

THE COLLEGE OF PHARMACISTS OF MANITOBA

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

And in the matter of: Jeffrey Coldwell, a pharmacist registered with the College of Pharmacists of Manitoba

DECISION AND ORDER OF THE DISCIPLINE COMMITTEE

Pursuant to the Notice of Hearing (the “Notice”) dated December 14, 2022, a hearing was conducted by the Discipline Committee of the College of Pharmacists of Manitoba (the “College”) at the College offices, 200 Tache Avenue, Winnipeg, Manitoba, on November 15, 2023, with respect to charges formulated by the College alleging that Jeffrey Coldwell (“Mr. Coldwell”), 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, or has displayed a lack of knowledge, skill or judgment in the practice of pharmacy or operation of a pharmacy, or any of the above, as described in section 54 of the Act, in that, at Co-op Pharmacy, 605 Park Avenue, Beausejour, Manitoba, (the “Pharmacy”), in the capacity of a pharmacist and/or pharmacy manager, Mr. Coldwell:

1. Diverted, for personal use, on multiple occasions between February 19, 2019 and April 29, 2021, Tramadol tablets and/or tablets containing Tramadol in contravention of his undertaking to and agreements with the College dated February 28, 2020 and October 2, 2020, and/or alternatively, Statements VIII and X of the Code of Ethics, or any of them;
2. On two occasions between February and October 2020, failed to conduct monthly narcotic verification counts, including investigation and reporting of discrepancies, in contravention of his undertaking to and agreements with the College dated February 28, 2020, and October 2, 2020, and/or alternatively, Statements VIII and X of the Code of Ethics, or any of them;
3. Failed to secure narcotics and controlled substances in contravention of: section 43 of the Narcotic Control Regulations, C.R.C., c. 1041; subsection 72(1)(a) of the Benzodiazepine and Other Targeted Substances Regulations, SOR/2000-217, (the “BOTSRs”); section 2.3.1 of the Practice Direction – Drug Distribution and Storage (the “PD – DDS”), and, the Narcotic and Controlled Drug Accountability Guidelines, or any of them, in that you:
 - a) failed to establish, implement, ensure compliance with, and maintain policies and procedures to protect narcotics and controlled and targeted substances in contravention of: subsections 56(1)13 and 65(1) of the Pharmaceutical Regulation, Man Reg 185/2013 (the “Regulation”), or either of them;

- b) on multiple occasions between July 2019 and March 2021, failed to submit Loss or Theft Reports for Controlled Substances and Precursors to the Office of Controlled Substances, Health Canada, in contravention of subsection 72(2) of the BOTSRs; and,
- c) failed to maintain clear and readily retrievable records in contravention of: subsection 56(1)12 of the Regulation; section 3.1 of the PD-DDS; and, sections 2.1.1, 2.1.2 and 2.1.3 of the Practice Direction – Records and Information, or any of them.

The hearing into the charges convened on November 15, 2023. Mr. Jeffrey Hirsch (“Mr. Hirsch”) and Ms. Sharyne Hamm appeared as counsel on behalf of the Complaints Committee. Mr. Coldwell 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. Coldwell admitted:

- his membership in the College;
- that a Notice of Hearing was issued on December 14, 2022;
- valid service of the Notice and that the College complied with the requirements of subsections 46(2) and 46(3) of the Act;
- he had 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;
- he graduated with his pharmacy degree from the University of Manitoba in 1992;
- at all times material to this proceeding, he was a Member of the College as a practicing pharmacist in Manitoba;
- beginning in January 1993 he was employed by Safeway Pharmacy at numerous Manitoba locations;
- beginning on January 17, 2017, he voluntarily surrendered his practicing license and was approved to return to practice on May 15, 2017;
- beginning in October 2017 he was employed as a Pharmacy Manager at Rexall Pharmacy, in Stonewall, Manitoba;
- beginning in February 2019 he was employed as the Pharmacy Manager of Beausejour Co-op Pharmacy, in Beausejour, Manitoba;
- the College issued written cautions to Mr. Coldwell on January 26, 1998 and February 15, 2000;
- his license to practice was suspended on April 15, 2021; and
- he had reviewed the Notice as well as the Statement and 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 within these facts.

