

ALBERTA COLLEGE OF PHARMACISTS

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF DENYSIA WINCOTT

**DECISION OF THE HEARING TRIBUNAL
ON SANCTIONS AND ORDERS**

February 13, 2014

I. INTRODUCTION

In its written decision of August 20, 2013, the Hearing Tribunal comprised of:

1. Mr. Jeremy Slobodan, Chair;
2. Ms. Anita Warnick;
3. Mr. Mark Percy; and
4. Ms. Nancy Brook, Public Member;

found Ms. Wincott guilty of unprofessional conduct with respect to the following allegations set out in the Notice of Hearing.

1. It is alleged that you dispensed prescriptions for yourself that were not for minor conditions, required in an emergency or where another pharmacist was not available. You frequently assessed, filled and or dispensed your own Metadol, methylphenidate and other Schedule 1 medications, sometimes in the absence of a valid prescription including the following prescriptions:
 - a. January 21, 2010, original fill (240 of 720) of your own prescription for Metadol 25mg (This prescription was also filled ONE day before the prescription's stated issue date);
 - b. February 24, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - c. March 24, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - d. April 23, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - e. May 21, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - f. June 19, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - g. August 12, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - h. September 13, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - i. October 16, 2010, deferred your own prescription for Metadol 25mg;
 - j. October 30, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - k. November 25, 2010, filled your own part fill (240 of 720) of Metadol 25mg;
 - l. November 7, 2011, filled your own part fill (120 of 720) of Metadol 25mg;
 - m. November 18, 2011, filled your own part fill (120 of 720) of Metadol 25mg;
 - n. December 2, 2011, filled your own part fill (120 of 720) of Metadol 25mg (Although the hardcopy is initialed by Naeem Mujahid, he will state that you had previously filled the part fill for yourself and left the hardcopy for him to initial the next day);

- o. December 9, 2011, filled your own part fill (100 of 720) of Teva-Methylphenidate ER-C 54mg; and
- p. Other Schedule 1 medications as listed in your patient profile records.

It is alleged that during your interview with Mr. James Krempien on June 14, 2012, you admitted that you assessed, filled and dispensed your own medications.

- 2. It is alleged that you dispensed prescriptions for [REDACTED] that were not for minor conditions, required in an emergency or where another pharmacist was not available. You frequently assessed, filled and/or dispensed [REDACTED]'s Concerta, sometimes in error from the original prescription including the following prescriptions:
 - a. January 18, 2010, filled part fill of Concerta 54mg;
 - b. February 16, 2010, filled part fill of Concerta 54mg;
 - c. March 16, 2010, filled part fill of Concerta 54mg;
 - d. May 19, 2010, filled Apo-Methylphenidate 20mg;
 - e. April 21, 2010, filled part fill of Concerta 54mg;
 - f. June 3, 2010, filled part fill of Concerta from Apr 23, 2010 prescription. (Note this prescription was filled incorrectly as the physician ordered SIG was 54mg twice daily and the dispensed SIG by Denysia Wincott was "Take 1 to 2 tablet(s) as directed.");
 - g. July 7, 2010, filled part fill of Concerta from Apr 23, 2010 prescription; and
 - h. July 10, 2010, filled Apo-Methylphenidate 20mg.

It is alleged that during your interview with James Krempien on June 14, 2012, you admitted that you assessed, filled and dispensed [REDACTED]'s prescriptions for Concerta.

- 3. It is alleged that you dispensed medication for yourself in the absence of valid prescriptions in respect to the following matters:
 - a. Rx #2094711 Metadol 25mg, written on or about April 15, 2011 for Denysia Wincott for 720 tablets. Although partial transaction records are available for this dispensing transaction, there is no record of this prescription at the Triplicate Prescription Program (TPP) and the physician shown as the prescriber, Dr. Jackman, indicates he did not prescribe this prescription and no original prescription for the dispensed 720 tablets can be located;
 - b. Rx #N7233 Metadol 25mg, written on or about August 16, 2011 for Denysia Wincott for 720 tablets. Although partial transaction records are

available for this dispensing transaction, there is no record of this prescription at the TPP and the physician shown as the prescriber, Dr. Jackman, indicates he did not prescribe this prescription and no original prescription for the dispensed 720 tablets can be located; and

