health Canada Subsection 56(1) Exemption for CDSA Prescription Transfers**
 - » The Health Canada Subsection 56 (1) Exemption to the Controlled Drugs and Substances Act (CDSA) specific to prescription transfers of CDSA drugs has now been implemented. This change enables pharmacists to:
 - Transfer a prescription for a narcotic or controlled drug to another pharmacist within Canada or receive such a transfer, even if it has already been transferred.
 - Transfer a prescription for a benzodiazepine or targeted substance more than once or receive such a transfer.
 - » While not required, CPhM and CPSM recommend that pharmacists notify the prescriber if a prescription they wrote for a CDSA drug is transferred outside of Manitoba. This is based on the pharmacist's professional judgement to ensure continuity of patient care. Please refer to [Prescription Transfers for Controlled Substances under Health Canada Subsection](#)



[56\(1\) FAQ](#) for more information.

In addition to the collaboration of various regulatory colleges in implementing these changes, CPhM, CPsM, CRNM, the Manitoba Dental Association (MDA), and the Manitoba Veterinary Medical Association (MVMA) have worked together on a joint professional development webinar titled *Optimizing Prescription Writing: Essentials and Updates in 30 Minutes*.

This 30-minute webinar provides an in-depth look at the updates that took effect on June 1, 2024, offering registrants a professional development opportunity to learn more about the changes. The webinar also includes information on:

- » General concepts of prescription writing, prescription content requirements, and prescription writing tips.
- » Overview of the M3P programs, recent changes, and prescription content requirements.
- » And prescription transmission and highlights of the new [joint Electronic Transmission of Prescriptions PD](#), including transmission of M3P Rx's.

CPhM strongly recommends that all registrants view the joint webinar to gain a better understanding of the updates.

For more information about *Optimizing Prescription Writing: Essentials and Updates in 30 Minutes*, please visit [March 14, 2025 Friday Five](#). To view the webinar now, click here and sign in with your registrant portal credentials.

DISCIPLINE DECISIONS/SUSPENSIONS

Decision and Order of the Discipline Committee: Mitesh Patel


Pursuant to the Notice of Hearing (the "Notice") dated May 24, 2024, a hearing was conducted by the Discipline Committee of the College of Pharmacists of Manitoba (the "College") at the offices of Thompson Dorfman Sweatman LLP, 1700 - 242 Hargrave Avenue, Winnipeg, Manitoba, R3C 0V1 on November 26, 2024, with respect to charges formulated by the College alleging that Mitesh Patel ("Mr. Patel"), being a pharmacist under the provisions of The Pharmaceutical Act, C.C.S.M. c.P60 (the "Act") and a registrant of the College, is guilty of professional misconduct, conduct unbecoming a member, having displayed a lack of knowledge or lack of 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 Shoppers Drug Mart No. 557, 302 North Railway Street, Morden, Manitoba (the "Pharmacy"), in the capacity of a pharmacist, Mr. Patel:

1. [REDACTED]
2. on or about March 12, 2022, failed to ensure that patient counselling was conducted with patient [REDACTED] or [REDACTED] agent, on patient [REDACTED] fentanyl prescription at prescription pick-up, or immediately afterwards by phone in contravention of sections 68(1), 68(2) and 73 of the Regulation, section 2.2.1 of Practice Direction - Patient Counselling (the "Patient Counselling PD"), or any of them; and
3. on or about March 12, 2022, failed to document that counselling was provided, or refused, on a patient [REDACTED] fentanyl prescription in contravention of sections 3.1 and 3.2 of the Patient Counselling PD, or either of them.

The hearing into the charges convened on November 26, 2024. Mr. Jeffrey Hirsch ("Mr. Hirsch") and Ms. Sharyne Hamm appeared as counsel on behalf of the Complaints Committee. Ms. Jennifer Sokal ("Ms. Sokal") appeared with and on behalf of Mr. Patel. Mr. David Marr ("Mr. Marr") appeared as counsel to the Discipline Committee (the "Panel").

An Agreed Statement of Agreed Facts (the "Statement") was filed in which Mr. Patel admitted:

1. his membership in the College;
2. valid service of the Notice of Hearing dated May 24, 2022, and that the College has complied with the requirements of sub-sections 46(2) and 46(3) of the Act;
3. he has no objection to any of the Panel members nor to legal counsel to the Panel on the basis of bias, a reasonable apprehension of bias, or a conflict of interest;

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4. he graduated with his pharmacy degree from the Shri Sarvajanik Pharmacy College, in India, in 2010;
 5. until he immigrated to Canada, his practice as a pharmacist was regulated by the Gujarat State Pharmacy Council;
 6. he was registered as a pharmacist with the Ontario College of Pharmacists starting on August 21, 2015;
 7. he has been registered as a pharmacist under the Act since August 13, 2015; and
 8. at all times material to this proceeding, he was a member of the College as a practising pharmacist in Manitoba.

The parties further agreed that:

1. Mr. Patel has no previous discipline history with the College;
2. the College has received confirmations of good standing respecting Mr. Patel, from both the Gujarat State Pharmacy Council and the Ontario College of Pharmacists as of April 11, 2013 and June 16, 2020, respectively;
3. Mr. Patel's employment history is as follows:
 - a) from August 2015 to October 2017 Mr. Patel worked with TAL Group Inc. (a recruitment agency) as a relief pharmacist at various pharmacies in Ontario;
 - b) from 2015 to February 2017, Mr. Patel was employed as a staff pharmacist by Shoppers Drug Mart No. 1247, in North Bay, Ontario;
 - c) beginning in or around February 2017 until January 2019, Mr. Patel was employed as a staff pharmacist by Loblaw Pharmacy No. 537, in Windsor, Ontario;
 - d) between July and August 2019, Mr. Patel worked as a relief pharmacist with QRP Pharma Inc., in Windsor, Ontario;
 - e) between September 3, 2019 and November 12, 2019, Mr. Patel was employed as a pharmacy manager at Loblaw Pharmacy No. 4287, in Brighton, Ontario;
 - f) in June of 2020 Mr. Patel applied for registration and initial licensure in Manitoba, pursuant to the Canadian Mobility Agreement;
 - g) between 2021 and 2022 Mr. Patel was employed at Shopper Drug Mart No. 2419, in Winkler, Manitoba; and
 - h) Mr. Patel is currently employed as a relief pharmacist at Shoppers Drug Mart No. 544, in Portage la Prairie, Manitoba;
 - i) in the spring and summer of 2022 Mr. Patel was employed full time at the Shopper's

Drug Mart, in Winkler, Manitoba. Mr. Patel would also occasionally work relief shifts at the Shopper's Drug Mart No. 557, in Morden, Manitoba;

4. Mr. Patel has reviewed the Notice, as well as the Statement of Agreed Facts. He admits the truth and accuracy thereof and that the witnesses and other evidence available to the College would, if called and otherwise tendered, be substantially in accordance therewith;
5. Mr. Patel tendered no evidence and made no submissions on the issues of professional misconduct, other than to admit the conduct hereinbefore described demonstrates professional misconduct as described in section 54 of the Act; and
6. Mr. Patel entered a plea of guilty to counts 2 and 3 as set out in the Notice and the College entered a stay of proceedings with respect to count 1 therein.


Facts and Background

1. The incident giving rise to the charges to which Mr. Patel has entered a plea of guilty involved a prescription by a physician at CancerCare Manitoba for 10 fentanyl 50mcg lollipops, but rather than dispensing them, another pharmacist approved the dispensing of 10 Teva-Fentanyl 50mcg/hour patches.
2. The prescription label applied to the box of fentanyl patches contained the directions approved by the dispensing pharmacist which indicated "apply patch as directed use lollipop for incident pain control place in cheek before trying to get up walking".
3. While fentanyl lollipops when used "as needed", provide intermittent, and short acting, 50mcg doses of fentanyl, in contrast, fentanyl patches result in the continuous delivery of 50mcg doses of fentanyl every hour and in a patient who has not gradually developed a tolerance before, such a dose per hour can be dangerous or even fatal.
4. While Mr. Patel had no involvement in the preparation or labelling of the prescription, he was acting as a relief pharmacist and was the pharmacist on duty when the fentanyl prescription was picked up.
5. No patient counselling was recorded as having occurred (or refused) either at the time the prescription was picked up, or at a later date. Mr. Patel acknowledged that had he reviewed the prescription or provided patient counselling in this instance, the errors with the prescription could have been caught during the patient counselling session.

