

ALBERTA COLLEGE OF PHARMACY

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING REGARDING THE CONDUCT OF

AZHAR QURESHI
Registration Number 6099

DECISION OF THE HEARING TRIBUNAL ON MERITS

December 18, 2025

I. INTRODUCTION

The Hearing Tribunal held a hearing into the conduct of Azhar Qureshi, Pharmacist, on September 9, 10, 11, and 12, 2025. The Hearing Tribunal members were Brad Couldwell, Pharmacist and Chair, Peter Sherstan, Public Member, Laurie Reay, Pharmacist, and Kate Freeman, Public Member.

The hearing took place via video conference. The hearing was held under the terms of Part 4 of the *Health Professions Act*, RSA 2000, c H-7 (the “HPA”).

In attendance at the hearing were: Annabritt Chisholm, legal counsel for the Complaints Director of the Alberta College of Pharmacy (the “College”), James Krempien, Complaints Director for the College, Zachary Al-Khatib, legal counsel for Mr. Qureshi, and Mr. Qureshi.

Jason Kully of Field LLP attended as independent legal counsel for the Hearing Tribunal. Margaret Morley attended as the virtual hearing administrator but took no part in the hearing.

There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with the hearing.

II. ALLEGATIONS

The allegations against Mr. Qureshi are as follows:

IT IS ALLEGED THAT while you were a registered Alberta pharmacist and the owner and proprietor of pharmacies in Alberta, you:

1. Diverted controlled drugs from one or more of the pharmacies of which you are an owner and proprietor;
2. Misused one or more controlled drugs on:
 - a. January 10, 2024;
 - b. July 15, 2024;
3. Was not honest with James Krempien, the Complaints Director and an investigator of the Alberta College of Pharmacy, including when, as part of your response to the complaint against you, you stated:
 - a. You did not remove drugs from any of the pharmacies that you own for return, storage, disposal or other purposes;
 - b. You were administered nitroglycerin after being admitted to the Royal Alexandra Hospital on January 10, 2024;

- c. You did not provide a urine sample when you were admitted to the Sturgeon Hospital on July 15, 2024;
- d. You told staff at the Sturgeon Hospital that you have an allergy to morphine (or equivalent) when you were admitted on July 15, 2024.

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;
- b. Undermined the integrity of the profession;
- c. Decreased the public's trust in the profession;
- d. Created the potential for patient harm; and
- e. Failed to exercise the professional and ethical judgment expected and required of an Alberta pharmacist.

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(a), (c), and (f)), 1.2 of the Standards of Practice for Pharmacists and Pharmacy Technicians that were in effect at the time;
- Principles 10 (1, 2, and 10) and 11(5) of the ACP Code of Ethics;
- Section 4(1) of the *Controlled Drugs and Substances Act*.

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 sections 1(1)(pp)(ii), 1(1)(pp)(iii), 1(1)(pp)(vii)(B) and 1(1)(pp)(xii) of the *Health Professions Act*.

III. EVIDENCE

1. Exhibit Book

The Hearing Tribunal was provided with a joint Exhibit Book containing investigation records, medical records and other materials. The Exhibit Book was marked as Exhibit 1 and contained the following documents:

- Tab A. Notice of Hearing dated June 02, 2025
- Tab A.1 Notice to Attend and Produce dated March 20, 2025
- Tab B. Record of Decision dated March 3, 2025
- Tab C. Investigation Records
 1. Complaint Reporting Form by Dr. [REDACTED] about A. Qureshi dated July 23, 2024
 2. Complaint Referral Form dated July 23, 2024

3. Memo to File by J. Krempien dated July 23, 2024
4. Memo to File by J. Krempien dated July 23, 2024 regarding conversation with Dr. [REDACTED]
5. Memo to File by J. Krempien dated July 23, 2024 regarding conversation with A. Qureshi
6. Letter from J. Krempien to Dr. [REDACTED] dated July 23, 2024
7. Letter from J. Krempien to A. Qureshi dated August 23, 2024 enclosing Complaint Reporting Form by Dr. [REDACTED]
8. Letter from J. Krempien to A. Qureshi dated July 23, 2024 and email correspondence from R. Gaetz to A. Qureshi dated July 23, 2024
9. Letter from J. Krempien to AHS Access & Disclosure dated July 24, 2024 regarding request for information and records
10. Patient records from the Sturgeon Community Hospital, Royal Alexandra Hospital, and AHS Emergency Medical Services
11. Letter from J. Krempien to [REDACTED] dated July 25, 2024 regarding request for information and records and emails from A. Pullin to [REDACTED] dated July 25, 2024
12. Memo to File by J. Krempien dated July 29, 2024 regarding call with [REDACTED]
13. Memo to File by J. Krempien dated July 29, 2024 regarding call with [REDACTED]
14. Email from R. Gaetz dated July 30, 2024 enclosing letter from J. Krempien to A. Qureshi dated July 23, 2024 regarding suspension
15. Email from Z. Al-Khatib, Liberty Law LLP to J. Krempien dated July 30, 2024
16. Email from J. Krempien to Z. Al-Khatib dated July 30, 2024 enclosing letter from J. Krempien to A. Qureshi dated July 23, 2024 and Complaint Reporting Form by Dr. [REDACTED]
17. Correspondence between Z. Al-Khatib and J. Krempien dated August 26, 2024 enclosing letter from Z. Al-Khatib to J. Krempien dated August 26, 2024 and response to complaint
18. Email correspondence between J. Krempien and Z. Al-Khatib dated August 26, 2024 enclosing records
19. Memo to File by J. Krempien dated September 6, 2024 regarding call with [REDACTED]
20. Memo to File by J. Krempien dated September 6, 2024 regarding call with [REDACTED]
21. Memo to File by J. Krempien dated September 6, 2024 regarding call with [REDACTED]
22. Memo to File by J. Krempien dated September 6, 2024 regarding call with [REDACTED]
23. Memo to File by J. Krempien dated September 6, 2024 regarding call with [REDACTED]

24. Memo to File by J. Krempien dated September 9, 2024 regarding call with [REDACTED]
25. Email correspondence between J. Krempien and Z. Al-Khatib dated September 10 – 11, 2024
26. Letter from [REDACTED] to J. Krempien dated September 18, 2024 enclosing records
27. Meeting request from J. Krempien to Dr. [REDACTED] dated October 3, 2024
28. Memo to File by J. Krempien dated September 30, 2024 regarding meeting with A. Qureshi
29. Email from J. Krempien to Dr. [REDACTED] dated September 30, 2024 enclosing letter from J. Krempien to Dr. [REDACTED] dated September 30, 2024
30. Email correspondence between J. Krempien and Dr. [REDACTED] dated October 1 – 2, 2024 enclosing letter from J. Krempien to Dr. [REDACTED] dated October 1, 2024
31. Memo to File by J. Krempien dated October 3, 2024 regarding meeting with Dr. [REDACTED]
32. Email correspondence between J. Krempien and Dr. [REDACTED] dated September 30 – October 12, 2024
33. Memo to File by J. Krempien dated October 11, 2024 regarding meeting with Dr. [REDACTED]
34. Memo to File by J. Krempien dated October 15, 2024 regarding call with [REDACTED]
35. Memo to File by J. Krempien dated October 15, 2024 regarding call with [REDACTED]
36. Memo to File by J. Krempien dated October 15, 2024 regarding call with Dr. [REDACTED]

Tab D. Extracts from the Standards of Practice for Pharmacists and Pharmacy Technicians

Tab E. Extracts from the Alberta College of Pharmacy Code of Ethics

Tab F. Extracts from the *Health Professions Act*, RSA 2000, c H-7

Tab G. Extracts from the *Controlled Drugs and Substances Act*, SC 1996, c 19

2. Oral Testimony

a. Witnesses for the Complaints Director

James Krempien, Complaints Director

Ms. Chisholm called James Krempien, Complaints Director for the College, as a witness. Mr. Krempien described the records he collected as part of his investigation

and his decision to refer the matter to the hearing. Mr. Krempien's evidence is summarized as follows:

- Mr. Krempien has been the College's Complaints Director since 2008.
- He received a complaint against Azhar Qureshi from Dr. [REDACTED] [REDACTED] Dr. [REDACTED] concerns were that Mr. Qureshi had diverted controlled medications resulting in an opioid overdose in July 2024 and a previous opioid overdose in January 2024.
- Tab C1 of the Exhibit Book was Dr. [REDACTED] complaint.
- Tab C2 of the Exhibit Book was a complaint referral form, an internal College document.
- Tab C3 of the Exhibit Book was another internal College document outlining the decision to conduct an investigation. Mr. Krempien explained that while three investigators were listed, he was the only one who actively participated in the investigation.
- Tab C4 of the Exhibit Book was a memo summarizing a phone conversation between Mr. Krempien and Dr. [REDACTED] on July 23, 2024. He confirmed the memo was made immediately after the conversation was over, a practice he followed for all of the memos in the investigation. The memo was about the complaint and next steps.
- Tab C5 of the Exhibit Book was a memo summarizing a phone conversation between Mr. Krempien and Mr. Qureshi on July 23, 2024. Mr. Qureshi told Mr. Krempien the admission to the Royal Alexandra Hospital in January 2024 was related to a hypoglycemic event connected to his diabetes. Mr. Qureshi told Mr. Krempien the admission to the Sturgeon Hospital in July 2024 was the result of a female pharmaceutical representative placing a substance in his coffee. Mr. Qureshi informed Mr. Krempien that he had not misused any drug and did not have a drug problem.
- Tab C6 of the Exhibit Book was a letter to Dr. [REDACTED] acknowledging the complaint and providing general information about the complaint investigation.
- Tab C7 of the Exhibit Book was a letter to Mr. Qureshi notifying him about the complaint and providing a copy of the complaint.
- Tab C8 of the Exhibit Book was a letter to Mr. Qureshi and others providing notification that in accordance with a previous Hearing Tribunal decision he was imposing a second suspension on Mr. Qureshi's practice permit. Mr. Krempien

discussed the circumstances of the previous Hearing Tribunal decision. Mr. Krempien confirmed that at the time of the hearing Mr. Qureshi had an unconditional practice permit.

