College of Pharmacists of Manitoba

NEWSLETTER

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INSIDE THIS EDITION:

Safety IQ Feature

Explore the role of apologies in maintaining trust and confidence, outlining the principles of delivering meaningful and legally sound apologies under the *Apology Act*. More on page 5.

Feature Article

Learn more about the Committee established to oversee the allocation of funds for research projects focused on medication safety for drugs under the Manitoba Prescribing Practices Program on page 4.

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 and members of the public,

This time of year can often feel long and challenging. However, it also brings a sense of momentum as we look ahead to the arrival of spring, a season that signals renewal, warmer weather, and the promise of brighter days ahead.

Spring also marks Pharmacy Appreciation Month, a meaningful opportunity to recognize and celebrate the contributions pharmacy professionals make to patient care and the health of Manitoba's communities. This month serves as a reminder of the important role pharmacy professionals play throughout the healthcare system. From ensuring the safe and effective use of medications, to providing education and trusted support to patients when needed most, pharmacy professionals play a vital role in every stage of care.

As the practice of pharmacy continues to evolve, so must the programs that support competence and professional growth. I am excited by the many positive and engaging initiatives taking place across the College of Pharmacists of Manitoba (CPhM) and look forward to the opportunities this season will bring.

One of CPhM's key priorities this year is the revision of the Continuing Competency Program (CCP) and ensuring that the program remains relevant, effective, and aligned with current professional standards. This work supports meaningful professional development while reinforcing a shared commitment to patient safety and quality care.

In addition, CPhM continues to advance its regulatory reform efforts. This includes the work to support the transition to the *Regulated Health Professions Act* (RHPA) and to ensure a smooth and effective implementation process. These changes are designed to strengthen public protection and better align with the ever-evolving landscape of healthcare practice.

Thank you to all pharmacy professionals for your ongoing dedication and the important work you do each day to support safe and effective care for everyone accessing pharmacy services in Manitoba.

Sincerely,
Kathy Hunter

Feature Article: Medication Prescribing Practices Program Safety and Innovation Committee

The Manitoba Prescribing Practices Program (M3P) is the provincial prescription monitoring program that plays an important role in promoting safe, accountable prescribing of high-risk drugs that fall under the federal Controlled Drugs and Substances Act (CDSA).

Over time, M3P has evolved with changes in healthcare practice. One notable change was the elimination of paper prescription pads in 2024, reflecting a move to a more secure and modern prescribing process. This transition not only strengthened safeguards but also resulted in significant funds from the M3P Continuing Service Agreement with Manitoba Health, Seniors and Long-Term Care becoming available for reallocation.

Recognizing an opportunity and keeping with the purpose of the M3P program, these funds are now being directed to research projects focused on medication safety. To oversee this work, the Medication Prescribing Practices Program Safety and Innovation Committee was created.

The committee brings together representatives from the College of Pharmacists of Manitoba, College of Physicians and Surgeons of Manitoba, College of Registered Nurses of Manitoba, Manitoba Dental Association, and a Public Representative to ensure balanced discussions and decisions. Its primary responsibility includes overseeing the call for research proposals, evaluation of proposals, and approval of allocating funding for research projects that contribute to safer medication use. In addition, the committee will make recommendations for regulatory improvements based on research outcomes and distribute research findings broadly to system partners.

Through collaboration and encouraged research and innovation, the Medication Prescribing Practices Program Safety and Innovation Committee strengthens the regulatory commitment to medication safety and supports improved health outcomes for people accessing healthcare services in Manitoba.

Safety Feature:

The Power of Apology: Building Trust Through Honest Conversations

Apologies are a powerful tool for rebuilding trust and maintaining positive relationships, especially in challenging situations. An apology, as defined by the *Apology Act* (the *Act*), is an expression of sympathy, regret, or commiseration, and does not imply an admission of fault or liability.

The key benefit of the *Apology Act* is the protection for individuals and organizations. Under the *Act*, an apology made in connection with an incident does not admit fault or affect insurance coverage. This means people can apologize sincerely without the concern that their words will lead to legal or financial repercussions.

The *Act* also ensures that an apology cannot be used as evidence of liability in court. Even if an apology is made after a mistake or harm, it cannot be interpreted as an admission of guilt. Within healthcare, including the practice of pharmacy, this protection is significant.

Disclosing a medication incident and issuing an apology are requirements contained in the *Medication Incidents and Near-Miss Events Practice Direction*. Acknowledging that a medication incident has occurred while offering a sincere apology demonstrates empathy and accountability, while reinforcing transparency.

By allowing individuals and organizations to offer apologies freely, the *Apology Act* plays a crucial role in promoting trust. It also encourages a culture of accountability and continuous improvement. Understanding the protections provided by the *Act* helps ensure that apologies are both meaningful and legally sound, fostering trust and confidence in both personal and professional interactions.

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:

- Making CQI Meetings Matter: Strategies to Engage Your Team

  Explore techniques to foster active participation in CQI meetings, from setting clear agendas to creating a supportive environment that encourages all voices to be heard.

