

ALBERTA COLLEGE OF PHARMACY

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING
REGARDING THE CONDUCT OF

WEI (DAVID) RUAN
Registration number: 7312

DECISION OF THE HEARING TRIBUNAL

August 25, 2026

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Wei (David) Ruan (“Mr. Ruan”). In attendance on behalf of the hearing tribunal were Anjli Acharya, a pharmacist and member of the Alberta College of Pharmacy (the “College” or “ACP”) and Chair, Dominick Gartner, a pharmacist and member of the College, Kent Pallister, a public member, and Deborah Gust, a public member. Maya Gordon acted as independent counsel to the Hearing Tribunal.
2. The hearing took place on July 27, 2026, commencing at 9:39 am. The hearing was held under the terms of Part 4 of the *Health Professions Act*, RSA 2000, c. H-7 (the “HPA”).
3. In attendance at the hearing as counsel were Annabritt Chisholm (“Ms. Chisholm”), representing the Complaints Director of the College, and Justin Haack (“Mr. Haack”), representing Mr. Ruan.
4. Also in attendance were James Krempien, Complaints Director for the College, and Mr. Ruan. There was a Court Reporter in attendance, Shelley Becker, and the Hearings Director for the College, Margaret Morley. There were also a number of observers present, along with members of the ACP.
5. There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with the hearing.
6. There was no application to close the hearing, nor any other preliminary applications. Ms. Chisholm requested that if a patient is referred to, they only be referred to by their initials, and that this also be the case in the decision. If a screen is required to be shared, Ms. Chisholm reserved her right to seek to have the hearing closed at that time, if patient information was to be shared on screen.
7. At the commencement of the hearing, a pdf document entitled “2026-07-24 Agreed Exhibit Book – Merits.pdf” was entered as Exhibit 1, with the agreement of both parties.

II. ALLEGATIONS

8. The following were the Allegations against Mr. Ruan heard at the hearing (the “Allegations”):

IT IS ALLEGED THAT while you were a registered Alberta pharmacist and the licensee of eRx Pharmacy (the “Pharmacy”) in Calgary, you:

1. Changed the dosage or dispensing of methadone prescriptions for one or more patients at the Pharmacy without advising the prescriber or seeking the prescriber’s authorization, including for
 - a. Patient [REDACTED]
 - b. Patient [REDACTED]
 - c. Patient [REDACTED]
 - d. Patient [REDACTED]

e. Patient [REDACTED]

2. Created or allowed for the creation of false pharmacy and Netcare records when
 - a. dispensing events were documented for Patient [REDACTED] that did not occur;
 - b. provided Patient [REDACTED] with one or more methadone carries when Netcare Records indicate the doses were prescribed as “daily witnessed ingestion”;
3. Engaged in or permitted a practice where the Pharmacy staff:
 - a. did not report missed doses of methadone to patients’ prescribers;
 - b. did not create or maintain pharmacy records for methadone patients that established:
 - i. time of ingestion;
 - ii. if a methadone dose was administered;
 - iii. if a carry was provided;
 - iv. legible signatures of the pharmacist witnessing a methadone dose ingestion;
 - v. initials of a patient ingesting a methadone dose;
 - vi. a patient’s reasons for missing a methadone dose.
4. Prescribed benzodiazepines for Patient [REDACTED] although you:
 - a. did not document that you assessed Patient [REDACTED]
 - b. did not document that you assessed the appropriateness of concurrent prescribing and dispensing of benzodiazepines and methadone for Patient [REDACTED]
5. Provided Patients [REDACTED] and [REDACTED] with prescription extensions for methadone
 - a. for up to 18 months; and
 - b. you did not obtain an assessment form from the original prescriber;
 - c. you did not document that you assessed the patient.

IT IS ALLEGED THAT your conduct in these matters:

- a. Breached your statutory and regulatory obligations to the Alberta College of Pharmacy as an Alberta pharmacist and pharmacy licensee;
- b. Undermined the integrity of the profession;
- c. Decreased the public’s trust in the profession; and
- d. 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:

- Domain 2 (Section 2.7.1(a)), Domain 3 (Section 3.3 and Subsections 3.3.1(a-e) and 3.3.2(a-c)), Domain 4 (Subsections 4.2.1 and 4.3.1), Domain 7 (Sections 7.6, 7.8, 7.10 and Subsections 7.8.1(b), 7.10.1(a-d)), Domain 8 (Sections 8.3, 8.4, 8.5, 8.8 and Subsections 8.4.1(a(v)), 8.5.1(a(ii)), 8.8.1(a(vii)), 8.8.1(c)), Appendix E (Section E.1.2.6(a)) of the Standards of Practice for Pharmacists and Pharmacy Technicians;

- Domain 2 (Subsections 2.1.1(a) and 2.14.1(a)) of the Standards for the Operation of Licensed Pharmacies;
- Principles 1 (1, 2, 7, 14 and 15) and 10 (1) of the ACP Code of Ethics;
- Section 56(1) of the Controlled Drugs and Substances Act;
- ACP Guidelines for Pharmacists and Pharmacy Technicians Opioid Agonist Therapy (OAT) Medication Assisted Treatment for Opioid Use Disorder;
- ACP Guidelines for Pharmacists and Pharmacy Technicians Controlled Drugs and Substances Exemption.

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

9. In a document entitled “Admission of Unprofessional Conduct” contained within the Exhibit Book, Mr. Ruan admitted to the Allegations.

III. EVIDENCE

Admission of Unprofessional Conduct

10. There was an Admission of Unprofessional Conduct (the “Admission”) signed by Mr. Ruan, which was included within Exhibit 1. The Admission includes the following admissions:
 1. Wei (David) Ruan (“Mr. Ruan”) provides this written admission of unprofessional conduct pursuant to section 70 of the Health Professions Act.
 2. Mr. Ruan acknowledges and admits that while he was a registered Alberta pharmacist and the licensee of eRx Pharmacy (the “Pharmacy”) in Calgary, he:
 - a. Changed the dosage or dispensing of methadone prescriptions for one or more patients at the Pharmacy without advising the prescriber or seeking the prescriber’s authorization, including for
 - i. Patient [REDACTED]
 - ii. Patient [REDACTED]
 - iii. Patient [REDACTED]
 - iv. Patient [REDACTED]
 - v. Patient [REDACTED]
 - b. Created or allowed for the creation of false pharmacy and Netcare records when
 - i. dispensing events were documented for Patient [REDACTED] that did not occur;
 - ii. he provided Patient [REDACTED] with one or more methadone carries when Netcare Records indicate the doses were prescribed as “daily witnessed ingestion”;
 - c. Engaged in or permitted a practice where the Pharmacy staff:
 - i. did not report missed doses of methadone to patients’ prescribers;

- ii. did not create or maintain pharmacy records for methadone patients that established:
 - 1. time of ingestion;
 - 2. if a methadone dose was administered;
 - 3. if a carry was provided;
 - 4. legible signatures of the pharmacist witnessing a methadone dose ingestion;
 - 5. initials of a patient ingesting a methadone dose;
 - 6. a patient's reasons for missing a methadone dose.
 - d. Prescribed benzodiazepines for Patient [REDACTED] although he:
 - i. did not document that he assessed Patient [REDACTED]
 - ii. did not document that he assessed the appropriateness of concurrent prescribing and dispensing of benzodiazepines and methadone for Patient [REDACTED]
 - e. Provided Patients [REDACTED] and [REDACTED] with prescription extensions for methadone
 - i. for up to 18 months; and
 - ii. he did not obtain an assessment form from the original prescriber;
 - iii. he did not document that he assessed the patient.
3. Mr. Ruan agrees and acknowledges that his conduct in this matter:
- a. breached his statutory and regulatory obligations to the Alberta College of Pharmacy as an Alberta pharmacist and pharmacy licensee;
 - b. undermined the integrity of the profession;
 - c. decreased the public's trust in the profession; and
 - d. failed to exercise the professional and ethical judgment expected and required of an Alberta pharmacist.
4. Mr. Ruan further agrees and acknowledges that his conduct, as set out above, breaches the following statutes and standards governing the practice of pharmacy:
- a. Domain 2 (Section 2.7.1(a)), Domain 3 (Section 3.3 and Subsections 3.3.1(a-e) and 3.3.2(a-c)), Domain 4 (Subsections 4.2.1 and 4.3.1), Domain 7 (Sections 7.6, 7.8, 7.10 and Subsections 7.8.1(b), 7.10.1(a-d)), Domain 8 (Sections 8.3, 8.4, 8.5, 8.8 and Subsections 8.4.1(a)(v), 8.5.1(a)(ii), 8.8.1(a)(vii), 8.8.1(c)), Appendix E (Section E.1.2.6(a)) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
 - b. Domain 2 (Subsections 2.1.1(a) and 2.14.1(a)) of the Standards for the Operation of Licensed Pharmacies;
 - c. Principles 1 (1, 2, 7, 14 and 15) and 10 (1) of the ACP Code of Ethics;
 - d. Section 56(1) of the Controlled Drugs and Substances Act;
 - e. ACP Guidelines for Pharmacists and Pharmacy Technicians Opioid Agonist Therapy (OAT) Medication Assisted Treatment for Opioid Use Disorder;