- Tab C9 of the Exhibit Book was a letter to Alberta Health Services requesting hospital records associated with Mr. Qureshi's January and July 2024 hospital encounters.
- Tab C10 of the Exhibit Book included the hospital records from Mr. Qureshi's July 15 and 16, 2024 visit to the Sturgeon Hospital and his January 10 and 11, 2024 visit to the Royal Alexandra Hospital. There were also emergency medical services records from July 15 and January 10, 2024 and AHS after-visit summary records provided to Mr. Qureshi after his discharge on July 16, 2024. Mr. Krempien discussed the records and what he understood they stated, including:
 - the admission to the Sturgeon Hospital on July 15, 2024 was for an altered level of consciousness consistent with an opioid overdose. Mr. Qureshi suggested to the staff at the hospital that his coffee had been spiked with fentanyl or some other substance, something Mr. Qureshi repeated to him in his written response to the complaint and a meeting;
 - the admission to the Royal Alexandra Hospital on January 10, 2024 was for an altered level of consciousness consistent with an opioid overdose. Mr. Qureshi advised Mr. Krempien the admission was related to a hypoglycemic event or low blood sugar. He also stated Mr. Qureshi was given IV fluids and naloxone or Narcan on January 10 or 11, but no nitroglycerin;
 - Mr. Qureshi's recorded allergies on his chart listed sulfonamides and nothing else. Sulfonamides are not related to the drug morphine.
- Tab C11 of the Exhibit Book was a letter seeking Mr. Qureshi's Netcare Pharmaceutical Information Network or PIN profile for July 25, 2023 to July 25, 2024 as Mr. Krempien wanted to see if there were any medications prescribed to Mr. Qureshi consistent with what was shown in his urine and with the statements he made about some of the conditions he had and the drugs he was taking.
- Tab C12 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with the licensee of Healthy Choice Pharmacy 101, a pharmacy where Mr. Qureshi had been working just prior to his July 15, 2024 visit to Sturgeon Hospital.
- Tab C13 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with [REDACTED] a pharmaceutical representative who was at the pharmacy with Mr. Qureshi on July 15. [REDACTED] reported that Mr. Qureshi was dispensing medications and that it was a busy day. [REDACTED] reported she went to Tim Hortons for a coffee run and came back

with black coffees with cream and sweetener on the side. She denied spiking the coffee in any way.

- Tab C14 of the Exhibit Book was a letter Mr. Krempien sent to an additional licensee of a pharmacy where Mr. Qureshi was an owner or proprietor.
- Tabs C15 and C16 of the Exhibit Book were emails between Mr. Krempien and Mr. Al-Khatib.
- Tab C17 of the Exhibit book was an email, a letter, and a written response to Dr. [REDACTED] complaint received from Mr. Al-Khatib on behalf of Mr. Qureshi. The response to the complaint indicated that Mr. Qureshi did not take any opioids and that he did not divert any prohibited medications. With respect to the January 10, 2024 hospital visit, Mr. Qureshi indicated it was a combination of his diabetes and exhaustion that led to him being extremely tired. Mr. Qureshi stated he was not given any medications, that he did not require Naloxone, that he was not suffering from any altered level of consciousness due to medications, and that his medical issues were a result of hypoglycemia. With respect to the July 15, 2024 hospital visit, Mr. Qureshi stated that he drank the coffee the pharmaceutical representative brought around 5:00 p.m. and then his face turned colour and he fell down. He stated he was taken to the hospital and treated for an anaphylactic reaction and that he suspected the coffee was laced with a substance that caused an adverse reaction. Mr. Qureshi indicated the drugs that showed up on the tox screen are prescription medications, suggesting he had prescriptions and had been dispensed the medications. Mr. Qureshi indicated methylphenidate is a regular medication that he takes in the morning; for the benzodiazepine, it was clonazepam or lorazepam, that he has a prescription for anxiety; for the Tramacet, he received a prescription while travelling in Pakistan; and he stated he takes diphenhydramine and dextromethorphan in the morning for a dry cough. Mr. Krempien stated that the written response did not account for the presence of amphetamine Adderall and that Mr. Qureshi was unclear as to which benzodiazepine he was referring to as both were found in his tox screen. He also stated there was no indication the prescriptions would account for the methadone and its metabolite.
- Tab C18 of the Exhibit Book was correspondence between Mr. Krempien and Mr. Al-Khatib regarding prescription medication reports as well as partial reports of prescription listings provided by Mr. Qureshi and Mr. Al-Khatib. Mr. Krempien discussed the prescriptions that Mr. Qureshi had received.
- Tab C19 of the Exhibit Book was a summary of a further phone conversation Mr. Krempien had with the licensee of Healthy Choice Pharmacy 101, who indicated that in the past two years Mr. Qureshi may have removed drugs from the pharmacy for the purpose of obtaining credit for the drugs returned. The licensee indicated this would include unused and expired drugs. The licensee indicated that in the past year Mr.

Qureshi had worked there independently on Saturdays and would have had unrestricted access to the drugs.

- Tab C20 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with the licensee of Evansdale Pharmacy, who indicated that in the past two years Mr. Qureshi had removed unused and expired drugs from the pharmacy's inventory on one or possibly two occasions for credit of the drugs with the manufacturer. The licensee specified the medications did not include any controlled medications and that controlled drugs were destroyed in the pharmacy. The licensee indicated that Mr. Qureshi worked at the pharmacy on the occasional evening and had unrestricted access to drugs.
- Tab C21 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with the licensee of Super Mark Drugs, who indicated that in the past two years Mr. Qureshi had not removed any unused or expired medications, and that Mr. Qureshi had worked at the pharmacy on five days in 2024, four of which he worked independently.
- Tab C22 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with the licensee of Hudson Pharmacy, who indicated that in the past two years Mr. Qureshi had not removed any unused or expired drugs. The licensee also indicated that Mr. Qureshi had worked there regularly on Sundays and Mondays and that he had independent and unrestricted access to the drugs.
- Tab C23 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with the licensee of Legacy Pharmacy, who indicated that in the past two years Mr. Qureshi had not removed any unused or expired medications, and that Mr. Qureshi had not worked there in 2024.
- Tab C24 of the Exhibit Book was a summary of Mr. Krempien's phone conversation with the licensee of Copperstone Pharmacy, who indicated that in the past two years Mr. Qureshi had not removed any unused or expired drugs from the pharmacy and that Mr. Qureshi had never actually practiced at that pharmacy.
- Tab C25 of the Exhibit Book was emails between Mr. Al-Khatib and Mr. Krempien setting up a time to discuss the complaint.
- Tab C26 of the Exhibit Book was Mr. Qureshi's PIN profile records or prescription listings for July 2023 to July 2024. Mr. Krempien stated he compared these records with the hospital records and that the only drug that corresponded with the drugs listed in the tox screen was Concerta, or the methylphenidate. Mr. Krempien stated this showed him that Mr. Qureshi had an ongoing prescription for that but not for the other medications.
- Tab C27 of the Exhibit Book was an email Mr. Krempien sent to Dr. [REDACTED] setting up a meeting.

- Tab C28 of the Exhibit Book was a summary of a meeting between Mr. Krempien and Mr. Qureshi. They talked about the January 10-11, 2024 and July 15-16, 2024, hospital visits, Mr. Qureshi's response to the complaint, and other information relevant to the investigation. Mr. Qureshi stated he did not receive any naloxone injections or tablets with the exception of a nitroglycerin tablet on January 10-11. Mr. Krempien stated this was inconsistent with the hospital records that indicated he had received naloxone and Ringer's lactate. Mr. Krempien also stated that Mr. Qureshi was not just observed, and he was provided with treatment consistent with an opioid overdose. Mr. Krempien also stated that Mr. Qureshi advised him that, regarding the January 10-11, 2024 hospital visit, Mr. Qureshi had visitors at his condo from 7-9 pm, that he was suffering from hypoglycemia, and that he had no issues communicating with EMS or the Royal Alexandra Hospital staff. Mr. Krempien stated these were all inconsistent with the hospital records. Mr. Qureshi also indicated that with respect to the July 15 hospital admission that he had an allergic reaction to morphine and other opioid drugs and that he told staff at the hospital he was allergic to morphine. Mr. Krempien stated this was not on Mr. Qureshi's chart. Mr. Qureshi also stated he had no unusual symptoms, other than a cough, but then later indicated he had been suffering from anxiety so he self-administered some clonazepam or Ativan and that he had dental pain, so he self-administered tramadol. Mr. Qureshi also stated he had not removed any unused or expired drugs from the pharmacy since 2022, which was not consistent with the fact that two licensees told Mr. Krempien that Mr. Qureshi had removed expired and unused medications from their pharmacy on multiple occasions to obtain credit. Mr. Qureshi also indicated he had just been doing the books and covering in pharmacies, which was inconsistent with the information he worked a couple or several shifts, and that the pharmaceutical representative was trustworthy, which was inconsistent with the suggestion she spiked the coffee.
- Tab C29 of the Exhibit Book was an email between Mr. Krempien and Dr. [REDACTED] regarding the investigation.
- Tab C30 of the Exhibit Book was an email exchange between Dr. [REDACTED] [REDACTED] a physician in the emergency room at the Sturgeon Hospital, and Mr. Krempien regarding care provided to Mr. Qureshi on July 15, 2024.
- Tab C31 of the Exhibit Book was a summary of a meeting between Dr. [REDACTED] and Mr. Krempien regarding the complaint. Dr. [REDACTED] confirmed that on July 15-16, 2024, Mr. Qureshi was treated for an opioid overdose, and that he was never treated for an anaphylactic reaction. Dr. [REDACTED] stated there was no record of Mr. Qureshi indicating that he had a morphine or opioid allergy, and the records only indicated Mr. Qureshi had a sulfa allergy.
- Tab C32 of the Exhibit Book was emails between Mr. Krempien and Dr. [REDACTED] setting up a meeting.