- c. Rx #11500 metformin 500mg written on or before January 6, 2012 for Denysia Wincott. It is alleged that in your interview with James Krempien on June 14, 2012 you indicated that you directed Naeem Mujahid to have delivered to you 20 tablets of metformin on the basis of a legitimate metformin prescription you indicated that you previously had on file at Medicine Shoppe Pharmacy 189 but that during the interview you could not recall which physician may have prescribed you this medication and this metformin prescription could not be located in the pharmacy, nor was the previous licensee aware of its existence.
4. It is alleged that you were unable to locate or produce required pharmacy records including the following:
- a. Narcotic invoices

The following narcotic invoices that could not be located at the pharmacy by Ms. Voice, Mr. Shenouda or yourself:

- i. McKesson invoices from: September 14, 2010 (572327), November 2, 2010 (688361), December 9, 2010 (780343), December 28, 2010 (822975), January 10, 2011 (849223), January 14, 2011 (863434), February 22, 2011 (953971);
- ii. Imperial invoices from: January 8, 2011(062088), March 23, 2011 (069899), May 7, 2011 (074804), June 3, 2011 (309344), August 15, 2011 (085175); and
- iii. Amerisource invoice from: October 17, 2010 (6124932).

- b. Complete transaction hardcopies

Original transaction documents which are required as part of the prescription audit trail, were either missing entirely or did not clearly identify all individuals involved in the dispensing process (i.e. no pharmacist original signature/initials) for the following prescriptions:

- i. no hardcopy for the deferral of the January 20, 2011 Concerta 54mg prescription for Denysia Wincott. As there was no locatable hardcopy of the deferral that occurred on or about January 20, 2011 there is no required audit trail and no way of knowing if this is the prescription that formed the basis of the November 7, 2011 (Rx10612/Tx9902 for 200 tablets) and December 9, 2011 (Rx10612/Tx11540 for 100 tablets) "Teva-Methylphenidate ER-C 54mg" part fills that were dispensed to you. Also, there is no

electronic record of the January 20, 2011 Concerta prescription on your pharmacy patient profile;

- ii. no complete hardcopy of the April 23, 2010 Metadol 25mg part fill (Rx/87769/Tx179580). Only electronic initials on hardcopy, no pharmacist initials/signature;
- iii. for the January 19, 2011 original Metadol 25mg TPP prescription it is not possible to determine from the record which pharmacist placed the incomplete signature and & certificate number on the prescription. Although the initials look like "JB" (referring to [REDACTED] as the pharmacist dispensing the Metadol), in your June 14, 2012 meeting with James Krempien you admitted that this was your handwriting and you dispensed this part fill to yourself. However, the associated hardcopy for the January 19, 2011 part fill does not have your original signature/initials and the electronic initials indicate "JRB"; and
- iv. no hardcopy for the following transactions: February 15, 2011 part fill of Metadol 25mg, October 16, 2010 deferral of Metadol 25mg, November 25, 2011 part fill of Metadol 25mg, December 17, 2010 part fill of Metadol 25mg, August 16, 2011 part fill of Metadol 25mg, May 16, 2011 part fill of Teva-Methylphenidate ER-C 54mg, August 15, 2011 part fill of Teva-Methylphenidate ER-C 54mg.

c. Original Prescriptions.

The following original prescriptions could not be located at the pharmacy by Ms. Voice, Mr. Shenouda or you:

- i. Rx #2090978 Metadol 25mg, written on October 15, 2010 for Denysia Wincott (logged by you on October 16, 2010). Although the original TPP prescription could not be located at the pharmacy, the College copy was available through the CPSA/TPP;
- ii. Rx #2094711 Metadol 25mg, written on or about April 15, 2011 for Denysia Wincott. Although partial transaction records are available for this dispensing transaction, there is no record of this prescription at the TPP and Dr. Jackman who is indicated as the prescribing physician indicates he did not prescribe this prescription;
- iii. Rx #N7233 Metadol 25mg, written on or about August 16, 2011 for Denysia Wincott. Although partial transaction records are available for this dispensing transaction, there is no record of this prescription at the TPP and Dr. Jackman, who is indicated as the prescribing physician, indicates he did not prescribe this prescription; and

iv. Rx #11500 metformin 500mg written on or before January 6, 2012 for Denysia Wincott. It is alleged that in your interview with James Krempien on June 14, 2012 you indicated that you directed Naeem Mujahid to deliver to you 20 tablets of metformin on the basis of a legitimate metformin prescription you indicated that you had previously had on file at Medicine Shoppe 189. Although during the June 14, 2012 interview you could not recall which physician may have prescribed you this medication and this metformin prescription could not be located in the pharmacy, nor was the previous licensee aware of its existence.

d. Health Canada Loss or Theft Report Forms for Controlled Substances and Precursors.