- f. ACP Guidelines for Pharmacists and Pharmacy Technicians Controlled Drugs and Substances Exemption.
5. Lastly, Mr. Ruan further agrees and acknowledges that his conduct, as set out above, constitutes unprofessional conduct pursuant to subsections 1(1)(pp)(i), (ii), (iii) and (xii) of the *Health Professions Act*.
6. Mr. Ruan makes this admission of unprofessional conduct having had the benefit of legal counsel and acknowledges and agrees that the Hearing Tribunal appointed to hear this matter may make findings of unprofessional conduct based on this document and issue sanctions and costs accordingly.

Agreed Statement of Facts

11. The Hearing Tribunal was advised that the parties had come to an agreement on facts, and as a result no witnesses were called to give testimony and evidence was entered by way of an Agreed Statement of Facts (“ASF”), which was entered as Exhibit 1.
12. The ASF included the following agreed facts, using the internal numbering and tab references from the ASF itself:
 1. Wei (David) Ruan (“Mr. Ruan”) has been registered with the Alberta College of Pharmacy (the “College”) on the clinical pharmacist register since July 1, 2008. He has been the licensee and owner of eRx Pharmacy (the “Pharmacy”) since November 26, 2019.

Summary of the Complaint and Investigation

2. On September 19, 2025, the Complaints Director received a complaint about Mr. Ruan from Dr. [REDACTED] Associate Medical Lead at Calgary Urban Project Society (CUPS) Calgary (the “Complaint”). The Complaint set out a number of concerns, including that:
 - a. Mr. Ruan changed dispensing and dosing of triplicate medications for Opioid Agonist Therapy (OAT) outside of prescriber awareness, including splitting and changing doses, providing carries not authorized by the prescriber and reactivating triplicate prescriptions that were previously canceled;
 - b. Mr. Ruan created false pharmacy and Netcare records by documenting a dispensing event that did not occur.

A copy of the Complaint and supporting documents are attached as **Tab A** to this Agreed Statement of Facts.

3. On September 23, 2025, the Complaints Director appointed himself and Jennifer Mosher to investigate the Complaint.
4. On September 30, 2025, the Complaints Director received an email from Dr. [REDACTED] Medical Director of the Calgary Drop-In Centre, citing concerns with Mr. Ruan and the Pharmacy. Dr. [REDACTED] email is attached as **Tab B** to this Agreed Statement of Facts. Dr. [REDACTED] concerns included that the Pharmacy dispensed methadone to patients when carries were not authorized by the prescriber.

5. On October 1, 2025, the Complaints Director spoke with Dr. [REDACTED] who indicated the Pharmacy was engaging in inappropriate duplicate and unsafe benzodiazepine prescribing and dispensing for a patient on concurrent methadone maintenance therapy. The Complaints Director's summary of his conversation with Dr. [REDACTED] is attached as **Tab C** to this Agreed Statement of Facts.
6. On October 25 and 27, 2025, the Complaints Director received notice of additional concerns from Dr. [REDACTED] including that Mr. Ruan was providing OAT and other medication therapy in an unauthorized, improper and unsafe manner to a mutual patient when he extended prescriptions the original prescriber prescribed. The same patient also received methadone carries when their prescription was for daily witness ingestion (DWI). A summary of the Complaints Director's October 25, 2025 conversation with Dr. [REDACTED] and the additional information she sent via fax on October 27, 2025 are attached as **Tabs D and E** to this Agreed Statement of Facts.
7. Ms. Mosher investigated the Complaint as well as the additional concerns raised by Drs. [REDACTED] and [REDACTED]. Mr. Ruan was made aware of all the concerns brought to ACP's attention and provided with an opportunity to respond during the investigation. Following receipt of the investigation report prepared by Ms. Mosher, the Complaints Director referred the matter to a hearing. A copy of the Notice of Hearing is attached as **Tab F** to this Agreed Statement of Facts.
8. Although the concerns raised by Dr. [REDACTED] and Dr. [REDACTED] included that Mr. Ruan was incentivizing patients to attend the pharmacy for care by offering items like cigarettes, soda, cash, bus tickets and Ensure, these concerns were not part of the allegations referred to a hearing. Mr. Ruan did not consider the provision of these items to be an inducement conditional on receipt of drug products or pharmacy or professional services. However, he undertook to discuss this matter and ACP's inducement standards with his staff. He also agreed to terminate provision of these items to pharmacy patients by March 1, 2026. This issue will be followed up on by ACP Pharmacy Practice Consultants at future visits to the Pharmacy.

Facts Related to the Allegations

9. The Pharmacy had issues with its dispensing software such that Netcare records were not accurate. The Pharmacy has since enrolled in Netcare's Real Time Integration.
10. Patients [REDACTED], [REDACTED], [REDACTED] and [REDACTED] were patients of Mr. Ruan's and attended at the Pharmacy for professional services and pharmacy service (the "Patients"). The Patients had signed patient-pharmacy agreements on file which were based on the College's template agreements.
11. Patient [REDACTED] was also a patient at CUPS Calgary. [REDACTED] had prescriptions for 100mg methadone and 220mg Kadian. [REDACTED] missed five consecutive doses of methadone and Kadian between April 23–27, 2025. When [REDACTED] presented at the Pharmacy on April 28, 2025, methadone was dispensed to [REDACTED] by Mr. Ruan as 50mg. When [REDACTED] presented at the Pharmacy on April 29, 2025, methadone was dispensed to [REDACTED] by Mr. Ruan as 50mg witnessed ingestion and 50mg carry. Per the CUPS OAT Guideline, [REDACTED] prescription should have been canceled after 5 missed doses. Further, [REDACTED] prescription should not have been dispensed in split doses. Neither Mr. Ruan nor other

¹ The parties agree [REDACTED] is the individual listed as [REDACTED] in the Notice of Hearing.

staff at the Pharmacy notified the prescriber Nurse Practitioner [REDACTED] of the missed doses or the change in dose provided to [REDACTED] on April 28 or April 29, 2025. Patient records for [REDACTED] are attached as Tab G to this Agreed Statement of Facts and support the information provided in the complaint from Dr. [REDACTED] (Tab A).

12. Patient [REDACTED] was also a patient at CUPS Calgary. [REDACTED] was prescribed a low dose of hydromorphone by a physician at CUPS Calgary (Dr. [REDACTED]) tapering over 56 days from April 16, 2025 to June 10, 2025. Instead of terminating the prescription on June 11, 2025, Mr. Ruan and other staff at the Pharmacy dispensed hydromorphone to [REDACTED] on a daily basis until August 8, 2025. Neither Mr. Ruan nor other staff at the Pharmacy notified the prescriber of the decision to continue dispensing hydromorphone to [REDACTED] after June 10, 2025. The Pharmacy stopped dispensing the hydromorphone to [REDACTED] once the error was brought to its attention by CUPS Calgary. Patient records for [REDACTED] are attached as **Tab H** to this Agreed Statement of Facts and support the information provided in the complaint from Dr. [REDACTED] (**Tab A**).
13. Patient [REDACTED] was also a patient at CUPS Calgary. [REDACTED] had a prescription for 130mg methadone to be dispensed once daily. Mr. Ruan and the Pharmacy provided [REDACTED] 65mg of methadone dispensed twice a day (BID). Neither Mr. Ruan nor other staff at the Pharmacy notified the prescriber (Dr. [REDACTED]) of the decision to split the prescribed dose of methadone for [REDACTED]. Patient records for [REDACTED] are attached as **Tab I** to this Agreed Statement of Facts and support the information provided in the complaint from Dr. [REDACTED] (**Tab A**).
14. Patient [REDACTED] was also a patient at CUPS Calgary. Two concerns were raised about Mr. Ruan and the Pharmacy's care for [REDACTED]
 - a. [REDACTED] had a prescription for methadone to be dispensed once daily with witnessed ingestion. Mr. Ruan did not properly observe [REDACTED] ingestion of the prescribed dose and as a result, [REDACTED] was able to split the prescribed dose contrary to the prescription.
 - b. [REDACTED] did not attend at the Pharmacy after August 14, 2025 but her Netcare profile showed she was receiving daily doses of methadone from the Pharmacy until August 26, 2025.