Disposition

Legal counsel for the College and Mr. Patel made a joint submission in respect of an appropriate disposition on penalty, with which the Panel is in agreement. Having found Mr. Patel guilty of professional misconduct as described in section 54 of the Act, the Panel orders pursuant to sections 55 and 56 of the Act that Mr. Patel:

1. pay a fine of \$1,500.00;
2. pay a contribution towards costs of the investigation and hearing in the amount of \$3,000.00;
3. the Panel also orders that the fine and costs be paid within thirty (30) days of the date hereof; and

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4. the decision of the Panel will be published and made available to the public pursuant to s.58 of the Act.

In arriving at its decision, the Panel considered the Agreed Statement of Facts and the joint recommendation on disposition and, in particular, that Mr. Patel has no prior record of discipline, that he admitted these charges thereby accepting responsibility and saving the time and expense of what would have been a lengthy hearing.

Based on the foregoing, the Panel is satisfied that this disposition adequately provides a specific deterrence to Mr. Patel, as well as a general deterrence to persuade members of the profession from partaking in similar conduct. Overall, the Panel is satisfied that this decision will serve to ensure that the public's interest is protected and the public's confidence in the profession's ability to properly govern the conduct of its members.

DATED at Winnipeg, Manitoba this 21 day of December, 2024.

Per:
Martha Mikulak
Chair, Discipline Panel

DISCIPLINE DECISIONS/SUSPENSIONS

Decision and Order of the Discipline Committee: Scott Putz

Pursuant to the Amended Notice of Hearing (the "Notice") dated December 2, 2024, a hearing was conducted by the Discipline Committee of the College of Pharmacists of Manitoba (the "College") at the College's Offices, 200 Tache Avenue, Winnipeg, Manitoba, R2H 0Z2 on December 10, 2024, with respect to charges formulated by the College alleging that Scott Putz ("Mr. Putz"), being a pharmacist under the provisions of The Pharmaceutical Act, C.C.S.M. c.P60 (the "Act") and a registrant of the College, is guilty of professional misconduct, conduct unbecoming a member, having displayed a lack of knowledge or lack of 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 Northway Pharmacy Broadway, 618 Broadway Avenue, Winnipeg, Manitoba (the "Pharmacy"), in the capacity of a pharmacist, Mr. Putz:

1. on multiple occasions, Mr. Putz removed from pharmacy stock and diverted for his own personal use amphetamine XR, dextroamphetamine, Viagra®, and Cialis®, in contravention of subsections 2(3) of the Act; subsections 69(1) of The Pharmaceutical Regulation, Man Reg 185/2013 (the "Regulation"), sections C.01.041(1), G.03.002, and G.03.012 of the Food and Drug Regulations, C.R.C., c. 870 (the "FDRs"), and Statements VIII and X of the Code of Ethics (the "Code"), or any of them;
2. on or about March 21, 2021, Mr. Putz added ramipril into a stock bottle of dextroamphetamine in order to conceal an inventory discrepancy caused by his diversion of dextroamphetamine, in contravention of Statements VII and VIII of the Code, or any of them;
3. on multiple occasions, Mr. Putz diverted patient-returned controlled substances for personal use in contravention of section G.03.002 and G.03.012 of the FDRs, section 2.1 of the Health Canada Guidance Document: Handling and destruction of post-consumer returns containing controlled substances, and Statements VIII and X of the Code, or any of them;
4. on multiple occasions, Mr. Putz removed from pharmacy stock and diverted for his own personal use Dexedrine® 15mg, Adderall XR® 30mg, Viagra® 100mg, and Cialis®.20mg, or any of them, via manual inventory adjustments in contravention of sections C.01.041(1), G.03.002 and G.03.012 of the FDRs, and Statements VIII and X of the Code, or any of them;
5. on multiple occasions, Mr. Putz processed prescriptions for amphetamine XR, dextroamphetamine, Viagra®, and Cialis®, without a valid prescription in contravention of subsection 2(3) of the Act, subsection 69(1) of the Regulation, and Statements VIII and X of the Code, or any of them;
6. on multiple occasions, Mr. Putz falsified patient profiles, by processing fraudulent prescriptions on their patient profile record in contravention of subsection 2.1.3 the College's Practice Direction Patient Profiles Records and Information, and Statements VII, VIII and X of the Code, or any of them;
7. on multiple occasions, Mr. Putz consumed unprescribed amphetamine XR and

dextroamphetamine while licensed and working as a pharmacist at the Pharmacy in contravention of Statements I, VII, and X of the Code, or any of them; and,

8. Mr. Putz failed to report to the Registrar of the College that he was suffering from an addiction to drugs that might interfere with his ability to practice in a safe and effective manner in contravention of subsections 4(f), 5, 14(f), and 16 of the Regulation, and Statements I, VII, and X of the Code, or any of them.

The hearing into the charges convened on December 10, 2024. Mr. Jeffrey Hirsch ("Mr. Hirsch") and Ms. Sharyne Hamm appeared as counsel on behalf of the Complaints Committee. Mr. Putz was self represented and Mr. David Marr ("Mr. Marr") appeared as counsel to the Discipline Committee (the "Panel").

A statement of Agreed Facts (the "Statement") was filed, in which Mr. Putz admitted:

I. Jurisdiction, Service and Panel Composition

1. his membership in the College;
2. a Notice of Hearing was issued on June 3, 2024;
3. count 6 was to be amended to refer to the Practice Direction: Records and Information instead of the Practice Direction: Patient Profiles;
4. valid service of the Notice and Amended Notice and that the College has complied with the requirements of sub-sections 46(2) and 46(3) of the Act;
5. has no objection to any of the Panel members nor to legal counsel to the Panel on the basis of bias, a reasonable apprehension of bias or a conflict of interest.

II. Practice and Discipline History:

6. he graduated with his pharmacy degree from the University of Manitoba in 2010;
7. he has been registered as a pharmacist under the Act since July 12, 2010;
8. his known employment history is as follows:
 - a) July 2010 to November 2011: He was employed as a pharmacist at Safeway Pharmacy #729 at 654 Kildare Ave E in Winnipeg, Manitoba;
 - b) November 2011 to March 24, 2021: He was employed as a staff pharmacist at Broadway Pharmacy (subsequently called Northway Pharmacy Broadway) at 618 Broadway in Winnipeg, Manitoba (the "Pharmacy"); and
 - c) April 2024 to present: He is employed at Meyers Drugs Ltd. at 483 William Avenue in Winnipeg, Manitoba.
9. his pharmacist license was interim suspended on March 24, 2021. His license was reinstated on April 4, 2024. Upon his return to practice, he had the following conditions placed on his license:

- a) he must limit his practice hours to a maximum of three shifts, each shift not exceeding eight hours, for a maximum of 24 hours of practice weekly;
- b) he must submit for drug and alcohol screen for a minimum of four hair samples annually and 26 urine samples annually;
- c) he must not engage in sole practice and must be accompanied by at least one other pharmacy staff person at all times, with reporting from his pharmacy manager to the College on a monthly basis;
- d) he must participate in bi-weekly addiction and mental health counselling sessions with the Addictions Foundation of Manitoba ("AFM"), with reporting to the College on a monthly basis;
- e) he must submit confirmation of bi-weekly attendance with Secular Organizations for Sobriety with reporting to the College on a monthly basis;
- f) he must ensure that his pharmacy manager conducts and documents a complete narcotic and controlled drug reconciliation on a monthly basis, any discrepancies are investigated and reported to Health Canada and the College;
- g) he may not be a pharmacy manager or preceptor; and
- h) he may not order or sign for drugs covered under the Controlled Drugs and Substances Act.

10. he entered into a Monitoring Program Undertaking with respect to his practice on January 2, 2024

11. he entered into a revised Monitoring Program Undertaking with respect to his practice on August 1, 2024.

12. he has no previous complaint outcomes.

III. Admissions and Plea


13. he has reviewed the Amended Notice as well as this Statement of Agreed Facts. He admits the truth and accuracy of the facts in this Statement and that the witnesses and other evidence available to the College would, if called and otherwise tendered, be substantially in accordance with these facts.