- Tab C33 of the Exhibit Book was a summary of a meeting between Mr. Krempien and Dr. [REDACTED] about the care she provided to Mr. Qureshi on July 15-16, 2024. Dr. [REDACTED] confirmed there was only an allergy noted to sulfa drugs and nothing else and that Mr. Qureshi was treated for an opioid overdose, not an anaphylactic reaction.
- Tab C34 of the Exhibit Book was a summary of a conversation between Mr. Krempien and the licensee of the Mistatim Pharmacy and Compounding Lab. The licensee indicated Mr. Qureshi had not removed any expired or unused medications and that Mr. Qureshi had never worked there or had independent or unrestricted access to drugs.
- Tab C35 of the Exhibit Book was a summary of another conversation between Mr. Krempien and the licensee of the Evansdale Pharmacy regarding Mr. Qureshi's work schedule on January 10, 2024. The pharmacy work schedule indicated that on that date, the pharmacy was open to the public from 9 a.m. to 6 p.m. and that the licensee was the only pharmacist scheduled to work there. However, Mr. Qureshi provided some overlap at the pharmacy from 2 to 6 p.m. The licensee indicated there were records indicating Mr. Qureshi was the dispensing pharmacist in the afternoon.
- Tab C36 of the Exhibit Book was a summary of a meeting between Mr. Krempien and Dr. [REDACTED] about the care he provided to Mr. Qureshi on January 10-11, 2024. Dr. [REDACTED] indicated Mr. Qureshi was not hypoglycemic, that there was no documented allergy to morphine or other opioids in the records, that it was an opioid overdose that resulted in Mr. Qureshi's hospital attendance, and that Mr. Qureshi was administered Ringer's lactate solution and Naloxone, but no other drugs including nitroglycerin.
- Mr. Krempien completed his investigation and referred the matter to hearing and a record of his decision in that regard was found at Tab B of the Exhibit Book.
- During cross-examination:
 - Mr. Krempien reviewed his investigator training and confirmed that he ensures information is conveyed in an accurate and unbiased fashion.
 - Mr. Krempien reviewed Mr. Qureshi's prior finding of unprofessional conduct and the circumstances that led to the hearing, as well as the fact that Mr. Qureshi admitted the conduct. Mr. Krempien confirmed the panel in the prior decision concluded that Mr. Qureshi was using his corporate office to conduct business for the pharmacies and was gathering the manufacturer returned expired drugs for disposal during the Covid-19 pandemic.
 - Mr. Krempien stated that two of the licensees he spoke to indicated that Mr. Qureshi removed drugs from pharmacies but that they did not specify if they were Schedule

I or Schedule II drugs. Mr. Krempien stated one licensee indicated there would not have been any controlled drugs removed by Mr. Qureshi.

- Mr. Krempien confirmed that in his recording of the conversation with the licensee of Healthy Choice Pharmacy 101 he indicated the licensee stated Mr. Qureshi “may have removed drugs” but that his interpretation was that she was not aware of the dates that this occurred or what drugs were removed but that she was very confident that drugs had been removed. He indicated that at the beginning of the conversation the licensee was more uncertain about the removal of drugs but that toward the end she was more certain that Mr. Qureshi had removed drugs for the purposes of obtaining credit.
- Mr. Krempien confirmed that none of the pharmacy staff stated they observed Mr. Qureshi in an altered state of consciousness at the pharmacies.
- Mr. Krempien confirmed that none of the pharmacy staff stated they observed Mr. Qureshi taking restricted drugs and consuming them at the pharmacies.

Dr. [REDACTED] [REDACTED]

Dr. [REDACTED] [REDACTED] testified that he had been working primarily at the Sturgeon Community Hospital as an Emergency Room physician since 2023, as well as a bit at the Royal Alexandra Hospital, and then as an inpatient addictions physician at the Royal Alexandra Hospital. He testified that he had moved to Calgary more recently and is currently working primarily in urgent care addictions.

Dr. [REDACTED] testified he submitted a complaint about Mr. Qureshi, found at Tab C1 of the Exhibit Book. He testified that he attended to Mr. Qureshi in the Emergency Room at the Sturgeon Community Hospital on July 16, 2024 after Mr. Qureshi had been admitted on July 15 and that Mr. Qureshi was very sick and that he “almost died from this presentation”. Dr. [REDACTED] testified the results of the urine toxicology screen showed that the cause was likely diverted medications, especially methadone. Dr. [REDACTED] testified Mr. Qureshi almost died as the information indicated he was a very sick patient who was probably within minutes of cardiac arrest. This was based on the EMS notes which reported that Mr. Qureshi was receiving CPR [REDACTED] that he was not breathing, that he was unresponsive, and the vital signs report. He also noted that EMS placed an i-gel on Mr. Qureshi which is only tolerated if someone is deeply unconscious.

Dr. [REDACTED] testified that the urine tox screen showed medications that were not prescribed to Mr. Qureshi as they were not on the Netcare PIN for Alberta and when Dr. [REDACTED] spoke with him at the hospital, Mr. Qureshi reported that he had never been prescribed any medications like those on the screen.

Dr. [REDACTED] reviewed the report from Mr. Qureshi's visit to the Sturgeon Hospital from July 15 to July 16, 2024. He stated he was not there when Mr. Qureshi arrived and that he took over care at 0600 hours on July 16 from Dr. [REDACTED] [REDACTED]. At that time, Dr. [REDACTED] and he would have spoken about Mr. Qureshi's presentation, his treatment by EMS, what Dr. [REDACTED] had found in her exam, and what her investigation had shown. Dr. [REDACTED] informed him of Mr. Qureshi's past medical history as well and Dr. [REDACTED] reviewed this information himself. He found that Mr. Qureshi had an ER visit for altered level of consciousness with a similar presentation in January.

Dr. [REDACTED] testified that Mr. Qureshi's symptoms were consistent with an opioid overdose. This was based on a number of things, namely Mr. Qureshi's small pupils, as well as bradypnea or low respiratory rate, the elevated level of carbon dioxide, and the response to Narcan. Dr. [REDACTED] stated that the only substance that reliably will cause bradypnea and altered level of consciousness that improves with Narcan is an opioid of some sort. Dr. [REDACTED] stated that Narcan would not cause an improvement of symptoms from a hypoglycemic incident, an allergic reaction to Tylenol, or an allergic reaction to morphine. When asked if Mr. Qureshi's symptoms could be caused by hypoglycemia, he stated that the altered level of consciousness could have been, but it would not have improved with Narcan and that Mr. Qureshi's glucose was checked many times and it was always within normal limits.

Dr. [REDACTED] stated that Mr. Qureshi's conditions were "very serious" and "definitely life-threatening".

Dr. [REDACTED] walked through his care of Mr. Qureshi during his shift. This included repeated doses of Narcan at 1052 hours. He also ordered a urine drug screen at 1400 hours as Mr. Qureshi was not waking up and he was considering an admission to hospital. An internal medicine opinion was also completed by another physician who assessed that it was some sort of opioid poisoning and that there was not any other cause of Mr. Qureshi's altered level of consciousness.

Dr. [REDACTED] stated that the period of Mr. Qureshi's altered level of consciousness was consistent with a methadone overdose. He stated as methadone was the only opioid in Mr. Qureshi's urine that it was "highly likely" Mr. Qureshi had suffered a methadone overdose.

Dr. [REDACTED] reviewed Mr. Qureshi's urine toxicology screen which were in the Exhibit Book. He stated the screen indicated Mr. Qureshi metabolized methadone before it entered the urine. He also stated it indicated his body metabolized tramadol, clonazepam, and lorazepam.

Dr. [REDACTED] stated he spoke with Mr. Qureshi about his condition at the hospital and that Mr. Qureshi initially stated he did not know anything about what had got him there.

Then later, Mr. Qureshi stated he had concerns that his coffee had been spiked with fentanyl.

Dr. [REDACTED] stated diabetic ketoacidosis could have caused some of the symptoms but that there was no diabetic ketoacidosis. He also stated there was no diagnosis of ischemic heart disease.

Dr. [REDACTED] discussed how naloxone, or Narcan, works and how it has the opposite effects of opioids on the body.

Dr. [REDACTED] stated he talked to Mr. Qureshi about a substance abuse issue and about connecting him with resources, but that Mr. Qureshi stated he did not have a substance abuse disorder and that he had not taken any substances intentionally that would have caused his situation.

Dr. [REDACTED] reviewed his standard charting practices and stated he followed them in Mr. Qureshi's case.

Dr. [REDACTED] confirmed the memo at Tab C31 of the Exhibit Book was an accurate account of his discussion with Mr. Krempien.

On cross-examination, Dr. [REDACTED] confirmed the initial diagnosis of opioid use was based on shallow breathing and constricted pupils. He stated the response to Narcan was partially responsible for confirmation of the diagnosis, but that the diagnosis was based on the rest of the workup as well. Dr. [REDACTED] confirmed that Narcan would reverse the effects of fentanyl, but that Mr. Qureshi's toxicology showed no fentanyl in Mr. Qureshi's system. He confirmed that it takes at least a few days for fentanyl to get out of the system and stated there was "no way that fentanyl caused his symptoms at the time of our visit". Dr. [REDACTED] stated that methadone could have been put into a liquid substance like coffee as methadone is a liquid. He stated he did not know if the other substances found in Mr. Qureshi's toxicology screen came in readily available liquid forms so he could not speak to those.

In response to questions from the Tribunal, Dr. [REDACTED] discussed his experience and training related to his addictions specialist practice. In terms of patients in an opioid overdose situation, he stated as part of the addictions consult team, he saw 15 patients per week minimum and that as an ER physician he saw 5 to 10 per month for the last five years. He stated he did not know how much methadone would be required for an opioid-naïve patient to present with symptoms like Mr. Qureshi had when he was seen by Dr. [REDACTED] on July 16, 2024.

Dr. [REDACTED] [REDACTED]

Dr. [REDACTED] [REDACTED] testified that he is an emergency physician at the Royal Alexandra Hospital. He stated he has been in practice since 2006 and that he worked at the Royal Alexandra Hospital for 19 years. He stated that as an emergency room physician he has experience diagnosing and treating opioid overdoses and that he treats opioid overdoses “pretty much daily”.

Dr. [REDACTED] testified he saw Mr. Qureshi on January 10, 2024 at the Royal Alexandra Hospital. Based on the records, he indicated Mr. Qureshi arrived at the hospital at 7:46 p.m. and he was assessed in the emergency department at 9:44 p.m. Dr. [REDACTED] testified Mr. Qureshi had an opioid overdose. This was based on the history obtained from other professionals, and the physical examination and lab tests. He testified Mr. Qureshi did not receive nitroglycerin at the hospital, but that Mr. Qureshi did receive a small dose of Narcan.

He testified that the document at Tab C36 of the Exhibit Book was an accurate summary of his conversation with the Complaints Director.

On cross-examination, Dr. [REDACTED] testified he did not speak to Mr. Qureshi during the hospital encounter. He stated the opioid overdose diagnosis was based on the history received from the paramedics, the history from the nursing staff, the response to Narcan, and other ancillary tests. He stated he had no data to understand how Mr. Qureshi might have come to have opioids in his system.