Mr. Coldwell entered a plea of guilty to counts 1, 2, 3(a)-(c), as set out in the Notice and admitted that the misconduct demonstrated professional misconduct as described in section 54 of the Act.

Facts and Background:

1. In or around January 2017, Mr. Coldwell advised the College that he had been misusing drugs and alcohol and was undergoing medical care for the treatment of benzodiazepine withdrawal. Mr. Coldwell voluntarily withdrew from practice on January 17, 2017.
2. On May 15, 2017, Mr. Coldwell was approved for relicensure by the Complaints Committee of the College (the "Committee") and was permitted to return to practice with no conditions on his practicing license.
3. On February 20, 2018, Ms. Rani Chatterjee-Mehta, then-Assistant Registrar, Quality Assurance, conducted an unannounced inspection at Rexall Pharma Plus #7409 in Stonewall, Manitoba, where Mr. Coldwell was pharmacy manager. The inspection identified several issues and deficiencies with respect to narcotic and controlled substances accountability practices. By letter dated February 26, 2018, Mr. Coldwell was directed to correct the significant issues by March 28, 2018.
4. On March 15, 2018, the then-Registrar, Ms. Susan Lessard-Friesen, made a referral to the Committee with respect to the issues identified at the February 20, 2018, inspection.
5. On or about March 15, 2018, the Committee ordered an investigation.
6. On March 27, 2018, Mr. Coldwell met with the Committee and agreed to sign an undertaking and submit to random drug testing.
7. On or about April 6, 2018, Mr. Coldwell entered into an undertaking with the College, pursuant to which he undertook not to ingest narcotics or benzodiazepines unless prescribed for medical reasons, and to comply with a program of random drug test monitoring (the "April 2018 Undertaking").
8. On May 1, 2018, Ms. Chatterjee-Mehta conducted an onsite visit to Rexall Pharma Plus #7409.
9. Ms. Chatterjee-Mehta submitted her Investigation Report to the Committee on May 18, 2018.
10. On September 21, 2018, Ms. Chatterjee-Mehta submitted an Updated Investigation Report to the Committee.
11. In February 2019, Ms. Kathy Hunter, Assistant Registrar - Field Operations, conducted a pre-opening inspection at the Beausejour Co-op Pharmacy in Beausejour Manitoba (the "Pharmacy"), at which Mr. Coldwell was to be the pharmacy manager.
12. The Committee and the College continued to monitor Mr. Coldwell through 2019 by random drug testing, completing unannounced inspections at the Pharmacy, and having Mr. Coldwell attend meetings of the Committee to discuss his health status.

13. On or about February 28, 2020, Mr. Coldwell entered into a further undertaking with the College (the "February 2020 Undertaking"), pursuant to which Mr. Coldwell, among other things:
 - a) Agreed not to ingest any controlled drugs or substances unless approved in writing in advance by the College;
 - [REDACTED]
 - c) Engaged Dr. Brent Booker as a mentor;
 - d) Agreed to submit to random drug and alcohol testing;
 - e) Agreed to comply with a program of random drug test monitoring;
 - f) Agreed to continue attending sessions with a treating psychologist; and
 - g) Agreed that the undertaking would remain in place until April 30, 2023.
14. In August 2020, Dr. Brent Booker became the Assistant Registrar- Review and Resolution of the College. Accordingly, on October 2, 2020, Mr. Coldwell entered into a new undertaking on the same terms as the February 2020 Undertaking, but which appointed [REDACTED] as Mr. Coldwell's mentor with respect to narcotic and controlled substances accountability practices (the "October 2020 Undertaking").
15. On March 24, 2021, Mr. Coldwell's random drug screening sample tested positive for benzodiazepines, in particular, oxazepam and lorazepam. The College received notification of these results on April 8, 2021.
16. On April 9, 2021, the College wrote to Mr. Coldwell to advise him of the positive drug screening and request a written explanation, pursuant to the October 2020 Undertaking.
17. On or about April 12, 2021, a staff pharmacist, on behalf of the Pharmacy, submitted a Loss or Theft Report to Health Canada and the College indicating that an unexplained loss of 35 tablets of Apo-Lorazepam 1mg was identified in the course of a narcotic and controlled substances inventory count that took place on March 21, 2021.
18. On April 12, 2021, Mr. Coldwell replied in writing to the April 9, 2021, letter.
19. On or about April 13, 2021, a staff pharmacist, on behalf of the Pharmacy, notified the College that an unexplained loss of 20 tablets of Apo-Lorazepam 1 mg was identified in the course of a narcotic and controlled substances inventory count that took place on January 31, 2021.
20. Mr. Coldwell attended before the Committee on April 15, 2021.
21. On April 15, 2021, the Registrar of the College wrote to Mr. Coldwell to inform him of the Committee's decision to suspend Mr. Coldwell's pharmacist license on an interim basis.
22. On April 15, 2021, the Committee directed that the matter of inventory discrepancies at