14. he tenders no evidence and makes no submissions on the issue of professional misconduct, other than to admit that the conduct hereinafter described demonstrates professional misconduct as described in section 54 of the Act.

15. he agrees to enter a plea of guilty to all counts set out in the Amended Notice. His admissions and plea are voluntary, informed and unequivocal. He confirms that he understands that by pleading guilty, he is giving up his right to contest the factual accuracy of the allegations made against him in the Amended Notice.

IV. Facts and Background

16. On or about March 22, 2021, [REDACTED], pharmacy manager at the Pharmacy, was made aware of a discrepancy in the inventory of Act-Dextroamphetamine SR 15mg at the Pharmacy. While investigating this discrepancy, [REDACTED] identified that a different drug, ramipril, was in the stock bottle.
17. [REDACTED], who was part owner of the Pharmacy, found that the most recent prescription filled for Act-Dextroamphetamine SR 15mg had been processed as cash after pharmacy hours, was unpaid for, and did not have a valid prescription. Mr. Putz's initials were associated with this prescription. Upon further investigation and after questioning Mr. Putz, [REDACTED] found other prescriptions for amphetamine products which gave rise to similar concerns, and suspected that Mr. Putz was participating in fraudulent activity.
18. [REDACTED] and [REDACTED] met with Mr. Putz to discuss these concerns, and, as Mr. Putz could not provide an explanation, he was suspended from his employment with the Pharmacy.
19. On or about March 22, 2021, [REDACTED] contacted the College with respect to [REDACTED] suspicions that Mr. Putz had been diverting prescription drugs from the Pharmacy.
20. On March 23, 2021, Dr. Brent Booker, Assistant Registrar, Review and Resolution, sent a letter to Mr. Putz requiring him to appear at the College on March 24, 2021.
21. On March 24, 2021, Mr. Putz met with Dr. Booker and the Deputy Registrar of the College, Ms. Rani Chatterjee-Mehta, and acknowledged that he had processed prescriptions for controlled substances under patient profiles without a valid prescription or transmission to the provincial Drug Program Information Network ("DPIN") and subsequently removed these substances from the pharmacy for his own consumption. Mr. Putz admitted that he had been engaging in this conduct for approximately three to four years, and advised that he was suffering from substance abuse issues.
22. On March 24, 2021, the College suspended Mr. Putz's license on an interim basis.
23. On March 30, 2021, Ms. Susan Lessard-Freisen, the then-Registrar of the College, referred the matter to the College's Complaints Committee (the "Committee") (the "Referral").
24. On April 12, 2021, the interim suspension of Mr. Putz's pharmacist license was upheld by the Committee. On the same date, the Committee ordered an investigation connection with the Referral.
25. [REDACTED]
[REDACTED]
[REDACTED]
26. [REDACTED]
27. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
28. [REDACTED]
[REDACTED]

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- [REDACTED]
29. The investigation was ultimately assigned to College staff investigator, Ms. Emily Kaminsky, in February 2024 who provided an Investigation Report on May 9, 2024.
30. On May 15, 2024, the Committee directed that the matter be referred to the College's Discipline Committee.
31. The Notice was issued on June 3, 2024.
32. [REDACTED]
33. In October 2021, Mr. Putz contacted the AFM and in November 2021 he started a 10-week treatment program there. He continues to attend counselling twice per month. Mr. Putz also attends twice weekly sobriety support group meetings. [REDACTED]

Counts 1 & 2

34. Count 1 alleges that Mr. Putz, on multiple occasions, removed from pharmacy stock and diverted for personal use amphetamine XR (Adderall XR®), dextroamphetamine (Dexedrine®), Viagra® and Cialis®, in contravention of subsection 2(3) of the Act, subsection 69(1) of the Pharmaceutical Regulation, Man Reg 185/2013 (the "Regulation"), sections C.01.041(1), G.03.002 and G.03.012 of the Food and Drug Regulations, C.R.C., c. 870 (the "FDRs") and Statements VIII and X of the Code of Ethics (the "Code"), or any of them.
35. Subsection 2(3) of the Act requires that a pharmacist may only dispense a drug pursuant to a prescription, and in accordance with the Act, the standards of practice, the Code, and any relevant practice directions.
36. Subsection 69(1) of the Regulation requires that a drug not be dispensed unless a practitioner has authorized the prescription in writing or verbally.
37. Subsection C.01.041(1) of the FDRs require that no person shall sell a prescription drug unless they are entitled to do so under the laws of a province to dispense prescription drugs, and they sell it pursuant to a verbal or written prescription.
38. Sections G.03.002 and G.03.012 of the FDRs require that no pharmacist may sell or provide a controlled drug to any person unless the pharmacist has first been provided with a prescription for it, and that a pharmacist must take all reasonable steps necessary to protect controlled drugs under his control against loss or theft.
39. Count 2 alleges that Mr. Putz, on or about March 21, 2021, added ramipril into a stock bottle of dextroamphetamine to conceal an inventory discrepancy caused by his diversion of dextroamphetamine, in contravention of Statements VII and VIII of the Code, or either of them.

40. Statement VII of the Code requires pharmacists to hold the health and safety of each patient to be of primary consideration. Statement VIII of the Code requires pharmacists to act with honesty and integrity.
41. Amphetamine XR and dextroamphetamine are stimulant medications used to treat attention-deficit hyperactivity disorder ("ADHD"). Amphetamine medications have a known potential for abuse and diversion.
42. On or about March 21, 2021, pharmacy assistant, [REDACTED], discovered an inventory discrepancy of 40 capsules of dextroamphetamine. [REDACTED] was working with Mr. Putz and notified him of the discrepancy. It was normal procedure at the Pharmacy or pharmacists to investigate discrepancies, and Mr. Putz informed [REDACTED] that he would look into the issue.
43. The Pharmacy utilized a "Narcotic Control Count Program" ("NCCP"), which was developed within the Pharmacy by one of the staff pharmacists in or around 2019. This program integrated with the Kroll software used by the Pharmacy and required staff to "sign-in" and "sign-out" medication kept in the Pharmacy's safe. Inventory changes would be automatically updated in an Excel sheet for that particular medication. The program kept track of all prescriptions filled, medications ordered in and would also allow for back counts to be verified.
44. On March 21, 2021, the NCCP showed a discrepancy for ACT dextroamphetamine SR 15mg, where the perpetual inventory showed a count of 156 capsules, but a physical count revealed that there were only 116 capsules present within the Pharmacy.
45. On or about March 22, 2021, [REDACTED] became aware of the discrepancy and conducted an internal investigation. [REDACTED] learned that a different drug, ramipril, was in the stock bottle for the ACT-dextroamphetamine. [REDACTED] involved pharmacy part-owner, [REDACTED], who ran a monthly usage report for ACT-dextroamphetamine. In the monthly usage report, it was discovered that a prescription for ACT-dextroamphetamine 15mg (with Mr. Putz' initials) had been filled on March 11, 2021, was processed straight to cash and was not paid for.
46. [REDACTED] questioned Mr. Putz and he said that he had delivered the medication directly to the patient and that the patient had paid cash.
47. [REDACTED] pulled the patient profile for the patient who had been issued the March 11 prescription, patient [REDACTED]. She noticed that the prescriber, [REDACTED], was a pediatrician, but the patient was over 18. [REDACTED] also noticed that the prescriptions issued to [REDACTED] were primarily for amphetamine and dextroamphetamine and were all billed to cash. [REDACTED] accessed DPIN to confirm the prescriber's license and determined that the prescriber had retired in 2019.
48. The most recent prescription for the patient had been filled on Sunday, March 21, 2021, at 3:45 p.m., which was after store hours. [REDACTED] reviewed the video footage for the Pharmacy for the date and identified that Mr. Putz removed the drug from the safe and left the store.
49. The Pharmacy submitted a loss and theft report to Health Canada with respect to the 40 capsules of ACT-dextroamphetamine SR 15mg.
50. In reviewing the prescriptions issued to [REDACTED] from 2018 onward, the Investigator learned that all prescriptions, except for one, were indicated as having been paid in cash, but that those prescriptions were not paid for.

