ALBERTA COLLEGE OF PHARMACY

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING
REGARDING THE CONDUCT OF

JASON SHI-HOWE LEE
Registration number: 8164

DECISION OF THE HEARING TRIBUNAL

November 19, 2025

I. INTRODUCTION

The Hearing Tribunal of the Alberta College of Pharmacy (the "College") held a hearing into the conduct of Jason Shi-Howe Lee. In attendance on behalf of the Hearing Tribunal were Anjli Acharya (pharmacist and Chair), Cheryl Harten (pharmacist), Brett Huculak (public member), and Deborah Gust (public member).

The hearing took place virtually on August 20, 2025. The hearing was held under the terms of Part 4 of the *Health Professions Act* ("HPA").

In attendance at the hearing were: James Krempien, Complaints Director of the College; Ashley Reid, legal counsel representing the Complaints Director; Mr. Lee, the investigated member; and David Girard and Danielle Schmidt, legal counsel representing Mr. Lee. Jason Kully was also in attendance as independent legal counsel to the Hearing Tribunal.

Margaret Morley, Hearings Director, was also present. Ms. Morley did not participate in the hearing but was available to assist in administering the virtual hearing.

There were no objections to the composition of the Hearing Tribunal, the jurisdiction of the Hearing Tribunal to proceed with the hearing, or the timeliness of service of the Notice of Hearing on Mr. Lee, nor was there a request for a private hearing.

II. ALLEGATIONS

The allegations against Mr. Lee, as set out in the Revised Notice of Hearing, which was entered as **Exhibit 1,** were as follows:

> IT IS ALLEGED THAT, between September 1, 2023, and September 5, 2023, while you were both a registered Alberta clinical pharmacist and the licensee and proprietor of Deansgate Remedy's Rx Pharmacy (ACP License #3142), you:
>
> 1. Prescribed, dispensed and arranged for the delivery of approximately 15 compounded medications to [redacted] including compounds containing Schedule 1 drugs,
>
>   a. despite [redacted] never having been to the Pharmacy or having any form of direct communication with you;
>   b. without [redacted] knowledge or consent;
>   c. without conducting a patient-specific assessment of [redacted]
>   d. without collaborating with other health professionals responsible for [redacted] care;
>   e. without counselling [redacted] on the appropriate usage of the prescribed medication prior to the medication being dispensed or at all;
>
> 2. Prescribed, dispensed and arranged for the delivery of approximately 16 compounded medications to [redacted] including compounds containing Schedule 1 drugs,

a. despite [redacted] never having been to the Pharmacy or having any form of direct communication with you;
b. without [redacted] knowledge or consent;
c. without conducting a patient-specific assessment of [redacted]
d. without collaborating with other health professionals responsible for [redacted] care;
e. without counselling [redacted] on the appropriate usage of the prescribed medication prior to the medication being dispensed or at all;

3. Provided [redacted] with approximately 10 prescriptions where the beyond use date handwritten on the prescription hard copy did not match the date on the label of the product delivered to [redacted]

4. Created inaccurate patient records for [redacted] and [redacted] when you documented:

   a. an assessment of the patient;
   b. the rationale and indication for prescribing drugs to [redacted] and [redacted]

5. Submitted or allowed for the submission of over $8,000 worth of claims, under [redacted] and [redacted] names, to Alberta Blue Cross for compounded medications that [redacted] or [redacted] did not consent to receive.

IT IS ALLEGED THAT your conduct in these matters:

a. Breached your statutory and regulatory obligations to the Alberta College of Pharmacy as an Alberta pharmacist and licensee;

b. Undermined the integrity of the profession;

c. Created the potential for patient harm; and

d. Failed to fulfill professional and ethical judgement expected and required of an Alberta pharmacist and licensee.

IT IS ALLEGED THAT your conduct constitutes a breach of the following statutes and standards governing the practice of pharmacy:

- Standards 1 (sub-standards 1.1 and 1.2), 2 (sub-standards 2.1 and 2.3), 3 (sub-standard 3.1), 6 (sub-standards 6.1 and 6.2), 8 (sub-standard 8.3(a)), 10 (sub-standards 10.9, 10.10), 11 (sub-standards 11.12(a) to (d), 11.13, and 11.15(a)), 14 (sub-standards 14.2, 14.3, 14.4, and 14.10), and 18 (sub-standards 18.3 and 18.4) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
- Principles 1 (sub-principles 1, 2 and 3), 2 (sub-principles 3 and 4), 3 (sub-principle 1), and 10 (sub-principles 1, 2) of the Alberta College of Pharmacy's Code of Ethics;

and that your conduct set out above and the breach of some or all of these provisions constitutes unprofessional conduct pursuant to the provisions of sub-sections 1(1)(pp)(i),

1(1)(pp)(ii), and 1(1)(pp)(xii) of the *Health Professions Act* and misconduct under sections 1(1)(p)(ii) and 1(1)(p)(ix) of the *Pharmacy and Drug Act*.

III. EVIDENCE

The Complaints Director and Mr. Lee presented the Hearing Tribunal with an Agreed Exhibit Book (Merits), which was entered as **Exhibit 2**. The Agreed Exhibit Book (Merits) included an Admission of Conduct and an Agreed Statement of Facts, with relevant documents attached.

No witnesses were called to testify.

The Admission of Conduct stated that Mr. Lee acknowledged and admitted that he engaged in the conduct alleged in all of the allegations found in the Revised Notice of Hearing. It also stated that Mr. Lee did not contest the Complaints Director's submissions that this conduct was unprofessional conduct because he:

a. breached his statutory and regulatory obligations to the Alberta College of Pharmacy as an Alberta pharmacist and licensee,
b. undermined the integrity of the profession;
c. created the potential for patient harm;
d. failed to fulfill professional and ethical judgement expected and required of an Alberta pharmacist and licensee;
e. breached Standards 1 (sub-standards 1.1 and 1.2), 2 (sub-standards 2.1 and 2.3), 3 (sub-standard 3.1), 6 (sub-standards 6.1 and 6.2), 8 (sub-standard 8.3(a)), 10 (sub-standards 10.9, 10.10), 11 (sub-standards 11.12(a) to (d), 11.13, and 11.15(a)), 14 (sub-standards 14.2, 14.3, 14.4, and 14.10), and 18 (sub-standards 18.3 and 18.4) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
f. breached Principles 1 (sub-principles 1, 2 and 3), 2 (sub-principles 3 and 4), 3 (sub-principle 1), and 10 (sub-principles 1, 2) of the Alberta College of Pharmacy's Code of Ethics; and
g. engaged in unprofessional conduct.