- Understanding the Role of Safety Self-Assessment in Pharmacy Practice

  Dive into the significance of the Safety Self-Assessment (SSA) in identifying gaps and enhancing the safety culture within pharmacies.

DISCIPLINE DECISIONS/SUSPENSIONS

Decision and Order of the Discipline Committee: Mohamed Fathy Abdelhamid

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 October 27, 2025 with respect to charges formulated by the College alleging that Mohamed Fathy Abdelhamid ("Mr. Abdelhamid"), 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, 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. [redacted]

2. [redacted]

3. As pharmacy manager, Mr. Abdelhamid failed to implement written policy and procedures in contravention of subsection 56(1)13 of the Regulation with respect to:

    a. [redacted]

    b. [redacted]

    c. management of the contact list to remove authorized prescriptions from queue;

    d. [redacted]

    e. [redacted]

4. [redacted]

5. As pharmacy manager, Mr. Abdelhamid failed to ensure that patient counselling refusals were documented in contravention of sections 56(1)1, 56(1)13 and 73 of the Regulation, and section 2.2.1, 2.14, 3.1 and 3.2 of the Counselling PD, or any of them;

6. As pharmacy manager, Mr. Abdelhamid failed to ensure pharmacy assistants directed all new prescriptions to a pharmacist for patient counselling (or for the pharmacist to permit a counselling refusal) in contravention of sections 56(1)13 and 67 of the Regulation, or either of them;

7. As pharmacy manager, in or around March 2022, Mr. Abdelhamid failed to properly investigate the incident with patient [redacted] fentanyl prescription and contravention of subsection at 56(1)13 of the Regulation, and sections 3.2.3.1, 3.2.3.2, 3.2.3.3, 3.2.3.4, 3.2.5.1, 3.2.5.2, 3.2.5.2, 3.2.5.4 and 3.2.6.3 of the Practice Direction—Medication Incidents and Near-Miss Events (the "Incidents PD"), or any of them;

8. As a pharmacy manager, Mr. Abdelhamid failed to implement sufficient post medication incident procedures with respect to staff and patient awareness, pharmacy staff learning, incident analysis, procedural action planning, and documentation completion after patient [redacted] fentanyl incident in contravention of subsection 56(1)13 of the Regulation, and sections 3.2.3.1, 3.2.3.2, 3.2.3.2, 3.2.3.4, 3.2.5.1, 3.2.5.2, 3.2.5.4 and 3.2.6.3 of the Incidents PD, or any of them;

9. As pharmacy manager, Mr. Abdelhamid 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");

10. As pharmacy manager, Mr. Abdelhamid failed to ensure that controlled substance counts were conducted properly and accurately in contravention of section of 43 of the Narcotic Control Regulations, C.R.C., c. 1041, (the "NCRs"), section G.03.012 of the *Food and Drug Regulations,* C.R.C., c. 870 (the "FDRs"), subjection 72(1)(a) of the *Benzodiazepine and Other Targeted Substances Regulation,* SOR/2000-217 (the BOTSRs"), section 2.3.1 and 2.3.2 of the Practice Direction—Drug Distributions 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;

11. As pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022, Mr. Abdelhamid 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)(1) of the BOTSRs, section 2.3.1 and 2.3.2.1, 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;

12. As pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022, Mr. Abdelhamid failed to ensure that all discrepancies in the perpetual narcotic and/or controlled drug inventory were investigated and the investigations documented in contravention of sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and the Guidelines, or any of them;

13. As pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022, Mr. Abdelhamid failed to ensure all unexplained shortages were reported to Health Canada's OCS in contravention of section 42 of the NCRs, section G .03.013 of the FDRs, subsection 72(2) of the BOTSRs, section 2.3.2.5 of the DDS PD and the Guidelines, or any of them; and

14. As pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022,

Mr. Abdel Hamid failed to ensure all unexplained shortages were reported to the College in contravention of section 2.3.2.5 of the DDS PD, and the Guideline, or either of them.

The hearing into the charges convened on October 27, 2025, Mr. Jeffrey Hirsch, K.C. and Ms. Sharyne Hamm appeared as counsel on behalf of the Complaints Committee. Ms. Nicole Smith appeared with and on behalf of Mr. Abdelhamid. Mr. David Swayze, K.C. appeared as counsel to the Discipline Committee (the "Panel").

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

I. Jurisdiction, Service and Panel Composition

15. His membership in the College;

16. 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;

17. 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

18. Mr. Abdelhamid graduated with his pharmacy degree from the College of pharmacy, Alexandria University in Egypt in 1997.

19. Mr. Abdelhamid has been registered as a pharmacist under the Act since April 11, 2019.

20. At all material times to this proceeding, Mr. Abdelhamid was a member of the College as a practicing pharmacist in Manitoba.

21. Mr. Abdelhamid's employment history as a pharmacist includes employment in Saskatchewan, Manitoba and Ontario throughout the period from July 2019 to present day.