the Pharmacy be investigated and the Registrar ultimately appointed Mr. Ken Zink a College Investigator (the "Investigator"), to conduct the investigation.

23. On May 19, 2021, Mr. Coldwell wrote to the Committee to provide a further explanation for the positive drug screening result.
24. On August 2, 2022 and August 17, 2022, Mr. Zink conducted on-site visits at the Pharmacy. Mr. Zink subsequently had a telephone interview with staff at the Pharmacy on August 24, 2022, and a telephone interview with Mr. Coldwell on September 14, 2022.
25. Mr. Zink submitted his Investigation Report to the Committee on September 19, 2022.
26. On November 1, 2022, the Committee directed that the matter be referred to the College's Discipline Committee.
27. Mr. Coldwell was informed of the decision of the Committee to refer the matter to the Discipline Committee on November 22, 2022 by email and registered mail.
28. The Notice was issued on December 14, 2022.

In the Statement, pertaining to Count 1, the parties agreed that:

1. Count 1 alleges that Mr. Coldwell, on multiple occasions between February 19, 2019 and April 29, 2021, diverted for personal use Tramadol tablets and/or tablets containing Tramadol in contravention of his undertaking to and agreements with the College dated February 28, 2020 and October 2, 2020, and/or alternatively Statements VIII and X of the Code of Ethics (the "Code") or any of them.
2. The Investigator conducted a review of the Pharmacy's controlled substances accountability processes. In particular, he reviewed the Drug Inventory History Reports for manual adjustments. These reports are helpful tools which can be used to determine instances of pharmacy staff adding or removing quantities of controlled substances from the perpetual inventory system. A drug removed from the perpetual inventory without an acceptable reason and proper documentation is vulnerable to diversion.
3. The drug tramadol is a synthetic opioid that became listed under the Controlled Drug and Substances Act ("CDSA") and the NCR since March 31, 2022. As an opioid drug, the chronic use of tramadol can lead to the development of tolerance and physiological dependence. Long-term tramadol use is also associated with a risk of developing serious complications such as opioid use disorder, respiratory depression, and death.
4. Tramadol as an opioid drug produces similar physiological and psychological effects as related substances such as opium and morphine, and thus fits the medical definition of a narcotic drug.
5. Prior to March 31, 2022, tramadol was regulated under the Food and Drug Act ("FDA") prescription drug list and would have required a prescription from a licensed prescriber for its use.
6. As a drug not included in a CDSA schedule prior to March 31, 2022, tramadol containing products would not normally have appeared on perpetual inventory narcotic, controlled or targeted drug reports generated prior to this date.

7. During the course of the investigation, the Investigator conducted a search of seven pharmaceutical products containing tramadol as the active ingredient. The Drug Inventory History Report with respect to these seven products identified a multitude of inventory adjustments. These adjustments are summarized in the following table:

Drug Name	# Adjustment (Decrease)	# Tabs	# Adjustment (Increase)	# Tabs
Mint-Tramadol / Acetaminophen 37.5/325	32	169	1	5
Taro-Tramadol / Acetaminophen 37.5/325	117	1310	7	209
Tramacet 325/37.5	2	25	1	10
Tramadol 50 mg	10	210	1	10
Tridural 100 mg	78	211	7	52
Tridural 200 mg	0	0	0	0
Tridural 300 mg	79	168	4	12
Total	318	2093	21	298
Net		1795		