The Agreed Statement of Facts included the following agreed upon facts:

1. Jason Lee has been registered with the Alberta College of Pharmacy ("College") since September 6, 2007. He has been registered as a clinical pharmacist since July 12, 2012.

2. Mr. Lee was the licensee of Deansgate Remedy's Rx Compounding Pharmacy ("Pharmacy") from December 23, 2016 to May 31, 2025. The Pharmacy is located at 16915 127 Street NW, Edmonton, Alberta.

Summary of the Complaint and Investigation

3. The Complaints Director received a complaint about Mr. Lee from Greg Eberhart, Registrar of the College on February 14, 2024. The complaint was made after a member of the public ("[redacted] contacted an ACP Complaints Resolution Advisor. [redacted] reported that Mr. Lee sent compounded prescriptions to his parents, [redacted] and [redacted] without their consent.

4. The Complaints Director phoned and spoke with Mr. Lee on September 11, 2023 about [redacted] concerns regarding the medications provided to [redacted] and [redacted]

5. The Complaints Director commenced and completed an investigation into Mr. Lee's conduct alleged in the complaint. The Complaints Director then referred five allegations for a hearing.

Background and Facts Relevant to the Allegations

6. [redacted] and [redacted] are members of the public who live in Edmonton, Alberta. In September 2023, [redacted] was 70 years old and [redacted] was 71 years old. They are [redacted] parents.

7. A third party who was familiar to [redacted] and [redacted] told [redacted] and [redacted] they could get free "samples." The third party requested [redacted] and [redacted] Alberta Blue Cross cards. [redacted] and [redacted] provided their cards. Neither [redacted] nor [redacted] have ever been to the Pharmacy. Before September 1, 2023, [redacted] and [redacted] had not received any medications from the Pharmacy: see Patient Profile Reports at Exhibit A.

8. Before the events of September 1 - 5, 2023, Mr. Lee had not met, spoken with, or otherwise directly communicated with [redacted] or [redacted] Neither [redacted] nor [redacted] asked Mr. Lee to prescribe or dispense medications for them, nor have they ever asked Mr. Lee to arrange for the delivery of compounded medications to their home.

9. The first time that Mr. Lee had direct communication with [redacted] and [redacted] was on September 16, 2023, after the Complaints Director spoke with Mr. Lee about [redacted] concerns. Mr. Lee phoned [redacted] via WhatsApp.

Compounded Medications for [redacted] Allegations 1, 3, 4, and 5

10. On September 1, 2023, Mr. Lee prescribed and dispensed approximately 15 compounded medications for [redacted] The compounded medications included a variety of topical and oral preparations (e.g. creams, liquids, lozenges, chew tabs, capsules) affixed with the Pharmacy's compounding label. Many of the compounded medications included Schedule 1 drugs as active pharmaceutical ingredients.

11. Mr. Lee did not conduct a patient-specific assessment of [redacted] before prescribing the compounded medications for [redacted] Mr. Lee did not review [redacted] Netcare records, collaborate with other health professionals responsible for [redacted] care, or counsel [redacted] on the appropriate usage of the medications prior to prescribing and dispensing the medications.

12. Mr. Lee's prescription orders and hard copies of prescriptions for [redacted] are at Exhibit B.

13. Mr. Lee arranged for the delivery of the prescribed and compounded medications to [redacted] Photographs of the delivered medications are in Exhibit C.

14. There are approximately 13 prescriptions where the beyond use date handwritten on the prescription hard copy does not match the date on the label of the product delivered

to [redacted]

Prescription	Prescription Hard Copy Beyond Use Date	Delivered Product Label Beyond Use Date
Rx 1130457	February 17, 2024 (Exhibit B, Page 18)	October 31, 2023 (Exhibit C, Pages 63 and 64)
Rx 1130454	January 8, 2024 (Exhibit B, Page 22)	February 28, 2024 (Exhibit C, Pages 61 and 62)
Rx 1130453	February 15, 2024 (Exhibit B, Page 24)	February 28, 2024 (Exhibit C, Pages 69 - 71)
Rx 1130452	December 7, 2023 (Exhibit B, Page 26)	February 28, 2024 (Exhibit C, Pages 72 - 74)
Rx 1130451	January 17, 2024 (Exhibit B, Page 28)	February 28, 2024 (Exhibit C, Pages 65 and 66)
Rx 1130450	January 29, 2024 (Exhibit B, Page 30)	February 28, 2024 (Exhibit C, Pages 67 and 68)
Rx 1130447	February 17, 2024 (Exhibit B, Page 32)	February 28, 2024 (Exhibit C, Pages 50 - 52)
Rx 1130445	December 18, 2023 (Exhibit B, Page 34)	February 28, 2024 (Exhibit C, Pages 45 and 46)
Rx 1130444	February 15, 2024 (Exhibit B, Page 36)	February 28, 2024 (Exhibit C, Pages 47 - 49)
Rx 1130443	February 25, 2024 (Exhibit B, Page 38)	February 28, 2024 (Exhibit C, Pages 53 and 54)
Rx 113O442	December 18, 2023 (Exhibit B, Page 40)	February 28, 2024 (Exhibit C, Pages 55 and 56)
Rx 1130441	January 18, 2024 (Exhibit B, Page 44)	February 28, 2024 (Exhibit C, Page 59)
Rx 1130439	January 13, 2024 (Exhibit B, Page 43)	February 28, 2024 (Exhibit C, Page 60)

15. Mr. Lee submitted claims to Alberta Blue Cross under [redacted] name for the prescribed and compounded medications. The claims that Mr. Lee submitted can be found at Exhibit D. The total amount of the claims was $4,414.69, with a patient co-pay of $94.34. Despite the co-pay reflected in the claims, [redacted] did not pay for the prescribed

and compounded medications.