Patient records for [REDACTED] are attached as **Tab J** to this Agreed Statement of Facts and support the information in the complaint from Dr. [REDACTED] (**Tab A**).

15. Patient [REDACTED] was also a patient at the Calgary Drop In Centre. [REDACTED] had a prescription for methadone that was required to be dispensed daily with witnessed ingestion. The prescription did not authorize carries. Mr. Ruan and the Pharmacy provided [REDACTED] with carries as the Pharmacy was closed on Sunday. Neither Mr. Ruan nor other staff at the Pharmacy notified the prescriber (Dr. [REDACTED]) of the carry provided to [REDACTED]. Patient records for [REDACTED] are attached as **Tab K** to this Agreed Statement of Facts and support the information provided by Dr. [REDACTED] (**Tab B**).
16. Patient [REDACTED] was also a patient at the Calgary Drop In Centre. Dr. [REDACTED] gave [REDACTED] a prescription for methadone. The prescription was for a witnessed ingestion but permitted carries for pharmacy closures. On or about September 14, 2025, Mr. Ruan provided [REDACTED] with a methadone carry but listed the dose as witnessed ingestion on Netcare. Patient records for [REDACTED] are attached as **Tab L** to this Agreed Statement of Facts and support the information provided by Dr. [REDACTED] (**Tab B**).

17. The Pharmacy's daily ingestion logs did not document:

- a. time of ingestion;
- b. methadone dose administered;
- c. carries provided, if any;
- d. the initials or signature of the witnessing pharmacist such that the person who witnessed the ingestion could be accurately identified;
- e. the initials or signature of the patient confirming receipt of the dose;
- f. a patient's reason for missing a dose.

18. The Pharmacy practice did not include reporting missed doses to prescribers or confirming treatment changes with Drs. [REDACTED] [REDACTED] and [REDACTED]

19. With the original prescriber's acknowledgment, Mr. Ruan extended prescriptions for multiple drugs to Patient [REDACTED] which permitted the daily dispensing of:

- a. clonazepam, a benzodiazepine, between December 26, 2023 and June 25, 2025 and June 26, 2025 and October 14, 2025;
- b. diazepam, a benzodiazepine, between April 23, 2024 and October 14, 2025; and
- c. methadone between August 28, 2024 and August 25, 2025.

Mr. Ruan did not document that he assessed [REDACTED] or that he assessed the appropriateness of concurrent prescriptions for benzodiazepines and methadone for [REDACTED] Patient records for [REDACTED] are attached as **Tab M** to this Agreed Statement of Facts.

20. With the original prescriber's acknowledgment, Mr. Ruan provided Patient [REDACTED] with prescription extensions for methadone between August 28, 2024 and August 25, 2025. He did not obtain an assessment from the original prescriber, and he did not document that he assessed [REDACTED] before providing the prescription extensions for [REDACTED]

21. With the original prescriber's acknowledgment, Mr. Ruan provided Patient [REDACTED] with prescription extensions for methadone in October 2025 when he did not obtain assessment from the original prescriber and he did not document that he assessed [REDACTED] before providing the prescription extensions for [REDACTED] Patient records for [REDACTED] are attached as **Tab N** to this Agreed Statement of Facts and support the information provided by Dr. [REDACTED] (**Tabs D and E**).

Facts Related to Sanctions

22. There have been no prior findings of unprofessional conduct against Mr. Ruan.

23. Mr. Ruan was at all times cooperative with Ms. Mosher and the Complaints Director throughout the investigation.

V. SUBMISSIONS REGARDING MERIT

Opening Statement on Behalf of the Complaints Director

13. On behalf of the Complaints Director, Ms. Chisholm made her opening statement, advising that the Hearing Tribunal would be considering five allegations of professional misconduct in the hearing, primarily concerning Mr. Ruan's practice of prescribing and dispensing in a manner that does not meet the expected standards or guidelines required.
14. She confirmed that Mr. Ruan is the licensee and owner of eRX pharmacy, where the conduct occurred.
15. Ms. Chisholm went through each of the Allegations, as set out in the Notice of Hearing.
16. The Hearing Tribunal must make factual findings and then consider whether those factual findings constitute unprofessional conduct under the HPA.
17. If the Hearing Tribunal accepts that Mr. Ruan's conduct is proven, then the parties had prepared a joint submission on sanctions and costs.
18. Ms. Chisholm thanked Mr. Ruan and his counsel's cooperation in this matter to date, emphasizing that by coming to this admission and agreement, time and administrative expense had been saved for all parties involved.

Opening Statement on Behalf of Mr. Ruan

19. Mr. Haack, on behalf of Mr. Ruan, had no opening statement, or response.

Submissions on Behalf of the Complaints Director as to Merit

20. Ms. Chisholm first turned to Tab 1, Exhibit 1, which was the Admission of Unprofessional Conduct in this matter, signed by Mr. Ruan.
21. Section 70 of the HPA allows an investigated party to make an admission at any time before the Hearing Tribunal makes a decision as to whether or not unprofessional conduct has occurred.
22. The Hearing Tribunal has the authority to determine whether the Admission is acceptable in whole or in part.
23. In this case, the Complaints Director is asking the Hearing Tribunal to accept the Admission, in whole. The Admission is found at Tab 1 and is set out in full above. Ms. Chisholm reviewed the Admission with the Hearing Tribunal.
24. In the latter paragraphs of the Admission, Mr. Ruan specifically acknowledged that his conduct breached elements of the Standards of Practice, Code of Ethics, and other Guidelines in relation to his profession.
25. Ms. Chisholm then reviewed the ASF, which is set out in detail above.
26. Following this, counsel advised the Hearing Tribunal that it has two tasks before it at this stage of the proceedings: it must consider which facts are proven on a balance

of probabilities, and it must then consider whether those proven facts constitute unprofessional conduct under the HPA.

27. The Complaints Director urges the Hearing Tribunal to find the facts proven, as agreed upon by both parties, in the ASF.
28. At this juncture, Ms. Chisholm invited the Hearing Tribunal to adjourn to consider whether they have any questions following her presentation of the ASF.
29. Following the adjournment, the Chair relayed the following question to Ms. Chisholm:
 - a. With respect to Patient [REDACTED] did [REDACTED] receive the doses that were indicated on Netcare, or was the dispensing just logged on Netcare and [REDACTED] did not receive those doses?
 - b. In response to this, Ms. Chisholm conferred with the Complaints Director and advised according to the documents in Exhibit 1, at page 35-36, there was a nurse at a clinic advising that they phoned [Mr.] Ruan on August 20, 2025 who notified that he had not been able to find Pati[REDACTED] since their last dose on August 14, 2025.
 - c. On the following page, which was dated presumably on August 27, 2025, the nurse at the clinic stated that Patient [REDACTED] no showed for an appointment. The nurse checked Netcare, which showed that Patient [REDACTED] had been dosing daily up until August 26, 2025. The nurse phoned Mr. Ruan who advised that he had last dosed Patient [REDACTED] on August 14 and that the prescription should have been cancelled.
30. After this question was answered, Ms. Chisholm continued with her submissions on whether Mr. Ruan's conduct constituted unprofessional conduct under the HPA.
31. Ms. Chisholm spoke to the fact that this conduct undermined the integrity of the profession generally, it decreased public trust in the profession, and there was a failure to exercise professional judgment expected of an Alberta pharmacist.
32. Counsel submitted that Mr. Ruan's conduct was "unprofessional conduct" under the definition of the HPA for three reasons:
 - a. It demonstrates a lack of skill and judgment in the provision of professional services;
 - b. It contravenes the standards of practice, codes of conduct that relate to the profession, as set out in more detail below;
 - c. It contravened It contravenes another enactment that applies to the profession, namely the *Controlled Drugs and Substances Act*; and
 - d. It undermined the integrity of the profession.