22. Beginning on September 20th 2021, Mr. Abdelhamid became the pharmacy manager at Shoppers Drug Mart #557 (the "Pharmacy") in Morden, Manitoba and remained in that role until July 8th 2022, when he resigned from the position.

23. His experience as pharmacy manager at the Pharmacy was the first time he had assumed the role of pharmacy manager in Manitoba.

24. In February 2023, Mr. Abdelhamid received a formal reminder letter from the Complaints Committee of the College (the "Committee"), Reminding him of his obligations as a dispensing pharmacist, following a medication incident at SDM #533 in Winnipeg.

25. In May 2023, Mr. Abdelhamid received a formal reminder letter from the Committee, reminding him of his obligations as a pharmacy manager at Rexall Pharma Plus #4812 (971 Corydon Avenue, Winnipeg), In connection with the medication incident.

III. Admissions and Plea

26. Mr. Abdelhamid admitted 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.

27. Mr. Abdelhamid tendered no evidence and made 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.

28. Mr. Abdelhamid entered a plea of guilty to counts 3c and 5 through 14 as set out in the Notice.

29. The College entered a stay to counts 1 and 2, 3a, b, d and e, and 4 of the Notice.

30. Mr. Abdelhamid agreed that his admissions and guilty pleas are voluntary, informed and unequivocal. Mr. Abdelhamid confirmed that he understood that by pleading guilty, he was giving up his right to contest the factual accuracy of the allegations made against him in the Notice.

IV. Facts and Background

31. The matters giving rise to this proceeding arise from a complaint received by the College in relation to the pharmacists at Shoppers Drug Mart #557 ("SDM 557" and the "Pharmacy"), in Morden Manitoba.

Complaint of Patient [redacted]

32. On or about April 17, 2023, the College was contacted by a patient [redacted] in connection with the Pharmacy.

33. The Patient [redacted], was a kidney transplant recipient who alleged that the pharmacists at Shoppers Drug Mart #557 (SDM 557), in Morden, Manitoba, failed to provide requested refills for their Envarsus PA® and prednisone prescriptions, and failed to provide a continued care supply of these two medications while they awaited refill authorization from the prescribers. Patient [redacted] alleged that they were without these important immunosuppressant drugs for more than two months, which resulted in [redacted] undergoing invasive emergency procedures to prevent rejection of their transplanted kidney, despite which their transplanted kidney has suffered permanent damage.

34. A response to the complaint made by patient [redacted] was provided on or about May 2nd, 2023, by the then Pharmacy manager, [redacted].

35. On or about July 8th, 2023, Mr. Ken Zink, College Investigator (the "Investigator") Conducted a site visit at the Pharmacy. He conducted further site visits on November 17, 2023, and unannounced visit on January 27, 2024.

36. Mr. Zink interviewed [redacted], a pharmacist and the owner of the pharmacy, on November 21, 2023. Mr. Zink interviewed Mr. Abdelhamid on December 20th, 2023, submitting his investigation report to the committee on January 9 at 2024.

37. Mr. Zink conducted a second interview with Mr. Abdelhamid on February 27th 2024, and submitted a Supplementary Investigation Report to the Committee on February 29th at 2024. The Supplementary Investigation Report summarized additional evidence gathered by Mr. Zink with respect to incomplete patient counselling documentation and contained a review of the controlled substance accountability activities by pharmacy managers at the pharmacy.

38. On April 17, 2024, the Committee directed that the matter be referred to the College's Discipline Committee.

39. Mr. Abdelhamid was informed of the decision of the Committee to refer the matter to the Discipline Committee on May 1, 2024.

40. The Notice was issued on May 24, 2024.

Patient [redacted]

41. During the investigation conducted by Mr. Zink, he conducted a site visit on July 8, 2023 where he reviewed the medication incident file located at the Pharmacy. Mr. Zink reviewed the file for the period beginning in or around June 2019 through to July 2023. During the review he identified a medication incident resulting from a dispensing error for patient [redacted] involving a prescription for fentanyl.

42. [redacted] had been prescribed ten fentanyl 50mcg lollipops by [redacted], a physician at Cancer Care Manitoba on March 4, 2022 and the prescription was received by the pharmacy on the same date.

43. On March 7, 2022 a pharmacy assistant entered the patient, prescriber and drug data into the Pharmacy's Healthwatch software at 2:43 p.m. [redacted] then verified the assistant's work by performing the Data Verification step and the Clinical Verification step in Healthwatch. [redacted] also performed the product check (for Final Check) in Healthwatch at 2:57 p.m. on March 7th.

44. Rather than dispensing the ten fentanyl 50 mcg lollipops, [redacted] approved the dispensing of ten Teva-Fentanyl 50 mcg/hour patches. The prescription label applied to the box of Teva-Fentanyl 50 mcg/hour patches showed that the directions approved by [redacted] during the Final Check process indicated "*Apply patch as directed use lollipop for incident pain control place in cheek before trying to get up walking*." Fentanyl lollipops are not commercially available in Canada but can be compounded by a pharmacy in Manitoba.

