



**Ontario College
of Pharmacists**

Putting patients first since 1871



140TH ANNIVERSARY OF THE ONTARIO COLLEGE OF PHARMACISTS	3
WHO WE ARE	4
MESSAGE FROM THE PRESIDENT AND THE REGISTRAR	6
COUNCIL MEMBERS	7
ELECTORAL DISTRICTS & MEMBERS OF COUNCIL	8
COMMITTEES OF THE COLLEGE	10
YEAR IN REVIEW	12
SUMMARIZED FINANCIAL STATEMENTS	18
Auditors' Report	
Summary Balance Sheet	
Summary Statement of Operations	
Summary Statement of Changes in Net Assets	
MEMBER & PHARMACY STATISTICS	22
<i>MEMBER STATISTICS</i>	
• Number of Pharmacists by Gender & Voting District	
• Deletions to the Register	
• Additions to the Register	
Pharmacists by Employment Type	
Registered Students and Interns	
Number of Pharmacies by Voting District	
<i>MEMBER STATISTICS</i>	
• Independent and chain pharmacies	
• Number of accredited pharmacies	
Pharmacy Statistics	
PROGRAM STATISTICS	30
Discipline Case Summaries	
Discipline Hearings	
Inquiries, Complaints and Reports Committee (ICRC)	
• Disposition Outcomes	
• Issues	
• Active Investigations	
• Compliance Monitoring	
• Health Professions Appeal and Review Board (HPARB)*	
Quality Assurance	
• Outcome by Graduation Date	
• Outcome by Place of Practice	
• Outcome by Location of Graduation	
Inspection / Accreditation Committee Summary	
• Inspections Summary	
• Accreditation Committee Summary of Files Reviewed	
Registration Panel Statistics	



PUTTING PATIENTS FIRST



2011 MARKS THE 140TH ANNIVERSARY OF THE ONTARIO COLLEGE OF PHARMACISTS.

Since 1871, OCP has been playing an important role in pharmacy education and practice. We started out as the Ontario College of Pharmacy, educating, examining and licensing pharmacists. In 1953, pharmacy education in Ontario moved to the University of Toronto and we became the Ontario College of Pharmacists.

For all of our 140 years, our mandate's been to ensure that members provide the public with quality pharmaceutical care. We do this by setting and maintaining standards for pharmacies, pharmacists and pharmacy technicians, ensuring that the public gets the best care possible.

For a brief video clip celebrating our 140th anniversary, go to our website www.ocpinfo.com



WHO WE ARE

MISSION STATEMENT

The mission of the Ontario College of Pharmacists is to regulate the practice of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that our members provide the public with quality pharmaceutical service and care.

OCP, originally incorporated in 1871, is set up under the Pharmacy Act, one of many health profession specific acts established under the Regulated Health Professions Act (RHPA) of Ontario. The RHPA is the umbrella legislation of the provincial government which bestows to the Minister of Health and Long-Term Care, the duty to ensure that health professions are regulated in the public interest.

SELF-REGULATION

The College is a self-regulatory body. Self-regulation means that the government has delegated its regulatory functions to the profession and those who have the specialized knowledge necessary to do the job.

Our goal is to help ensure that Ontario pharmacists and pharmacy technicians are practising to the highest standards in the best interest of the public.

The College sets the requirements for entering the profession, develops and maintains standards of practice, and accredits pharmacies.

OCP operates in an open and accountable manner, which means that we communicate with the public about what we do and the important role we play in protecting patient interests.

STRATEGIC PLAN 2009-2012

The goal of the Ontario College of Pharmacists is to support and enable our members to use their professional skills, knowledge and judgment in an integrated, evidence-based, patient-centered, outcome-focused health care system which will contribute to improving the health of our population.

STRATEGIC DIRECTION 1

Optimize the scope of practice of our members, as it evolves, for the purpose of achieving positive health outcomes.

STRATEGIC DIRECTION 2

Embrace the use of technology and innovation to integrate e-health initiatives in members' practice, to improve the quality and safety of patient care, and to achieve operational efficiency.

STRATEGIC DIRECTION 3

Foster inter-professional collaboration to achieve coordinated patient-centred care and promote health and wellness.

STRATEGIC DIRECTION 4

Promote and enhance relationships with key stakeholders including the public, the government, our members, and other health care professionals through effective communication.

STRATEGIC DIRECTION 5

Fulfill our core mandate of self-regulation in an environment of continuous quality improvement in a fiscally responsible manner.

COLLEGE COUNCIL

The College is overseen by a Council of up to 15 elected pharmacists, two elected pharmacy technicians (as of February 2011) up to 16 government appointed members of the public and the Deans of the province's two pharmacy faculties. Council's primary role is to ensure that the interests of patients are protected and maintained.

The Council of the College is the policy-making group and functions as a board of directors to provide leadership and guidance for the profession in providing pharmacy services to the public.