[REDACTED] [REDACTED]

[REDACTED] [REDACTED] testified he has been involved in emergency medical services in Alberta for 26 years. He testified he is currently an advanced care paramedic, and he works as an operations supervisor for Alberta Emergency Health Services in the Edmonton zone. He stated he has experience responding to calls involving opioid overdoses and that since 2021 the opioid crisis in Alberta has been significant and he was once responding to 4-5 opioid overdoses a day. He stated it has gotten better but there are still spikes throughout the year.

Mr. [REDACTED] testified he was working as a frontline paramedic working on an ambulance on January 10, 2024. He testified it was his responsibility to attend to all the patients that were encountered by him and his partner during their 12-hour shift and that he had charting responsibilities. He stated he responded to an emergency call at [REDACTED] [REDACTED] in Edmonton and that the call involved a patient named Azhar Qureshi. Mr. [REDACTED] recalled arriving at the house and that there was an individual who was 8-10 years old and an older individual who led them into the building. He stated Edmonton Fire Rescue Service was already on scene.

He testified that Edmonton Fire Rescue Service was providing care to a gentleman lying on the bedroom floor. He approached and started an assessment and to get information. He recalled the gentleman was unresponsive initially and through his assessment and the signs and symptoms observed they were going to treat him as though he was suffering an opioid overdose. A bettering of symptoms occurred when they provided naloxone, or Narcan, and the gentleman was able to speak with them. That confirmed their treatment pathway and that is how they continued to treat the individual on route to the hospital. He stated Narcan confirmed the treatment pathway because it has one purpose, being the reversal of opioid overdoses. When it is given to a person and there is return of a normal response that would be expected from a regular person, then they treat for an opioid overdose.

Mr. [REDACTED] confirmed that Azhar Qureshi was the person found unresponsive at the scene. He reviewed Tab C10 in the Exhibit Book which was the patient care record completed by Mr. [REDACTED]. The patient care record indicated they arrived at the residence at 18:45:32. He stated he stayed with Mr. Qureshi from the time he started treatment to the time he handed over care at the Royal Alexandra Hospital, which was 21:35:34.

Mr. [REDACTED] testified that there was a large quantity of medication bottles in the residence where Mr. Qureshi was found. They found several pill bottles that were unlabeled as well as several pill bottles with names that did not match Mr. Qureshi's. He did not recall what type of pills were found.

Mr. [REDACTED] testified that he wrote the "History of Chief Complaint" information on page 240 of the Exhibit Book. He stated they would ask witnesses, family members, and people on the scene what happened, and he recorded the story that was relayed. He stated that as part of Edmonton Fire Rescue Service's initial care and standard assessment, they determine the patient's blood glucose level. He testified Mr. Qureshi was identified as a diabetic and the young gentleman, later identified as his son, tried to spoon sugar into his mouth to correct that. He testified a reading of 14.5 mmol/L would be indicative of a hyperglycemic state, not a hypoglycemic state, indicating it was not a low sugar problem.

Mr. [REDACTED] walked the Tribunal through his focused patient assessment. He noted a 1 for eye response, which is no response noted, a 1 for verbal response, which is no response noted, and 5 for motor response of localizing pain, indicating there is deep-brain stimulus and brain activity. He noted that breathing at a rate of 8 per minute, as documented, is consistent with opioid overdoses as they suppress the central nervous system and result in lower breathing rates. He stated typical breathing rate expected in an adult would be 12 to 20. He stated grunts on escalation was an indicator his body was trying to protect his airway. He indicated there were no signs of trauma. He stated pupils were at 2 mm and sluggish to react, which was another indicator of opioid overdose. He testified the patient was administered 0.8 milligrams intramuscular Narcan with good

effect as after administration he had a 3 for eye opening to speech, 4 for verbal response, and 6 for motor response. He stated that the patient denied use of any other drugs and that he meant to write the denial of any drugs other than prescribed medications but that his thought process was interrupted while documenting. He did not recall which prescription medication Mr. Qureshi indicated using.

On cross-examination, Mr. [REDACTED] stated he did not have knowledge as to how any substances entered Mr. Qureshi's system.

b. Witnesses for Mr. Qureshi

Azhar Qureshi

Azhar Qureshi testified that he has been working as a pharmacist in Canada for 24 years, as well as 8 years in Kuwait. He stated he worked as a licensee with Loblaws at different pharmacies from 2002 to 2017 and that he now owns his own businesses. As a proprietor of pharmacies, he covers pharmacists if they are not available and sometimes, he might work a few days a week in different pharmacies.

Mr. Qureshi testified he has suffered from diabetes and hypertension since 2001. He also stated he developed anxiety, panic disorder and depression because of stress and overwork. He said he sometimes suffers from hyperglycemia and sometimes from hypoglycemia in relation to his diabetes. He stated he takes medications for his ailments, including rapid-acting and long-acting insulins, tablets like sulfonylureas, biguanides, and Jardiance, Crestor and Lopid, clonazepam generally and sometimes lorazepam for anxiety, Tylenol, Arthrotec, and Concerta for depression. He stated that he was taking all of these medications at the time of the January and July 2024 incidents and that he was also taking Benadryl, diphenhydramine, for itchy skin.

Mr. Qureshi testified he needed to correct information that had been provided to Mr. Krempien related to January 10, 2024. He stated he was at work in the morning around 9:00 a.m. but then got a phone call from his son's school around 9:30 a.m. informing him that his son was sick. He then left work to go and pick up his son and took him back to his corporate office. He gave his son Advil, and he took Benadryl and the two of them slept. He said he did not know what happened after that and then in the evening guests came, and his son was upset and trying to wake him up. He stated he was scheduled to be at Evansdale Pharmacy, but he went to the corporate office early because his son was sick.

Mr. Qureshi testified that on January 10, 2024, his son was trying to wake him up in the afternoon. He stated that his son informed him that Mr. Qureshi went to the washroom and came back and then laid down on the floor. Mr. Qureshi did not remember this. He was told that his son was upset and in the evening some friends came. They thought he was suffering from hypoglycemia and put sugar in his mouth, but he was not in a

conscious state. Then 911 was called. Mr. Qureshi confirmed he had no independent memory of what happened, and it was based on what his son told him. His only memory was that he was working at the Evansdale Pharmacy when he got a phone call, that he took his son to the office, that he gave his son Advil and took Benadryl, and then they fell asleep. The next thing he remembered was a paramedic slapping his cheek and asking his name.

Mr. Qureshi stated that he never took any kind of opioid in his life, except when a dentist prescribed him Tylenol 3, and then he only took one or two tablets as he did not feel good from taking it. He testified he had surgery in Kuwait in 1996 and that he almost died, and they told him not to take that medication anymore.

Mr. Qureshi was asked about Narcan being administered to him with good effect. He stated that his explanation was that the Benadryl diphenhydramine metabolized and gave an opioid kind of response. This was based on his experience and knowledge. He stated diphenhydramine can give a false response like opioids. He reviewed Exhibit 3, which was information he got online about how medication can give a false positive result in a drug test. He found this information when he was trying to explain to himself how the Narcan gave the response it did. He said that his explanation was that the Benadryl he was taking metabolized into giving an opioid like response and provided a false response for opioid symptoms.

Mr. Qureshi stated that after he was released from the hospital in January 2024, he was not given any discharge sheet or prescriptions.

With respect to the July 15, 2024 hospital visit, Mr. Qureshi testified that he was asked by the licensee to cover their shift. He stated he had a bit of a dry cough, so he took dextromethorphan and diphenhydramine and other medication as usual. He stated he started working at 9:00 a.m. and then the pharmaceutical representative came around 3:00 p.m. and brought five black coffees. He took a sip of the coffee then and then set it aside as he was busy. He stated that his wife came and dropped his son off. He was working on signing prescriptions when he saw the coffee. He opened it and it was a black coffee. He stated he drank it normally and there was a bitter taste. He rushed to the fridge and took a Sprite to clear his throat. His son came a few minutes later and told him that his face was turning colours. He went into the counselling room to look in the mirror and then he passed out.

He confirmed his son attended the pharmacy at 4:30 p.m. as he knew his wife had to work at 6:00 p.m. His son was sitting close to him as he was filling out paperwork. Just before 4:30 p.m., the assistant was still there but she left when his son came as the pharmacy closed at 5:00 p.m.

In response to being asked how he would respond to the allegation that he consumed opioids, Mr. Qureshi questioned how he could do so as he had to take his son home. He

said he did not consume opioids, and he only drank the coffee, his colour changed, and he passed out. He was asked to explain why Narcan was administered with good effect, and he explained that whatever was in the coffee was the explanation and the cause of the whole thing. He stated that when he was interviewed by Mr. Krempien, he brought up the coffee and the pharmaceutical representative as he was trying to provide some explanation.

Mr. Qureshi stated he was given something in the hospital, and he assumed it was nitroglycerin because he has ischemic heart disease. He stated that no one told him what kind of medication he was given and that was his understanding. He stated he was not intending to give a false statement. With respect to providing a urine sample, he stated he was honest that he did not provide a urine sample as he had urine retention and could not urinate. With respect to saying he had an allergy to morphine or equivalent, he testified he was told in Kuwait not to take morphine as he almost died. Overall, Mr. Qureshi stated he did not give any false statements.

On cross-examination, Mr. Qureshi:

- confirmed in 2024 he worked Saturdays at Healthy Choice Pharmacy, Sundays at Hudson Pharmacy, and sometimes he worked Mondays at Hudson Pharmacy or Evansdale Pharmacy.
- stated he takes clonazepam generally, but that did not mean every day.
- confirmed he takes lorazepam sometimes.
- stated his clonazepam prescription was filled March 21, 2018.
- stated he was prescribed lorazepam but did not know where he got it from.
- stated he took Concerta on July 15, 2024 and that it metabolized into amphetamine.
- in response to the suggestion that he took a different amphetamine that was not Concerta on or around July 15, 2024, stated that he did not take an amphetamine and only took Concerta.
- stated he did not take methadone on July 15, 2024.
- in response to the suggestion that he took a benzodiazepine on July 15, 2024 that was not prescribed to him, stated he only took clonazepam which was prescribed.
- confirmed that Exhibit 3 was something he found on the Internet.
- acknowledged that he knew the only thing Narcan reverses is the effects of opioids, but stated Benadryl can be metabolized and long-term metabolites can respond like opioids.
- acknowledged he told Mr. Krempien he did not lose consciousness on July 15, 2024 and that he did not remember having an i-gel.
- acknowledged he told Mr. Krempien that he received a sublingual tablet of nitroglycerin, and he assumed it was nitroglycerin.
- stated he was at Evansdale Pharmacy on January 10, 2024 from 9:00 a.m. to 9:30 a.m.