51. During the course of the investigation, the Investigator reviewed video footage provided by the Pharmacy of the dispensary on March 11, 2021, March 12, 2021 and March 21, 2021. The video footage shows Mr. Putz processing fraudulent prescriptions and diverting amphetamine XR and dextroamphetamine.

52. In particular:

- a) On March 11, 2021, the video footage shows Mr. Putz retrieving ACT-Dextroamphetamine SR 15mg stock bottle from his jacket in the Pharmacy, counting out the medications, and placing the capsules in his pocket. Pharmacy records confirm that on the same date, Mr. Putz processed a fraudulent prescription for [REDACTED] for this order.
- b) On March 12, 2021, the video footage shows Mr. Putz taking medication from the safe, placing it into a paper bag, and bringing it to the front of the Pharmacy. Mr. Putz counts out some of the medication and appears to place it into his pocket. Pharmacy records confirm that on the same date, Mr. Putz processed a fraudulent prescription for patient [REDACTED] for this order.
- c) On March 21, 2021, the video footage shows Mr. Putz attempting to remove a seal on a stock bottle of medication that came from the safe. Mr. Putz has since confirmed that it was likely that this stock bottle was for dextroamphetamine. He then takes a bottle of medication from the Pharmacy shelf and adds some of that medication into the stock bottle from the safe. It then appears that Mr. Putz attempted to reseal the stock bottle. Pharmacy records confirm that on the same date, Mr. Putz processed a fraudulent prescription for [REDACTED] for 30 capsules of Sandoz-Amphetamine XR 15mg and a fraudulent prescription for [REDACTED] for 32 capsules of Apo-Amphetamine XR 25mg.

53. [REDACTED] discovered that there were ramipril capsules in the stock bottle of dextroamphetamine when [REDACTED] was investigating the discrepancy in the dextroamphetamine inventory. Mr. Putz placed the ramipril into the stock bottle to conceal his diversion of the medication.


54. [REDACTED] each stated to the Investigator that they had suspicions that Mr. Putz may also have been removing Viagra® from the Pharmacy. Mr. Putz admitted to the Investigator that he had processed fraudulent prescriptions for both Viagra® and Cialis® and had diverted these medications from the Pharmacy for personal use.

55. Mr. Putz would often process these prescriptions before or after the Pharmacy's opening hours and would process the prescriptions straight to cash.

Count 3

56. Count 3 alleges that Mr. Putz, on multiple occasions, diverted patient returned controlled substances for personal use in contravention of section G.03.002 and G.03.012 of the FDRs, section 2.1 of the Health Canada Guidance Document: Handling and destruction of post-consumer returns containing controlled substances (the "HC Guidance Document"), and Statements VIII and X of the Code, or any of them.

57. Section 2.1 of the HC Guidance Document requires pharmacists to be responsible for post-consumer returns until they are destroyed.

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58. As noted above, Statement VIII of the Code requires pharmacists to act with honesty and integrity. Statement X of the Code requires pharmacists to respect and honour the profession of pharmacy.
59. Mr. Putz began abusing amphetamines by taking controlled substances from the Pharmacy by way of patient returns. He told the Investigator that this was because of life stressors.
60. The Pharmacy dealt with high volumes of controlled drugs, and there were many returns of drugs from group homes and individual patients. Patient returns for destruction would commonly come as deliveries back to the Pharmacy. For non-controlled substances, the staff would put the medication in a bin for disposal. Targeted and controlled substances would be given to the pharmacy manager for destruction. It was the responsibility of the staff pharmacist on duty to handle patient-returned drugs appropriately. This system allowed Mr. Putz to divert medications by receiving a delivery of patient-returned drugs and then not logging it for destruction.
61. The Pharmacy maintained a "Narcotic/Controlled Drugs & Methadone Disposal Policy and Procedure" which was effective as of March 2019. The Procedure document indicates that controlled substances returned to the Pharmacy were to be identified and separated by drug, strength and brand. The disposal occurred approximately once per week.
62. Beginning in or around 2012 or 2013, Mr. Putz diverted amphetamine XR, dextroamphetamine, and possibly Concerta® and Biphentin®, when they were returned to the Pharmacy by patients. The Investigator was unable to verify the extent of the medication removed from the Pharmacy using this method, as a record of these returned medications to the Pharmacy would not have been made.
63. The controlled substances diverted by Mr. Putz using this method were for his personal use and were not distributed or sold to anyone else.

Counts 4, 5 & 6

64. Count 4 alleges that Mr. Putz, on multiple occasions, removed from pharmacy stock and diverted for personal use Dexedrine® 15mg, Adderall XR® 30mg, Viagra® 100mg, and Cialis® 20mg, or any of them, via manual inventory adjustments in contravention of sections C.01.041(1), G.03.002 and G.03.012 of the FDRs, and Statements VIII and X of the Code, or any of them.
65. Count 5 alleges that Mr. Putz, on multiple occasions, processed prescriptions for amphetamine XR, dextroamphetamine, Viagra®, and Cialis®, without a valid prescription, in contravention of subsection 2(3) of the Act, subsection 69(1) of the Regulation, and Statements VIII and X of the Code, or any of them.
66. Count 6 alleges that Mr. Putz, on multiple occasions, falsified patient profiles by processing fraudulent prescriptions on their patient profile record in contravention of section 2.1.3 of the College's Practice Direction - Records and Information (the "Records PD"), and Statements VII, VIII and X of the Code, or any of them.
67. The Records PD requires that all records maintained by the pharmacy must be current and

accurate with respect to the pharmacist's or pharmacy's activities.

68. In March 2021, [REDACTED], continued to investigate potential fraudulent activity and diversion by Mr. Putz. By reviewing the point-of-sale system within the Pharmacy, [REDACTED] discovered that, for three patients, there were outstanding balances for prescriptions filled but unpaid. [REDACTED] also noticed that none of these transactions had a valid prescription.
69. Mr. Putz would process fraudulent prescriptions for amphetamine XR and dextroamphetamine for patients who no longer attended the pharmacy and who had received the medication in the past. Mr. Putz engaged in this misconduct beginning in or around 2014, with the misconduct increasing in frequency after the COVID-19 pandemic began, as the Pharmacy was receiving fewer patient-returned medications.
70. Mr. Putz fraudulently dispensed controlled substances without prescriptions under patient files as cash only transactions to account for the removal of controlled substances from the Pharmacy inventory, and to prevent a record in a third-party system. Mr. Putz would process these prescriptions at a time when the Pharmacy was not open, or when there were fewer staff present.
71. During the investigation, Ms. Kaminsky reviewed the transactions completed under three patients: [REDACTED], [REDACTED] and [REDACTED]
72. The investigator generated a report of prescriptions filled for [REDACTED] dating back to January 1, 2012. [REDACTED] began receiving prescriptions for dextroamphetamine and amphetamine at the Pharmacy in or around 2012. The prescriptions issued to [REDACTED] between 2012 and 2016 were legitimately issued. Mr. Putz began to fraudulently process prescriptions using [REDACTED] patient profile in or around 2018.
73. The Investigator generated a report of prescriptions filled for [REDACTED] dating back to January 1, 2012. [REDACTED] had a valid prescription for dextroamphetamine in 2015. For [REDACTED], Mr. Putz issued a fraudulent prescription in July 2016, and then not again until January 2018. Fraudulent prescriptions were processed by Mr. Putz twice in 2018 and then began more consistently in 2019, continuing until March 21, 2021.
74. The Investigator generated a report of prescriptions filled for patient [REDACTED] dating back to January 1, 2012. [REDACTED] had valid prescriptions for dextroamphetamine in 2018. This patient stopped receiving legitimate prescriptions at the Pharmacy in 2018, and fraudulent prescriptions began to be processed by Mr. Putz in 2019. The last fraudulent prescription for this patient was issued March 5, 2021.
75. Mr. Putz was also shown a Patient Medical Expense Report for each of patients [REDACTED], [REDACTED] and [REDACTED] with a notation of when the Investigator believed the fraudulent prescriptions to have started for each patient. Mr. Putz did not deny responsibility for any of the fraudulent prescriptions.
76. In total, the Investigator found 264 likely fraudulent prescription transactions for dextroamphetamine and amphetamine XR completed by Mr. Putz. These fraudulent prescriptions were processed between September 12, 2014, and March 21, 2021. Mr. Putz was shown a summary chart of the fraudulent transactions during his interview with the Investigator, and did not dispute any of those transactions as being fraudulently processed by him.