33. Mr. Ruan was obligated to follow the Standards of Practice for Pharmacists and Pharmacy Technicians (effective February 1, 2025) (“Standards of Practice”), the Standards for the Operation of Licensed Pharmacies (effective February 1, 2025) (“Licensed Pharmacy Standards”), the Code of Ethics of the ACP (effective May 22, 2009) (“ACP Code of Ethics”), and the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19 (“CDSA”), the Guidelines for Pharmacists and Pharmacy Technicians on Opioid Agonist Therapy (OAT) Medication-assisted treatment for opioid use disorder (updated February 2025), and the Guideline for Pharmacists and Pharmacy Technicians for Controlled drugs and substances exemption (updated January 2025).
34. In the Admission, Mr. Ruan admitted to breaching elements of those Standards, Code provisions, legislation, and Guidelines.
35. Therefore, the Complaints Director submitted that the facts underlying each Allegation has been proven by the Complaints Director on a balance of probabilities, and that the proven facts constitute unprofessional conduct under the HPA.

Submissions on Behalf of Mr. Ruan as to Merit

36. Mr. Haack had nothing to add in response.

Questions of the Hearing Tribunal

37. The Hearing Tribunal deliberated and had no further questions for the parties.

VI. FINDINGS REGARDING MERIT

Facts

38. After hearing from both parties and being given time to review the ASF, the Admission, and the documents contained in Exhibit 1, the Hearing Tribunal accepted the facts set out in the ASF (copied in full in the “Evidence” portion of this decision, above), on a balance of probabilities.

Unprofessional Conduct

39. The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the HPA, which includes the following:

(pp) “unprofessional conduct” means one or more of the following, whether or not it is disgraceful or dishonourable:

- (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (ii) contravention of this Act, a code of ethics or standards of practice;
- (iii) contravention of another enactment that applies to the profession;

...

- (xii) conduct that harms the integrity of the regulated profession;

Element 1: Displaying a Lack of Knowledge or Lack of Skill or Judgment in the Provision of Professional Services

40. The Hearing Tribunal finds that Mr. Ruan's conduct demonstrates a lack of skill and judgment in the provision of professional services.
41. The admitted conduct was not a single technical lapse. Across multiple patients, Mr. Ruan altered or continued controlled-substance therapy without the prescriber's authorization or timely communication, permitted carries or split dosing contrary to prescribed directions, failed to ensure missed doses were reported, and prescribed or extended therapy without documenting the assessments required to support those decisions.
42. These actions bypassed safeguards that depend on individualized assessment, adherence to the prescriber's directions, and timely collaboration with the patient's other health professionals.
43. In the context of opioid agonist therapy, accurate dosing, witnessed ingestion, complete records, and coordinated care are important safeguards in place to protect a vulnerable patient subgroup. A pharmacist cannot substitute a routine pharmacy practice for the individualized professional assessment and team-based communication required in these higher risk clinical environments.
44. Taken together, the repeated conduct demonstrates a failure to exercise the degree of professional judgment expected of both a pharmacist and a pharmacy licensee and created a meaningful risk to patient safety and continuity of care.

Element 2: Contravention of the HPA, a Code of Ethics or Standards of Practice

45. In his signed Admission, Mr. Ruan agreed and acknowledged that his conduct was unprofessional conduct, and that his conduct in these matters breached the following:
 - Domain 2 (Section 2.7.1(a)), Domain 3 (Section 3.3 and Subsections 3.3.1(a-e) and 3.3.2(a-c)), Domain 4 (Subsections 4.2.1 and 4.3.1), Domain 7 (Sections 7.6, 7.8, 7.10 and Subsections 7.8.1(b), 7.10.1(a-d)), Domain 8 (Sections 8.3, 8.4, 8.5, 8.8 and Subsections 8.4.1(a)(v)), 8.5.1(a)(ii), 8.8.1(a)(vii), 8.8.1(c)), Appendix E (Section E.1.2.6(a)) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
 - Domain 2 (Subsections 2.1.1(a) and 2.14.1(a)) of the Standards for the Operation of Licensed Pharmacies;
 - Principles 1 (1, 2, 7, 14 and 15) and 10 (1) of the ACP Code of Ethics;
46. The Hearing Tribunal agrees with both parties that the conduct constitutes breaches of the following provisions, which were expressly acknowledged as breached by Mr. Ruan in his signed Admission of Unprofessional Conduct:

a. **Standards of Practice:**

Domain 2

2.7.1 A regulated member must

- (a) comply with the letter and spirit of the law that governs their practice, including any standards, guidelines, policies of Council, and the Code of Ethics;

Domain 3

3.3 A regulated member works collaboratively with patients, pharmacy colleagues, other health professionals, and other individuals within patients' circles of care.

3.3.1 A regulated member must

- (a) establish and maintain rapport, respect, and trust with colleagues and individuals within a patient's circle of care, respecting individual, professional, and cultural differences;
- (b) support a team-based delivery of care that ensures continuity of care for a patient;
- (c) fulfill obligations to colleagues in a timely manner;
- (d) use the expertise and availability of other regulated members and other regulated health professionals when appropriate;
- (e) communicate relevant health information to other regulated members, other regulated health
- (f) professionals whose care of a patient may be affected by the regulated member's decisions, and other individuals within the circle of care clearly and objectively; and

3.3.2 A pharmacist must

- (a) develop a collaborative relationship with other regulated health professionals when they need to obtain diagnostic and other health information that is relevant to the care of a patient and to determine mutual goals of therapy;
- (b) coordinate care provided by the pharmacist with care a patient is receiving from other regulated health professionals; and
- (c) when adapting, prescribing in emergency, prescribing at initial access, or managing ongoing therapy of a Schedule 1 drug, communicate the following information as soon as reasonably possible with any regulated health professionals whose care of a patient may be affected by their prescribing decision:
 - i. the type and amount of the drug prescribed,

- ii. the rationale for prescribing the drug,
- iii. the date the drug was prescribed,
- iv. any non-pharmaceutical recommendations associated with the prescription,
- v. the monitoring plan for the patient, and
- vi. any instructions given to the patient.

Domain 4

4.2.1 A regulated member must

- (a) make care decisions based on an evidence-informed process that includes
 - i. evidence-based information;
 - ii. professional judgement; and
 - iii. patient choices, values, and circumstances;
- (b) critically evaluate information to determine its validity, importance, and relevance; and
- (c) apply evidence-based information to each patient's unique needs and goals.

4.3.1 A regulated member must

- (a) only provide professional services to a patient who can be appropriately treated within the practice of the regulated member's profession and in accordance with the legislative framework;
- (b) only engage in restricted activities that the regulated member is authorized and competent to perform and that apply to the regulated member's practice and the professional service being provided; and
- (c) only provide a professional service after they have
 - i. identified the knowledge and skills required to provide the professional service,
 - ii. self-evaluated their own professional competence,
 - iii. critically reflected on the competence required and risks involved with the professional service, and
 - iv. determined whether they are appropriately resourced and able to safely and effectively
 - v. provide the professional service to a patient.

Domain 7

7.6 A pharmacist who prescribes drugs to patients does so in compliance with the legislative framework.

7.8 A regulated member empowers patients as partners in their care when developing and implementing care.

7.8.1 A regulated member must

- (b) collaborate with relevant individuals in a patient's circle of care about the patient's care decisions where applicable and appropriate.

7.10 A regulated member documents the details of patient care in the patient record to create professional accountability, enable collaboration with other regulated health professionals, and ensure continuity of care.

7.10.1 A regulated member must

(a) ensure that documentation

- i. occurs in a timely and effective manner that allows communication of patient care among regulated members accessing the patient record;
- ii. (ii) uses recognized formats that are easily understood, retrievable, and sharable by pharmacy colleagues;
- iii. (iii) records notifications or communications about a patient sent to or received from other regulated health professionals and individuals within the patient's circle of care; and
- iv. contains all relevant information required by Appendix E;

(b) ensure that documentation made as required by Standard 7.10.1(a) includes

- i. the name of the regulated member involved and their role;
- ii. the nature of the care provided;
- iii. the evidence-informed rationale for any decisions or recommendations made;
- iv. the time; date; and, when applicable, the location that care occurred; and
- v. whether care occurred in person or virtually;

- (c) ensure that documentation that has been amended contains
 - i. the original entry,
 - ii. the identity of the regulated member who made the amendment, and
 - iii. the date of the amendment; and
- (d) document all required information in a manner applicable to their practice site including
 - i. a record for a community pharmacy as required by the Standards for the Operation of Licensed Pharmacies;
 - ii. a shared health record in an institution pharmacy or environment with other health professionals that meets the requirements of these standards and the Standards for the Operation of Licensed Pharmacies; or
 - iii. a record for a practice site outside of an institution pharmacy or an environment with a shared patient record that meets the requirements of these standards and the Standards for the Operation of Licensed Pharmacies.