- acknowledged he spoke to Mr. Krempien on September 4, 2025 when Mr. Krempien called the Evansdale Pharmacy and that he told Mr. Krempien that the schedule indicated he was working as the pharmacist on shift on January 10, 2024 and that he did not tell Mr. Krempien he had to leave because his son was sick.
- acknowledged he told Mr. Krempien he was working at Evansdale Pharmacy all day on January 10, 2024 but that he was not there and left early and that he was reminded by his son that he left early.
- stated on July 15, 2024, he was informed that his son, who was 8 at the time, called his daughter who came and started resuscitating him and then his son and daughter called 911.
- denied taking an opioid on January 10, 2024.
- denied taking an opioid on July 15, 2024 and denied taking any opioid containing drugs that were not prescribed.
- stated he was discharged with a catheter in July 2024 but did not remember providing a urine sample.
- denied removing any controlled drugs from any pharmacy.
- stated he did not remember if he told anyone at the hospital on July 15, 2024 that he had an allergy to morphine.
- acknowledged he must have told Mr. Krempien that he told the staff that he had an allergy to morphine.
- stated that from 2022 onwards he did not remove any drugs from a pharmacy.

■

■ testified that he was 10 years old, and that Mr. Azhar Qureshi was his father.

He stated January 10, 2024 stood out to him. He stated he went to school and felt sick at 10:00 a.m. and then his father came to pick him up and took him to the apartment. He stated that he went to the bedroom and slept. Mr. Qureshi came and slept with him and then went to the washroom and then lied on the floor. When ■ woke up at 12:00 p.m., he found Mr. Qureshi unresponsive and thought he was sleeping. He left Mr. Qureshi for some time and then started to get worried and called some of his family. One person came and tried to wake up Mr. Qureshi. Another person, a co-worker of Mr. Qureshi's, came at about 6:10 p.m. and they put sugar and Coke in Mr. Qureshi's mouth. Then they called the paramedics who came to work on Mr. Qureshi. The paramedics asked some questions and then took Mr. Qureshi out of the condo building and took him to the hospital. ■ stated he did not go to the hospital. ■ stated he did not see Mr. Qureshi consume anything and that ■ slept fast.

■ stated he remembered July 15, 2024 as well. He stated his mom dropped him off at the pharmacy with Mr. Qureshi in St. Albert as his mom had to work. He sat at the back desk of the pharmacy while Mr. Qureshi signed some papers and did pharmacy work. ■ testified Mr. Qureshi drank coffee and then was making faces like the coffee was

bitter. Mr. Qureshi then took Sprite from the fridge and drank it, and Mr. Qureshi then started to feel a bit weird and sick. Mr. Qureshi went to the counselling room to check his face and then he fell down and passed out. ■■■ called his sister who then came and checked on Mr. Qureshi. She called 911 who told her to start chest compressions and CPR, so she did. ■■■ stated paramedics arrived, asked questions, and then took Mr. Qureshi to the hospital.

■■■ stated he went to the pharmacy at 4:30 to 5:00 p.m. He stated the coffee was in a red Tim Hortons cup. He stated that Mr. Qureshi did not say anything after drinking the coffee. ■■■ stated he did not see his father consume or take anything other than coffee and Sprite between the time he was at the pharmacy and went Mr. Qureshi passed out.

On cross-examination, ■■■ confirmed he was 8 on January 10, 2024. He stated ■■■ was the individual who arrived first, and ■■■ ■■■ arrived second. ■■■ stated his school was really close to the condo they went to.

IV. SUBMISSIONS

After the witnesses testified, Ms. Chisholm made closing submissions on behalf of the Complaints Director.

She submitted the Hearing Tribunal's task was to determine if the three allegations in the Notice of Hearing had been factually proven and whether they constituted unprofessional conduct. She submitted that there was sufficient evidence to make findings of fact and unprofessional conduct for each allegation. Ms. Chisholm noted the Complaints Director had the onus of proof and had to prove the case on a balance of probabilities.

Ms. Chisholm discussed the rules of evidence and the rule in *Brown v. Dunn* which outlines the duty of a party to put a point of issue to a witness under cross-examination if the party intends to later bring evidence to present a contradictory version of events than the version the witness put forward. She submitted that the hearing would turn on the Hearing Tribunal's assessment of witness credibility and its decision to accept or give weight to the evidence before it. She submitted that the Hearing Tribunal should examine the contradictory versions of events while turning its mind to the preponderance of probabilities She submitted the Complaint's Directors witnesses were internally and externally consistent, compatible with other evidence, corroborated between individuals and plausible. She submitted the evidence of Dr. ■■■ Dr. ■■■ Mr. ■■■ and Mr. Krempien was not evasive, exaggerated or biased, and that their demeanors were helpful and sincere. She submitted the evidence of the health professionals was supported by medical records and that Mr. Krempien relied on records that he gathered and summaries he contemporaneously created after conducting interviews.

In contrast, she submitted that Mr. Qureshi provided a different version of events between what he told doctors at the hospital on July 15, 2024 and what he told Mr. Krempien on the phone and the information he provided in his written response to the complaint. She submitted the accuracy of Mr. Krempien's summaries were not tested or challenged on cross-examination. She also submitted Mr. Qureshi's evidence was not internally or externally consistent, compatible with the other evidence, and was implausible with respect to his suggestion that his coffee was spiked by a drug representative, especially when he admitted that the drug representative was trustworthy.

Ms. Chisholm submitted the records indicated that Mr. Qureshi was evasive with physicians at the Royal Alexandra Hospital on January 10, 2024 when asked about his condition but was able to respond on different subjects. She submitted the story of what happened on January 10, 2024 changed over time and that Mr. Qureshi testified to a very different version of events from what was initially presented in response to the complaint. She submitted this calls into question his memory, if not his willingness to respond openly and honestly to the complaint. Mr. Qureshi's written response indicated he had suffered from a number of conditions, including ischemic heart disease, which was incompatible with Dr. [REDACTED] evidence which indicated Mr. Qureshi had undergone a thorough workup for the disease and this was not a presenting condition.

In terms of the allegations, for Allegation 1 Ms. Chisholm submitted that the licensees from Healthy Choice Pharmacy and Evansdale Pharmacy indicated that Mr. Qureshi removed drugs from the pharmacies in the past two years for the purposes of obtaining credit for their return. While Mr. Qureshi denied removing any drugs from the pharmacies since 2022, neither of the licensees had a motive to lie and they could be faulted for allowing Mr. Qureshi to take drugs from the pharmacy. She submitted that the licensees indicated Mr. Qureshi was independently working at more than one of the pharmacies on a regular basis with unrestricted access to drugs. She also submitted Mr. [REDACTED] evidence was that there were drugs in Mr. Qureshi's corporate condo, some of which were unlabeled and others that had names on the prescriptions that were not Mr. Qureshi's. This was consistent with the EMS report. There was also the toxicology screen which showed a number of drugs in Mr. Qureshi's system that were not prescribed to him and the nature of the drugs were all drugs that he could have gotten from a pharmacy as they were not street drugs. She submitted that it is a reasonable conclusion to make that Mr. Qureshi obtained the drugs in his system and in his condo from the pharmacies. She submitted that Allegation 1 was proven on a balance of probabilities based on Mr. Qureshi's unrestricted access to drugs at one or more of his pharmacies where he worked regularly and where two licensees indicated that he removed drugs without authorization.

Ms. Chisholm submitted this conduct contravened the *Controlled Drugs and Substances Act* and the letter and spirit of Standards 1 and 1.2 of the Standards of Practice for

Pharmacists and Pharmacy Technicians, Principle 10(1) of the ACP's Code of Ethics, and that it harmed the integrity of the regulated profession.

For Allegation 2, Ms. Chisholm submitted there was incontrovertible evidence that Mr. Qureshi suffered opioid overdoses on January 10, 2024 and July 15, 2024.

She submitted the documentary evidence, including the medical records and the summary of interviews, as well of the evidence of Dr. [REDACTED] Dr. [REDACTED] and Mr. [REDACTED] all indicated that Mr. Qureshi responded positively to Narcan and that Narcan is only responsive to opioids. She also submitted that under cross-examination, they all confirmed their conclusions of an opioid overdose were based on their entire workup and observations of Mr. Qureshi, not just the Narcan response. She submitted that no witnesses were asked whether Narcan was responsive to Benadryl, and she submitted the suggestion that Narcan would respond to Benadryl was wholly incredible.

With respect to January 10, 2024, Ms. Chisholm noted that Mr. [REDACTED] indicated that Mr. Qureshi was slightly hyperglycemic, not hypoglycemic as alleged by Mr. Qureshi. She also noted that all the evidence indicated Mr. Qureshi received naloxone, contrary to what Mr. Qureshi stated in his written response.

With respect to July 15, 2025, the toxicology report confirmed that Mr. Qureshi had amphetamine, tramadol, clonazepam, lorazepam, methadone and methylphenidate in his system. The records indicated that the only drug he had a current prescription for was Concerta, the brand name for methylphenidate. This indicated there was no documented medical reason for him to have taken any of the other drugs. She submitted that Mr. Qureshi's explanations for why he had drugs in his system, including that his coffee was spiked, were unlikely and increasingly convoluted.

Ms. Chisholm submitted that it is concerning to have a pharmacist in practice, who has unsupervised access to drugs, who has suffered significant overdoses, who is not taking responsibility for his conduct, and who remains able to have unrestricted access to drugs. She submitted that while it was recognized substance abuse can be the result of a disorder or disease, this is why the misuse of drugs in this case should be categorized as unprofessional conduct. She submitted this is found in Principle 11(5) of the Code of Ethics and that it was a breach of the integrity of the profession.