45. Fentanyl lollipops are effectively buccal transdermal lozenges, which provide rapid, short acting relief for acute pain. When used "as needed", fentanyl lollipops provide intermittent, and short acting, 50 mcg dose of fentanyl.

46. Fentanyl patches result in the continuous delivery of 50 mcg of fentanyl to the patient every hour. In a patient who has not gradually developed a tolerance for strong opioids such as fentanyl, the provision of a 50 mcg/hour dose can be dangerous, even fatal.

47. The Teva-Fentanyl product monograph for the patches dispensed by the Pharmacy, warns against the use of fentanyl patches without sufficient opioid tolerance and directs that fentanyl patches be used as a replacement for a patient's current long-acting opioid regiment, not as an addition to the other long-acting opioid drugs.

48. Patient [redacted] had been using codeine and morphine, both low potency opioids, at low dosages for approximately six weeks. On March 1, 2022, approximately one week before the prescription was filled, [redacted] began therapy with the more potent hydromorphone, in a long-acting form of Hydromorph Contin® 3mg twice daily and in an as needed form for breakthrough pain, as hydromorphone 1mg to be taken as 1-2 tablets every 3-4 hours.

49. At its maximum dose, the hydromorphone prescribed by [redacted]s physician had a morphine equivalent dose ("MED") of 88 MED/day. A properly applied fentanyl 50 mcg/hour patch has an MED of 120 MED/day, and adding this to [redacted] hydromorphone regimen results in a jump to 208 MED./day, or an immediate increase of 2.36 times the MED.

50. The fentanyl patches were picked up by [redacted] or their agent, at 11:00 a.m. on March 12, 2022. The pharmacy assistant completed the pick-up process and no patient counselling is recorded as having occurred, either at the time the fentanyl prescription was picked up, or at a later date. The report fails to indicate whether patient counselling was declined by the patient or their agent.

51. [redacted] used the 50 mcg/hour fentanyl patches from March 12, 2022 to March 15, 2022. The error was discovered and reported to the prescriber on March 15, 2022. [redacted]advised the prescriber they liked the patches. The prescriber substituted 25mcg fentanyl patches.

The Charges against Mr. Abdelhamid

Count 3(c)

52. Count 3(c) alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he failed to implement written policies and procedures with respect to the management of the contact list to remove authorized prescriptions from the queue, in contravention of subsection 56(1)13 of the Regulation.

53. 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.

54. On or about March 19, 2021, [redacted], a staff pharmacist, filled a prednisone prescription for patient [redacted]The prescription for prednisone was written by [redacted] at "SR322 – 820 Sherbrook St." (which is the Health Sciences Centre ("HSC") Adult Renal Transplant Clinic) on March 17, 2021 (*Schedule 5*). The prescription specified that 30 prednisone 5mg tablets were to be dispensed to patient [redacted]with 12 refills, for a total of 13 months of treatment.

55. On March 19, 2021, [redacted] performed the Data Verification, Clinical Verification and Final Check on the prescription. However, when entering the data 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 as attributed to the same [redacted] at "SBH RENAL HEALTH CLINIC 409 TACHE AVE" (which is the St. Boniface Hospital Renal Health Clinic).

56. Between March 2021 and April 2022, the Pharmacy filled numerous prescriptions for patient [redacted], including for prednisone. Beginning in May 2022, patient [redacted] had no refills remaining on [redacted] prednisone prescription.

57. 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.

58. 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.

59. 59. In or around July 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 [redacted] had not taken [redacted] 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.

60. 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.

61. On a site visit to the Pharmacy, Mr. Zink found issues with the Pharmacy's Healthwatch Contact List. The Healthwatch platform utilized within the Pharmacy was a "paperless" system where the original prescription is scanned and an electronic record is created. Healthwatch also provides pharmacy staff with an additional tool to track prescription refill requests. On the Healthwatch "Dashboard" is a tab called "F9-Contact". When this tab is selected, a listing of all outstanding and unauthorized refill requests is displayed (the "Contact List"). The Contact List is sortable by patient name, prescriber, and date of last contact.

62. The Policy and Procedures Manual (the "Manual") maintained within the Pharmacy gave clear direction that urgent requests on the Contact List should be followed up on daily, while non-urgent requests should be followed up every second day. The Manual also stated that the Contact List must be managed to remove authorized prescriptions from the queue and required pharmacists to notify the patient if any delays in authorization occurred, and for this communication to be documented.

63. Mr. Abdelhamid stated that the Contact List was always faulty because it was not properly maintained.

64. Mr. Zink interviewed pharmacists at the Pharmacy, including [redacted] and [redacted] who advised that no one was assigned the responsibility to regularly view the Contact List, or maintain it in any way. The Contact List was reviewed occasionally, but not more often than every two weeks.

Count 5

65. Count 5 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he 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.