Domain 8

8.3 A regulated member packages every drug dispensed to patients in a manner that assures product integrity and safeguards children and other vulnerable populations from accidental exposure or ingestion.

8.4 A regulated member supports patient understanding of their drugs by labelling every drug dispensed to patients in a manner that is accurate, complete, and clear.

8.4.1 A regulated member must

- (a) label containers in which drugs are dispensed correctly with a label that is legible and includes

...

- v. instructions for the use of the drug;

8.5 A regulated member ensures dispensed drugs accurately reflect the prescriber's intentions.

8.5.1 A regulated member must

- (a) perform a final check in order to ensure that each step in the dispensing process has been completed properly by verifying that

...

- ii. the prescription label is accurate and complete according to the prescription and contains the information required under Standard 8.4.1 and Appendix D; and

8.8 A regulated member ensures patient care is informed by documenting complete and accurate dispensing information.

8.8.1 A regulated member must ensure

- (a) a transaction record is created each time a Schedule 1 drug is dispensed, including ...

- vii. route of administration and directions for use;

- (c) that each time a Schedule 1 drug is dispensed, or a Schedule 2 drug is sold, records are uploaded to the Alberta Netcare Electronic Health Record as soon as reasonably possible.

Appendix "E" (Patient Record Requirement)

E1.2.6 Drugs deprescribed, prescribed at initial access, or prescribed to manage ongoing care documentation includes the rationale for prescribing or deprescribing as follows:

- (a) a summary of the pharmacist's assessment of the patient,

b. Licensed Pharmacy Standards:

Domain 2

2.1.1 A licensee must ensure

- (a) they operate the licensed pharmacy in accordance with the legislative framework in the best interests of patient care;

2.14.1 A licensee must

- (a) ensure that the licensed pharmacy operates in accordance with the letter and spirit of the laws that govern licensed pharmacy operations, drug distribution, the practice of pharmacists, and the practice of pharmacy technicians, including any standards, guidelines, policies of Council, and the Code of Ethics;

c. ACP Code of Ethics:

PRINCIPLE 1, Hold the well-being of each patient to be my primary consideration

To uphold this principle, I:

1. Act in the best interest of each patient.
2. Provide appropriate treatment and care.
- ...
7. Safeguard the well-being of each patient and in particular any patient who is vulnerable.
14. Cooperate with colleagues and other health professionals to assist a patient to achieve the patient's health care goals.
15. Consult with other health professionals to benefit a patient as appropriate.

PRINCIPLE 10, Act with honesty and integrity

To uphold this principle, I:

1. Comply with both the letter and the spirit of the law that governs the practice of pharmacy and the operation of pharmacies.
47. The Hearing Tribunal is of the opinion that the conduct of Mr. Ruan breached the above Standards and provisions of the Code of Ethics, and that such breaches are sufficiently serious to constitute unprofessional conduct.
 48. The breaches were substantive because the standards and code of ethics operate together as patient-safety safeguards. Mr. Ruan was providing care to OAT patients. It is recognized that this subgroup is at increased risk and the onus is on the pharmacist, not the patient, to ensure that they safeguard the well-being of each patient, especially those that are vulnerable.
 49. Mr. Ruan's failure to notify prescribers of missed doses or changes to prescribed dosing undermined collaborative and coordinated care. His prescribing and prescription extensions without a documented assessment, together with his failure to document the appropriateness of concurrent benzodiazepine and methadone therapy, meant that the patient records did not demonstrate an evidence-informed basis for the care provided.
 50. The Pharmacy's incomplete ingestion logs and inaccurate pharmacy and Netcare records also deprived pharmacists and other health professionals of reliable information needed to understand what had actually been administered or supplied.
 51. As licensee, Mr. Ruan had an additional obligation to ensure that the pharmacy's systems and staff practices complied with the legislative framework.
 52. These were therefore not merely administrative or documentation deficiencies; they affected the reliability, transparency, and coordination of patient care and were sufficiently serious to constitute unprofessional conduct.

Element 3: Contravention of Another Enactment that Applies to the Profession

53. In his signed Admission, Mr. Ruan agreed and acknowledged that his conduct was unprofessional conduct, and that his conduct in these matters breached the following:
- Section 56(1) of the *Controlled Drugs and Substances Act*;
 - ACP Guidelines for Pharmacists and Pharmacy Technicians Opioid Agonist Therapy (OAT) Medication Assisted Treatment for Opioid Use Disorder;
 - ACP Guidelines for Pharmacists and Pharmacy Technicians Controlled Drugs and Substances Exemption.
54. The Hearing Tribunal agrees with both parties that that the conduct constitutes a breach of the following provision of the CDSA, given the express wording of both Guidelines outlined above, which were expressly acknowledged as breached by Mr. Ruan in his signed Admission of Unprofessional Conduct:
- a. **CDSA:**
- Exemption by Minister**
56 (1) The Minister may, on any terms and conditions that the Minister considers necessary, exempt from the application of all or any of the provisions of this Act or the regulations any person or class of persons or any controlled substance or precursor or any class of either of them if, in the opinion of the Minister, the exemption is necessary for a medical or scientific purpose or is otherwise in the public interest.
55. The Hearing Tribunal finds that this element is established.
56. The Tribunal interprets the admitted breach in the context of the section 56(1) exemption and the ACP guidelines governing its use. The exemption permits pharmacists to extend or renew prescriptions for controlled substances in defined circumstances; it does not displace the pharmacist's obligations under the applicable professional standards to assess the patient, document the basis for the prescribing decision, communicate with other health professionals whose care may be affected, and otherwise act within the legislative framework.
57. In this case, Mr. Ruan extended methadone prescriptions for Patients [REDACTED] and [REDACTED] without the assessment and documentation identified as required in the Agreed Statement of Facts.
58. In light of Mr. Ruan's express admission that this conduct breached the *Controlled Drugs and Substances Act* and the applicable ACP exemption guidelines, the Hearing Tribunal is satisfied that the admitted conduct constitutes a contravention of another enactment that applies to the profession, and is unprofessional conduct.

Element 4: Conduct that Harms the Integrity of the Regulated Profession

59. Finally, Mr. Ruan's conduct also undermined the integrity of the profession.

60. The integrity of the pharmacy profession depends on patients, prescribers, and other health professionals being able to rely on pharmacists to dispense in accordance with authorized directions and guidelines, exercise professional judgment within the limits of their authority, and create records that accurately reflect the care provided.
61. Mr. Ruan changed dosing without prescriber authorization, created inaccurate pharmacy and Netcare records, and maintained pharmacy onsite practices in which essential OAT information and missed doses were not consistently recorded or communicated.
62. Those failures were repeated across a number of patients and occurred while Mr. Ruan was the licensee responsible for the pharmacy's systems and operations. Conduct of this kind weakens the reliability of the shared health record and the collaborative relationships on which safe care depends.
63. The Hearing Tribunal also recognizes that the conduct occurred in the context of care to patients receiving OAT, where adherence to prescribed dosing, accurate records, and coordinated care are particularly important safeguards for this vulnerable population. The OAT patient group is at increased risk of negative outcomes and requires higher levels of professional integrity and accuracy to ensure safe care.
64. Mr. Ruan undermined the integrity of the profession by conducting himself in a manner that could increase the risk in the vulnerable patient population he served. A reasonable member of the public, knowing these facts, could have diminished confidence that pharmacists will respect prescribing directions, maintain accurate records, and meet the responsibilities associated with controlled-drug and OAT practice.
65. The Hearing Tribunal therefore finds that Mr. Ruan's conduct harmed the integrity of the profession.

Conclusion

66. As such, the Hearing Tribunal finds that Mr. Ruan is guilty of unprofessional conduct as his conduct demonstrated a lack of skill and judgment in the provision of professional service, constituted a contravention of the codes and standards applicable to his profession, it contravened another enactment applicable to this profession, and it undermined the integrity of the profession.