77. The total quantities of amphetamine XR and dextroamphetamine capsules for which Mr. Putz processed fraudulent prescriptions are as follows:

Medication	Quantity (tablets/capsules)
Dextroamphetamine 10mg	148
Dextroamphetamine 15mg	2242
Amphetamine XR 10mg	42
Amphetamine XR 15mg	277
Amphetamine XR 20mg	186
Amphetamine XR 25mg	60
Amphetamine XR 30mg	2951

78. Mr. Putz also processed fraudulent prescriptions for both Viagra® and Cialis®. During the investigation, the Investigator reviewed the patient file of [REDACTED], under whose name Mr. Putz fraudulently processed these prescriptions.
79. [REDACTED] had prescriptions processed for Cialis® 20mg and Viagra® 100mg beginning in 2016 and up until February 24, 2021. Mr. Putz processed 13 fraudulent prescriptions for a total of 10 tablets of Cialis® 20mg and 36 tablets for Viagra® 100mg during this time. There were no valid prescriptions for these orders.
80. Mr. Putz made a high number of manual adjustments to the inventory for Cialis® 20mg and Viagra® 100mg at the Pharmacy. These manual adjustments were made between October 26, 2014 and March 21, 2021. A total of 687 tablets of Cialis® 20mg and 459 tablets of Viagra® 100mg were manually removed from the computer inventory by Mr. Putz during this time period.
81. Mr. Putz made at least some of the manual adjustments to Cialis® 20mg and Viagra® 100mg inventory to conceal his diversion of these medications from the Pharmacy for personal use.
82. After discovering the manual adjustments which had been made by Mr. Putz to conceal the diversion of Cialis® 20mg and Viagra® 100mg, the Investigator generated a report detailing all manual adjustments to inventory made for narcotic, targeted and controlled drugs from January 1, 2012 and March 24, 2021. The Investigator reviewed manual adjustments made by Mr. Putz.
83. Mr. Putz made manual inventory adjustments for Adderall XR® 30mg and Dexedrine® 15mg, in a greater number than were being made by other staff within the Pharmacy.
84. Mr. Putz made at least some of the manual adjustments to Adderall XR® 30mg and Dexedrine® 15mg inventory to conceal his diversion of these medications from the Pharmacy for personal use.
85. The controlled substances diverted by Mr. Putz were for his personal use and were not distributed or sold to anyone else. The patients under whose profiles he fraudulently processed prescriptions were unaware that he was doing so.

Count 7

86. Count 7 alleges that Mr. Putz, on multiple occasions, consumed unprescribed amphetamine XR and dextroamphetamine while licensed and working as a pharmacist at the Pharmacy in contravention of Statements I, VII and X of the Code, or any of them.
87. Statement I of the Code requires pharmacists to maintain a high standard of professional competence throughout their practice.
88. Mr. Putz began using stimulant medication in or around 2014 or 2015, primarily by diverting patient returned medication. When patient returns lessened due to the pandemic, he began processing fraudulent prescriptions on a more frequent basis to obtain the medication. Over time, Mr. Putz developed an addiction to stimulant medication as well as alcohol.
89. Mr. Putz's use of alcohol and amphetamines escalated to a state of addiction whereby his use was daily. This became a cycle of drinking to fall asleep at night, taking doses of long-acting amphetamines to get through the day, and abusing higher doses of amphetamines at night, in addition to alcohol. Mr. Putz would occasionally take amphetamine medications prior to a shift at the Pharmacy.

Count 8

90. Count 8 alleges that Mr. Putz failed to report to the College that he was suffering from an addiction to drugs that might have interfered with his ability to practice in a safe and effective manner, in contravention of subsections 4(f), 5, 14(f) and 16 of the Regulation, and Statements I, VII and X of the Code, or any of them.
91. Subsection 4(f) of the Regulation requires applicants for registration as a pharmacist to satisfy the board that they do not suffer from a physical or mental condition, including an addiction to alcohol or drugs, that may interfere with their ability to practice in a safe and effective manner. Subsection 5 of the Regulation requires that, if the information provided pursuant to subsection 4(f) changes, a member must report the change to the Registrar without delay.
92. Subsection 14(f) of the Regulation imposes the same requirement on applicants for a pharmacist license as subsection 4(f). Subsection 16 allows a pharmacist to have their license renewed on the basis that they meet the requirements of section 14.
93. Mr. Putz was a registered pharmacist in Manitoba and held a license with the College between July 2010 and March 2021.
94. Prior to March of 2021, Mr. Putz had never declared on his license renewals with the College, or otherwise informed the College, that he had an addiction to alcohol or drugs which may have impaired his ability to engage in pharmacy practice in a safe and effective manner.

V. Disposition


Legal counsel for the College and Mr. Putz made a joint submission in respect of an appropriate

disposition on penalty, with which the Panel is in agreement. Having found Mr. Putz guilty of professional misconduct as described in section 54 of the Act, the Panel orders pursuant to sections 55 and 56 of the Act that Mr. Putz:

1. be suspended from practice for eighteen (18) months, with credit of seventeen (17) months for the time during which he was interim suspended between March 2021 and December 2023. The remaining one-month suspension is to be completed by no later than March 31, 2025;
2. pay a fine of \$15,000.00;
3. pay a contribution towards costs of the investigation and hearing in the amount of \$10,000.00;
4. pay the fine and costs to the College within one (1) year of the date hereof;
5. have restrictions on his practicing licence for a period of five (5) years, to be effective from the date of his return to practice following his suspension:
 - a) he cannot be a pharmacy manager or preceptor;
 - b) he is prohibited from the sole practice of pharmacy and cannot work in a pharmacy without another person present in the dispensary;
 - c) he will continue to participate in counselling;
 - d) he will continue to submit, at his cost, to random drug and alcohol screening, to the satisfaction of the College;
 - e) he will be required to advise the pharmacy manager in all pharmacies who employ him in some capacity that monthly reconciliation counts of narcotics, controlled drugs and targeted drugs must occur; and
 - f) he will be required to advise the pharmacy manager in all pharmacies who employ him in some capacity that he has restrictions placed on his license as set out above;
6. The decision of the Panel will be published and made available to the public pursuant to s.58 of the Act.

In arriving at its decision, the Panel considered:

1. the Agreed Statement of Facts and the joint recommendation on disposition;
2. Mr. Putz has been a member of the College since 2010 and has no prior complaints;
3. Mr. Putz's admission to the charges, thereby accepting responsibility and saving the time and expense of what would have been a lengthy hearing; and

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4. Mr. Putz's efforts to overcome his lengthy history of addiction, including his completion of addiction and mental health counselling programs, and the efforts he continues to make to control his addiction.

The Panel is satisfied that this disposition adequately provides a specific deterrence to Mr. Putz, as well as a general deterrence to dissuade members of the profession from partaking in similar conduct. Additionally, it serves as a denunciation of Mr. Putz' conduct as a punishment to him while, at the same time, providing for his rehabilitation. Overall, the Panel is satisfied that this decision will serve to ensure that the public's interest is protected and will maintain the public's confidence in the profession's ability to properly govern the conduct of its members.

DATED at Winnipeg, Manitoba this 20th day of January, 2025.