8. The Investigator determined that on 318 separate occasions between February 19, 2019 (the date on which the Pharmacy opened) and April 29, 2021 (following Mr. Coldwell's suspension from practice) pharmaceutical products containing tramadol were removed from the Pharmacy's perpetual inventory without a documented explanation. These 318 occasions resulted in a total of 2,093 tablets being removed from the perpetual inventory. There were also 21 occasions, for a total of 298 tablets, where the perpetual inventory was positively adjusted for these tramadol-containing products.
9. The first adjustment to inventory was made on June 1, 2019, for two tablets. Between the date of the first adjustment and April 20, 2021, an average of more than three tablets per day were adjusted for, seven days per week.
10. In the interviews conducted by the Investigator with [REDACTED], stated that [REDACTED] could think of no other explanation for the adjustments other than pilferage. During the interviews, Pharmacy staff stated that manual adjustments made using their initials were not made by them.
11. In an interview with Mr. Coldwell on September 14, 2022, Mr. Coldwell admitted to the pilferage of tramadol from the Pharmacy. Mr. Coldwell stated that the tramadol was taken for his personal use, without having received a prescription from a licensed prescriber to use this medication.
12. Mr. Coldwell was required by the April 2018 Undertaking, the February 2020 Undertaking

and the October 2020 Undertaking to refrain from ingesting narcotic medications unless they were prescribed to him and he obtained approval from the College. Mr. Coldwell did not seek permission from the College for his use of tramadol. Mr. Coldwell's personal misuse of tramadol constituted a breach of these undertakings.

13. On December 16, 2022, the Pharmacy reported to Health Canada and to the College that between June 2019 and April 2021, tramadol and tramadol containing products were pilfered from the Pharmacy.

In the Statement, pertaining to Count 2, the parties agreed that:

1. Count 2 alleges that Mr. Coldwell, on two occasions between February and October 2020, failed to conduct monthly narcotic verification counts, including investigation and reporting of discrepancies, in contravention of his undertaking to and agreements with the College dated February 28, 2020 and October 2, 2020, and/or alternatively Statements VIII and X of the Code, or any of them.
2. Federal and provincial legislation requires all pharmacies to conduct quarterly physical counts of narcotic and controlled drugs. The reconciliation of expected and on hand quantities is important to the protection of controlled drugs from loss, and the early detection and deterrence of drug pilferage.
3. Mr. Coldwell was required, pursuant to the February 2020 Undertaking, to conduct monthly narcotic verification counts. Mr. Coldwell confirmed to the Investigator in an interview that he was aware of the requirement to conduct monthly narcotic and controlled drug counts.
4. The Investigator reviewed all documented controlled substance counts on file at the Pharmacy between May of 2019 and March of 2021. In doing so, he identified that physical counts of the narcotic and controlled drug inventory had not been completed on time in May of 2020 or at all in September of 2020.
5. No counts of the physical inventory of benzodiazepines at the Pharmacy were completed in April 2020, July 2020, August 2020, September 2020 or October 2020.
6. In addition, Mr. Coldwell was not involved in any physical counts of benzodiazepines between March and December of 2020, despite his role as pharmacy manager throughout this period.

In the Statement, pertaining to Count 3(a)

1. Count 3(a) alleges that Mr. Coldwell failed to secure narcotics and controlled substances in contravention of section 43 of the Narcotic Control Regulations, C.R.C. c. 1041 (the "NCR"), subsection 72(1)(a) of the Benzodiazepine and Other Targeted Substances Regulations, SOR/2000-217 (the "BOTSRs", section 2.3.1 of the Practice Direction — Drug Distribution and Storage (the "PD-DDS"), and the Narcotic and Controlled Drug Accountability Guidelines, or any of them, in that he failed to establish, implement, ensure compliance with and maintain policies and procedures to protect narcotics and controlled and targeted substances in contravention of subsections 56(1)13 and 65(1) of the Pharmaceutical Regulation, Man Reg 185/2013 (the "Regulation"), or either of them.
2. Subsection 56(1)13 of the Regulation requires that pharmacy managers establish,

implement and maintain written policies and procedures to ensure safe and effective pharmacy practice.