VI. SUBMISSIONS ON SANCTIONS

Submissions on Behalf of the Complaints Director as to Sanction

67. Following the Chair reporting to all present that the Hearing Tribunal had made the factual findings and found unprofessional conduct on the part of Mr. Ruan, counsels for the Complaints Director and Mr. Ruan advised that they had come to a Joint Submission on Sanctions and Costs ("JSS").

68. The JSS was included in a document entitled “2025-07-27 Agreed Exhibit Book - Sanctions.pdf” and was entered as Exhibit 2 in the hearing. Ms. Chisholm also provided the Hearing Tribunal with the case of *Charkhandeh v College of Dental Surgeons of Alberta*, 2025 ABCA 258 (“*Charkhandeh*”).
69. Counsel for the Complaints Director submitted that the Hearing Tribunal has authority to order sanctions and costs under section 82 of the HPA. Section 82 gives the Hearing Tribunal a broad range of powers to use in dealing with the specific circumstances of a particular case.
70. In this process, complaints are raised, investigated, and addressed in hearings. Sanctions serve to protect the public and to maintain the integrity of the profession, which is the paramount concern. The Hearing Tribunal must consider what specific orders, if any, will ensure that the conduct will not be repeated by the member, in this case Mr. Ruan, or other members of the profession.
71. In 2025, the case of *Charkhandeh* came out, which clarified the principles that should be sought in sanctions orders. The Court of Appeal in that decision wrote the following at paragraphs 89, 93 and 95, parts of which were cited by Ms. Chisholm in her submissions:

[89] What sanctions or combination of sanctions will “maintain the public’s confidence in the integrity of the profession” is difficult to address. The public is unlikely to regard misconduct by a single professional as evidence of a lack of integrity of the profession as a whole. No sanction is specifically directed at the reputation of the profession or the integrity of the disciplinary process. That function of sanctioning is primarily served by the fact that unprofessional conduct is positively dealt with by the College, and the overall suitability and proportionality of the sanction. Proportionality is fundamental, because while an unduly lenient sanction for misconduct would undoubtedly undermine public confidence, an overly punitive sanction might have the same effect. Maintaining public confidence in the integrity of the profession does not require overly punitive sanctions, nor, as a sentencing objective, should it override the other factors that must be considered and balanced.

...

[93] While some analogies can be made between criminal sentencing and imposing sanctions in professional disciplinary cases, different objectives are at play. The primary purpose of sanctions in professional disciplinary cases is protection of the public. Denunciation, retribution, and punishment are not primary objectives of the sanctioning process, except to the extent that they serve the objective of protection of the public: *Abrametz v Law Society of Saskatchewan*, 2023 SKCA 114 at paras. 77-79, [2024] 3 WWR 222. Sanctions will often have a punitive effect, which enhances protection of the public by deterrence and maintenance of professional standards, but that is an effect of the sanction, not a standalone motivation. Further, proportionality, restraint, and enabling rehabilitation are important.

...

[95] However, the Hearing Tribunal did not mention the need for proportionality. The sanction imposed should be aimed at protection of the public, but also proportionate to the gravity of the offence, and the moral culpability of the professional. In accordance

with the principle of restraint, the most lenient sanction that would serve the legitimate purposes of the sanctioning process should be selected. Specifically, even though cancellation of registration might serve the secondary purposes of denunciation, deterrence and protection of the reputation of the profession, the Hearing Tribunal must also consider whether any lesser sanction would have substantially the same impact. Where there is no measurable risk to the public, the sanction should also not be so onerous as to preclude rehabilitation of the professional or unnecessarily prevent a trained professional from providing a valuable service to the public, including his other patients.

72. In paragraph 86 of *Charkhandeh*, the Court of Appeal reaffirmed the Jaswal factors as a “helpful, non-exhaustive list of factors relevant to sanctioning” (para. 86). In that case, the Court of Appeal recategorized and summarized the Jaswal factors as follows:
 - a) *Seriousness of the conduct*: nature and gravity of the proven allegations; number of times the offence occurred; the degree to which the offensive conduct was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct, not an “error of judgment”.
 - b) *Factors relating to the fundamental purpose of sanctions*: the need for deterrence; protection of the public; confidence in the integrity of the profession. These often overlap with the seriousness of the conduct.
 - c) *Character and personal attributes of the professional*: the age and experience of the offending professional; previous character; presence or absence of prior complaints or convictions.
 - d) *Impact on the complainant*: age and mental condition of the complainant; impact of the incident on the complainant.
 - e) *Mitigating factors*: specifically, acknowledgement of responsibility, but others are recognized, including some that reduce the gravity of the misconduct.
 - f) *Impact of the sanction on the professional*: collateral financial or other penalties as a result of the allegations.
 - g) *Parity*: the range of sanctions in other similar cases.
73. When considering joint submissions on sanctions, the Hearing Tribunal’s role is slightly different than if the Hearing Tribunal was considering sanctions after a contested hearing.
74. Counsel for the Complaints Director advised that when it comes to joint submissions on sanction, the Supreme Court of Canada’s decision in *R. v. Anthony Cook*, 2016 SCC 43 (“*Anthony Cook*”) is of assistance. In that case, the Supreme Court confirmed that when looking at a joint submission on sanction, the correct test “is whether the proposed sentence would bring the administration of justice into disrepute or would otherwise be contrary to the public interest.”
75. In *Anthony Cook*, the Supreme Court goes on to say at para. 34:

Rejection denotes a submission so unhinged from the circumstances of the offence and the offender that its acceptance would lead reasonable and informed persons, aware of all the relevant circumstances, including the importance of promoting certainty in resolution discussions, to believe that the proper functioning of the justice system had broken down.

76. If the JSS does not offend the public interest test, the Hearing Tribunal must exercise a very high level of deference to the joint submission of the parties.
77. In this case, the JSS included the following elements:
 1. Mr. Ruan shall receive a reprimand, which the Hearing Tribunal's decision shall serve as.
 2. Mr. Ruan shall, within 6 months of the date of the Hearing Tribunal's decision, successfully complete the Centre for Personalized Education for Professionals (CPEP) PROBE course at his own cost and provide evidence of an unconditional pass to the Complaints Director. If Mr. Ruan fails to provide evidence to satisfy the Complaints Director that Mr. Ruan has received an unconditional pass on the CPEP Probe course within 6 months, his practice permit shall be suspended until such time as he receives an unconditional pass and provides evidence to the Complaints Director that an unconditional pass has been received.
 3. Mr. Ruan shall successfully complete the College's Practice Improvement Program.
 4. Mr. Ruan shall successfully complete the College's Ethics and Jurisprudence Exam.
 5. Mr. Ruan's Additional Prescribing Authorization ("APA") is suspended until such time as the Complaints Director is satisfied that Orders 2, 3 and 4 are complete.
 6. Mr. Ruan's practice permit shall reflect his enrollment in the College's Practice Improvement Program until such time as the Complaints Director is satisfied that Order 3 is complete.
 7. Mr. Ruan's practice permit will be subject to a condition that he cannot be a licensee until such time as the Complaints Director is satisfied that Orders 2, 3, and 4 are complete. This condition will come into effect no later than 60 days after the date of the Hearing Tribunal's decision.
 8. For a period of five years from the date the Hearing Tribunal's decision is issued, Mr. Ruan must provide a copy of the Hearing Tribunal's decision to any pharmacy employer or licensee of a pharmacy in which he provides professional services. Mr. Ruan shall provide verification of this notice to the Complaints Director at any time he obtains or changes employment or the licensee of a pharmacy that he owns changes.
 9. Mr. Ruan shall be responsible for payment of \$10,000 of the costs of the hearing. Payment will occur in accordance with a monthly payment schedule established by the Hearings Director and shall be paid within 24 months of the date of the Hearing Tribunal's written decision.
78. The Complaints Director's position is that these proposed sanctions meet the objectives of sanctioning expressed above.