16. Mr. Lee created inaccurate patient records for [redacted] which provided a rationale and indication for prescribing drugs to [redacted] The records indicate that Mr. Lee completed a patient assessment with [redacted] on September 1, 2023. Mr. Lee did not complete a patient-specific assessment with [redacted] at any time. The patient records Mr. Lee created are at Exhibit E.

Compounded Medications for [redacted] Allegations 2, 4, and 5

17. On September 1, 2023, Mr. Lee prescribed and dispensed approximately 16 compounded medications for [redacted] The compounded medications included a variety of topical and oral preparations (e.g. creams, liquids, lozenges, chew tabs, capsules) affixed with the Pharmacy's compounding label. Many of the compounded medications included Schedule 1 drugs as active pharmaceutical ingredients.

18. Mr. Lee's prescription orders and hard copies of prescriptions for [redacted] are at Exhibit F.

19. Mr. Lee did not conduct a patient-specific assessment of [redacted] before prescribing the compounded medications. Mr. Lee did not review [redacted] Netcare records, collaborate with other health professionals responsible for [redacted] care, or counsel [redacted] on the appropriate usage of the medications prior to prescribing and dispensing the medications.

20. Mr. Lee arranged for the delivery of the prescribed and compounded medications to [redacted] Photographs of the delivered medications are in Exhibit G.

21. Mr. Lee submitted claims to Alberta Blue Cross under [redacted] name for the prescribed and compounded medications. The claims that Mr. Lee submitted can be found at Exhibit H. The total amount of the claims was $4,427.97, with a patient co-pay of $93.92 Despite the co-pay reflected in the claims, [redacted] did not pay for the prescribed and compounded medications.

22. Mr. Lee created inaccurate patient records for [redacted] which provided a rationale and indication for prescribing drugs for [redacted] The records indicate that Mr. Lee completed a patient assessment with [redacted] on September 1, 2023. Mr. Lee did not complete a patient-specific assessment with [redacted] at any time. The patient records Mr. Lee created are at Exhibit I.

Facts Related to Sanctions

23. There have been no prior findings of unprofessional conduct against Mr. Lee.

24. The Complaints Director has not received a complaint from either [redacted] or [redacted] about Mr. Lee.

25. The Complaints Director is not aware of any direct harm to [redacted] or [redacted] caused by Mr. Lee's conduct.

IV. SUBMISSIONS

On behalf of the Complaints Director, Ms. Reid submitted that the Hearing Tribunal's role was to determine whether the allegations set out in the Revised Notice of Hearing were proven on a balance of probabilities and, if so, to determine whether the proven conduct was unprofessional conduct.

Ms. Reid submitted that Mr. Lee had admitted the allegations and the parties had worked together to provide an Agreed Statement of Facts.

Mr. Reid submitted the case was about Mr. Lee's prescription of a number of compounded medications to two seniors, [redacted] and [redacted] [redacted] and [redacted] had never been to Deansgate Remedy's Rx Pharmacy or received medications from the Pharmacy before September 1, 2023 and they had never met or spoken directly with Mr. Lee. She stated these facts were admitted in the Agreed Statement of Facts at paragraphs 7 and 8.

Ms. Reid submitted that Exhibit A to the Agreed Statement of Facts included patient profile reports from the Pharmacy software system, and the reports showed that the first time [redacted] and [redacted] had medications filled at the Pharmacy was on September 1, 2023. Ms. Reid submitted that [redacted] and [redacted] met with a third party who was familiar with them. That third party told [redacted] and [redacted] that they could get free samples and asked for [redacted] and [redacted] Alberta Blue Cross cards. [redacted] and [redacted] ultimately provided those cards to the third party.

Ms. Reid submitted that, as shown in paragraphs 10, 13, 17, and 20 of the Agreed Statement of Facts, on September 1, 2023, Mr. Lee prescribed approximately 15 compounded medications for [redacted] and approximately 16 compounded medications for [redacted] The medications included Schedule 1 drugs as active pharmaceutical ingredients. Mr. Lee dispensed and arranged for those medications to be delivered to [redacted] and [redacted] Ms. Reid stated that Exhibits B and F of the Agreed Statement of Facts included Mr. Lee's prescription orders and hard copies of the prescriptions for [redacted] and [redacted] Exhibits C and G included photographs of the medications that were delivered to [redacted] and [redacted]

Ms. Reid stated that, as set out in paragraphs 11 and 19 of the Agreed Statement of Facts, Mr. Lee did not meet with or speak to [redacted] or [redacted] before prescribing or dispensing the medications. He did not conduct patient-specific assessments or review Netcare records or collaborate with other health care professionals who provided care to [redacted] and [redacted] He did not counsel either patient about the appropriate usage of the medications before he prescribed, dispensed and arranged for the delivery of those medications. With respect to the medication, there were inconsistencies between the beyond use dates handwritten on the hard copies of Mr. Lee's prescriptions and the beyond use dates listed on the labels of the compounded medications delivered to [redacted] The Agreed Statement of Facts included a table comparing the beyond use dates related to each prescription, with references to the photographs of the medication label.

Ms. Reid submitted that Mr. Lee submitted claims to Alberta Blue Cross under [redacted] and [redacted] names. The total amount of the claims was over $8,000. Exhibits D and H to the Agreed Statement of Facts show the claims that were submitted for the compounded medications. [redacted] and [redacted] did not pay anything out of pocket for the medications.

Ms. Reid submitted that Mr. Lee created inaccurate patient records for [redacted] and [redacted] related to the compounded medications he prescribed. The records indicate that Mr. Lee completed a patient assessment with [redacted] and [redacted] on September 1, 2023, even though Mr. Lee did not complete a patient-specific assessment of [redacted] or [redacted] at any time. The patient records that Mr. Lee created were at Exhibits E and I of the Agreed Statement of Facts.

Ms. Reid submitted that, based on Mr. Lee's admission that the conduct in the allegations occurred and the evidence in the Agreed Statement of Facts, there was sufficient information to find that the allegations were proven.

In terms of whether Mr. Lee's conduct was unprofessional conduct under the *Health Professions Act* or misconduct under the *Pharmacy and Drug Act*, Ms. Reid submitted Mr. Lee's conduct under each allegation was unprofessional conduct for three reasons: 1) it demonstrates a lack of knowledge, skill or judgement in the provision of professional services; 2) it contravenes the ACP Code of Ethics and Standards of Practice for Pharmacists and Pharmacy Technicians ("Standards of Practice") that were in place at the time, and 3) it is conduct that harms the integrity of the pharmacy profession. She also submitted it was misconduct under the *Pharmacy and Drug Act* because it is conduct that harms the integrity of the profession of pharmacists.