3. During the course of the investigation, the Investigator reviewed the policies and procedures manual (the "P&P Manual") maintained by the Pharmacy to assess whether the guidance it provided regarding controlled drug inventory counts, investigation and loss reporting was consistent with regulations, and whether Mr. Coldwell was compliant with these written policies.
4. Part 16 of the P&P Manual, titled Pharmacy Manager Responsibilities, required the pharmacy manager to conduct periodic inventory counts and complete all documentation. Mr. Coldwell did not complete all required controlled substances counts, appropriately document his investigation into discrepancies, or report all unexplained losses.
5. The P&P Manual required the pharmacy manager to document the reason for all discrepancies and the actions taken to correct. For the unexplained shortages listed at paragraph 73 herein, as well as for two additional shortages of Tylenol #3 identified by the Investigator, there was no documentation to show that Mr. Coldwell was compliant with this policy.
6. The P&P Manual stated that all unexplained shortages greater than one tablet be reported to Health Canada and to the College. This is offside of federal and provincial legislation and College practice directions, which require that all unexplained shortages (including a single tablet) be reported. As outlined herein, Mr. Coldwell also failed to notify Health Canada of unexplained shortages on multiple occasions.
7. The P&P Manual required that all changes to narcotic on-hand values in the perpetual inventory system required the pharmacist's initials and password, and required the pharmacist to enter a clear and concise reason for the change. Of the unexplained shortages listed at paragraph 73 herein, there was no documentation of the reason for the change. The Investigator also discovered 13 occasions on which there were unexplained overages of controlled substances without documentation of investigation. The Investigator identified 22 occasions where a pharmacy assistant's password and initials were used to change the inventory value of a controlled substance, contrary to the policy outlined in the P&P Manual.
8. Mr. Coldwell's personal misuse of tramadol was also a violation of the Pharmacy's Policies and Procedures Manual, which stipulated that all employees were prohibited from the intentional misuse of medications, from being under the influence of medications which affect an employee's ability to safely perform their duties, and from possessing prescription medications without a legal medically obtained prescription.

In the Statement, pertaining to Count 3(b)

1. Count 3(b) alleges that Mr. Coldwell failed to secure narcotics and controlled substances in contravention of section 43 of the NCR, subsection 72(1)(a) of the BOTSR, section 2.3.1 of the PD-DDS, and the Narcotic and Controlled Drug Accountability Guidelines, or any of them, in that he, on multiple occasions between July 2019 and March 2021, failed to submit Loss or Theft Reports for Controlled Substances and Precursors to the Office of Controlled Substances, Health Canada, in contravention of subsection 72(2) of the BOTSRs.

2. Subsection 72(2) of the BOTSR requires that unexplained shortages of benzodiazepines and other targeted substances must be reported to Health Canada within 10 days of discovery.
3. Pursuant to the P&P Manual, when discrepancies in the narcotic and controlled substances inventory was discovered, the reason for the discrepancy and the action taken to correct the discrepancy were to be detailed on the Drug Inventory History Report. All shortages were to be reported to Health Canada using the Loss or Theft Report Form.
4. The Investigator reviewed the computerized perpetual inventory at the Pharmacy. He reviewed the Drug Inventory History Report for all manual adjustments to assess and identify if and when inventory discrepancies were discovered and adjusted for.
5. The Investigator discovered 14 occasions on which benzodiazepine shortages were identified by the Pharmacy without an explanation in the Drug Inventory History Report and without a Loss or Theft Report being provided to Health Canada. These shortages are outlined in the following table:

Drug	Date	# of Shortage
PMS-Clonazepam 0.5 mg	2019-07-31	1
Teva-Alprazolam 0.5 mg	2019-10-30	3
Teva-Alprazolam 0.5 mg	2019-11-16	1
Restoril 15 mg	2019-12-23	1
PMS-Clonazepam 0.25 mg	2020-02-04	2
Apo-Lorazepam 1 mg	2020-05-03	1
Apo-Alpraz 0.5 mg	2020-05-03	1.5
Lorazepam SL 0.5 mg	2020-06-21	2
Apo-Lorazepam 1 mg	2020-06-21	10
Apo-Alpraz 0.5 mg	2020-11-16	1
PMS-Clonazepam 0.5 mg	2020-11-16	1
Lorazepam SL 0.5 mg	2020-12-24	1
Apo-Lorazepam 1 mg	2021-01-31	20
Apo-Lorazepam 1 mg	2021-03-21	35