Per
Glenda Marsh
Chair, Discipline Panel

DISCIPLINE DECISIONS/SUSPENSIONS

Decision and Order of the Discipline Committee: Soeb Ekghaunwala

Pursuant to the Notice of Hearing (the “Notice”) dated May 24, 2024, a hearing was conducted by the Discipline Committee of the College of Pharmacists of Manitoba (the “College”) at the offices of Thompson Dorfman Sweatman LLP, 1700-242 Hargrave Street, Winnipeg, Manitoba, R3C 0V1 on January 14, 2025, with respect to charges formulated by the College alleging that Soeb Ekghaunwala (“Mr. Ekghaunwala”), being a pharmacist under the provisions of The Pharmaceutical Act, C.C.S.M. c.P60 (the “Act”) and a registrant of the College, is guilty of professional misconduct, conduct unbecoming a member, having displayed a lack of knowledge or lack of 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 Shoppers Drug Mart No. 557, 302 North Railway Street, Morden, Manitoba (the “Pharmacy”), in the capacity of a pharmacist and/or pharmacy manager:

1. on or about March 19, 2021 and/or July 9, 2021, Mr. Ekghaunwala created two new prescription records for patient [REDACTED] using inaccurate prescriber information in contravention of sections 70(1) and 83 of the Pharmaceutical Regulation, Man Reg 185/2013 (the “Regulation”), and section 2.1.3 of the Practice Direction - Records and Information (the “Records PD”), or any of them;
2. [REDACTED]
3. as pharmacy manager, Mr. Ekghaunwala failed to implement written policy and procedures with respect to creation of a prescription record and the final check for both new and refill prescriptions in contravention of subsection 56(1)13 of the Regulation;
4. [REDACTED]
5. as pharmacy manager, Mr. Ekghaunwala failed to ensure that patient counselling and patient counselling refusals were documented in contravention of sections 56(1)1, 56(1)13 and 73 of the Regulation, and sections 2,2.1, 2.14, 3.1 and 3.2 of the Counselling PD, or any of them;
6. [REDACTED]
7. as pharmacy manager, Mr. Ekghaunwala failed to conduct joint controlled substance physical

counts upon change of pharmacy manager in contravention of the Narcotic and Controlled Drug Accountability Guidelines (the “Guidelines”);

8. as pharmacy manager, on multiple occasions between June 26, 2021 and August 27, 2021, Mr. Ekghaunwala failed to ensure that all discrepancies in the perpetual inventory were investigated and the investigations documented in contravention of sections 2.3.2.3 and 2.3.2.4 of the Practice Direction - Drug Distribution and Storage (the “DDS PD”), sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and the Guidelines, or any of them;

9. [REDACTED]

10. as pharmacy manager, on multiple occasions between June 26, 2021 and August 27, 2021, Mr. Ekghaunwala failed to ensure all controlled substances had their perpetual inventory values verified every three months in contravention of section 43 of the NCRs, section G.03.012 of the FDRs, subsection 72(1)(a) of the BOTSRs, sections 2.3.1, 2.3.2.1 and 2.3.2.2 of the DDS PD, sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and the Guidelines, or any of them; and

11. [REDACTED]

The hearing into the charges convened on January 14, 2025. Mr. Jeffrey Hirsch and Ms. Sharyne Hamm appeared as counsel on behalf of the Complaints Committee. Ms. Jennifer Sokal appeared with and on behalf of Mr. Ekghaunwala. Mr. David Marr appeared as counsel to the Discipline Committee (the “Panel”).

A statement of Agreed Facts (the “Statement”) was filed, in which Mr. Ekghaunwala admitted:

I. Jurisdiction, Service and Panel Composition

1. his membership in the College;
2. valid service of the Notice of Hearing dated May 24, 2024 and that the College has complied with the requirements of sub-sections 46(2) and 46(3) of the Act;
3. he has no objection to any of the Panel members nor to legal counsel to the Panel on the basis of bias, a reasonable apprehension of bias or a conflict of interest.

II. Practice and Discipline History:

4. Mr. Ekghaunwala graduated with his pharmacy degree from Allama College of Pharmacy in

India in 2010, but did not practice there, and instead began working as a pharmacy assistant in Canada in 2014.

5. Mr. Ekghaunwala has been registered as a pharmacist under the Act since April 6, 2018.
6. At all times material to this proceeding, Mr. Ekghaunwala was a member of the College as a practicing pharmacist in Manitoba.
7. Mr. Ekghaunwala's employment history is as follows:
 - (a) beginning on June 1, 2021, Mr. Ekghaunwala became the pharmacy manager at Shopper's Drug Mart #557 (the "Pharmacy") and remained in that role until September 20, 2021, when he resigned from the position. Mr. Ekghaunwala was a staff pharmacist in the Pharmacy until December 5, 2021;
 - (b) Mr. Ekghaunwala was employed as a pharmacist in British Columbia between June 2022 and January 2023;
 - (c) from early 2023, Mr. Ekghaunwala has been employed as the pharmacy manager and pharmacist owner at the Shoppers Drug Mart in Winnipeg Square; and
 - (d) at the time Mr. Ekghaunwala became pharmacy manager at the Pharmacy, the former manager had commenced an emergency medical leave as of May 5, 2021.
8. Mr. Ekghaunwala has no previous discipline history with the College.

III. Admissions and Plea

9. Mr. Ekghaunwala has reviewed the Notice as well as the Statement. He admits the truth and accuracy of the facts in the Statement and that the witnesses and other evidence available to the College would, if called and otherwise tendered, be substantially in accordance with these facts.
10. Mr. Ekghaunwala tenders no evidence and makes no submissions on the issue of professional misconduct, other than to admit that the conduct hereinafter described demonstrates professional misconduct as described in section 54 of the Act.
11. Mr. Ekghaunwala agrees to enter a plea of guilty to counts 1, 3, 5, 7, 8 and 10 as set out in the Notice.
12. The College will be entering a stay of proceedings with respect to counts 2, 4, 6, 9 and 11 of the Notice.

IV. Facts and Background

13. On or about April 17, 2023, the College was contacted by patient [REDACTED] in connection with the Pharmacy. [REDACTED] advised the College that, beginning around May 2022, the Pharmacy failed to fill [REDACTED] medications as requested. At that time, [REDACTED] was a kidney transplant recipient and was taking anti-

rejection medications, including:

- (a) Envarsus PA® 4mg (tacrolimus) daily;
- (b) Prednisone 5mg daily; and
- (c) Myfortic EC® 360mg (Mycophenolate): two tablets twice daily.


14. A response to the complaint made by patient [REDACTED] was provided on or about May 2, 2023, by the then-Pharmacy manager, [REDACTED]
15. On or about July 8, 2023, Mr. Ken Zink, College Investigator, conducted a site visit at the Pharmacy.
16. Mr. Zink interviewed Mr. Ekghaunwala on October 27, 2023. Mr. Zink interviewed six other pharmacists currently or formerly employed at the Pharmacy between October 20 to December 20, 2023.
17. Mr. Zink conducted a second site visit on November 17, 2023.
18. Mr. Zink submitted his Investigation Report to the Committee on January 9, 2024.
19. Mr. Zink conducted a third unannounced site visit at the Pharmacy on January 27, 2024.
20. Mr. Zink submitted a Supplementary Investigation Report to the Committee on February 29, 2024. The Supplementary Investigation Report summarized additional evidence gathered by Mr. Zink with respect to incomplete patient counselling documentation and contained a review of controlled substance accountability activities by pharmacy managers at the Pharmacy.
21. On April 17, 2024, the Committee directed that the matter be referred to the College's Discipline Committee.
22. Mr. Ekghaunwala was informed of the decision of the Committee to refer the matter to the Discipline Committee on May 1, 2024.
23. The Notice was issued on May 24, 2024.

Count 1

24. Count 1 alleges that Mr. Ekghaunwala, on or about March 19, 2021 and/or July 9, 2021, created two new prescription records for patient [REDACTED] using inaccurate prescriber information, in contravention of sections 70(1) and 83 of the Regulation, section 2.1.3 of the Practice Direction-Records and Information (the "Records PD"), or any of them.
25. Subsection 70(1) of the Regulation states that a drug must not be dispensed unless a prescription record is made setting out certain required information, including, but not limited to

the name and address of the practitioner.