COMMITTEES

The Health Professions Procedural Code and the Pharmacy Act require Council to establish and appoint seven statutory committees and allow Council to establish other committees as members deem appropriate. The seven required statutory committees are the Executive, Inquiries Complaints and Reports, Discipline, Fitness to Practice, Patient Relations, Quality Assurance, and Registration Committees. The Pharmacy Act also requires the College to establish an Accreditation Committee, with the unique mandate of considering matters relating to the operation of pharmacies in Ontario, including operational requirements, ownership, supervision and the distribution of drugs in the pharmacy. In addition, under a bylaw, Council has established the Professional Practice, Finance, Compensation and Communications Committees.



Council's primary role is to ensure that the interests of patients are protected and maintained.

MESSAGE FROM THE REGISTRAR AND PRESIDENT

On behalf of the Council and staff of the Ontario College of Pharmacists, it is our pleasure to introduce our 2010-2011 Annual Report.



Deanna Williams
Former Registrar

Registrar Williams led the College in 2010-2011 until her retirement in June.

We are pleased to present the Annual Report of the Ontario College of Pharmacists for 2010-2011. This past year's accomplishments were reached under former registrar Deanna Williams and we'd like to take this opportunity to thank Deanna for her leadership and commitment to the College. We would also like to acknowledge Della Croteau who served as Interim Registrar from June to September. Like Deanna and Della, we have had the honour of working with a committed College Council and dedicated, talented staff to help carry out the important initiatives over 2010-2011, which include:

- The regulation of pharmacy technicians as a new class of health professional
- New non-exemptible requirements to become registered as a pharmacist in Ontario
- Changes to the Drug and Pharmacies Regulation Act which includes provisions for pharmacists to authorize prescription refills
- The development and ratification of the draft regulation to the Pharmacy Act to enable an enhanced scope of practice
- Meeting commitments under our Strategic Plan by embracing technology in operations, working with other health professionals to meet shared goals, updating and reviewing policies, and responding to requests for feedback on issues from a range of our partners and stakeholders.

With new leadership in Registrar Moleschi, the College looks forward to continuing to work with pharmacists, pharmacy technicians and our many stakeholders to continue to the important work we have started this year. Thank you for taking the time to read about our accomplishments in 2010-2011.



Marshall Moleschi
Registrar



Bonnie Hauser
President

2010-2011 COUNCIL MEMBERS



Front row L-R:

Farid Wassef, Cora Delacruz, Della Croteau, Sherif Guorgui (Vice-President), Deanna Williams (Registrar to June 2011), Bonnie Hauser (President), Joy Sommerfreund, Javaid Khan

Second row L-R:

Christopher Leung, Anne Resnick, Steve Clement, Doris Nessim, Connie Campbell, Tracey Philips

Third row L-R:

Lew Lederman, Margaret Irwin, Amber Walker, Nancy Waite, Jim Fyfe

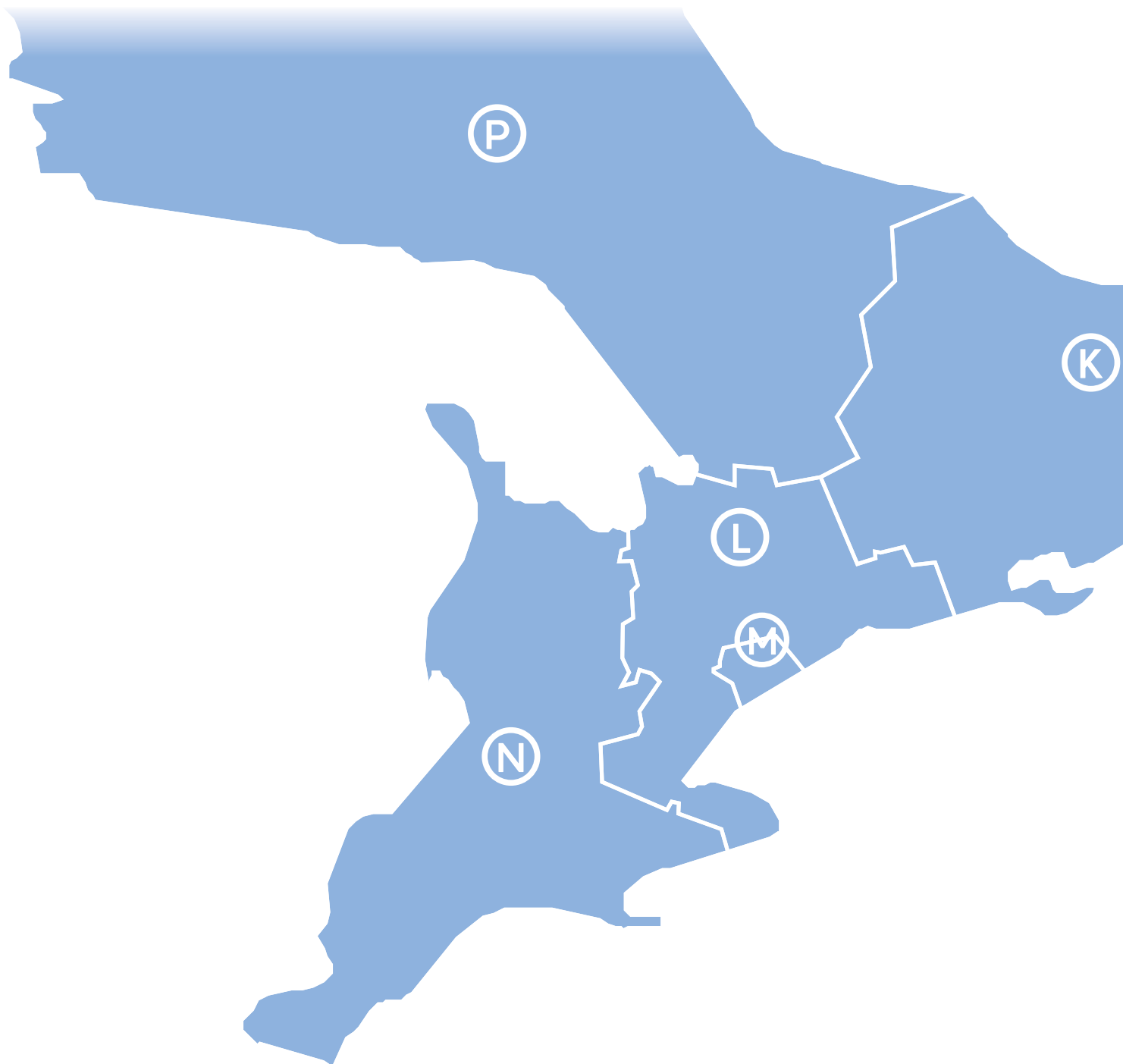
Fourth row L-R:

Kelly Randell, Gitu Parikh, Zita Semeniuk, Jon Macdonald

Back row L-R:

Tom Baulke, Tracy Wiersema, Mark Scanlon, Esmail Merani, Tracy Wills, David Hoff, Bob Ebrahimzadeh

2010/2011 ELECTORAL DISTRICTS & MEMBERS OF COUNCIL



ELECTED MEMBERS

As at September 12, 2010



District P
Stephen Clement
Callander



District P
Jon MacDonald
Sault Ste. Marie



District K
Mark Scanlon
Peterborough



District K
Esmail Merani
Carleton Place



District L
Tracy Wiersema
Barrie



District L
Farid Wassef
Stouffville



District L
Elizabeth Ivey
Mississauga



District M
Sherif Guorgui
Vice President
Toronto



District M
Tracey Phillips
Toronto



District M
Zita Semeniuk
Toronto



District N
Chris Leung
Windsor



District N
Bonnie Hauser
President
Dunnville



District N
Peter Gdyczynski
Brantford

HOSPITAL



District H
Doris Nessim
North York



District H
Kelly Randell
Penetanguishene



Amber Walker
Pharmacy
Technician



Tracy Wills
Pharmacy
Technician



Henry Mann
Dean
Leslie Dan Faculty
of Pharmacy
University of Toronto



Nancy Waite
Interim Hallman Director
School of Pharmacy
University of Waterloo

TECHNICIANS

FACULTY REPRESENTATIVES

PUBLIC MEMBERS



Joinal Abdin
Toronto



Thomas Baulke
Collingwood



Corazon dela
Cruz
Toronto



Babek
Ebrahimzadeh
Woodbridge



James Fyfe
Niagara Falls



David Hoff
Oakville



Margaret Irwin
Sault Ste. Marie



Javaid Khan
Markham



Lewis
Lederman
Ottawa



Aladdin
Mohaghegh
Toronto



Gitu Parikh
Toronto



Joy
Sommerfreund
London

2010/2011 COMMITTEES OF THE COLLEGE

As at September 12, 2010

EXECUTIVE COMMITTEE

The Executive Committee deals with matters requiring immediate attention between meetings of Council. The Executive Committee also has a significant coordination function. It receives and studies reports from Committees before forwarding them to Council for action.

ELECTED MEMBERS

Bonnie Hauser (President & Chair)
Sherif Guorgui (Vice President)
Steve Clement (Past President)
Chris Leung

PUBLIC MEMBERS

Tom Baulke
David Hoff
Lew Lederman

STAFF RESOURCE

Deanna Williams

ACCREDITATION COMMITTEE

The Accreditation Committee considers matters relating to the operation of pharmacies in Ontario. These matters include operational requirements, ownership, supervision and the distribution of drugs in the pharmacy. The Committee also reviews issues relating to pharmacy inspections conducted by field staff where the pharmacy has failed to comply with the requirements.

ELECTED MEMBERS

Tracey Phillips
Zita Semeniuk (Chair)
Tracy Wiersema

PUBLIC MEMBERS

Cora dela Cruz
David Hoff
Margaret Irwin

NCCM

Timothy Brady
Norm Lee
Jeff Yurek

STAFF RESOURCE

Tina Perlman

COMMUNICATIONS COMMITTEE

The Communications Committee provides direction and guidance to Council, through the Executive Committee, on all matters supporting public education and outreach.