Ms. Reid went through each allegation and submitted why the actions were unprofessional conduct:

1. With respect to Allegations 1 and 2, Standard 2 of the Standards of Practice requires a pharmacist to establish and maintain professional relationships with their patients, and to deal directly with patients. Standard 11 stipulates that a pharmacist may only prescribe a drug where the pharmacist has or develops a professional relationship with a patient. Further, Principle 2 of the Code of Ethics requires a pharmacist to respect a patient's autonomy and dignity. The pharmacist must provide information to the patient to empower those patients to make decisions about their own health and health care and to ensure that the patient's decisions are informed.

   In this case, Mr. Lee failed to take steps to establish a professional relationship with [redacted] or [redacted] prior to prescribing a significant number of compounded medications for each of them. He disregarded their right to make decisions about their own health and health care. They did not know that they were receiving prescribed medications, let alone any information about the usage, benefits, risks, or alternatives to the medications that they received. Mr. Lee's conduct was particularly serious because [redacted] and [redacted] were in their 70s at the time.

   Further, Mr. Lee failed to collect the necessary information to assess whether the compounded medications were appropriate for [redacted] or [redacted] He did not access either patient's Netcare records prior to providing care. He did not conduct patient-specific assessments or collaborate with other health care professionals, again, before prescribing and dispensing the medications.

   Principle 1 of the Code of Ethics requires a pharmacist to hold the well-being of each

patient as the primary consideration. A pharmacist must act in the best interests of the patient, provide appropriate treatment and care, and actively seek out information so that the pharmacist can make informed decisions about the care provided. Standards 3, 6, and 8 of the Standards of Practice relate to steps that must be taken before a pharmacist prescribes or dispenses a drug. There are specific requirements when prescribing versus dispensing Schedule 1 drugs. A pharmacist must consider appropriate information, the patient's health history and history of drug therapy prior to prescribing a Schedule 1 drug. They must determine the appropriateness of the drug by reviewing a number of factors that are listed in Standard 6. For example, they must consider whether there is therapeutic duplication, whether there are actual or potential adverse reactions, allergies or sensitivities, or whether there are actual or potential drug interactions. Under Standard 8, a pharmacist must enter a dialogue with a patient when prescribing a drug for the first time. Standard 11 specifically requires a pharmacist who prescribes a drug to a patient to provide specific information to the patient's other health professionals whose care may be affected. Mr. Lee did not collaborate with any of [redacted] or [redacted] providers. Standard 14 also speaks to a pharmacist's obligation to assess a patient prior to prescribing Schedule 1 drugs. They must have seen the patient personally and managed ongoing therapy. Mr. Lee did not assess [redacted] or [redacted] prior to prescribing the compounded medications, and he did not consider appropriate information prior to dispensing or prescribing those medications.

2. With respect to Allegation 3, Mr. Lee's conduct contravened Standards 10.9 and 10.10. These standards require a pharmacist who compounds a drug to ensure there are appropriate beyond use dates assigned to compounded products. Further, Mr. Lee's conduct contravened Principle 1 of the Code of Ethics, which requires a pharmacist to provide appropriate treatment and care. Mr. Lee's actions created a potential risk that [redacted] would use compounded products beyond the appropriate beyond use date.

3. With respect to Allegation 4, Mr. Lee had an obligation to create and complete accurate patient records under the Standards of Practice. Standards 11.15 and Standard 18, as well as Appendix A of the standards, list information that must be documented in the patient's record, including when prescribing medication for a patient. Mr. Lee failed to include the required information in the patient records, in part because he had not met or spoken with them or accessed their Netcare records or collaborated with their health care providers. Further, the information he did include was inaccurate, as he recorded patient assessments when he did not perform those assessments. This conduct was contrary to Principle 10 in the ACP Code of Ethics, which requires that a pharmacist act with honesty and integrity.

4. With respect to Allegation 5, Mr. Lee's conduct contravened Principle 1 of the Code of Ethics, to hold the well-being of each patient as the primary consideration, and Principle 10, the requirement that a pharmacist act with honesty and integrity.

In summary, Ms. Reid submitted there was sufficient information for the Hearing Tribunal to find that Mr. Lee's conduct contravened the Code of Ethics and Standards of Practice. She further submitted his proven conduct demonstrated a lack of knowledge, skill or judgement in the provision of professional services. The conduct was sufficiently serious and beyond the

conduct expected of a pharmacist such that it harmed the integrity of the pharmacy profession as a whole. Ms. Reid stated a reasonable member of the public may have less confidence in the integrity of the pharmacy profession as a result of Mr. Lee's conduct. For this reason, his conduct constituted unprofessional conduct under section 1(1)(pp)(i), (ii) and (xii) of the *Health Professions Act*, as well as misconduct under the *Pharmacy and Drug Act*.

On behalf of Mr. Lee, Mr. Girard echoed Ms. Reid's submissions. He stated that Mr. Lee had admitted the conduct at issue and did not take issue with any of the characterizations of unprofessional conduct sought by the Complaints Director.

V. FINDINGS

The Hearing Tribunal accepted Mr. Lee's admission, finding the allegations in the Revised Notice of Hearing factually proven on a balance of probabilities.

In determining that the allegation was proven, and that Mr. Lee's admission should be accepted, the Hearing Tribunal carefully considered the Agreed Statement of Facts entered into by the parties, and the parties' submissions.

The reasons for the Hearing Tribunal's findings that the allegations in the Revised Notice of Hearing are factually proven on a balance of probabilities are as follows.