66. 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.

67. 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.

68. 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.

69. Sections 3.1 and 3.2 of the Counselling PD require that patient counselling be documented. If a patient refuses to participate in counselling, the licensed pharmacist is required to ensure that the refusal is documented in the record.

70. While investigating the complaint made by patient [redacted] Mr. Zink reviewed Healthwatch Pick-up and Counselling Reports present at the pharmacy. He 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.

71. 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.

72. 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.

73. 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.

74. 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.**"

75. During the January 27, 2024, drop-in visit to the Pharmacy, Mr. Zink generated Healthwatch Undocumented Counselling Reports for randomly selected dates between September 7, 2021, and June 15, 2023.

76. On June 14, 2022, the Healthwatch Undocumented Counselling Report shows that 172 prescriptions were released without documented counselling or a documentation of refused counselling.

77. On June 16, 2022, the Healthwatch Undocumented Counselling Report shows that 101 prescriptions were released without documented counselling or documentation of refused counselling.

78. On June 22, 2022, the Healthwatch Undocumented Counselling Report shows that 90 prescriptions were released without documented counselling or documentation of refused counselling.

Count 6

79. Count 6 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he failed to ensure pharmacy assistants directed all new prescriptions to a pharmacist for patient counselling (or for the pharmacist to permit a counselling refusal) in contravention of sections 56(1)13 and 67 of the Regulation, or either of them.

80. Section 67 of the Regulation states that a pharmacy manager must not require a member to have an intern, pharmacy technician, student or other person perform a task under supervision if the member is not satisfied that the person has the requisite knowledge, skill and judgment to perform the task under supervision.

81. Mr. Zink sought input from the staff pharmacists and the pharmacy managers at the Pharmacy on patient counselling and patient counselling documentation procedures.

82. [redacted] explained that when a patient attended to pick up medication, a pharmacy assistant would ask the patient if they had any questions for the pharmacist. If they did, they were directed to a pharmacist. If they did not, they were allowed to leave with the medications, and without any contact with a pharmacist. [redacted] further explained that only pharmacists could document that counselling had occurred within the Healthwatch system and indicated that for any prescriptions that had no counselling or counselling refusal recorded, the pharmacy assistant most likely made the decision to allow the patient to leave without seeing a pharmacist.

83. [redacted] similarly stated that if a prescription was for a refill, and the patient declined a session with the pharmacist, pharmacy assistants within the Pharmacy would allow the patient to leave with the medication. [redacted] stated that even if a note on the Pick-Up/Counsel screen indicated that the prescription was new, or if the need to counsel was indicated by any notes, a pharmacy assistant within the Pharmacy would let a patient leave with their prescription, without any pharmacist interaction. [redacted] stated that the pharmacy assistant was not required to immediately advise the pharmacist if this occurred. [redacted] stated that this process was followed to respect the patient's autonomy.

84. Mr. Abdelhamid was aware that relief pharmacists employed by the Pharmacy were generally not compliant with instructions to ensure that documentation of patient counselling occurred.

Counts 7 & 8

85. Count 7 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he failed to properly investigate the incident with patient [redacted] fentanyl prescription in contravention of subsection 56(1)13 of the Regulation (*Schedule 7*), and sections 3.2.3.1, 3.2.3.2, 3.2.3.3, 3.2.3.4, 3.2.5.1, 3.2.5.2, 3.2.5.4. and 3.2.6.3 of the Practice Direction – Medication Incidents and Near-Miss Events (the "Incidents PD") (*Schedule 13*), or any of them.

86. Count 8 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he failed to implement sufficient post-medication-incident procedures with respect to staff and patient awareness, pharmacy staff learning, incident analysis, procedural action planning, and documentation completion after patient [redacted] fentanyl incident in contravention of subsection

56(1)13 of the Regulation (*Schedule 7*), and sections 3.2.3.1, 3.2.3.2, 3.2.3.3, 3.2.3.4, 3.2.5.1, 3.2.5.2, 3.2.5.4 and 3.2.6.3 of the Incidents PD (*Schedule 13*), or any of them.

87. The Incidents PD requires a pharmacy manager, upon the discovery of a medication incident, to ensure that:

    a. all staff members involved in the incident are made aware of the incident;

    b. the investigation of the factors associated with the medication incident is done in a transparent and timely manner;

    c. the patient is informed of the action plan implemented to prevent further incidents; and

    d. findings and changes to be implemented following the medication incident are shared with pharmacy staff and changes are reflected in the policies and procedures manual.

88. In addition, the Incidents PD requires pharmacy managers to ensure that changes to systems or processes are developed and implemented to minimize recurrence of incidents or near-misses and are required to conduct informal huddles occurring as medication incidents occur. All improvement plans and outcomes resulting from medication incidents must also be documented.