ELECTED MEMBERS

Steve Clement (Chair)
Elizabeth Ivey
Chris Leung
Farid Wassef

PUBLIC MEMBERS

Lew Lederman
Joy Sommerfreund

NCCM

Gerry Cook
Saheed Rashid

STAFF RESOURCE

Connie Campbell

DISCIPLINE COMMITTEE

The Discipline Committee, through selected panels, hears allegations of professional misconduct against members as referred by the Executive Committee or the ICRC Committee. Upon finding a member guilty of professional misconduct, the panel has the authority to revoke, suspend or limit a member's registration, impose a fine or reprimand the member.

ELECTED MEMBERS

Steve Clement
Peter Gdyczynski
Sherif Guorgui
Elizabeth Ivey
Chris Leung
Esmail Merani
Doris Nessim
Kelly Randell
Mark Scanlon (Chair)
Farid Wassef

PUBLIC MEMBERS

Joinal Abdin
Tom Baulke
Bob Ebrahimzadeh
Jim Fyfe
Javaid Khan
Lew Lederman
Aladdin Mohaghegh
Gitu Parikh
Joy Sommerfreund

NCCM

Larry Boggio
Erik Botines
Magued Hannalah
Sam Hirsch
Tony Huynh
Barb Minshall
Don Organ
Jeanette Schindler
Dan Stringer
Erik Thibault
David Windross
Simon Wong

PHARMACY TECHNICIAN OBSERVER†

Amber Walker
Tracey Wills

STAFF RESOURCE

Maryan Gemus

FINANCE COMMITTEE

The Finance Committee oversees the financial and physical assets of the College. It sets and recommends to Council the annual operating and capital budget.

ELECTED MEMBERS

Steve Clement (Chair)
Peter Gdyczynski
Sherif Guorgui

PUBLIC MEMBERS

Tom Baulke
Gitu Parikh

STAFF RESOURCE

Connie Campbell

FITNESS TO PRACTICE COMMITTEE

The Fitness to Practice Committee considers incapacity matters referred by the Inquiries, Complaints and Reports Committee.

ELECTED MEMBERS

Chris Leung (Chair)
Mark Scanlon
Zita Semeniuk

PUBLIC MEMBERS

Cora dela Cruz
Lew Lederman

NCCM

Janie Bowles-Jordan
Joseph Hanna
Ken Potvin
Staff Resource:
Maryan Gemus

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

ICRC is the screening committee that deals with all complaints and all member-specific concerns that arise from mandatory reports and other sources relating to professional misconduct, incompetence and incapacity.

ELECTED MEMBERS

Sherif Guorgui
Jon MacDonald
Kelly Randell
Farid Wassef
Tracy Wiersema (Chair)

PUBLIC MEMBERS

Joinal Abdin
Jim Fyfe
David Hoff
Margaret Irwin
Javaid Khan
Aladdin Mohaghegh

NCCM

Elaine Akers
Kalyna Bezchlibnyk-Butler

Gerry Cook
Gurjit Husson
Eva Janeczek-Rucker
Greg Purchase
Beth Sproule
Flora Thay

STAFF RESOURCE

Maryam Gemus

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee advises Council with respect to the patient relations program which enhances relations between members and patients. It also deals with preventing and handling matters relating to sexual abuse of patients by members.

ELECTED MEMBERS

Steve Clement
Peter Gdyczynski
Doris Nessim
Public Members
Tom Baulke (Chair)
Jim Fyfe
Javaid Khan

NCCM

Lynn Halliday

STAFF RESOURCE

Anne Resnick

PROFESSIONAL PRACTICE COMMITTEE

The Professional Practice Committee provides direction and guidance on all matters pertaining to professional practice. Through a sub group, it is responsible for the development and ongoing review of standards of practice of the profession.

ELECTED MEMBERS

Peter Gdyczynski
Esmail Merani
Tracey Phillips (Chair)
Mark Scanlon
Farid Wassef

PUBLIC MEMBERS

David Hoff

Margaret Irwin
Joy Sommerfreund

NCCM

Elaine Akers
Larry Boggio
Sanjiv Maindiratta
Shelley McKinney
Sherry Peister

PHARMACY TECHNICIAN OBSERVER†

Amber Walker

DEAN

Henry Mann

STAFF RESOURCE

Tina Perlman

QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee is responsible for developing and maintaining the College's Quality Assurance Program, which includes a two part register, continuing education, minimum practice requirements and a practice review process. The goal of the Quality Assurance Program is to support continued competence and to encourage continuing professional development of members.