With respect to Allegations 1 and 2, the Agreed Statements of Facts and attached exhibits clearly establish that Mr. Lee prescribed, dispensed and arranged for the delivery of compounded medications to [redacted] and [redacted] including compounds containing Schedule 1 drugs. Exhibits B and F of the Agreed Statement of Facts included Mr. Lee's prescription orders and hard copies of the prescriptions for [redacted] and [redacted] Exhibits C and G are photographs of the medications that were delivered to [redacted] and [redacted] Mr. Lee did not have any direct communications with [redacted] or [redacted] before prescribing or dispensing the medications and [redacted] and [redacted] received the medications without knowledge or consent. The Agreed Statement of Facts demonstrate that Mr. Lee did not conduct patient-specific assessments or review Netcare records or collaborate with other health care professionals who provided care to [redacted] and [redacted] He did not counsel either patient about the appropriate usage of the medications before he prescribed, dispensed and arranged for the delivery of those medications.

These facts establish that Mr. Lee failed to meet the fundamental professional requirements associated with prescribing and dispensing Schedule 1 drugs.

With respect to Allegation 3, the evidence is clear that Mr. Lee provided [redacted] with prescriptions where the beyond use date on the prescription hard copy did not match the date on the label of the product delivered to [redacted] Exhibits B and C of the Agreed Statement of Facts show these inconsistencies and the summary table at paragraph 14 of the Agreed Statement of Facts compares the beyond use dates related to each prescription, with references to the photographs of the medication label.

With respect to Allegation 4, the evidence demonstrates that Mr. Lee created inaccurate patient care records. The records, found at Exhibits E and I of the Agreed Statement of Facts, indicate

that Mr. Lee completed a patient assessment with [redacted] and [redacted] on September 1, 2023, even though Mr. Lee did not complete a patient-specific assessment of [redacted] or [redacted] at any time. Further, the records document a rationale and indication for prescribing drugs to [redacted] and [redacted] even though no such rationale could exist given Mr. Lee's lack of assessment or communication with [redacted] and [redacted] and the lack of any communication with any other health care provider.

With respect to Allegation 5, Exhibits D and H to the Agreed Statement of Facts demonstrate Mr. Lee submitted claims of over $8,000.00 to Alberta Blue Cross for the compounded medications under [redacted] and [redacted] names. As they were not aware of such claims, this was inappropriate conduct.

With respect to the issue of unprofessional conduct, while Mr. Lee did not admit he engaged in unprofessional conduct, he also did not contest the issue. The Hearing Tribunal considered this lack of contest, the Complaints Director's submissions, and the factual findings made and determined that Mr. Lee's conduct amounted to unprofessional conduct.

As referenced in the Revised Notice of Hearing, the HPA defines unprofessional conduct to include displaying; a lack of knowledge, or lack of skill or judgment, in the provision of professional services (s. 1(1)(pp)(i); a contravention of the HPA, a code of ethics or standards of practice (s. 1(1)(pp)(ii); and conduct that harms the integrity of the regulated profession (s. 1(1)(pp)(xii)). The *Pharmacy and Drug Act* defines misconduct as an act or omission that is detrimental to the best interests of the public (s. 1(1)(p)(ii)) and conduct that harms the integrity of the profession of pharmacists (s. 1(1)(p)(ix)).

The Hearing Tribunal was satisfied that Mr. Lee's conduct demonstrated a lack of knowledge of or lack of skill or judgment in the provision of professional services and that it breached the College's Standards of Practice and the Code of Ethics.

Pharmacists occupy a position of significant trust within the healthcare system. Their authority to prescribe and dispense medications carries with it a professional obligation to ensure that such activities are conducted safely, ethically, and in the best interests of the patient. Central to this obligation is the requirement that the pharmacist establish a legitimate pharmacist–patient relationship before exercising any prescribing or dispensing authority. Pharmacists must conduct an appropriate assessment to determine the appropriateness of the medication for the patient, obtain sufficient information from the patient to ensure safe and effective therapy, provide directions to patients on the safe and effective use of medications, and document the basis for prescribing or dispensing.

A Pharmacists obligations are outlined in the Standards of Practice and the Code of Ethics. Standard 2 of the Standards of Practice requires a pharmacist to establish and maintain professional relationships with their patients, and to deal directly with patients. Standard 11 stipulates that a pharmacist may only prescribe a drug where the pharmacist has or develops a professional relationship with a patient. Principle 2 of the Code of Ethics requires a pharmacist to respect a patient's autonomy and dignity. The pharmacist must provide information to the patient to empower those patients to make decisions about their own health and health care and to ensure that the patient's decisions are informed. The absence of a legitimate patient assessment and the failure to establish a professional relationship with [redacted] or [redacted] prior to

prescribing a significant number of compounded medications constitutes a serious deviation from those standards.

Further, there are specific requirements when prescribing versus dispensing Schedule 1 drugs. A pharmacist must consider appropriate information, the patient's health history and history of drug therapy prior to prescribing a Schedule 1 drug. They must determine the appropriateness of the drug by reviewing a number of factors that are listed in Standard 6. Under Standard 8, a pharmacist must enter a dialogue with a patient when prescribing a drug for the first time. Standard 11 specifically requires a pharmacist who prescribes a drug to a patient to provide specific information to the patient's other health professionals whose care may be affected. Standard 14 also speaks to a pharmacist's obligation to assess a patient prior to prescribing Schedule 1 drugs. They must have seen the patient personally and managed ongoing therapy.

By prescribing and dispensing medication to [redacted] and [redacted] individuals that Mr. Lee had never met or assessed, Mr. Lee failed to meet each of these fundamental requirements. Without any knowledge of the patient's health condition, medical history, or potential contraindications, Mr. Lee could not have made an informed professional judgment about the appropriateness or safety of the medication. Such conduct exposes the patient to significant risk of harm and undermines public confidence in the integrity of the pharmacy profession. It also contravenes the ethical principle that pharmacists must place the health and well-being of their patients above all other considerations.

With respect to Mr. Lee's documentation, Standards 11.15 and Standard 18, as well as Appendix A of the standards, list information that must be documented in the patient's record, including when prescribing medication for a patient. Principle 10 in the Code of Ethics also requires that a pharmacist act with honesty and integrity. Mr. Lee failed to create and maintain accurate patient records and failed to act with honesty and integrity as he recorded patient assessments which did not occur and which contained inaccurate information.

In addition, Mr. Lee's failure to ensure there are appropriate beyond use dates assigned to compounded products contravened Standards 10.9 and 10.10 and Principle 1 of the Code of Ethics, which requires a pharmacist to provide appropriate treatment and care. Mr. Lee's actions created a potential risk that [redacted] would use compounded products beyond the appropriate beyond use date and the safe period of effectiveness. This exposed [redacted] to the risk of harm.