89. Patient [redacted] was prescribed 50 mcg fentanyl lollipops by [redacted] prescriber. The Pharmacy dispensed 50 mcg/hour fentanyl patches on March 7, 2022. The prescription was picked up by [redacted] or their agent and the pick-up process completed by a pharmacy assistant. The error was not discovered until March 15, 2022 and Patient [redacted] had used the 50 mcg/hour patches since March 12, 2022.

90. The electronic Pharmapod report completed by Mr. Abdelhamid indicated that the following environmental factors played a role in the incident involving patient[redacted]

    a. Staff fatigue;

    b. Interruptions due to phone calls;

    c. Time constraints to meet a cut off time (delivery, prescriber related, patient/agent related, process related); and

    d. Taking on multiple tasks/activities (i.e. multiple work stations or multitasking beyond the usual process).

91. The Pharmapod report also referenced that going forward the Pharmacy's action plan to prevent similar dispensing errors was to triple check fentanyl prescriptions using an independent double check.

92. On March 15, 2022, Mr. Abdelhamid was the first pharmacist to become aware of the incident, as he was on duty when [redacted] family physician phoned looking for clarification on the fentanyl product given to the patient. Mr. Abdelhamid viewed the image scan of the original fentanyl prescription and concluded that a dispensing error had been made.

93. A review of the Pharmapod (electronic) report and the manual report showed that Mr. Abdelhamid used these reports to provide a description of the steps he took once he became

aware of the error, and to describe conversations he had with the prescribing physician, patient [redacted], and patient [redacted] spouse.

94. As pharmacy manager, Mr. Abdelhamid was responsible for completing an investigation of the incident to identify the cause or contributing factors, notify staff of the incident and share findings and procedural changes with them, and to inform the patient of any action plan to prevent a similar event from occurring.

95. Mr. Abdelhamid stated that he called [redacted] to inform [redacted] of the dispensing error. [redacted] informed [redacted] that the pharmacy was very busy at the time he was working on [redacted] prescription, and that this contributed to the error.

96. Mr. Abdelhamid did not speak to the pharmacy assistant who completed the data entry for the fentanyl prescription incorrectly, as it was the responsibility of the pharmacist to catch any mistakes. Mr. Abdelhamid did not investigate how the patient counselling process was conducted for this prescription, or who the pharmacy staff who handed out the fentanyl patches to patient [redacted] were.

97. Mr. Abdelhamid did not hold any huddle, meeting or other discussion with pharmacy staff to discuss the incident, aside from his call from [redacted].

98. Mr. Abdelhamid did not fully complete the Pharmapod report by analyzing root causes, describing learning points, recording actions and policy changes, or attaching relevant documentation.

Count 9

99. Count 9 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he 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") (*Schedule 19*).

100. 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. It is important to conduct a joint controlled substances inventory count with both the incoming and outgoing pharmacy managers, as it establishes a formalized process for counting and documenting the current physical inventory of all controlled substances within the pharmacy. This process formally documents and establishes the controlled substance inventory which is being transferred to the new incoming pharmacy manager's possession and oversight.

101. Controlled substance inventory counts within the Pharmacy were conducted on the following dates:

    a. September 25, 2021;

    b. October 23, 2021;

    c. November 20, 2021;

    d. December 8, 2021;

e. December 26, 2021;

f. January 29, 2022;

g. February 28, 2022;

h. March 30, 2022;

i. April 28, 2022;

j. May 9, 2022;

k. June 30, 2022; and

l. July 30, 2022.

102. Mr. Abdelhamid became pharmacy manager at the Pharmacy 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. Not all the controlled substances were counted, as the quantities of many narcotic, controlled drugs and targeted substances were omitted.

103. Mr. Abdelhamid ceased being the pharmacy manager on July 8, 2022. No count was conducted on this date. Neither of the controlled substance inventory counts conducted on June 30, 2022 and July 30, 2022 indicate who conducted the count, or whether the incoming and outgoing pharmacy managers were involved. Not all controlled substances were counted, as the quantities of several narcotic and targeted substances were omitted.

Counts 10 & 11

104. 104. Count 10 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, he failed to ensure that controlled substance counts were conducted properly and accurately in contravention of section 43 of the *Narcotic Control Regulations*, C.R.C. c. 1041 (the "NCRs"), section G.03.012 of the *Food and Drug Regulations*, C.R.C. c. 870 (the "FDRs"), subsection 72(1)(a) of the *Benzodiazepine and Other Targeted Substances Regulation*, SOR/2000-217 (the "BOTSRs"), sections 2.3.1 and 2.3.2 of the Practice Direction – Drug Distribution and Storage (the "DDS PD"), sections 2.1.1., 2.1.2 and 2.1.3 of the Practice Direction - Records and Information (the "Records PD"), and the Guidelines, or any of them.

105. Count 11 alleges, and Mr. Abdelhamid admits that, as pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022, he failed to ensure that 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.

106. 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.

107. 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 a physical count of these drugs and of expired/patient returned CDSA drugs at least once every three months.

108. Sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD require that pharmacists document and keep all required records in a clear, concise and easy to read format that facilitate sharing, ease of use and retrieval of information. All records maintained by the pharmacy are to be current and accurate with respect to the pharmacist's or pharmacy's activities.