ELECTED MEMBERS

Elizabeth Ivey
Jon MacDonald
Tracey Phillips (Chair)
Zita Semeniuk

PUBLIC MEMBERS

Cora dela Cruz
Aladdin Mohaghegh
Gitu Parikh

NCCM

Lilly Ing
Shelley McKinney
Saheed Rashid

PHARMACY TECHNICIAN OBSERVER†

Amber Walker

Tracey Wills

STAFF RESOURCE

Sandra Winkelbauer

REGISTRATION COMMITTEE

The Registration Committee provides guidance to Council on matters concerning registration, examinations and in-service training required prior to registration. The committee maintains familiarity with the curricula of all pharmacy and pharmacy technician programs that have been accredited by the Canadian Council for Accreditation of Pharmacy Programs or such other accrediting body approved by Council. Registration panels review all applications of individuals who do not meet the registration requirements to determine if any further education, training or examination is necessary prior to registration.

ELECTED MEMBERS

Peter Gdyczynski
Chris Leung (Chair)
Esmail Merani
Kelly Randell
Mark Scanlon

PUBLIC MEMBERS

Bob Ebrahimzadeh
Jim Fyfe
David Hoff
Aladdin Mohaghegh

NCCM

James Buttoo
Christine Donaldson
Dhiraj Verma

DEAN

(Interim Hallman Director
University of Waterloo)
Nancy Waite

PHARMACY TECHNICIAN OBSERVER

Tracey Wills

STAFF RESOURCE

Susan James

Elected members are members of the profession elected to Council.

Public members are members who have been appointed to Council by the Lieutenant Governor in Council.

Non Council Committee Members (NCCM) refers to members of the College who are not members of the Council.

† Pharmacy Technician Observers were elected as members in February 2011.



2010-2011 MILESTONES



**YEAR IN
REVIEW**

REGULATION OF PHARMACY TECHNICIANS – A FIRST IN CANADA!

More than a decade after the idea of creating a new class of member – pharmacy technicians – was first envisioned, OCP, its many partners and more than 100 technician candidates celebrated the passing of the new Registration Regulation on December 3, 2010. With that, Ontario became the first jurisdiction in Canada to formally recognize this new class of health professional.



It truly was a celebration years in the making. The road to regulation began back in 1996 when OCP Council agreed that registered technicians could take responsibility for certain dispensing activities within the pharmacy and allow pharmacists to expand their services and scope of practice to improve patient care. At that time, Ontario was really 'going it alone' – there was little or no support for pursuing pharmacy technician regulation across Canada. Today, regulating pharmacy technicians is widely viewed as a necessary step in enabling pharmacists to work within their enhanced scope of practice and provinces such as Alberta and British Columbia have now registered their first Pharmacy Technicians and other provinces are now pursuing regulated Pharmacy Technicians as well.

Just a few weeks after the passage of the new regulation, more than 100 new technicians had already registered with the College — and at the time of this report, this number has more

than tripled! Another 7,000 applicants are either eligible for or already enrolled in the required programs for registration – numbers that surpass initial expectations.

The College is proud to note that the entire process, from initial application to registration, was conducted online.

The College worked throughout the year to integrate this new class of registrant into all areas of College operations. In February, Council welcomed its first two elected pharmacy technician members.

REGISTRATION REGULATION

The passing of the Registration Regulation held more than just the registration of Pharmacy Technicians. It also means that core requirements to become registered as pharmacists become non-exemptible – education, practical training, jurisprudence and entry-to-practice examination requirements are mandatory; a panel of the registration committee may not exempt anyone from meeting these requirements (except for specific exceptions such as labour mobility). This makes the process of regulation more streamlined and consistent.

DPRA CHANGES

After several years in development, changes to the Drug and Pharmacies Regulation Act were passed in March 2011. The College long recognized the need to update the DPRA so that it reflects current, modern practice within the College's mandate of public protection. It is important to note that because the DPRA applies to pharmacies (as opposed to members, who are legislated under the Regulated Health Professionals Act), writing and drafting the legislation required making the distinction between recognizing activities that would occur within a pharmacy, but performed by a member. In the end, the DPRA legislation was drafted in a way – to the extent possible – to support members' ability to practice an enhanced scope of practice in the future.

Ontario became the first jurisdiction in Canada to register pharmacy technicians as a new class of health professional.



Council and staff worked on an accelerated timeline to develop and ratify the regulation for an expanded scope of practice.

OCP conducted webcasts in late March to inform members about the new regulations under the DPRA. We are pleased that so many members participated in these webcasts to understand the new legislation.

Highlights of the new regulation include:

- **Pharmacist Authorization of Prescription Refills** – Effective March 2011, pharmacists practicing in accredited pharmacies only are able to refill existing prescriptions for patients (excluding narcotic or controlled drugs).
- **Standards of Accreditation and Operation Updated**
- **Proprietary Misconduct** – ALL owners and operators of accredited pharmacies, whether or not they are members, are now held equally accountable.
- The new DPRA regulation now includes provisions for **Remote Dispensing**.

EXPANDED SCOPE OF PRACTICE REGULATION RATIFIED

Council and staff worked on an accelerated timeline to develop and eventually ratify the draft regulation to the *Pharmacy Act* to enable an enhanced scope of pharmacy practice. The process was a swift one, which involved drafting the regulation, circulating it to solicit member and stakeholder feedback, and incorporating that feedback.