You suggested that you were aware of the theft or losses of narcotics on three occasions (October 21, 2010, November 1, 2010 and May 16, 2011) while acting as the licensee but although you indicated that you had reported these losses/thefts to Health Canada, Health Canada personnel confirmed that these forms were not received at Health Canada and during Mr. Raisbeck's July 4, 2011 visit with you at Medicine Shoppe 189 you could not locate these allegedly completed forms, nor did you follow up by faxing these allegedly completed forms to Mr. Raisbeck or the Alberta College of Pharmacists.

It is alleged that these forms were not faxed to Health Canada within 10 days of each loss/theft being detected and that these forms were either completed upon detection and not submitted to Health Canada, or completed subsequent to the initiation of the investigation into your conduct. It is further alleged that Mr. Naeem Mujahid indicated that he previously asked you for copies of these forms and you were unable to provide them.

e. No systematic perpetual narcotic records and/or lack of narcotic perpetual entries.

It is alleged that prior to April 2011 as licensee of the pharmacy you did not have a systematic, current or accurate method of monitoring the inventory of the pharmacy's narcotics.

It is also alleged that in April 2011 you implemented narcotic perpetual records based on previous pharmacy sales/receipt records but these perpetual records were not maintained until Naeem Mujahid restarted this record keeping practice in November/December 2011.

It is also alleged that the perpetual records you created in April 2011 did not track the current inventory of the narcotics and that when comparing the sales/receipt records on the perpetual records to all the sale/receipt

records found in the investigation by the College even for the back dated period range recorded on the April 2011 perpetuals, many narcotic entries were missing.

5. Lack of narcotic control in the pharmacy.

It is alleged that as a pharmacist, licensee and proprietor, you did not comply or attempt to comply with the legislative requirements pertaining to narcotics in respect to the narcotics you received from the pharmacy including the following matters:

- a. the August 16, 2011 Metadol 25 “prescription” record, which is a pharmacy generated refill authorization request, from which subsequent Metadol part fills were dispensed but no August 2011 Metadol TPP was prescribed by Dr. Jackman, even though the “Narcotic Sales Report” indicates it was a “W” (written) prescription;
- b. your admission to Mr. Krempien, supported by the documentation referred to above that you routinely assessed and dispensed your own narcotic prescriptions;
- c. a medication in/out analysis at Medicine Shoppe 189 for the period from January 1, 2010 to January 11, 2012 for Metadol 25 mg, shows that the Metadol In for the pharmacy (3700) does not equal the Metadol Out for the pharmacy (2880); and
- d. the medication analysis for the same period for the Teva-MPD ER-C 54mg tablets shows that the Teva-MPD ER-C 54mg in for the pharmacy (1200) does not equal the Teva-MPD ER-C 54mg Out (463).

It is alleged that the disparities in the medication in/outs referred to above largely occur while you were licensee of the pharmacy and before Naeem Mujahid took over as licensee and that this also applies for the missing records, as most of the missing records are for the period before Naeem Mujahid took over as licensee.

7. Lack of compliance with the Triplicate Prescription Program (TPP).

It is alleged that as a pharmacist and licensee you failed to comply with the TPP and that your lack of compliance with the TPP is evidenced by:

- a. the January 19, 2011 Metadol 25mg TPP prescription not submitted to CPSA/TPP; and
- e. you filling your own Metadol 25mg on January 21, 2010 ONE day in advance of authorized Rx written on January 22, 2010 by Dr. Jackman.