26. Section 83 of the Regulation requires that pharmacists ensure patient safety by reviewing each prescription and the patient's record and taking appropriate action where necessary.
27. Section 2.1.3 of the Records PD requires that all records maintained by the pharmacy are to be current and accurate with respect to the pharmacist's or pharmacy's activities.
28. At the material times, ■ was a kidney transplant recipient and was taking anti-rejection medications, including:
 - (a) Envarsus PA® 4mg (tacrolimus) daily;
 - (b) Prednisone 5mg daily; and
 - (c) Myfortic EC® 360mg (Mycophenolate): two tablets twice daily.
29. On or about March 19, 2021, Mr. Ekghaunwala filled a prednisone prescription for patient ■. The prescription for prednisone was written by ■ at "SR322 - 820 Sherbrook Street" (which is the Health Sciences Centre ("HSC") Adult Renal Transplant Clinic) on March 17, 2021. The prescription specified that 30 prednisone 5mg tablets were to be dispensed to patient ■ with 12 refills, for a total of 13 months of treatment.
30. The prescription was faxed to the Pharmacy and was entered into the Healthwatch system by a pharmacy assistant. On March 19, 2021, Mr. Ekghaunwala performed the Data Verification, Clinical Verification and Final Check on the prescription.
31. When the prednisone prescription was entered into the Healthwatch system, the wrong prescriber profile for ■ was selected. Instead of being attributed to ■ at the HSC Adult Renal Transplant Clinic, the prescription was attributed to the same ■ at "SBH RENAL HEALTH CLINIC 409 TACHE AVE" (which is the St. Boniface Hospital Renal Health Clinic). As a result of this error, patient ■ prednisone prescription record reflected incorrect prescriber contact information, including the wrong telephone number and fax number.
32. By completing the Data Verification, Clinical Verification and Final Check on the prednisone prescription, Mr. Ekghaunwala signed off on the accuracy of the data entry, despite the errors.
33. On or about July 9, 2021, during the time he was pharmacy manager within the Pharmacy, Mr. Ekghaunwala filled a Myfortic® prescription for patient ■. The prescription for Myfortic® was written by ■ at the HSC Adult Renal Transplant Clinic. The prescription specified that 120 Myfortic® EC 360mg tablets were to be dispensed to patient ■, with 12 refills, for a total of 13 months of treatment.
34. The prescription was faxed to the Pharmacy on May 28, 2021, and was entered into the Healthwatch system by Mr. Ekghaunwala on July 9, 2021. On the same date, Mr. Ekghaunwala performed the Data Verification, Clinical Verification and Final Check on the prescription.

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35. When the Myfortic prescription was entered into the Healthwatch system, the wrong prescriber profile for [REDACTED] was selected. Instead of being attributed to [REDACTED] at the HSC Adult Renal Transplant Clinic, the prescription was attributed to [REDACTED] at the St. Boniface Hospital Renal Health Clinic. As a result, patient [REDACTED]'s Myfo1tic prescription record reflected incorrect prescriber contact information, including the wrong telephone number and fax number.
 36. By completing the Data Verification, Clinical Verification and Final Check on the Myfo1tic® prescription, Mr. Ekghaunwala signed off on the accuracy of the data entry, despite the errors.
 37. Between March 2021 and April 2022, the Pharmacy filled numerous prescriptions for patient [REDACTED] including for prednisone and Myfo1tic®. Beginning in May 2022, patient [REDACTED] had no refills remaining on [REDACTED] prednisone prescription.
 38. Mr. Ekghaunwala ceased being employed at the Pharmacy in December 2021 and had no involvement in this matter after that time.
 39. On or about May 27, 2022, [REDACTED] a staff pharmacist within the Pharmacy, sent a fax requesting prednisone refills to the prescriber. This fax was sent to the St. Boniface Hospital Renal Health Clinic, at which patient [REDACTED] had never been a patient.
 40. On or about June 24, 2022, [REDACTED] sent a second fax requesting prednisone refills to the prescriber, again using a fax number which was associated with the St. Boniface Hospital Renal Health Clinic, at which patient [REDACTED] was not, and had never been, a patient.
 41. In or around July of 2022, the HSC Renal Transplant Clinic contacted patient [REDACTED] to schedule a routine follow-up appointment. At this time, patient [REDACTED] informed the HSC Renal Transplant Clinic that he had not taken his prednisone for more than two months. On or about July 25, 2022, the HSC Renal Transplant Clinic faxed a new prednisone prescription to the Pharmacy, where it was filled.
 42. The failure of the Pharmacy to refill these medications after May 18 resulted in [REDACTED] going without prednisone until July 25, 2022, and without Envarsus until August 5, 2022.
 43. Beginning on or about August 8, 2022, patient [REDACTED] began a series of procedures to save [REDACTED] kidney from rejection, including an emergency kidney biopsy and plasmapheresis.

Count 3

44. Count 3 alleges that Mr. Ekghaunwala, as pharmacy manager, failed to implement written policies and procedures with respect to creation of prescription record and the final check for both new and refill prescriptions in contravention of subsection 56(1) 13 of the Regulation.
45. Subsection 56(1)13 of the Regulation requires that a pharmacy manager must establish, implement and maintain written policies and procedures to identify, mitigate and avoid situations that expose patients and staff to inappropriate risks and ensure safe and effective pharmacy practice.

- 46. The Pharmacy maintained a Policy and Procedures Manual (the "Manual"). The Manual included obligations on pharmacy staff in connection with completion of the Data Verification, Clinical Verification and Final Check steps. The Manual included a copy of subsection 70(1) of the Regulation to outline the information required to be verified by the pharmacist during the Final Check process, which included the name and address of the prescriber.
- 47. Mr. Ekghaunwala did not catch the error in [REDACTED] address while performing the Data Verification and Final Check steps on patient [REDACTED] original prednisone and Myfortic® prescriptions and therefore did not comply with the Manual by verifying the required information during the Final Check process.

Count 5

- 48. Count 5 alleges that Mr. Ekghaunwala, as pharmacy manager, failed to ensure that patient counselling and patient counselling refusals were documented in contravention of subsections 56(1)1, 56(1)13 and 73 of the Regulation, and sections 2.2.1, 2.14, 3.1 and 3.2 of the Practice Direction - Patient Counselling (the "Counselling PD"), or any of them.
- 49. Subsection 56(1)1 of the Regulation states that each time a drug is dispensed pursuant to a prescription, the pharmacist must provide the patient with sufficient information to enable the patient to safely and effectively manage his or her drug therapy.
- 50. Subsection 73 of the Regulation requires that a drug not be dispensed unless the standards of practice and practice directions for counselling patients have been met and a counselling record is made.
- 51. Section 2.2.1 of the Counselling PD requires that a licensed pharmacist, academic registrant or intern must enter into a dialogue with a patient when a Schedule 1 drug is dispensed to a patient or to their agent. Section 2.14 of the Counselling PD states that a licensed pharmacist may exercise professional judgment as to the content of the dialogue for repeat and refill prescriptions.
- 52. Sections 3.1 and 3.2 of the Counselling PD require that patient counselling be documented. In the event that a patient refuses to participate in counselling, the licensed pharmacist is required to ensure that the refusal is documented in the record.
- 53. While investigating the complaint made by patient [REDACTED] the Investigator reviewed Healthwatch Pick-up and Counselling Reports present at the pharmacy. The Investigator identified several reports which were not compliant with the requirement to document all patient counselling and determined that he would review the practices of the Pharmacy as it related to patient counselling documentation to confirm the level of compliance with legislation.
- 54. Patient counselling records at the Pharmacy are exclusively recorded in the Healthwatch system, and no paper-based systems are used. At the time a prescription is picked-up by the patient or their agent, the pharmacy assistant can scan the exterior label on the prescription bag, which will bring up a Pick-up/Counsel screen on the computer. This screen displays patient information, drug information, warnings or indicators to be addressed during counselling, and check boxes to

indicate whether counselling was accepted or refused. There is also space for the pharmacist to add additional counselling notes.

55. When a prescription is new, as opposed to a refill prescription, a flag would appear on the Healthwatch screen to indicate that the medication is new to the patient.
56. The Pharmacy's Manual provided the following specific guidance on patient counselling:
- (a) counselling must be completed by a pharmacist before medications can be released to the patient;
 - (b) if the patient declines counselling, the pharmacist is responsible for making the decision regarding whether the prescription is safe to be released without counselling; and
 - (c) documentation of declined counselling must be maintained in the pharmacy system.
57. The following statement is written in bold font and underlined in the Manual:
- “Our pharmacy standard is to provide counselling on all prescriptions, both new and refill.”**
58. During the January 27, 2024 drop-in visit to the Pharmacy, the Investigator generated Healthwatch Undocumented Counselling Reports for randomly selected dates between September 7, 2021 and June 15, 2023.
59. On September 7, 2021, the Healthwatch Undocumented Counselling Report shows that 194 prescriptions were released without documented counselling or documentation of refused counselling.
60. On September 9, 2021, the Healthwatch Undocumented Counselling Report shows that 146 prescriptions were released without documented counselling or documentation of refused counselling.