The proposed regulation outlines the duties of pharmacists, pharmacy technicians, interns and students with respect to prescribing a drug, administering a substance by injection or inhalation and performing a procedure on tissue below the dermis as permitted by the *Pharmacy Act*. The regulation also includes requirements that must be met in order to practice the expanded scope and the circumstances in which a member may adapt or extend a prescription or administer a substance. Part of the submission to government included developing a proposed list of drugs for initiating therapy, as well as

substances for injection and inhalation.

At its September 2011 meeting, Council unanimously agreed that the authority for pharmacists to provide immunizations should continue to be explored. At the time of the publication of this report, consultations to support this additional scope were under way.

NEW POLICIES

The College spent much of the year reviewing and updating key policies including:

Policy on Fees for Professional Pharmacy Services

The policy sets out the College's expectations respecting fees charged by pharmacists for services which are not directly linked to dispensing a prescription. It includes principles of ethical behaviour, transparency, patient choice, fairness, and the concept of eligible services.

As this report was being put together, the College was developing a guideline defining the services that are directly linked to dispensing a prescription.

Methadone Maintenance and Treatment and Dispensing Policy

The College consolidated two documents which provide advice and direction to members engaged in the practice of dispensing methadone into one policy, effective June 1, 2011. The policy also incorporates several new provisions and recommendations.

Designated Managers Policies

Council approved three policies for Designated Managers (DMs), "Required Signage in a Pharmacy"; "Professional Supervision of Pharmacy Personnel"; and "Medication Procurement and Inventory Management". These policies are aimed at providing the DMs with guidance regarding their role and duties. These will also give direction to pharmacy owners on the overlapping role with the designated manager.

REGISTRATION SURVEY

OCP commissioned a survey of newly licensed pharmacists to get their feedback on the licensing process. The aim was to use this information to enhance registration processes, optimize customer service and understand the experience of members.



It was a celebration years in the making as OCP marked the passing of the regulation making Pharmacy Technicians a registered health professional in Ontario.





OCP commissioned a survey of newly-licensed pharmacists to solicit feedback on the registration process.

The report reinforced the need for many services that the College currently provides and is in the process of developing. It has also yielded several recommendations that OCP will use to implement new changes to benefit future registrants. In summary, the survey revealed the following:

Things to keep doing:

- Provide courteous, comprehensive and accurate responses to inquiries
- Provide ready access to client service representatives in person, on the telephone and online

Things to keep developing:

- Access to on-line registration for all applicants, with individual tracking of registration progress
- On-line administration of the SPT program to enhance management of documents

Things to keep improving:

- Posting information about fees and registration timelines on the website
- Clarity of information about registration requirements and process on the website

Fair Registration

The College provided information to Ontario's Office of the Fairness Commissioner for their assessment of the way OCP registers people who apply for a licence to practise in Ontario. This includes an audit of OCP registration materials. The assessment conveyed commendable practices that are under way and recommendations for improvement as follows:

INFORMATION FOR APPLICANTS:

OCP was commended for using its website as its primary vehicle for communicating with applicants and the extensive information contained within it about the registration process. The College was also commended for including specific information for internationally educated individuals that is complete, clear and easy to locate.

DOCUMENTATION OF QUALIFICATIONS:

OCP was commended for providing information about the documents that must accompany an application and its inclusion of links to third-party assessors, as well as the accessibility of supporting documentation. OCP was also recognized

for including documentation specific to International Pharmacy Graduates (IPGs) was also recognized.

ASSESSMENT OF QUALIFICATIONS:

The OFC recognized the College's inclusion of a significant amount of information about the assessment of qualifications, including information and resources for its jurisprudence examination, and third-party educational and language-proficiency requirements.

Further, the OFC commended the College for providing transparency and objectivity in its registration requirements.

Areas suggested for improvement by the OFC include making changes to some of the information available to applicants, on documentation and assessment of qualifications and access to records. At the time of printing, the College was incorporating these recommendations.

INTER-PROFESSIONAL COLLABORATION

Opioid workshops

OCP collaborated in a series of workshops with the College of Physicians and Surgeons of Ontario (CPSO) to educate pharmacists and physicians on how to safely and effectively use opioids to treat patients with chronic non-cancer pain.

The idea for the workshops came after the release of the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-cancer Pain, an evidence-based guideline to help primary-care physicians and specialists. The workshops had several objectives:

- To provide a practical way for clinicians to understand the guideline
- To promote inter-professional cooperation and collaboration between physicians and pharmacists in an effort to maximize patient safety regarding opioid use.
- To heighten awareness of resources to assist clinicians with opioid prescribing and addiction management
- To identify gaps in resources including awareness of training in methadone and buprenorphine treatment, and

INTER-PROFESSIONAL COLLABORATION

Coroner's Inquest Respecting Opioid Abuse

The College obtained standing at a coroner's inquest into two deaths associated with opioid abuse. The inquest examined issues of prescribing, diversion and monitoring of opiates and made recommendations aimed at preventing deaths in similar circumstances. Several of the recommendations involve OCP, and many of them are already being implemented.