Finally, Mr. Lee's submission of claims to Alberta Blue Cross for the compounded medications under [redacted] and [redacted] names without their knowledge contravened Principle 1 of the Code of Ethics, to hold the well-being of each patient as the primary consideration, and Principle 10, the requirement that a pharmacist act with honesty and integrity. Mr. Lee acted dishonestly and contrary to the expectations of a member of the profession.

All Mr. Lee's conduct was also harmful to the integrity of the profession. The integrity of the pharmacy profession depends on the public's confidence that pharmacists will act in accordance with their ethical and professional obligations, placing patient welfare and safety above all other considerations. Pharmacists are entrusted with significant authority, including the power to prescribe, dispense, and manage medications that directly affect patient health. This trust is premised on the expectation that pharmacists will exercise sound professional

judgment, adhere to established standards of practice, and maintain honesty and transparency in all aspects of their work. Mr. Lee's conduct undermined these foundational expectations.

By prescribing and dispensing medications to individuals he had never met or assessed, Mr. Lee disregarded the core principle that medication therapy must be based on an individualized assessment of the patient's condition and needs. This omission struck at the heart of the pharmacist–patient relationship and the profession's role as a safeguard in the healthcare system.

Mr. Lee's fabrication of patient records and documentation of assessments that never occurred demonstrated a deliberate disregard for the honesty and transparency upon which professional regulation depends. The accuracy of pharmacy records is essential not only for patient safety but also for continuity of care, professional accountability, and regulatory oversight. When a pharmacist falsifies documentation, it calls into question the reliability of all professional records and impairs the profession's ability to ensure safe and ethical practice.

Third, by submitting claims to Alberta Blue Cross under the names of [redacted] and [redacted] without their knowledge or consent, Mr. Lee engaged in conduct that was inconsistent with the honesty and integrity expected of a regulated professional. Such actions risk diminishing public confidence in the profession's ethical standards and its stewardship of both patient care and public resources.

Mr. Lee's actions demonstrate a pattern of disregard for professional norms and ethical obligations. The cumulative effect of this conduct extends beyond the individual patients affected; it threatens the reputation of the profession as a whole. The public must be able to trust that pharmacists act as knowledgeable, ethical, and accountable healthcare professionals. When that trust is compromised by conduct such as this, the standing of the entire profession is diminished.

On this basis, the Hearing Tribunal concluded Mr. Lee's conduct amounted to unprofessional conduct worthy of sanction as his conduct demonstrated a lack of knowledge, skill, and judgment in the provision of professional services, multiple contraventions of the Standards of Practice and Code of Ethics; and conduct harmful to the integrity of the pharmacy profession. The Hearing Tribunal concludes that Mr. Lee's conduct constitutes unprofessional conduct worthy of sanction under the *HPA* and misconduct under the *Pharmacy and Drug Act*.

VI. SUBMISSIONS ON ORDERS

The Complaints Director and Mr. Lee presented a Joint Submission on Sanctions to the Hearing Tribunal, asking the Hearing Tribunal to make the following orders under s. 82 of the HPA:

1. Mr. Lee's practice permit shall be suspended for three months, with
    a. 1 month to be served on dates acceptable to the Complaints Director and completed within 6 months from the date of the Hearing Tribunal 's written decision; and

b. 2 months to be held in abeyance, subject to the following terms and conditions:
   i. If the Complaints Director receives and directs an investigation into a new complaint about Mr. Lee that in the Complaints Director's opinion involves similar conduct, the Complaints Director may impose the remaining 2 months suspension on Mr. Lee's practice permit, and
   ii. The remaining 2 months suspension will expire if the Complaints Director does not refer any complaints described in paragraph 1(b)(i) to an investigation within three years of the date of the Hearing Tribunal's written decision.

2. Mr. Lee shall, within 12 months of the date of the Hearing Tribunal's decision, successfully complete the Centre for Personalized Education for Professionals (CPEP) PROBE course at his own cost and provide evidence of an unconditional pass to the Complaints Director.

   If Mr. Lee fails to provide evidence to satisfy the Complaints Director that Mr. Lee has received an unconditional pass on the CPEP PROBE course within 12 months, his practice permit shall be suspended until such time as he receives an unconditional pass and provides evidence to the Complaints Director that an unconditional pass has been received.

3. Mr. Lee shall pay a fine of $5,000 within 90 days of the Hearing Tribunal's written decision on a schedule satisfactory to the Hearings Director.

4. Mr. Lee shall complete the College's Practice Improvement Program.

5. Mr. Lee's Additional Prescribing Authorization ('APA") is revoked, and he shall be prohibited from reapplying for 1 year from the date that he receives the Hearing Tribunal's decision.

6. Mr. Lee is prohibited from acting as a compounding supervisor for 1 year from the date that he receives the Hearing Tribunal's decision.

7. Mr. Lee shall pay 50% of the costs of the investigation and hearing to a maximum of $15,000, payable on a schedule satisfactory to the Hearings Director. The costs shall be paid in full within 24 months of the date of the Hearing Tribunal's written decision.

The Joint Submission on Sanctions and supporting materials were contained in an Exhibit Book (Sanction) which was entered as **Exhibit 3**.

On behalf of the Complaints Director, Ms. Reid submitted that the fundamental purpose of sanctions in the professional discipline context is to ensure the public is protected from ongoing acts of unprofessional conduct. She stated that sanctions protect the public by ensuring that Mr. Lee does not engage in similar conduct by educating him on his professional responsibilities, and by deterring him from acting similarly in the future. They also ensure that the profession more broadly will not engage in similar conduct by educating the profession

about their responsibilities and by deterring other members of the profession from engaging in conflict like Mr. Lee's conduct. Lastly, the sanctions promote public confidence in the College's ability to regulate the profession.

Ms. Reid submitted that the Tribunal had to consider the joint submission as a whole and ask whether the proposed orders are so unhinged from the circumstances that it would bring the College's discipline process into disrepute. Ms. Reid noted that in *R v Anthony Cook,* 2015 SCC 43, the Supreme Court of Canada provided the guidance that if a joint submission does not meet this threshold, it should generally be accepted. She stated the reasoning for that is in recognition that having matters proceed by admission and joint submission benefits the justice system as a whole and it should be encouraged. Ms. Reid stated that this test has been applied in professional discipline contexts, particularly in a case called *Bradley v. Ontario College of Teachers*.