6. The above-noted 14 drug shortages remain unexplained.

In the Statement, pertaining to Count 3(c)

1. Count 3(c) alleges that Mr. Coldwell failed to secure narcotics and controlled substances in contravention of section 43 of the NCR, subsection 72(1)(a) of the BOTSRs, section

2.3.1 of the PD-DDS, and the Narcotic and Controlled Drug Accountability Guidelines, or any of them, in that he failed to maintain clear and readily retrievable records in contravention of subsection 56(1)12 of the Regulation, section 3.1 of the PD-DDS, and sections 2.1.1, 2.1.2 and 2.1.3 of the Practice Direction — Records and Information, or any of them.

2. The PD-DDS requires that all documentation is to be recorded in a readily retrievable manner, either electronically or in written form.
3. The Practice Direction — Records and Information requires that documentation be in a clear, concise and easy to read format that facilitates sharing, ease of use and retrieval of information.
4. These requirements allow for essential records maintained within the Pharmacy to be easily interpreted and reviewed by pharmacy staff and available for regulatory review. This allows for effective practice and ensures patient safety as information can be quickly retrieved and interpreted.
5. Documentation reviewed by the Investigator during the course of the investigation, including notations made in the Drug Inventory History Reports and the Expired Narcotic and Controlled Drug Perpetual Inventory Log were extremely messy and difficult to interpret. The documentation at the Pharmacy created difficulties in the review process and did not facilitate a simple examination of important records maintained by the Pharmacy.

Although there was an Agreed Statement of Facts as set out above, the parties made separate submissions regarding the Orders the Panel may make in accordance with sections 54, 55 and 56 of the Act.

After considering the submissions made by the parties, the Panel orders that:

- a) Mr. Coldwell will be suspended from practice for two (2) months, with credit for the time during which he has been interim suspended since April 15, 2021;
- b) Restrictions be placed on Mr. Coldwell's practicing license for five (5) years, to be effective from the date of his return to practice, or the date of the Panel's Decision and Order, whichever is later, that:
 - i. he cannot be a Pharmacy Manager or Preceptor;
 - ii. he cannot have ordering or receiving authority for drugs covered under the *Controlled Drugs and Substances Act*; and
 - iii. he is not permitted to engage in the sole practice of pharmacy and cannot work in a pharmacy without another person present in the dispensary;
 - iv. upon his return to practice, or the date of the Panel's written decision, whichever is later, Mr. Coldwell shall enter into an undertaking with the College which will include terms that:

- he will continue to participate in counselling;
 - he will continue to submit, at his cost, to random drug and alcohol screening, to the satisfaction of the College;
 - he will be required to advise that the Pharmacy Manager in all pharmacies who employ him in some capacity, that monthly reconciliation counts of narcotics, controlled and targeted drugs must occur; and
 - 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.
- c) He will pay a contribution towards costs of the investigation and hearing in the amount of \$10,000.00 pursuant to s. 56(1)(a) of the Act.
- d) Mr. Coldwell is also levied a fine of \$7,500.00 pursuant to s.56(1)(b) of the Act.
- e) The costs and fine are to be paid within 3 years from the date of the Decision and Order.
- f) 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 Mr. Coldwell's admissions of guilt, and the cooperative discussions between him and counsel for the Complaints Committee. Based upon the foregoing, the Panel is satisfied that this decision adequately provides for a specific deterrence to Mr. Coldwell, as well as general deterrence to dissuade members of the profession from partaking in similar conduct. Additionally, it serves as a denunciation of Mr. Coldwell's misconduct and as punishment to him while, at the same time recognizing and providing for his potential 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 supervise the conduct of its members.

DATED at Winnipeg, Manitoba this 26th day of January, 2024

THE COLLEGE OF PHARMACISTS OF MANITOBA

Per: Glenda Marsh
Chair, Discipline Panel