The Hearing Tribunal advised the parties that it was prepared to receive written submissions on appropriate orders as outlined under section 82 of the *Health Professions Act*. The Hearing Tribunal was also prepared to hear oral submissions. Only Alberta College of Pharmacists chose to make written submissions. After postponing the sanction hearing at the request of Ms. Wincott, the Hearing Tribunal convened on November 26, 2013 at the ACP offices in Edmonton, Alberta and was prepared to hear submissions from Ms. Wincott or her counsel, but no one appeared on behalf of Ms. Wincott.

II. DECISION TO PROCEED IN ABSENCE OF RESPONSE FROM MEMBER

Before deciding to proceed in the absence of the member and without any written or oral submissions from Ms. Wincott, the Hearing Tribunal reviewed and considered the repeated attempts by the College from September to November 26, 2013 to encourage Ms. Wincott to make submissions or indicate when she would be in a position to do so. Ms. Wincott did neither. The Hearing Tribunal was reluctant to proceed without input from Ms. Wincott, but it felt it had no other option. The sanction process could not be delayed indefinitely because of Ms. Wincott's refusal to participate.

In coming to this decision, the Hearing Tribunal considered:

1. Fairness to the member – ideally the member would have responded to requests for submissions on penalty. The member had already moved back the date for consideration once and was unresponsive to requests for clarity on expecting a response, or whether she would ever respond.
2. Fairness to the process - the Hearing Tribunal noted that the member cannot avoid adverse consequences by simply not responding to requests made of her. The Hearing Tribunal deemed there was adequate notice to the member and delaying a decision further was unwarranted.
3. Likelihood of further extension resulting in a response – Ms. Wincott was already granted one extension for submissions on penalty, and while there was some indication in early November that she would forward submissions, as the deadline drew near, Ms. Wincott became unresponsive and no submissions were forthcoming. The Hearing Tribunal deemed that a further extension would not likely result in Ms. Wincott providing submissions on penalty.

Accordingly, the Hearing Tribunal decided to proceed to determine appropriate penalties without the benefit of submissions from Ms. Wincott.

III. SUBMISSION FROM THE ALBERTA COLLEGE OF PHARMACISTS

The paramount goal of the discipline process is threefold from the College's perspective: protection of the public, demonstration of integrity of the profession and fairness to the member. Deterrence must be considered on two levels: specific to the member, and general to members of the profession.

The College suggests the following factors were relevant with respect to the proven allegations:

1. Nature and gravity of the proven allegations:
The proven allegations were very serious in nature and address the professional and ethical obligations of a pharmacist, licensee and proprietor.
2. Age and experience of the member:
The member is experienced and her conduct cannot be excused based on lack of experience.
3. Presence or absence of prior complaints:
There are no prior findings of unprofessional conduct against Ms. Wincott.
4. The number of times the proven offence occurred:
The proven offence occurred numerous times over an extended period of time.
5. The role of the member in acknowledging what has occurred
Ms. Wincott only acknowledged some aspects of her conduct, and even then, only after being pressed during the hearing.
6. The need to impose specific and general deterrence:
The College submitted that significant sanctions were required to ensure the member and other members understand the gravity of the proven allegations.
7. The need to protect the public:
The College submitted this is the prime duty of each pharmacist, licensee and proprietor, which Ms. Wincott violated in numerous ways.
8. The need to maintain the public's confidence in the integrity of the profession of pharmacy in Alberta:
The College submitted that Ms. Wincott's actions would seriously undermine public confidence if it is not addressed with appropriate orders.
9. The degree to which the conduct is clearly outside the range of permitted conduct:
The College submitted that the conduct in this case is far beyond the range of permitted conduct.
10. The range of sentences in other similar cases:

The College cited similarities of this case to other Alberta cases, but noted there are few cases similar to this one.

Counsel for the College proposed that the following Orders would be appropriate:

Allegation 1

1. Suspension of 2 months
2. Fine of \$3,000

Allegation 2

1. Fine of \$1,000

Allegation 3

1. Suspension of 3 months, served after the suspension in Order 1
2. Fine of \$5,000

Allegations 4 & 5

1. Suspension of 2 years, imposed after the suspensions related to Allegations 1 & 3
2. Fine of \$10,000
3. Order that Ms. Wincott cannot be a proprietor or licensee for a period of 5 years after she returns to practice
4. Ms. Wincott practice under direct supervision for one year after she returns to practice, with the supervising pharmacist to provide a report to the Complaints Director confirming satisfactory completion of the supervised practice
5. Ms. Wincott to provide a copy of the decision to any employer for five years after she returns to practice
6. For five years after she returns to practice, any licensee employing Ms. Wincott to provide the College with monthly narcotic reports for a period of at least 2 years