Citing factors identified in *Jaswal v Medical Board (Newfoundland)* (1996), 42 Admin LR (2d) 233 (Nfld TD), Ms. Reid submitted the following factors were relevant in determining an appropriate sanction in this case:

- *Seriousness of the conduct:* Mr. Lee's unprofessional conduct in this case was very serious, and goes to the fundamental obligations of a pharmacist and health care providers generally. Pharmacists in Alberta have the privilege of being able to prescribe compounded medications for patients. However, with this privilege comes an obligation to assess a patient to ensure that a medication is appropriate for a patient's unique conditions and circumstances and to hold paramount the best interests of the patient. Mr. Lee did not take any steps to determine whether the prescribed medications were appropriate for [redacted] or [redacted] He did not speak with them, meet with them, or access their Netcare records prior to prescribing and dispensing the medications. Further, he did not consult with their other health care providers. There were two patients involved and he prescribed a very high number of compounded medications and billed under the patient's insurance for his financial benefit. He created false patient records and undermined the integrity of [redacted] and [redacted] health record when being viewed by other health care providers. This behavior is entirely unacceptable in its nature and gravity as the public entrust pharmacists to ensure the accuracy of their health records and act with honesty and integrity.

- *Fundamental purpose of sanctions:* A suspension is one of the more serious orders that a tribunal can make. The suspension, along with the fine, serve deterrence purposes. They will deter Mr. Lee and the profession more broadly from acting as Mr. Lee has in this case. Further there is a strong emphasis on rehabilitation regarding Mr. Lee's ethical and technical obligations in practice. The other orders would directly protect the public by ensuring that while Mr. Lee is completing this outstanding education, he is not personally prescribing or overseeing others who will compound within his pharmacy.

- *Character and personal attributes of the professional:* Mr. Lee has been a member of the College since 2007 and has been on the clinical registrar since 2012. His conduct was not a result of a lack of experience. Mr. Lee admitted to the conduct alleged in the Revised Notice of Hearing. While he has taken essentially a no contest to the unprofessional conduct allegations, he ultimately agreed to the Joint Submission on Sanctions. This would suggest his conduct during the hearing reflects to some degree that he has acknowledged

what occurred, and that serves as a mitigating factor. In addition, Mr. Lee had no prior findings of unprofessional conduct.

- *Patients in this case:* The patients in this case were seniors (age 70 and 71) and are considered as part of a vulnerable part of society, which should be accounted for. Mr. Lee took advantage of [redacted] and [redacted] and his conduct would not have been caught but for [redacted] and [redacted] son, [redacted] bringing it to the College's attention. This conduct is very concerning given the significant role that pharmacists play in providing care to seniors in Alberta. It was acknowledged that the Complaints Director was not aware of any direct harm caused to [redacted] or [redacted] as a result of Mr. Lee's actions, and neither [redacted] nor [redacted] filed a complaint.

- *Range of sentences in similar cases:* There was not another comparable case.

With respect to costs, Ms. Reid submitted that the parties had agreed Mr. Lee would pay 50 percent of the costs of the investigation and hearing to a maximum of $15,000. She advised that the College's expenses to date were approximately $35,000, which did not account for the hearing or the Hearing Tribunal's costs to prepare its written decision.

In summary, Ms. Reid submitted the sanctions were within the public interest and they did not meet that test of being unhinged from the circumstances or causing a reasonable person to conclude that the discipline process had broken down. The orders serve the sentencing purposes of protecting the public by deterring and educating Mr. Lee, and deterring and educating the profession. They also protect public confidence in the College's discipline and are consistent with and reflect the sentencing factors.

On behalf of Mr. Lee, Mr. Girard agreed that the carefully crafted joint submission was in the public interest. It is a fairly severe sanction to be suspended and to have the public become aware of the conduct, in addition to rehabilitative sanctions.

In terms of the joint submissions, Mr. Girard submitted that when decision-makers are looking at the joint submission, they should only interfere with it in very limited circumstances. When they are considering interfering, if that occurred, they must demonstrate that the joint submission is demonstrably unfit and reasonable and fails to meet the public interest test. He submitted that Hearing Tribunals must give joint submissions serious consideration and they must only depart from it where there are good and cogent reasons to do so. There are strong policy reasons to defer to joint submissions, including because those agreements should be encouraged to avoid protracted, costly and resource-intensive contested hearings and they demonstrate accountability on the part of the members and ensure that parties entering negotiations know that they can rely upon a decision-maker respecting the joint agreements.

Mr. Girard submitted that all of the relevant sentencing criteria were weighted in accordance with the existing law on the issues and sentencing and that the sanctions were in the public interest. He submitted the Hearing Tribunal should agree with, and order, the contents of the joint submission.

In response to a question from the Hearing Tribunal about whether there was any consideration about limiting Mr. Lee’s capacity to be a licensee of a pharmacy in the future, Ms. Reid advised that it was considered by the Complaints Director. Similarly, in response to a question from

the Hearing Tribunal about whether there was any consideration about limiting Mr. Lee's capacity to be a proprietor of a pharmacy in the future, Ms. Reid advised that the full scope of Mr. Lee's role was considered and the orders presented in the joint submission were those that were determined would protect the public and ensure the conduct did not continue.

In response to a question about the vulnerability of the patients given their age and whether the sanctions reflect the risk of harm to such patients, the parties advised that the potential for the risk of harm was considered and reflected in the severity of the sanctions. Finally, in response to a question about whether the parties considered cases outside of the pharmacy profession, the parties advised that while the focus was on the pharmacy profession, time was spent canvassing other cases and it was difficult to draw a perfect analogy.

VII. ORDERS

After carefully considering the Joint Submission on Sanctions, the facts of the case, and the parties' submissions, the Hearing Tribunal accepted the Joint Submission on Sanctions.