Count 7

61. Count 7 alleges that Mr. Ekghaunwala, as pharmacy manager, failed to conduct joint controlled substance physical counts upon change of pharmacy manager in contravention of the Narcotic and Controlled Drug Accountability Guidelines (the “Guidelines”).
62. The Guidelines state that every change of pharmacy manager requires an additional physical count of narcotic and controlled drugs by the departing manager and the new manager, and state that the signature of each pharmacy manager is to be recorded on the count documents.
63. Controlled substance inventory counts within the Pharmacy were conducted on the following dates:
- (a) May 22, 2021;

- (b) June 26, 2021;
 - (c) July 31, 2021;
 - (d) August 27, 2021; and
 - (e) September 25, 2021.
64. Mr. Ekghaunwala became pharmacy manager at the Pharmacy on June 1, 2021. No count was conducted on this date. Neither of the controlled substance inventory counts conducted on May 22, 2021 and June 26, 2021 indicate who conducted the count, or whether the incoming and outgoing pharmacy managers were involved.
65. Mr. Ekghaunwala ceased being the pharmacy manager on September 20, 2021. No count was conducted on this date. Neither of the controlled substance inventory counts conducted on August 27, 2021 and September 25, 2021 indicate who conducted the count, or whether the incoming and outgoing pharmacy managers were involved.

Count 8

66. Count 8 alleges that Mr. Ekghaunwala, as pharmacy manager, on multiple occasions between June 26, 2021 and August 27, 2021, failed to ensure that all discrepancies in the perpetual inventory were investigated and the investigations were documented, in contravention of sections 2.3.2.3 and 2.3.2.4 of the Practice Direction - Drug Distribution and Storage (the "DDS PD), sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and the Guidelines, or any of them.
67. Sections 2.3.2.3 and 2.3.2.4 of the DDS PD require that pharmacy managers must ensure that there are adequate procedures in place to identify theft, loss or diversion of narcotic and controlled drugs, including procedures to investigate any discrepancies which are identified, and procedures to evaluate whether procedure changes or preventative measures are required to prevent future discrepancies.
68. Sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD require pharmacists to keep all records required by the legislation and practice directions in a clear, concise and easy to read format. Records maintained by the pharmacy are to be current and accurate.
69. The Guidelines require that where a discrepancy is identified during an inventory count, the pharmacy manager is required to initiate the necessary steps to identify the cause of the discrepancy or shortage, the responsible staff person, and initiate corrective actions.
70. Investigation of discrepancies is important to overall narcotic and controlled drug accountability. Investigation of discrepancies may identify issues such as drug receiving errors, dispensing errors, or drug diversion.
71. Not all discrepancies identified in controlled substance inventory counts within the Pharmacy were subject to a documented investigation.
72. With respect to the count conducted on June 26, 2021, nine discrepancies were identified (four

positive discrepancies [over] and five negative discrepancies [short]). With respect to the count conducted on July 31, 2021, eleven discrepancies were identified (seven positive discrepancies [over] and four negative discrepancies [short]). None of these discrepancies had a documented investigation, including that there was no written explanation of the steps taken to identify why the physical count differed from the expected perpetual count.

73. With respect to the count conducted on August 27, 2021, 12 discrepancies were identified (eleven positive discrepancies [over] and one negative discrepancy [short]). Only one of these discrepancies had a documented investigation.

Count 10

74. Count 10 alleges that Mr. Ekghaunwala, as pharmacy manager, on multiple occasions between June 26, 2021 and August 27, 2021, failed to ensure that all controlled substances had their perpetual inventory values verified every three months in contravention of section 43 of the Narcotic Control Regulations (the “NCRs”), section G.03.012 of the Food and Drug Regulations (the “FDRs”), subsection 72(1)(a) of the Benzodiazepine and Other Targeted Substances Regulation (the “BOTSRs”), sections 2.3.1, 2.3.2.1, and 2.3.2.2 of the DDS PD, sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD and the Guidelines, or any of them.
75. Section 43 of the NCRs, section G.03.012 of the FDRs, and subsection 72(1)(a) of the BOTSRs each outline a requirement on a pharmacist to take all reasonable steps necessary to protect narcotics, controlled drugs, and targeted substances under his control against loss or theft.
76. Section 2.3.1 of the DDS PD requires the pharmacy manager to ensure that all drugs are secured against theft, loss or diversion. Sections 2.3.2.1 and 2.3.2.2 of the DDS PD require the pharmacy manager to ensure that there are adequate procedures in place to identify theft, loss or diversion of narcotic and controlled drugs, including by maintaining a perpetual inventory of each drug and performing and recording physical counts of these drugs and of expired/patient returned CDSA drugs at least once every three months.
77. The Investigator reviewed the controlled substance inventory counts within the Pharmacy for the dates between May 22, 2021 and October 16, 2023. His review determined that most counts were incomplete, with the verification of many narcotic, controlled, and targeted drugs often being skipped, resulting in the three month maximum count interval being exceeded.
78. During the counts completed on June 26, July 31, and August 27, 2021, the narcotic drug Methadose® was not measured out and its volume on-hand remained unverified for more than three months.
79. During the count completed July 31, 2021, the following medications were not counted or verified:
- (a) all benzodiazepines;
 - (b) Dexedrine Spansules 10mg;
 - (c) Methadose®;

- (d) Oxycodone/acetaminophen;
- (e) Ritalin 20mg; and
- (f) Taro-testosterone 40mg.

80. During the count conducted August 27, 2021, the following medications were not counted or verified:

- (a) all benzodiazepines;
- (b) Methadose®; and
- (c) Ritalin 20mg.

81. The failure to conduct physical counts of these drugs resulted in the count interval for each of these drugs exceeding three months.


V. Disposition

Legal counsel for the College and Mr. Ekghaunwala made a joint submission in respect of an appropriate disposition on penalty, with which the Panel is in agreement. Having found Mr. Ekghaunwala guilty of professional misconduct as described in section 54 of the Act, the Panel orders pursuant to sections 55 and 56 of the Act that Mr. Ekghaunwala:

1. pay a fine of \$3,500.00;
2. pay a contribution towards costs of the investigation and hearing in the amount of \$4,000.00;
3. pay the fine and costs to the College within two (2) months of the date hereof;
4. The decision of the Panel will be published and made available to the public pursuant to s.58 of the Act.

In arriving at its decision, the Panel considered:

1. The Statement of Agreed Facts and the joint recommendation on disposition.
2. Mr. Ekghaunwala has been a member of the College since April 6, 2018 and has no prior complaints.
3. Mr. Ekghaunwala showed great remorse for his involvement in ■■■'s negative health outcome, to which he contributed regardless of there being several other factors for which he had no involvement as he was working at a different pharmacy at the time.
4. The Panel recognizes that Mr. Ekghaunwala was subjected to a very stressful situation with the owner/manager of the Pharmacy needing emergency surgery and time off for recovery, which led him to taking on a role of pharmacy manager without sufficient training or guidance. Additionally, at



this time the Covid pandemic was raging, resulting in his father's demise in India, for which he was unable to grieve properly. During this time, there was also the challenge of managing inexperienced support staff and he stepped away from the role as pharmacy manager after approximately 3 and ½ months.

5. The Panel recognizes that Mr. Ekghaunwala has subsequently obtained proper training and since early 2023 has been employed as the pharmacy manager and owner of a pharmacy in Winnipeg without any issues.
6. Finally, the Panel takes into consideration that in pleading guilty Mr. Ekghaunwala has accepted accountability, and has saved the considerable time and expense of a contested hearing.

Accordingly, the Panel is satisfied that this disposition adequately provides a specific deterrence to Mr. Ekghaunwala, as well as a general deterrence to dissuade members of the profession from partaking in similar conduct. The Panel is satisfied that this decision will serve to ensure that the public's interest is protected and will maintain the public's confidence in the profession's ability to properly govern the conduct of its members.

DATED at Winnipeg, Manitoba this 24th day of January, 2025.

Per:
Martha Mikulak
Chair, Discipline Panel