Allegations 7(a) & 7(e)

1. A reprimand for lack of compliance
2. Fine of \$1,000

In Respect to all orders:

1. Ms. Wincott must successfully complete the jurisprudence exam prior to obtaining her practice permit
2. An order that Ms. Wincott must comply with all requirements of the ACP registration department in order to obtain her practice permit
3. Pay 90% of the costs of the investigation and hearing, with payment of costs to commence 12 months after receipt of these orders on a payment schedule satisfactory to the Complaints Director
4. All fines imposed be paid within 12 months after receipt of these orders on a payment schedule satisfactory to the Complaints Director

IV. ORDERS

In coming to its decision on appropriate penalties and orders, the Hearing Tribunal considered all of the evidence and findings in this case, and the College's submission on penalty.

While the Hearing Tribunal considered all the factors put forward by the College, the Hearing Tribunal noted that 3 factors were of particular importance in its decision on penalty:

1. The need for specific and general deterrence,
2. The need to protect the public, and
3. The need to maintain the public's confidence in the integrity of the profession of pharmacy in Alberta.

Some of the proven allegations relate to a class of medications that gives rise to significant societal harm if not used correctly. The actions of the member constitute very serious breaches of the Pharmacist Code of Ethics, Standards of Practice and the *Health Professions Act*. The actions warrant significant penalties, including a significant suspension. The failure to impose such penalties would undermine public confidence in the profession, and send the dangerous message to the public and the membership that these violations are technical or trivial.

With that in mind, the Hearing Tribunal considered appropriate penalties for each of the proven allegations.

Allegation 1

The behavior of the member, in filling her own prescriptions, in a non-emergent situation especially narcotics, is very serious. This happened repeatedly over an extended period of time. This is a clear violation of the Standards for Pharmacist Practice and ACP Code of Ethics, and must attract a suspension.

Allegation 2

The behavior of the member, in filling a prescription for [REDACTED] member, in a non-emergent situation, is a clear violation of the Standards for Pharmacist Practice and ACP Code of Ethics.

Allegation 3

The behavior of the member, in filling her own prescriptions in the absence of a valid prescription is again a very serious breach. The Hearing Tribunal noted this happened repeatedly over an extended period of time. This is a clear violation of the Standards for Pharmacist Practice and Code of Ethics, *The Pharmacy & Drug Act* and the *Health Professions Act*.

Allegations 4 & 5

These actions, in the eyes of the Hearing Tribunal, speak to the heart of the issue considered during the hearing. The inability to produce records of narcotics received and dispensed at the pharmacy where Ms. Wincott was the proprietor and licensee is most troubling to the Hearing

Tribunal. It is completely unacceptable (from a professional or a public perspective) to not know where narcotics have gone, or even know if the narcotics were received into one's pharmacy.

Allegations 7(a) & 7(e)

The Hearing Tribunal acknowledges these are breaches of the Triplicate Prescription Program. While, on their own, and in isolation, not having proper records of 2 prescriptions going to the Triplicate Prescription Program may be considered a minor offence, the Hearing Tribunal notes this appears to be a symptom of a larger issue, which is cause for concern.

In light of the foregoing, the Hearing Tribunal imposes and makes the following orders:

Allegations 1 & 3

Allegation 1 is serious and would, on its own, in the opinion of the Hearing Tribunal, be deserving of a suspension and fine, as a pharmacist dispensing for themselves for serious conditions and in non-emergent situations displays a lack of knowledge and judgment which cannot be excused by a pharmacist. The Hearing Tribunal would have considered imposing a suspension of 3 months, but respects the submission of the College that a two month suspension is sufficient for this allegation.

Allegation 3 is also a very serious breach. Pharmacists have access that the general public does not have to medications. It is paramount for public trust in pharmacists that pharmacists access medications in the same manner as any other member of society. While there was no evidence of misuse, the member displayed a lack of judgment and skill in dispensing prescriptions to herself without a prescription, especially narcotics, in a non-emergent situation. A suspension of 3 months and a fine would be warranted for this allegation on its own.