For Allegation 3, the evidence indicated that Mr. Qureshi was not honest with Mr. Krempien the Complaints Director, and an investigator. For the first particular, Ms. Chisholm submitted that Mr. Qureshi stated in his response to the complaint that he did not remove drugs from any of the pharmacies he owned; for return, storage or disposal, or other purposes, but that the evidence of the licensees indicated he did. She also noted Mr. [REDACTED] evidence was that there were drugs in Mr. Qureshi's condo and corporate office. For the second particular, Mr. Qureshi stated in his written response and in his discussions with Mr. Krempien that he was administered nitroglycerin after

being admitted to the Royal Alexandra Hospital on January 10, 2024. This was contrary to the medical records and Dr. [REDACTED] testimony that confirmed no nitroglycerin was given. Ms. Chisholm submitted that it was implausible that Mr. Qureshi interpreted the question of what medications were given at the hospital as asking what medications he might have been given, as suggested by Mr. Qureshi in his evidence. For the third particular, Mr. Qureshi stated in his written response and discussions with Mr. Krempien that he did not provide a urine sample when he was admitted to the Sturgeon Hospital on July 15, 2024. This was contrary to urine toxicology screen record and Dr. [REDACTED] evidence that he ordered a urine sample. The fourth particular was that Mr. Qureshi stated in his written response that he told staff at the Sturgeon Hospital that he had an allergy to morphine on July 15, 2024. The prescription records and hospital records had no mention of a morphine allergy and only noted a sulfa allergy.

Ms. Chisholm submitted Mr. Qureshi's dishonesty was a breach of Principles 10(2) and 10(10) of the Code of Ethics and a breach of s. 1(1)(pp)(vii) of the HPA which requires registrants to cooperate with an investigator as Mr. Qureshi was not forthright. She also submitted it breached the integrity of the profession.

In response to a question from the Tribunal, Ms. Chisholm submitted that the reference to controlled drugs in Allegation 1 meant controlled drugs under the *Controlled Drugs and Substances Act*, including Schedule I medications that would require a prescription.

On behalf of Mr. Qureshi, Mr. Al-Khatib began by noting that there was no dispute that the allegations in the Notice of Hearing, if proven, would constitute unprofessional conduct. As such, the question is whether the allegations were factually proven. Mr. Al-Khatib noted that the burden was on the Complaints Director to prove the allegations, and he submitted they were not factually established. Mr. Al-Khatib submitted that the Complaints Directors' case was based on circumstantial evidence. Based on the fact that Mr. Qureshi attended the hospital with symptoms like opioid use, it was alleged he used opioids. Based on the fact that the opioids were found in a toxicity scan, it was alleged he removed controlled substances from the pharmacies. He submitted that where there are alternative explanations that are equally likely, they need to be considered and there is no way to favour one over the other without more.

Mr. Al-Khatib submitted that Mr. Qureshi denied each of the allegations and that Mr. Qureshi should be believed as he was candid, forthright, and did not shy away from testifying. He also submitted that as English is not Mr. Qureshi's first language that needed to be taken into account when assessing some of the things he said to the Complaints Director and the inconsistencies that were at issue in the case. He submitted that a number of the inconsistencies from Mr. Qureshi were understandable as they related to hospital visits and times when Mr. Qureshi was not in the best position to recall or remember what occurred. He also submitted that Mr. Qureshi's correction to his evidence spoke to his candor as he was willing to acknowledge he had made a

mistake and was forthright with the Tribunal. Mr. Al-Khatib submitted that if the Tribunal accepted Mr. Qureshi's evidence, then the allegations were not made out.

He went on to submit that even if the Tribunal did not agree with everything Mr. Qureshi said, the College had still not made out the allegations.

With respect to Allegation 1, he submitted that no one testified to witnessing Mr. Qureshi divert any controlled drugs or substances from one of the pharmacies. The evidence from numerous pharmacy staff interviewed by Mr. Krempien was that they did not witness this conduct. With respect to the two pharmacists who stated Mr. Qureshi did remove pharmaceuticals for reimbursement purposes, there was no evidence these were controlled substances. Mr. Qureshi denied removing any controlled substances and there was no evidence that there were any controlled substances missing from any pharmacy inventory. While Mr. ██████ spoke about pills and bottles, there was no evidence that these were controlled substances. The Complaints Director did not present any evidence that Mr. Qureshi removed controlled substances from the pharmacies.

With respect to Allegation 2, Mr. Al-Khatib submitted the Complaints Director's evidence was primarily the testimony of the medical professionals. He submitted Mr. Qureshi provided an explanation that he was taking a substance that metabolizes in a way that can give false positives for opioid use. Another explanation was that Mr. Qureshi had other medical issues that resulted in medical distress. He stated that the medical professionals' testimony was that their diagnosis was primarily based on the responsiveness to Narcan and that Mr. Qureshi talked about how other medication could give this response. Mr. Al-Khatib noted all the medical professionals had no explanation as to how any substances would have entered Mr. Qureshi's body, and that Mr. Qureshi consistently denied consuming any opioids.

With respect to Allegation 3, Mr. Al-Khatib submitted it was not suitable to find a breach of conduct because Mr. Qureshi was denying that he used opioids, which was exactly what would be expected from someone who did not use opioids. With respect to Mr. Qureshi's statement about receiving nitroglycerin, Mr. Qureshi testified he remembered receiving a tablet under his tongue and that he assumed it was nitroglycerin. Mr. Al-Khatib submitted Mr. Qureshi should not be faulted in this situation of medical distress and mental fogging for not knowing what substance he was given, as he was not entirely lucid and in and out of consciousness. He submitted that Mr. Qureshi was not being dishonest and was providing evidence that he recalled. This also applied for the allegation he was not forthright or candid about the urine sample. Mr. Qureshi testified he did not provide a urine sample. If a urine sample was taken from a catheter, that was different from Mr. Qureshi providing a urine sample. Likewise, Mr. Qureshi testified that he had been told he had an allergy to morphine, and it was difficult to recall in situations of medical distress what he had told medical professionals. Mr. Qureshi assumed he did tell staff he had an allergy to morphine but perhaps he left it out. Mr. Al-Khatib submitted that whether Mr. Qureshi intended to be dishonest with Mr.

Krempien was a different question. He submitted Mr. Qureshi was not intending to be dishonest and he was simply stating what he remembered. If his memory was off, it was off for reasons that were entirely understandable in the circumstances.

In reply, Ms. Chisholm stated the definition of controlled drugs included substances in Schedules I, II, III, IV, or V of the *Controlled Drugs and Substances Act*. She submitted that the Complaints Director found any alternative possibilities to be improbable or implausible. She submitted that Mr. Qureshi directly alleged that the female pharmaceutical representative must have placed noxious substances in his coffee. She stated the medical professionals' diagnoses were based on a number of reasons, not just the response to Narcan although that formed part of it. She submitted that Mr. Qureshi had previously stated he did not have any issues with consciousness when at the Royal Alexandra Hospital on January 10 and 11 so he should not have any issues about being confused about what was said or given to him.

IV. FINDINGS

The Hearing Tribunal must determine if the Complaints Director has factually proven the allegations and established unprofessional conduct on a balance of probabilities. The Tribunal must assess the credibility of the witnesses who testified, assessing internal consistency, corroboration, plausibility, quality of memory, demeanor, and other relevant factors, and must make findings based on the evidence before it.

1. Credibility

The Hearing Tribunal finds the health professionals who testified, Dr. [REDACTED] Dr. [REDACTED] and Mr. [REDACTED] to be credible. Dr. [REDACTED] is experienced in addictions medicine and emergency care. His testimony was consistent with contemporaneous medical records and with other witnesses. Dr. [REDACTED] has long ER experience at the Royal Alexandra Hospital. His evidence was congruent with both the medical charts and other treating clinicians' accounts. As a frontline paramedic experienced with opioid overdoses, Mr. [REDACTED] evidence about the scene and clinical responsiveness is reliable and consistent with subsequent hospital records and physician testimony.

Overall, the Tribunal finds their evidence to be credible, reliable, consistent with contemporaneous medical records and notes, and not evasive or exaggerated. Their clinical conclusions that on January 10 and July 14, 2024, Mr. Qureshi presented with symptoms of an opioid overdose and responded to naloxone are persuasive when considered together with the records and all the documentary evidence. These witnesses had no evident motive to fabricate, and their evidence was consistent across time and with documentary records.

The Hearing Tribunal accepts Mr. Krempien's evidence about the investigation, his interviews, and the summaries he prepared. His summaries were contemporaneous, they were made in accordance with a consistent method of documenting information, and his recounting of interviews was not materially discredited on cross-examination. The Tribunal notes, however, that summaries of interviews depend on the recollection and note-taking of Mr. Krempien and that they are hearsay about what third parties said and that the Hearing Tribunal did not hear from these third parties directly under oath. The Tribunal must weigh these statements in this context.

With respect to Mr. Qureshi, the Hearing Tribunal notes there were material inconsistencies between Mr. Qureshi's accounts to physicians, his written response to the Complaints Director, his phone interviews with the Complaints Director, and his in-person evidence before the Tribunal. Where the inconsistencies touch on central matters like whether he consumed opioids and the chronology of events, they reduce the weight the Tribunal can place on his uncorroborated assertions as there is no external evidence, whether documentary or otherwise, to support Mr. Qureshi's account. The Tribunal accepts he may have made corrections when prompted, but the cumulative effect of the differences undermines reliance on his version of events where uncorroborated and where they are contrary to the evidence from the neutral medical professionals and the medical reports.

With respect to [REDACTED] evidence, the Tribunal gives limited weight to his evidence recognizing his age, his motivations in providing evidence in support of his father, and the emotional stress of the situations. The Tribunal also had concerns that [REDACTED] evidence was rehearsed as [REDACTED] gave the same answers, essentially word for word, to different questions and the answers were unresponsive to the questions at times. [REDACTED] precise responses to events from over 18 months prior were difficult to accept as not being influenced or rehearsed.

2. Allegations

a. Allegation 1

Allegation 1 alleges that Mr. Qureshi diverted controlled drugs from one or more of the pharmacies of which he was an owner and proprietor. The allegation is phrased to concern controlled drugs. Therefore, the Tribunal must be satisfied on the balance of probabilities that controlled drugs were taken by Mr. Qureshi from pharmacy stock without authorization.

The Hearing Tribunal finds the Complaints Director did not establish, on a balance of probabilities, that Mr. Qureshi diverted *controlled drugs* from the pharmacies.