79. In reviewing the Jaswal factors, as summarized by the Court of Appeal in *Charkhandeh*, Ms. Chisholm made the following submissions:

1. **The nature and gravity of the proven allegations:** This conduct is serious. The ACP, the public, and the legislature trust pharmacy professionals to provide services to patients, including the provision of opiates. The proven allegations demonstrate that Mr. Ruan's practices were lacking, inconsistent, and did not demonstrate care for patients or with the diligence of a regulated member. In addition, there was a failure to collaborate with other health professionals. This is serious misconduct – as such failures can result in inaccurate records, confusion in patient care and has the potential to compromise patient safety. Health professionals must be able to rely on accurate and up to date health records and dispensing information, especially for vulnerable patients. Finally, in this case there were eight patients affected, not just one – this suggests a pattern of misconduct across multiple patients, which increases the severity of this misconduct.
2. **Age and experience of the member:** As outlined in the ASF, Mr. Ruan has been registered with the College since July 1, 2008. He has been the licensee and owner of the eRx Pharmacy since November 26, 2019. As such, he was a senior member of the profession at the time of the conduct, and he cannot cite a lack of experience as a mitigating factor.
3. **Character and personal attributes:** As outlined in the ASF, Mr. Ruan has had no prior findings of unprofessional conduct against him.
4. **Impact on patients:** In this case, the conduct occurred in relation to a number of different patients. Although the patients' impact and status are not facts that were available, this type of medication therapy is often provided to vulnerable communities, and patient safety must remain top of mind. In these circumstances, there was a significant concern about the lack of adherence to applicable guidelines.
5. **Role of the member in acknowledging what occurred:** Mr. Ruan has made an Admission, entered into an ASF, and entered into the JSS. He was cooperative during the investigation (para. 23, ASF), he has acknowledged the seriousness of his conduct, therefore specific deterrence has been achieved in this case. The fact that there was an agreement in this case resulted in a more streamlined hearing, with no witnesses required, which resulted in time and cost savings for all involved.
6. **Impact of the sanction on the professional:** Ms. Chisholm made no submissions on this point.

Specific and general deterrence: In relation to this factor, counsel for the Complaints Director outlined the specific elements of the JSS, which would provide both specific and general deterrence. Elements that would contribute to specific deterrence include: a reprimand, the PROBE Course, the practice improvement program (PIP), and ACP's Ethics and Jurisprudence course, each of which will test Mr. Ruan's ability to understand and apply key concepts and procedural knowledge central to safe and effective practice. Mr. Ruan will need to enter the College's practice improvement program (PIP), which will work with him and review his responses and provide targeted support to address deficiencies. He will remain in the program until the competence committee is satisfied. These first four orders focus on Mr. Ruan's rehabilitation, while orders five to eight achieve proportionality and give him a chance to reflect on his conduct. Order number five suspends Mr. Ruan's additional

prescribing authorization (APA), preventing him from extending or adapting prescriptions during that time period. Order number six will provide transparency, ensuring the public will be aware of Mr. Ruan's enrolment in the PIP. Order number seven states that Mr. Ruan cannot be a licensee until other orders are complete. It is the view of the Complaints Director that Mr. Ruan should not be the licensee of a pharmacy, especially one serving vulnerable populations, until the College is satisfied that he has had a chance to reflect on and change his conduct. This will allow a new licensee to restart protocols, and to confirm the pharmacy operates properly. Order number eight is that Mr. Ryan must share a copy of the decision with any pharmacy employer or licensee of a pharmacy in which he provides professional services. This allows any future employer or licensee to be aware of this complaint for next five years, working to provide oversight and awareness. These are significant orders, which will work to rehabilitate Mr. Ruan while achieving both specific and general deterrence.

7. **Parity** – This factor ensures that the sanction being chosen is consistent with previous decisions. The Complaints Director provided two previous cases from the College, as follows:
 - a. **Re: Rajeh Abu Zahra** (ACP Decision, November 2019) – The allegations found proven against Mr. Abu Zahra were that, while serving as both a licensed Alberta pharmacist and pharmacy licensee between January and May 2018, he dispensed, or allowed staff to dispense, approximately 1,395 Type 1 Triplicate Prescription Program medications from a physician without first receiving the required triplicate prescription forms. He was also found to have failed to comply with Triplicate Prescription Program requirements over an extended period and to have established procedures that facilitated the ongoing dispensing of these medications without the required prescriptions. The Hearing Tribunal ordered that Mr. Abu Zahra's pharmacist practice permit be suspended for three months, with reinstatement contingent on successfully passing the Ethics & Jurisprudence Exam. In addition, he was required to disclose the decision to any pharmacy employer for one year after his suspension, was prohibited from owning, operating, or serving as a pharmacy licensee for two years (with enhanced regulatory oversight if he resumed such a role thereafter), and was ordered to pay a \$5,000 fine as well as the full costs of the hearing.
 - b. **Re: Jason Shi-Howe Lee** (ACP Decision, November 2025) – The allegations found proven against Mr. Lee were that he prescribed, dispensed, and arranged delivery of numerous compounded medications, including Schedule 1 drugs, to patients without their knowledge or consent, without directly communicating with them, conducting patient-specific assessments, collaborating with their health care providers, or providing counselling on the medications. He was also found to have maintained inaccurate patient records, including documenting assessments and prescribing rationales that had not occurred, and to have submitted or permitted more than \$8,000 in Alberta Blue Cross claims for compounded medications that the patients had not consented to receive. The Hearing Tribunal ordered that Mr. Lee's practice permit be suspended for three months, with one month to be served immediately and two additional months held in abeyance for up to three years, subject to activation if he became the subject of a similar complaint. He was also required to successfully complete the CPEP PROBE course and the College's Practice Improvement Program, had his Additional Prescribing Authorization revoked for one year, was prohibited from acting as a compounding supervisor for one

year, and was ordered to pay a \$5,000 fine and up to \$15,000 toward the costs of the investigation and hearing.

After going through both of these decisions, Ms. Chisholm noted that in both cases, there were suspensions ordered, yet there was not one being proposed for Mr. Ruan. She noted that the first decision (Zahra) was prior to *Charkhandeh*, which was a decision where the Alberta Court of Appeal put the focus on the rehabilitation of the member, not on punishment. In this case, Ms. Chisholm submitted that Orders 2 and 4 in particular allow Mr. Ruan to continue within the profession, with appropriate guardrails and checkpoints.

80. Finally, counsel made submissions on the costs element of the JSS – that Mr. Ruan would pay \$10,000.00 in costs, over the course of 24 months. She stated that this was by agreement, and this sum did not represent a crushing blow or otherwise had a detrimental impact on Mr. Ruan, elements highlighted by the Court in *Charkhandeh*.
81. Therefore, Ms. Chisholm submitted that the JSS being proposed is well within the guardrails or spectrum of appropriate sanctions, given the conduct in this case. The proposed orders protect the public by deterring Mr. Ruan and others from similar conduct, while providing an opportunity for rehabilitation and remediation for Mr. Ruan. The JSS was consistent, in its emphasis, with the leading decision of *Charkhandeh*. Therefore, the Hearing Tribunal was urged to accept the JSS.

Submissions on Behalf of Mr. Ruan as to Sanction

82. Counsel for Mr. Ruan was offered an opportunity to provide his submissions on sanction.
83. Mr. Haack began with echoing Ms. Chisholm's analysis of the *Charkhandeh*, and re-emphasized that the Court of Appeal in that decision found that the primary purpose of sanctions in these regulatory matters is to protect the public. Orders should be carefully crafted, and do not need to exceed their mandate to protect the public.
84. In addition, Mr. Haack agreed with the summary that was provided of the Anthony-Cook decision of the Supreme Court of Canada. There is an undeniably high threshold that must be met for a Hearing Tribunal to depart from the JSS. Rather, the Hearing Tribunal must exercise restraint, unless the JSS represents a breakdown in the disciplinary proceedings.
85. In this case, the JSS was submitted to be appropriate, well thought-out and in the public interest. The underlying benefits of JSS is served by encouraging negotiated resolutions to these matters, which allows the Colleges and Hearing Tribunals to refocus energy on more contested matters, saving precious time and resources, which Mr. Haack submitted was no small benefit.
86. Counsel for Mr. Ruan identified the following mitigating factors on behalf of Mr. Ruan:

- a. Mr. Ruan was transparent in this matter and did not try to hide what occurred. He fully cooperated with the investigation and entered into an ASF and JSS with the Complaints Director.
 - b. Mr. Ruan had no prior disciplinary history, a fact confirmed in paragraph 22 of the ASF;
 - c. Mr. Ruan has demonstrated rehabilitative potential. He has already self-referred himself to the PIP program, has been assigned modules for completion, has already completed them, and awaits further direction. Notably the PIP is not planning to meet again for some time, and so it is very likely that he will be in the PIP for between 6 months and 1.5 years;
 - d. Mr. Ruan is studying and has enrolled already in the PROBE course for its September offering, which he will have to take at his own cost;
 - e. In terms of his own life, Mr. Ruan's father became very ill toward the end of April 2025, and then his father passed away in early May 2025, when this conduct was alleged to have occurred.
 - f. Mr. Ruan did not argue that this conduct was not severe, and his counsel acknowledged that the patients in this case are an especially vulnerable group, but that being said, this is not a case where there were any direct impacts on patients that were proven. There was no evidence of actual harm being done, even though the potential for harm existed.
87. Counsel similarly argued that the purpose of sanctions in these matters is to ensure the protection of the public. Mr. Ruan and his counsel are satisfied that this JSS protects the public. The suspension of his license serves to protect the public – authority is taken away from him, and there is a reduction of harm and a protection of the public that results.
88. In addition, he cannot act as a licensee until he has completed the PIP and will be required to be supervised by another pharmacist who will act as his licensee, which will ensure both Mr. Ruan and his pharmacy are operating properly and in accordance with the ACP requirements.
89. Mr. Haack did agree with the cases put forward by Ms. Chisholm as being comparable but noted that the *Lee* decision included more severe sanctions and was for more severe misconduct. The *Lee* case was about dishonesty – he documented assessments, had no relationships with patients, submitted false claims, saying he knew the patients, and made false claims to the Alberta Blue Cross. In Mr. Haack's submission, these more severe facts necessitated a more severe sanction in the *Lee* decision.
90. Until the PIP is completed, Mr. Ruan's APA is suspended, and the PIP could take up to 1.5 years to complete. Because there is no timeline set on the PIP, and it takes as long as it needs to take, this increases the severity of the JSS. On the whole, the

public is protected during that time from any other instances of improper prescribing, and Mr. Ruan is subject to the supervision of another licensee.

91. In conclusion, counsel for Mr. Ruan submitted that the JSS appropriately protected the public while demonstrating restraint against Mr. Ruan, which was encouraged by the Court of Appeal in the *Charkhandeh* decision.

Questions of the Hearing Tribunal

92. Although the Hearing Tribunal had no questions, the Hearing Tribunal clarified the use of the term “decision” in Order 7 of the JSS. It determined, during the hearing, that that reference to “decision” would be the date the decision was rendered – being the hearing date. However, the reference to “written decision” in Order 9 would be the date that this written decision is issued.

VI. ORDERS

93. After carefully considering the JSS, the facts of the case, and the parties’ submissions, the Hearing Tribunal accepted the JSS during the hearing and confirms its acceptance in this written decision.
94. The Hearing Tribunal is aware of its requirements, set out by the Supreme Court of Canada in *Anthony Cook* and reaffirmed in *Bradley v. Ontario College of Teachers*, 2021 OBSC 2302, to afford appropriate deference to joint submissions.
95. In *Anthony Cook*, the Supreme Court stated: “a joint submission will bring the administration of justice into disrepute or be contrary to the public interest if, despite the public interest considerations that support imposing it, it is so ‘markedly out of line with the expectations of reasonable persons aware of the circumstances of the case that they would view it as a break down in the proper functioning of the criminal justice system’” (para. 33).
96. The Hearing Tribunal does not find that this JSS would offend the public interest test, as set out in *Anthony Cook*. It acknowledges that the test is an “undeniably high threshold” (para. 34). This being said, the Hearing Tribunal noted during the hearing, and echoes it here, that had there been no JSS before them, their orders would have been more significant against Mr. Ruan.
97. These are incredibly serious allegations, related to a vulnerable population who are working to improve their lives with the assistance of a pharmacist. The Hearing Tribunal is mindful of Mr. Ruan’s mitigating factors, set out above, and believes that he is genuinely remorseful for his actions, but the seriousness of this conduct cannot be understated.
98. In addition, the Hearing Tribunal considered the underlying purposes of choosing an appropriate sanction in these matters, the *Jaswal* factors, and the two other similar ACP decisions provided. Considering all of those factors and considering the aggravating and mitigating factors set out above, the Hearing Tribunal concludes that the JSS is appropriate.

99. Specifically, the Hearing Tribunal finds that the JSS was appropriate because:
- a. The sanctions have an appropriate and targeted focus on rehabilitation of Mr. Ruan. The PROBE course, the Practice Improvement Program, and the Ethics and Jurisprudence Exam are directed at the ethical, legal, documentation, and professional-judgment deficiencies identified by the proven conduct. Mr. Ruan's Additional Prescribing Authorization remains suspended, and he is restricted from acting as a licensee until the core remedial requirements are completed. These conditions create a meaningful opportunity for Mr. Ruan to demonstrate remediation before he again exercises the higher levels of autonomy and oversight associated with prescribing and licensee responsibilities. This structure protects the public while enabling rehabilitation and a return to safe practice.
 - b. The sanctions also serve general deterrence, as an aspect of public protection, by communicating to the profession that the requirements respecting OAT, controlled-substance prescribing, prescriber collaboration, accurate records, and licensee oversight are fundamental professional obligations rather than optional administrative steps. The reprimand, the restrictions on Additional Prescribing Authorization and licensee authority, the five-year disclosure requirement, and the costs order are significant consequences that should deter other regulated members from adopting similar practices, while remaining focused on maintaining professional standards rather than punishment for its own sake.
 - c. The sanctions also directly protect the public by placing guardrails around the areas of practice implicated by the misconduct while remediation occurs. Mr. Ruan cannot exercise his Additional Prescribing Authorization or act as a licensee until the Complaints Director is satisfied that the specified education and practice-improvement requirements are complete; his practice permit will reflect his enrollment in the Practice Improvement Program; and, for five years, he must provide the Hearing Tribunal's decision to any pharmacy employer or licensee, ensuring transparency and allowing appropriate workplace oversight. These measures address the risks identified by the proven conduct without unnecessarily removing Mr. Ruan from all pharmacy practice and ensuring he will have oversight in his practice as he is in the process of rehabilitation.
100. The Hearing Tribunal found the proposed costs order to be reasonable, noting Mr. Ruan's agreement with the quantum of costs, as they were incorporated into the JSS. Therefore, the Hearing Tribunal accepts that both the College and Mr. Ruan are sharing the cost of the hearing, which is by agreement and generally in line with the principles outlined in the *Charkhandeh* decision, and the time to pay will ensure that the costs award is not a crushing financial blow to Mr. Ruan.

101. Accordingly, the Hearing Tribunal orders as follows:

1. Mr. Ruan shall receive a reprimand, which the Hearing Tribunal's decision shall serve as.
2. Mr. Ruan shall, within 6 months of the date of the Hearing Tribunal's decision, successfully complete the Centre for Personalized Education for Professionals (CPEP) PROBE course at his own cost and provide evidence of an unconditional pass to the Complaints Director. If Mr. Ruan fails to provide evidence to satisfy the Complaints Director that Mr. Ruan has received an unconditional pass on the CPEP Probe course within 6 months, his practice permit shall be suspended until such time as he receives an unconditional pass and provides evidence to the Complaints Director that an unconditional pass has been received.
3. Mr. Ruan shall successfully complete the College's Practice Improvement Program.
4. Mr. Ruan shall successfully complete the College's Ethics and Jurisprudence Exam.
5. Mr. Ruan's Additional Prescribing Authorization ("APA") is suspended until such time as the Complaints Director is satisfied that Orders 2, 3 and 4 are complete.
6. Mr. Ruan's practice permit shall reflect his enrollment in the College's Practice Improvement Program until such time as the Complaints Director is satisfied that Order 3 is complete.
7. Mr. Ruan's practice permit will be subject to a condition that he cannot be a licensee until such time as the Complaints Director is satisfied that Orders 2, 3, and 4 are complete. This condition will come into effect no later than 60 days after the date of the Hearing Tribunal's decision.
8. For a period of five years from the date the Hearing Tribunal's decision is issued, Mr. Ruan must provide a copy of the Hearing Tribunal's decision to any pharmacy employer or licensee of a pharmacy in which he provides professional services. Mr. Ruan shall provide verification of this notice to the Complaints Director at any time he obtains or changes employment or the licensee of a pharmacy that he owns changes.
9. Mr. Ruan shall be responsible for payment of \$10,000 of the costs of the hearing. Payment will occur in accordance with a monthly payment schedule established by the Hearings Director and shall be paid within 24 months of the date of the Hearing Tribunal's written decision.

Signed on behalf of the Hearing Tribunal by the Chair on the 25th day of August, 2026.

Per: 
 Anjali Acharya, (Aug 25, 2026 16:15:11 MDT)
 Chair of the Hearing Tribunal