In reviewing Allegations 1 and 3, the Hearing Tribunal noted that while the actions were noted as separate findings of misconduct, they are based on the same set of prescriptions and for the same actions. As such, in fairness to the member, the Hearing Tribunal decided to only apply one set of sanctions for Allegations 1 & 3 combined, which will be:

- A three month suspension, to commence upon the date of this decision; and
- A fine of \$2,500.

Allegation 2

Dispensing to a family member, in a non-emergent situation displays a lack of skill and judgment. While not as serious as Allegation 1, the view of the Hearing Tribunal is that it is unacceptable for a member to breach the Standards for Pharmacist Practice and ACP Code of Ethics in this way and requires a specific sanction, which will be:

- A fine of \$1,000.

Allegations 4 & 5

As noted, this is the most serious proven allegation. Public trust in the system and the profession is significantly undermined if the public perceives that pharmacies and pharmacists are contributing to the serious societal problem of narcotic abuse. As such, this requires significant

deterrence to ensure the member, other pharmacists, licensees and proprietors and the public are aware this type of breach will not be tolerated. The Hearing Tribunal considered the College's request for a 24 month suspension. The need for specific and general deterrence is acknowledged. However, in light of the fact that there was no previous discipline record and no evidence that the member engaged in this conduct for financial gain, the Hearing Tribunal finds a 12 month suspension provides appropriate deterrence in this instance. The Hearing Tribunal imposes and orders the following sanctions:

- A suspension of 12 months, to be served after completion of the suspension served for Allegations 1 & 3;
- A fine of \$10,000;
- Ms. Wincott cannot be a proprietor or licensee for a period of 5 years after her return to practice;
- Practice under direct supervision for one year after return to practice, with the supervising pharmacist to provide a report to the Complaints Director confirming satisfactory completion of the supervised practice; and
- Provide a copy of this decision to any employer for five years after return to practice.

Allegations 7(a) & 7(e)

The Hearing Tribunal acknowledges the important role the Triplicate Prescription Program plays in helping ensure appropriate narcotic use in Alberta. Compliance with this program is key to ensuring the Triplicate Prescription Program has accurate information. The Hearing Tribunal notes that missing two submissions to the triplicate program would not generally result in a referral to a discipline hearing of a member. However, this conduct is a symptom of a larger problem, and compliance with the Triplicate Prescription Program is expected of all members. As such the Hearing Tribunal orders:

- A caution be issued to the member.

The Hearing Tribunal also orders the following conditions to be placed upon Ms. Wincott's license:

1. Ms. Wincott must successfully complete the jurisprudence exam prior to obtaining her practice permit:

Evidence suggests lack of understanding of requirements of pharmacist practice by Ms. Wincott. The successful completion of the jurisprudence exam would satisfy the Hearing Tribunal that Ms. Wincott understands the expectations of her as a pharmacist in Alberta.

2. An order that Ms. Wincott must comply with all requirements of the ACP registration department in order to obtain her practice permit:

The Hearing Tribunal notes this is a standard requirement to ensure the member maintain all other aspects of licensure prior to resuming practice as a pharmacist.

3. An order that Ms. Wincott pay 90% of the costs of the investigation and hearing:

The Hearing Tribunal notes that only a small amount of the hearing time was spent dealing with dismissed allegations. Many additional costs (cancelations and rebookings) were incurred which were caused by the actions of the member. The Hearing Tribunal finds 90% of the costs to be an appropriate amount for the member to pay.

4. Payment of the fines (\$13,500) and costs to commence 15 months after receipt of this decision on a payment schedule satisfactory to the Complaints Director.

The Hearing Tribunal determined that the suspensions are to be served consecutively, given that the proven Allegations 1 & 3 are quite different than Allegations 4 & 5. Serving the suspensions concurrently, in the view of the Hearing Tribunal, would not be an adequate deterrent penalty. As such, consecutive suspensions were deemed to be more justified and appropriate in this case.

These orders take effect from the date this decision is signed.

Signed on behalf of the Hearing Tribunal by
Jeremy Slobodan, Chair

Dated:
February 13, 2014_____

Per: _____
____[Jeremy Slobodan]_____