In accordance with the submissions of the Complaints Director and Mr. Al-Khatib, "controlled drugs" means a substance included in Schedule I, II, III, IV, or V of the

Controlled Drugs and Substances Act. This includes a wide range of drugs and substances, from illegal street drugs like cocaine to prescription medications like benzodiazepines, that the federal government has categorized as having a higher-than-average potential for abuse or addiction. However, not all drugs are “controlled drugs” and not all drugs available in a pharmacy are “controlled drugs”.

The evidence presented in the hearing indicates that Mr. Qureshi had unsupervised access to drugs from the pharmacies he owned. Mr. Krempien recorded that the licensee of Healthy Choice Pharmacy stated that Mr. Qureshi “had unrestricted access to the pharmacy’s drugs” when he worked independently on Saturdays (Tab C19 of the Exhibit Book). Mr. Krempien recorded that the licensee of Evansdale Pharmacy stated that Mr. Qureshi “worked at the pharmacy independently to cover the occasional evening shift and had unrestricted access to drugs” (Tab C20 of the Exhibit Book). Mr. Krempien recorded that the licensee of Super Mark Drugs stated that Mr. Qureshi “worked independently and had unrestricted access to drugs” on four of the five days he worked at the pharmacy in 2024 (Tab C21 of the Exhibit Book). Mr. Krempien recorded that the licensee of Hudson Pharmacy stated that Mr. Qureshi worked at the pharmacy on Sundays and Mondays in 2024 and “usually worked independently and had unrestricted access to drugs” (Tab C22 of the Exhibit Book).

The evidence presented also indicates that Mr. Qureshi removed drugs from the pharmacies. Mr. Krempien recorded that the licensee of Healthy Choice Pharmacy stated that Mr. Qureshi “may have removed drugs from the pharmacy” (Tab C19 of the Exhibit Book) and testified that the licensee was confident that the drugs were removed but that the licensee did not know when it occurred. Mr. Krempien also recorded that the licensee of Evansdale Pharmacy stated that Mr. Qureshi “removed unused/expired drugs from the pharmacy’s inventory on one, or possibly two, occasions” in the past 2 years (Tab C20 of the Exhibit Book). The other licensees advised Mr. Krempien that they had no knowledge of Mr. Qureshi removing drugs from the pharmacies.

Although these licensees did not testify, the Tribunal accepts that Mr. Krempien is experienced in investigations and that his summary of the phone conversations accurately reflects what was told to him.

The fact that Mr. Qureshi removed drugs from the pharmacies is also supported by the evidence of Mr. [REDACTED] who testified that he saw pill bottles that were unlabeled and others with names that were not Mr. Qureshi’s when he attended the corporate condo on January 10, 2024.

While the evidence establishes that Mr. Qureshi removed drugs from the pharmacies, it does not establish that he diverted *controlled drugs* from the pharmacies.

There is no evidence that anyone saw Mr. Qureshi remove such controlled drugs. On cross-examination, Mr. Krempien confirmed that none of the pharmacy staff stated they

observed Mr. Qureshi taking restricted drugs and consuming them at the pharmacies. Mr. Krempien recorded that the Evansdale Pharmacy licensee specifically stated that the drugs removed did not include any controlled drugs (Tab C 20 of the Exhibit Book). With respect to Healthy Choice Pharmacy, while the evidence indicates Mr. Qureshi removed drugs, there is no evidence as to what drugs were removed and if controlled drugs were included. The Hearing Tribunal is left with no details as to what was removed.

In addition, and importantly, there is no documentary evidence of missing controlled drug inventory. There are no records from the pharmacies as to drugs counts and there are no inventory records, which would be expected given the requirements for storing and accounting for controlled drugs. There is no evidence of any kind which indicates that controlled drugs were missing from any of the pharmacies or that controlled drugs were removed from any of the pharmacies without authorization.

While Mr. Qureshi had access to drugs at the other pharmacies besides Evansdale Pharmacy and Healthy Choice Pharmacy, as the other licensees stated they were not aware of Mr. Qureshi removing any drugs and there are no records from these pharmacies, there is no evidence that he actually removed controlled drugs. Mr. [REDACTED] evidence about drugs and pill bottles only supports the conclusion that some kind of drugs were removed, not that controlled drugs were removed.

Although the toxicology screen showed a number of drugs in Mr. Qureshi's system that were not prescribed to him and the nature of the drugs were all drugs that he could have gotten from a pharmacy, there is no evidence that he did get them from a pharmacy or that he diverted them from a pharmacy that he was the owner or proprietor of.

The fact that Mr. Qureshi had access to controlled drugs in the pharmacies, and that the evidence indicates he consumed controlled drugs, is not sufficient evidence to allow the Tribunal to conclude, on a balance of probabilities, that controlled drugs were removed from the pharmacies. While this is a possibility, it is just as likely of a possibility that the drugs consumed by Mr. Qureshi were obtained from a different source, particularly given the lack of evidence to demonstrate any controlled drugs were missing or unaccounted for from the pharmacies. This is not a situation where any alternative explanation is so implausible that it cannot be reasonably considered. The Tribunal has two alternative explanations that are equally as likely and there is no way to favor one over the other without more evidence.

As the likelihood is the same, the Complaints Director has not established the allegation on a balance of probabilities.

b. Allegation 2

Allegation 2 alleges that Mr. Qureshi misused one or more controlled drugs on January 10, 2024, and July 15, 2024.

While Mr. Qureshi denied consuming any opioids at any time, the evidence demonstrates that Mr. Qureshi experienced an opioid overdose on both January 10, 2024 and July 15, 2024, consistent with misuse. The Hearing Tribunal finds the Complaints Director has established, on a balance of probabilities, that Mr. Qureshi used one or more controlled drugs on January 10, 2024, and July 15, 2024. This finding is supported by the evidence from Dr. [REDACTED] Dr. [REDACTED] and Mr. [REDACTED] as well as the medical records.

With respect to January 10, 2024 and Mr. Qureshi's attendance at the Royal Alexandra Hospital, Dr. [REDACTED] testified that Mr. Qureshi's clinical presentation was consistent with an opioid overdose. This was based on Mr. Qureshi's presentations, including pinpoint pupils, episodic confusion, hypoxia, and Mr. Qureshi's clinical improvement response to naloxone. Dr. [REDACTED] testified that Mr. Qureshi was not hypoglycemic and that he was slightly hyperglycemic based on his documented blood glucose levels. Dr. [REDACTED] also testified that anaphylaxis was not the cause of the symptoms given the lack of allergy history or other signs. The Tribunal accepts Dr. [REDACTED] evidence that, as an emergency room physician with significant experience, he has experience diagnosing and treating opioid overdoses. The Tribunal accepts that Dr. [REDACTED] would recognize an opioid overdose.

Mr. [REDACTED] evidence corroborated that Mr. Qureshi presented with an opioid overdose, as he testified through his assessment and the signs and symptoms observed they were going to treat Mr. Qureshi as though he was suffering an opioid overdose. The Hearing Tribunal accepts that Mr. [REDACTED] would recognize the signs of an opioid overdose given his experience responding to calls and opioid overdoses. Mr. [REDACTED] testified Mr. Qureshi was found with an altered level of consciousness, that he had pinpoint pupils, and that naloxone was administered with good effect. He stated Narcan confirmed the treatment pathway because it has one purpose, being the reversal of opioid overdoses. He also confirmed that hypoglycemia and anaphylaxis were checked, and they were not responsible for Mr. Qureshi's presentations.

The medical records, found at Tab C10 of the Exhibit Book, further support that Mr. Qureshi experienced an opioid overdose as in the ED Provider Notes, the Impression and Plan was identified as "Opioid overdose".

While Mr. Qureshi stated that his symptoms on January 10, 2024 were the result of hypoglycemia, this is not supported by the evidence. Mr. [REDACTED] testified Mr. Qureshi had a reading of 14.5 mmol/L, which was indicative of a hyperglycemic state, not a hypoglycemic state.

While the Hearing Tribunal is not able to determine on a balance of probabilities where the substance or substances in Mr. Qureshi's system came from, as Mr. Qureshi experienced an opioid overdose on January 10, 2024 and as opioids are a controlled drugs, the evidence demonstrates that Mr. Qureshi misused a controlled drug on January 10, 2024.

With respect to July 15, 2024 and Mr. Qureshi's attendance at the Sturgeon Hospital, Dr. [REDACTED] testified that Mr. Qureshi's clinical presentation was consistent with an opioid overdose. The Tribunal accepts Dr. [REDACTED] would recognize an opioid overdose given his evidence that he has experience and training as an addictions specialist and given his evidence on the number of overdoses he sees in the emergency rooms. Dr. [REDACTED] opinion was based on Mr. Qureshi's presentations and symptoms, including his altered level of consciousness, low respiratory rate, and pinpoint pupils, the results of Mr. Qureshi's urine toxicology screen which were positive for methadone, tramadol, lorazepam, and ritalinic acid, and Mr. Qureshi's response to naloxone and need for multiple doses. His evidence demonstrated that Mr. Qureshi's presentation was inconsistent with diabetes, anaphylaxis, or other causes.

Dr. [REDACTED] stated that the period of Mr. Qureshi's altered level of consciousness was consistent with a methadone overdose. He stated as methadone was the only opioid in Mr. Qureshi's urine that it was "highly likely" Mr. Qureshi had suffered a methadone overdose.

The medical records, found at Tab C10 of the Exhibit Book, further support that Mr. Qureshi experienced an opioid overdose as:

- in the ED Provider Notes, the Impression/Treatment course was identified as "The patient is clinically consistent with opioid toxidrome with pinpoint pupils, hypoventilation and decreased LOC that is responsive to Narcan administration. Will continue to monitor and administer Narcan PRN. Will need to have more of a discussion with the patient once he is more awake."
- in the EMS Notes, it was recorded that "Pt. was administered 0.8 mg IM Narcan with good effect..."
- The urine toxicology screen indicated Mr. Qureshi metabolized methadone before it entered the urine. It also indicated his body metabolized tramadol, clonazepam, and lorazepam.

The presence of objective toxicology results materially supports the finding of opioid exposure.

While the Hearing Tribunal is not able to determine on a balance of probabilities where the substance or substances in Mr. Qureshi's system came from, as Mr. Qureshi experienced an opioid overdose on July 15, 2024 likely from methadone, and as opioids

are a controlled drug, the evidence demonstrates that Mr. Qureshi misused a controlled drug on July 15, 2024.