The Hearing Tribunal had significant reservations about the sanctions jointly proposed, specifically with respect to the absence of any restriction or limit on Mr. Lee's ability to act as a licensee or proprietor of a pharmacy in the future. The Hearing Tribunal had serious concerns about the responsibility that Mr. Lee could have in these roles and the risk to public safety and the public interest that may result, particularly without any sanction that addressed such conduct or his ability to act without sufficient oversight. The Hearing Tribunal likely would have imposed different sanctions if there was no joint submission, particularly sanctions targeted at Mr. Lee's ability to act as a licensee or proprietor in the future.

However, despite these reservations and considerations, the Hearing Tribunal acknowledged it should defer to the Joint Submission on Sanction unless it believed the proposed sanctions would bring the administration of justice into disrepute or would otherwise be contrary to the public interest.

In *R v Anthony-Cook*, 2016 SCC 43, the Supreme Court of Canada stated: "a joint submission will bring the administration of justice into disrepute or be contrary to the public interest if, despite the public interest considerations that support imposing it, it is so 'markedly out of line with the expectations of reasonable persons aware of the circumstances of the case that they would view it as a break down in the proper functioning of the criminal justice system'" (para. 33). The Supreme Court went on to state that a joint submission should only be rejected if it is "so unhinged from the circumstances of the offence and the offender that its acceptance would lead reasonable and informed persons, aware of all the relevant circumstances, including the importance of promoting certainty in resolution discussions, to believe that the proper functioning of the justice system had broken down" (para. 34), further noting that this is an "undeniably high threshold" (para. 34).

In this case, the Hearing Tribunal's reservations and concerns did not rise to this "undeniably high threshold" and the Tribunal did not believe that the proposed sanctions would bring the administration of justice into disrepute or would otherwise be contrary to the public of interest. However, the Hearing Tribunal's acceptance of the joint submission should not be seen as a strong precedent in future decisions.

With respect to the sanctions, the Hearing Tribunal agreed with the parties that Mr. Lee's conduct was serious enough to warrant a suspension and the fine. As stated earlier in this decision, Mr. Lee's actions in prescribing and dispending compounded medications without ever meeting the elderly and vulnerable individuals and all of his associated actions are a serious breach of the standards to which pharmacists are rightly held. His behavior is entirely unacceptable in its nature and gravity as the public entrust pharmacists to ensure the accuracy of their health records and act with honesty and integrity. A suspension and fine are both warranted to deter both Mr. Lee and other members of the pharmacy profession in the future and to ensure the protection of the public.

The Hearing Tribunal also recognized mitigating factors that supported the relatively brief suspension proposed by the parties, with all but one month of the proposed suspension being held in abeyance unless the Complaints Director receives and investigates a similar complaint against Mr. Lee within the next three years. Most notably, Mr. Lee had no previous findings of unprofessional conduct against him, and Mr. Lee's admissions, acknowledgments, and cooperation allowed the hearing to proceed efficiently, without the need to call any witnesses.

The Hearing Tribunal agreed it was fair and appropriate to require Mr. Lee to take and bear the cost of the CPEP Probe Course, and to require Mr. Lee to provide evidence of an unconditional pass on the course. The Hearing Tribunal also agreed it was appropriate for Mr. Lee to complete the College's Practice Improvement Program. These sanctions are all remedial in nature and are focused on rehabilitating Mr. Lee's professional practice. They will ensure the public is protected in the future and that Mr. Lee will learn from his conduct and reform it in the future.

The other orders, including the revocation of Mr. Lee's APA and his prohibition from acting as a compounding supervisor, will directly protect the public by ensuring that while Mr. Lee is completing this outstanding education, he is not personally prescribing or overseeing others who will compound within his pharmacy. As outlined above, in future cases, the Complaints Director should also consider if a restriction on a pharmacist's ability to act as a licensee or proprietor is also necessary to protect the public.

Finally, the Hearing Tribunal accepted the parties' submissions on costs, recognizing that costs are an inevitable part of self-regulation and that while it is acceptable for the College to recover some of these costs back from disciplined members, the College must also accept some of the burden of the costs of regulation. The Hearing Tribunal heard submissions on the actual cost of the investigation and hearing, which indicate that Mr. Lee will pay the cap of $15,000. The Hearing Tribunal considered this a reasonable maximum amount for Mr. Lee to pay, particularly given his agreement.

Accordingly, the Hearing Tribunal orders as follows:

1. Mr. Lee's practice permit shall be suspended for three months, with
    a. 1 month to be served on dates acceptable to the Complaints Director and completed within 6 months from the date of the Hearing Tribunal 's written decision; and
    b. 2 months to be held in abeyance, subject to the following terms and

conditions:

i. If the Complaints Director receives and directs an investigation into a new complaint about Mr. Lee that in the Complaints Director's opinion involves similar conduct, the Complaints Director may impose the remaining 2 months suspension on Mr. Lee's practice permit, and

ii. The remaining 2 months suspension will expire if the Complaints Director does not refer any complaints described in paragraph 1(b)(i) to an investigation within three years of the date of the Hearing Tribunal's written decision.

2. Mr. Lee shall, within 12 months of the date of the Hearing Tribunal's decision, successfully complete the Centre for Personalized Education for Professionals (CPEP) PROBE course at his own cost and provide evidence of an unconditional pass to the Complaints Director.

   If Mr. Lee fails to provide evidence to satisfy the Complaints Director that Mr. Lee has received an unconditional pass on the CPEP PROBE course within 12 months, his practice permit shall be suspended until such time as he receives an unconditional pass and provides evidence to the Complaints Director that an unconditional pass has been received.

3. Mr. Lee shall pay a fine of $5,000 within 90 days of the Hearing Tribunal's written decision on a schedule satisfactory to the Hearings Director.

4. Mr. Lee shall complete the College's Practice Improvement Program.

5. Mr. Lee's Additional Prescribing Authorization ("APA") is revoked, and he shall be prohibited from reapplying for 1 year from the date that he receives the Hearing Tribunal's decision.

6. Mr. Lee is prohibited from acting as a compounding supervisor for 1 year from the date that he receives the Hearing Tribunal's decision.

7. Mr. Lee shall pay 50% of the costs of the investigation and hearing to a maximum of $15,000, payable on a schedule satisfactory to the Hearings Director. The costs shall be paid in full within 24 months of the date of the Hearing Tribunal's written decision.

Signed on behalf of the Hearing Tribunal by the Chair on November 19, 2025.

Per: 

Anjli Acharya