109. The Guidelines require that pharmacy managers complete and record a physical count of all narcotic and controlled drugs at least once every three months.

110. The controlled substance inventory counts within the Pharmacy for the dates between September 20, 2021, and July 8, 2022 show 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.

111. During the count completed September 25, 2021, the following medications were not counted or verified:

    a. All benzodiazepines; and

    b. PMS-Nabilone 1mg.

112. During the count completed October 23, 2021, the following medications were not counted or verified:

    a. Chlorax;

    b. Librax;

    c. Midazolam 1mg/mL;

    d. Mogadon 5mg;

    e. Sublinox 5mg;

    f. Sublinox 10 mg; and

    g. PMS-Nabilone 1mg.

113. During the count completed November 20, 2021, the following medications were not counted or verified:

    a. Midazolam 1mg/mL;

    b. Mogadon 5mg;

c. Rat-Lenoltec #1; and

d. PMS-Nabilone 1mg.

114. During the count completed December 8, 2021, the following medications were not counted or verified:

a. M-Elson 10mg;

b. Rat-Lenoltec #1;

c. Ritalin 20mg;

d. Midazolam 1mg/mL; and

e. Mogadon 5mg.

115. During the count completed March 30, 2022, the following medications were not counted or verified:

a. Clobazam 2mg/mL;

b. Clobazam 1mg/mL;

c. Dimetapp-C;

d. M-Eslon 10mg;

e. Mogadon 5mg;

f. Rat-Lenoltec #1;

g. Ritalin 20mg;

h. Robitussin AC;

i. Sublinox 5mg;

j. Sublinox 10mg;

k. PMS-Nabilone 1mg;

l. Triazolam 0.25mg; and

m. Teva-Alprazolam 0.5 mg.

116. During the count completed April 28, 2022, the following medications were not counted or verified:

a. Dimetapp-C;

b. M-Eslon 10mg;

c. Rat-Lenoltec #1;

d. Ritalin 20mg;

e. Robitussin AC;

f. PMS-Nabilone 1mg;

g. Clobazam 2mg/mL;

h. Clobazam 1mg/mL;

i. Lorazepam SL 0.5 mg;

j. Lorazepam SL 1mg;

k. Lorazepam SL 2mg;

l. Lorazepam 1mg;

m. Lorazepam 2mg;

n. PMS-Clonazepam 0.25mg;

o. PMS-Clonazepam 0.5 mg;

p. PMS-Clonazepam 1 mg;

q. PMS-Clonazepam 2mg;

r. PMS-Clonazepam R 0.5mg;

s. Sublinox 5mg;

t. Sublinox 10 mg;

u. Triazolam 0.25mg;

v. Teva-Alprazolam 0.25mg; and

w. Teva-Alprazolam 0.5 mg.

117. During the count completed May 9, 2022, the following medications were not counted or verified:

a. Clobazam 1mg/mL;

b. Rat-Lenoltec #1;

c. Ritalin 20mg;

d. Robitussin AC;

e. Sublinox 5mg;

f. Sublinox 10 mg;

g. Teva-Alprazolam 0.25mg;

h. Teva-Alprazolam 0.5 mg;

i. Cotridin Expectorant;

j. Teva-Nabilone 1mg;

k. Tramacet; and

l. Triazolam 0.25mg.

118. During the count completed June 30, 2022, Ativan 1mg was not counted or verified.

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

Count 12

120. Count 12 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022, he failed to ensure that all discrepancies in the perpetual narcotic and/or controlled drug inventory were investigated and the investigations were documented, in contravention of sections 2.3.2.3 and 2.3.2.4 of the DDS PD, sections 2.1.1, 2.1.2 and 2.1.3 of the Records PD, and the Guidelines, or any of them.

121. 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.

122. 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.

123. 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.

124. Not all discrepancies identified in controlled substance inventory counts within the Pharmacy were subject to a documented investigation.

125. With respect to the counts conducted while Mr. Abdelhamid was pharmacy manager, the

following discrepancies were identified:

Count Date	Positive Discrepancies	Negative Discrepancies	Discrepancies Investigated
2021-09-25	15	1	0/16
2021-10-23	14	0	0/14
2021-11-20	12	10	0/22
2021-12-08	13	2	1/15
2021-12-26	11	4	0/15
2021-12-26	4	1	1/5
2022-02-28	1	1	0/2
2022-03-30	4	1	0/5
2022-04-28	8	5	0/13
2022-05-09	9	6	0/15
2022-05-09	5	3	0/8
Total:	**96**	**34**	**2/130**

126. Only two of the discrepancies identified in the counts during the period from September 2021 through June 2022 had a documented investigation. None of the remaining 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.