While Mr. Qureshi stated that his opioid overdose on July 15, 2024 may have been caused by the pharmaceutical representative “spiking” his coffee, the Hearing Tribunal finds this suggestion to be highly improbable and unsupported by any evidence. The suggestion that a third party, who was described by Mr. Qureshi himself as being trustworthy, would put an opioid in one of five coffees at the pharmacy that would later be drunk by Mr. Qureshi is fanciful. Mr. Krempien also interviewed the pharmaceutical representative, and he recorded that she stated she did not spike the coffees with anything and that the coffees did not appear to be tampered with when she dropped them off at the pharmacy (Tab C13 of the Exhibit Book). While the representative did not testify, the Tribunal accepts this as an accurate account of what she told Mr. Krempien and gives some weight to the statement. The suggestion that the coffee was somehow laced with a substance, even if it was not “spiked” by the representative, is equally fanciful. The Tribunal finds that the statement about the coffee being laced with any substance was an explanation contrived by Mr. Qureshi to explain his misuse of a controlled drug.

While Mr. Qureshi stated that the Benadryl diphenhydramine metabolized and gave an opioid kind of response to Narcan, this is not supported by any evidence and is contrary to the evidence of the health professionals. While Exhibit 3 indicated that medication could give a false positive result in a drug test, Exhibit 3 does not indicate that the medication would give a response to Narcan. These are two different things. As noted by Ms. Chisholm, no witnesses were asked whether Narcan was responsive to Benadryl. The Tribunal also finds that the suggestion that Narcan would respond to Benadryl was not credible, given the consistent evidence from the health professionals that Narcan only responds to opioids.

The Hearing Tribunal finds that Mr. Qureshi’s actions amount to unprofessional conduct under section 1(1)(pp)(ii) and (xii).

The misuse of controlled drugs by Mr. Qureshi is a breach of Principle 11(5) of the Code of Ethics which states that a pharmacist will not abuse or misuse substances as part of demonstrating responsibility for self and other health professionals. The misuse of controlled drugs by a pharmacist fundamentally breaches the trust and confidence that the public must be able to place in regulated health professionals. Pharmacists are granted extraordinary authority within Alberta’s healthcare system, including the ability to access, manage, and dispense substances that pose serious risks of harm if improperly used. This authority comes with a corresponding expectation that pharmacists will adhere to the ethical and legal frameworks governing controlled substances. When a pharmacist uses such drugs for personal purposes or outside the bounds of professional judgment, they act in direct contravention of those expectations. Such conduct demonstrates a disregard for statutory requirements, practice standards, and the

principles of integrity and responsibility that underpin the pharmacist's professional obligations.

Moreover, misuse of controlled drugs by a pharmacist has the potential to directly endanger public safety, compromise the proper functioning of pharmacy services, and erode confidence in the regulatory system established under the HPA. The safe management of controlled drugs is essential to preventing diversion, dependency, and other harms. When the very individuals charged with preventing those harms engage in such behaviour, the perception of the profession's ability to self-regulate is undermined. As such, this conduct falls well below the standard expected and constitutes unprofessional conduct, warranting regulatory intervention to protect the public and uphold the integrity of the profession.

When a pharmacist misuses controlled drugs outside of the workplace on multiple occasions, the conduct remains incompatible with the standards of professionalism required. The use of controlled substances without a legitimate medical purpose can impair cognitive functioning, lead to dependency, and create a foreseeable risk that the pharmacist may be unable to safely practice. Even if the conduct occurs outside of working hours, it raises serious concerns about the member's fitness to practice and demonstrates a disregard for the legal and ethical requirements governing controlled drugs. In this way, personal misuse of such substances still reflects conduct that harms the integrity of the profession and undermines public trust.

c. Allegation 3

Allegation 3 alleges that Mr. Qureshi was not honest with Mr. Krempien, the Complaints Director and an investigator of the Alberta College of Pharmacy.

The Hearing Tribunal finds the Complaints Director has established, on a balance of probabilities, that Mr. Qureshi was not honest with Mr. Krempien.

In his response to the complaint dated August 25, 2024, found at Tab C17 of the Exhibit Book, Mr. Qureshi stated:

Mr. Krempien interviewed Mr. Qureshi on September 30, 2024. A summary of the meeting is found at Tab C28 of the Exhibit Book. Mr. Krempien's account of the meeting was not challenged during his evidence and based on Mr. Krempien's evidence of his investigation practices and contemporaneous recording, the Tribunal accepts that the account of the interview is an accurate reflection of what occurred.

During that interview, Mr. Qureshi stated upon his arrival at the Royal Alexandra Hospital on January 10, 2024, emergency room staff gave him a sublingual nitroglycerin tablet. This statement is untrue. The evidence, including the medical records and the

testimony from Dr. [REDACTED] demonstrates that Mr. Qureshi never received a nitroglycerin tablet.

During the September 30, 2024 interview, Mr. Qureshi also stated he did not provide a urine sample when he was at the Sturgeon Hospital on July 15, 2024. This statement is untrue. The medical records, particularly the urine toxicology report, and the testimony of Dr. [REDACTED] demonstrate that Mr. Qureshi provided a urine sample while at the Sturgeon Hospital.

During the September 30, 2024 interview, Mr. Qureshi stated he informed staff at the Sturgeon Hospital on July 15, 2024 that he had an allergy to morphine or an equivalent. This statement is untrue. The medical records from July 15, 2024 only indicate that Mr. Qureshi has an allergy to sulfa (sulfonamide antibiotics). There is no indication of an allergy to morphine and no charting to indicate that Mr. Qureshi informed anyone that he had an allergy to morphine.

Finally, during the September 30, 2024 interview, Mr. Qureshi stated that he had not removed any unused or expired drugs from any of the pharmacies since 2022. He stated that no drugs were removed for return, storage, disposal or any other purposes and that he does not remove drugs from his pharmacies. This statement is untrue. As set out above, the evidence from the licensees of Healthy Choice Pharmacy and Evansdale Pharmacy, as well as that of Mr. [REDACTED] and his observation of drugs in the corporate condo, demonstrates that Mr. Qureshi removed drugs from the pharmacies.

While Mr. Al-Khatib submitted that Mr. Qureshi could not be faulted for not knowing what he was given while at the hospital or not being able to recall exactly what happened given that he was in medical distress, the Tribunal does not accept this argument. Mr. Qureshi was not interviewed while he was in medical distress, and he was not questioned on specific details. Instead, Mr. Qureshi was asked to provide information as to what happened and this occurred months after the incident, meaning that he would have had time to review the records and his memory of what occurred. He then provided statements that were presented as being factually true and as being certain. Mr. Qureshi could have stated that he did not remember what happened or that he was unsure about what he was given or what was said, which would have been understandable in the circumstances, and which would have been consistent with his obligations as a professional. Instead, he chose to present information as fact even though it was not correct. This was a deliberate and intentional response. Mr. Qureshi had a professional responsibility to be forthright and to be certain of what he was saying. He did not meet this responsibility.

The Hearing Tribunal finds that given the pattern, nature and context of this dishonesty, Mr. Qureshi attempted to mislead Mr. Krempien and to influence the outcome of the Complaint Director's response to the complaint, specifically to motivate the Complaints Director to dismiss the complaint.

The Tribunal finds that Mr. Qureshi's dishonesty amounts to unprofessional conduct because it undermines a regulator's ability to protect the public and to investigate potential patient safety concerns. The regulatory system relies on the integrity and cooperation of regulated members when responding to inquiries and investigations. This is reflected by section 1(1)(pp)(vii) of the HPA which requires registrants to cooperate with an investigator during an investigation. When a regulated member provides false information with the intention of obscuring the truth or avoiding accountability, they place unnecessary barriers in the way of a regulator fulfilling its statutory mandate under the HPA to protect the public and to ensure that professional services are provided safely and competently.

Honesty and forthrightness during an investigation are fundamental obligations and are not optional qualities for a regulated professional. Investigations conducted under the HPA serve a critical public protection function. Regulators must be able to rely on the truthfulness of information provided by their members to accurately assess risk, respond to allegations of misconduct, and take appropriate remedial or disciplinary action where necessary. Dishonesty obstructs that process and causes harm that extends beyond the individual matter: it erodes confidence in the profession's commitment to transparency and accountability.

Mr. Qureshi's dishonesty was also breach of Principle 10(2) of the Code of Ethics, which requires a pharmacist to be honest in dealings with the College. It was also a breach of Principle 10(10) of the Code of Ethics which requires a pharmacist to respond honestly and openly to complaints.

Mr. Qureshi's actions demonstrated a disregard for his ethical responsibilities and for the public trust placed in pharmacists. The Tribunal is satisfied that his conduct falls well below the standard expected of a pharmacist and constitutes unprofessional conduct under sections 1(1)(pp)(ii) and (vii) of the HPA.

V. ORDERS

The Hearing Tribunal has found that Allegation 2 and Allegation 3 are factually proven and amount to unprofessional conduct. The Hearing Tribunal is prepared to receive written submissions on sanction. However, if the Complaints Director or Mr. Qureshi believes that an oral hearing on sanctions is necessary, they may write to the Hearing Tribunal, by way of the Hearings Director, within 14 days of receipt of this decision to request an oral hearing and the Tribunal will consider such requests.

If no oral hearing is requested, the Hearing Tribunal will proceed with receiving the written submissions on sanction. The Tribunal directs the Complaints Director to provide written submissions on sanctions within 30 days of receipt of this decision. The submissions should be provided to the Hearings Director and counsel for Mr. Qureshi.

The Hearings Director will be responsible for providing copies of the Complaints Director's written submissions on penalty to the Hearing Tribunal.


Mr. Qureshi will then provide any reply submissions on sanction within 20 days of receipt of the Complaints Director's submissions. Mr. Qureshi is directed to provide these submissions to the Hearings Director and counsel for the Complaints Director by email.

The Complaints Director will have 7 days from receipt of Mr. Qureshi's submissions on sanction to provide any reply submission to the Hearings Director and counsel for Mr. Qureshi.

If either party anticipates difficulties complying with these time frames, they may write to the Hearing Tribunal seeking an extension.

The Hearing Tribunal reserves jurisdiction over the question of the appropriate orders for penalty as well as over any procedural questions (for example, timelines) arising with respect to the submissions on penalty.

Signed on behalf of the Hearing Tribunal by the Chair on December 18, 2025.

Per: 
Brad Couldwell (Dec 18, 2025 08:20:46 MST)
Brad Couldwell