127. With respect to the count conducted on January 29, 2022, Mr. Abdelhamid identified that there were 30 fewer Teva-Lenoltec #3 tablets in stock than the computerized inventory showed should be on-hand. On February 8, 2022, ten days after the discrepancy was identified, Mr. Abdelhamid printed a Healthwatch report showing five cancelled Teva-Lenoltec #3 prescriptions. No additional notation or other documentation was provided by Mr. Abdelhamid in regard to this discrepancy, nor was any explanation given as to what information he garnered from the cancelled prescription report. On February 10, 2022, Mr. Abdelhamid removed 31, not 30, Teva-Lenoltec #3 tablets from the perpetual inventory, with no explanation of why this quantity was adjusted.

Counts 13 & 14

128. Count 13 alleges, and Mr. Abdelhamid admitted that, as pharmacy manager, on multiple occasions between September 25, 2021 and June 30, 2022, he failed to ensure that all unexplained shortages were reported to Health Canada's OCS in contravention of section 42 of the NCRs, section G.03.013 of the FDRs, subsection 72(2) of the BOTSRs, section 2.3.2.5 of the DDS PD and the Guidelines, or any of them.

129. Count 14 alleges, and Mr. Abdelhamid admited that, as pharmacy manager, on multiple occasions between September 25, 2021, and June 30, 2022, he failed to ensure that all unexplained shortages were reported to the College in contravention of section 2.3.2.5 of the DDS PD, and the Guidelines, or either of them.

130. Section 42 of the NCRs, section G.03.013 of the FDRs and subsection 72(2) of the BOTSRs each outline a requirement that pharmacists must report any loss or theft of a narcotic, controlled drug

or targeted substance to Health Canada within 10 days of discovery of the loss or theft.

131. Section 2.3.2.5 of the DDS PD requires that any loss or theft of narcotic or controlled substances must be reported to Health Canada and the College within 10 days of discovery.

132. The Guidelines require a pharmacy manager to report significant shortages or diversion incidents to Health Canada and the College.

133. During the inventory counts completed while Mr. Abdelhamid was the pharmacy manager, thirty-five shortages were identified. Of these thirty-five shortages, only twelve were reported to Health Canada. None of the shortages were reported to the College.

V. Disposition

134. Legal counsel for the College and for Mr. Abdelhamid made a joint submission to the Discipline Committee Panel ("Panel") in respect of an appropriate disposition and penalty, with which the Panel agrees. Having found Mr. Abdelhamid 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. Abdelhamid:

a. Pay a fine of $7,500.00;

b. Pay a contribution to costs of the investigation and hearing in the amount of $7,500.00;

c. Pay the fine and the costs within one (1) year of the Panel's decision;

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

135. In arriving at its decision, the Panel considered the following:

a. The Statement of Agreed Facts and the joint recommendation on disposition.

b. Mr. Abdelhamid has been a member of the College since April 11, 2019.

c. Mr. Abdelhamid has received two prior formal reminders, but no history of discipline.

d. Mr. Abdelhamid took responsibility for his conduct and showed great remorse for his conduct. He expressed regret for his actions and non-actions, and demonstrated he had reflected on his conduct.

e. Mr. Abdelhamid was a first-time pharmacy manager at the Pharmacy and had only been licensed in Manitoba two years earlier.

f. Mr. Abdelhamid spoke about not being properly trained by the Pharmacy owner, including on systems such as MMS for inventory management, especially in regard to narcotics and controlled and targeted substances.

g. The Panel recognized that this was a very stressful time for Mr. Abdelhamid as a first-time pharmacy manager starting in August 2021 at the height of Covid with increased demand, decreased staff, and some inexperienced support staff.

h. There was no evidence of drug diversion with many of the count discrepancies being overages.

i. Mr. Abdelhamid has since taken the manager training courses, even though he was not a manager at the time of the course's release.

j. He fully cooperated with the investigation.

k. Mr. Abdelhamid resigned from the pharmacy manager position at the Pharmacy due to continued chaos in that department. As a result, he was unemployed for several months.

l. By pleading guilty Mr. Abdelhamid has accepted accountability and has saved the considerable time and expense of a contested hearing.

136. The Panel would like to reiterate and emphasize, that even though there are mitigating factors, the responsibilities of the pharmacy manager are clearly laid out in the Pharmaceutical Act, regulations, and the practice directions. Even though some of the circumstances at the Pharmacy were outside of his control, he failed to maintain good records as a manager for those things that were in his control. He had been employed twice before with Shoppers Drug Mart, so he had exposure to their policies and procedures in general and ought to have more closely followed them. Mr. Abdelhamid, upon recognizing the limits of his knowledge and experience as to the role of pharmacy manager, ought to have taken steps sooner to educate himself as to his obligations. The Panel recognizes he has since done so.

137. Accordingly, the panel is satisfied with the joint recommendation and that it adequately provides a specific deterrence to Mr. Abdelhamid as well as a general deterrence to dissuade members of the profession from engaging in similar conduct. The Panel is satisfied this decision will serve to ensure that the public's interest and safety 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 16th day of January, 2026.

Per:
Martha Mikulak
Chair, Discipline Panel