Joint statement on refilling prescriptions

The College developed a statement with the College of Physicians and Surgeons of Ontario, the Ontario Medical Association and the Ontario Pharmacists' Association to clarify new regulations that allow pharmacists to refill existing prescriptions. All of these organizations have a long-standing history of collaborating on the principles governing interprofessional care of patients and providing education on the practical implications of legislative change. This statement clarified the new regulations and address several issues that have arisen in practice situations.

Optometrists' Prescribing Authority

The Designated Drugs Regulation under the *Optometry Act*, came into force on April 5, 2011. It permits optometrists to prescribe certain topical and oral drugs for the treatment of eye conditions. College staff worked closely with the College of Optometrists of Ontario to provide information to optometrists regarding the issuance of such prescriptions.

- To promote increased safety for patients, the public and health care providers through improved knowledge of opioids

Having both pharmacists and physicians participate in the workshop went far in addressing challenges and provided a forum in which they could each understand the Guideline and discuss best practices in treating patients.

QUALITY ASSURANCE

Increased exemptions for Peer Review random selection

An analysis of the College's practice review statistics resulted in some changes that will make the Peer Review process more efficient. Statistics showed a distinct difference in performance on the practice review between members who had undergone assessment within the past 10 years and those who had been in practice 25 years and more. A decision was made therefore to exempt those more recently-assessed members. This exemption makes better use of the College's practice review, allowing the College to concentrate its efforts in supporting those who would best benefit from remediation, and those who have not been tested.

COLLEGE OPERATIONS

Technology Advances

The College continued to make advancements in technology in operations including:

- implementing a completely online registration process for pharmacy technicians – every step of the process, from initial registration to payment of fees is completed online
- continuing with online fee renewal
- moving to an exclusively web-based voting system
- developing a new, more intuitive electronic version of Pharmacy Connection that uses the latest in electronic publishing technology. Many members have opted to forgo receiving the print copy in favour of

- the electronic version
- providing online exams and references for the peer assessment

COMMUNICATIONS

New Brand

OCP's new brand identity, introduced last year, continued to take shape. Combining traditional elements of our crest and symbols, with a contemporary design, the overall look reflects our past as well as our innovative, forward-looking spirit.

PUBLIC EDUCATION



In 2011, OCP engaged in an advertising/public education campaign with the goal of increasing awareness of the College's role in protecting the public. The campaign also provided an opportunity to showcase OCP's new brand. The strategy was to utilize a multimedia mix to generate awareness; one that would reinforce the message and keep it top of mind. The strategy was aligned with relevant lifestyle media environments to reach our target market, identified as women, aged 35-54, the primary heads of household health. The media selected were print and online.



SUMMARIZED FINANCIAL STATEMENTS

INDEPENDENT AUDITORS' REPORT ON SUMMARY FINANCIAL INFORMATION

TO THE MEMBERS OF COUNCIL ONTARIO COLLEGE OF PHARMACISTS

The accompanying summary financial statements of the Ontario College of Pharmacists, which comprise the summary balance sheet as at December 31, 2010, the summary statement of operations and summary statement of changes in net assets for the year then ended, are derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2010. We expressed an unmodified audit opinion on those financial statements in our report dated March 7, 2011. Those financial statements and the summary financial statements do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements therefore, is not a substitute for reading the audited financial statements of the College.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian generally accepted accounting principles.

Auditors' Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Ontario College of Pharmacists for the year ended December 31, 2010 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.



CHARTERED ACCOUNTANTS

Licensed Public Accountants
Toronto, Ontario
March 7, 2011

SUMMARY BALANCE SHEET

AS AT DECEMBER 31, 2010

	2010	2009
ASSETS		
Current assets		
Cash and cash equivalents	\$ 5,297,698	\$ 4,072,499
Accounts receivable and cost recoveries	53,867	63,454
Prepaid expenses	80,299	214,262
	<u>5,431,864</u>	<u>4,350,215</u>
Capital assets	<u>4,662,266</u>	<u>4,649,481</u>
	<u>10,094,130</u>	<u>8,999,696</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	1,833,598	1,618,193
NET ASSETS		
Net assets invested in capital assets	4,666,267	4,649,481
Unrestricted net assets	3,594,265	2,732,022
	<u>8,260,532</u>	<u>7,381,503</u>
	<u>\$ 10,094,130</u>	<u>\$ 8,999,696</u>



SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2010

	Budget 2010 (Unaudited)	2010	2009
Revenues			
Member fees - Pharmacists	\$ 6,963,500	\$ 7,192,382	\$ 6,179,268
Member fees - Pharmacy Technicians	260,000	52,400	—
Pharmacy fees	3,056,450	3,261,005	2,831,983
Registration fees and income	1,565,250	1,250,127	1,011,675
Investment income	10,000	45,268	53,192
	11,855,200	11,801,182	10,076,118
Expenses			
Council and committees	2,959,866	2,259,055	2,575,524
Administration	8,864,805	7,891,082	7,556,544
Property	182,244	264,191	250,841
	12,006,915	10,414,328	10,382,909
Excess (deficiency) of revenues over expenses from operations for the year before depreciation	(151,715)	1,386,854	(306,791)
Depreciation	—	507,825	424,683
Excess (deficiency) of revenues over expenses for the year	\$ (151,715)	\$ 879,029	\$ (731,474)

SUMMARY STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2010

	Invested in Capital Assets	Unrestricted	2010	2009
Balance – at beginning of year	\$ 4,649,481	\$ 2,732,022	\$ 7,381,503	\$ 8,112,977
Excess (deficiency) of revenues over expenses for the year	(507,825)	1,386,854	879,029	(731,474)
Inter-fund transfers representing:				
Purchase of capital assets	524,611	(524,611)	—	—
Balance – at end of year	\$ 4,666,267	\$ 3,594,265	\$ 8,260,532	\$ 7,381,503



MEMBER & PHARMACY STATISTICS

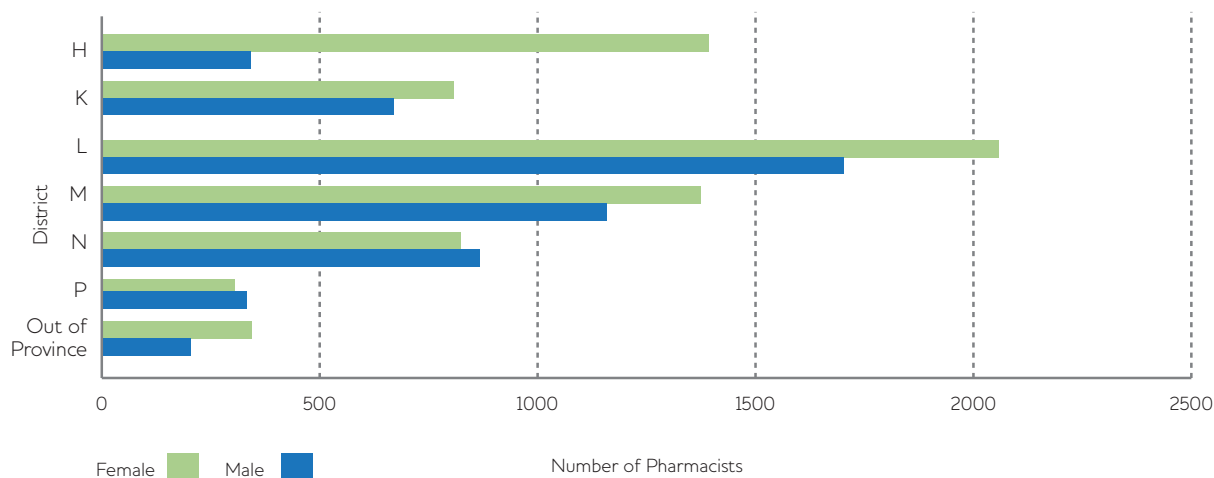
MEMBER STATISTICS

JANUARY 1 – DECEMBER 31, 2010

Note: member and pharmacy statistics are as of Dec. 31, 2010 and therefore do not include registered pharmacy technicians.

PHARMACISTS

NUMBER OF PHARMACISTS BY GENDER & VOTING DISTRICT



District	H	K	L	M	N	P	Out of Province	Total
Female	1,392	807	2,058	1,375	824	306	345	7,107
Male	342	669	1,703	1,159	866	332	208	5,279
Total	1,734	1,476	3,761	2,534	1,690	638	553	12,386

DELETIONS TO THE REGISTER

	Female	Male	Total
Cancellations	0	1	1
Deceased	5	16	21
Resignations	96	84	180
Revoked	0	0	0
Suspended	1	4	5
Total Deletions	102	105	207

ADDITIONS TO THE REGISTER

	Female	Male	Total
Ontario	124	78	202
Other Provinces	53	25	78
United States	24	13	37
Other Countries	209	158	367
Re Registered	1	3	4
Total Additions	411	277	688

PHARMACISTS BY EMPLOYMENT TYPE

JANUARY 1 – DECEMBER 31, 2010

Employment Type	Community Pharmacy	Hospital & Other HC Facility	Association/ Academia/ Government	Industry/ Other	Pharmacy Corp./ Prof. Practice/ Clinic	Retired/ Unemployed	Total
Community Practice in Ontario	8,243	129	215	256	73	1,183	10,099
Hospital Practice in Ontario	0	1,727	2	0	0	5	1,734
Total in Ontario	8,243	1,856	217	256	73	1,188	11,833
In Other Province	61	18	12	22	2	89	204
In the United States	61	37	16	28	1	92	235
In Other Countries	23	19	8	24	1	39	114
Total Outside Ontario	145	74	36	74	4	220	553
Grand Total	8,388	1,930	253	330	77	1,408	12,386

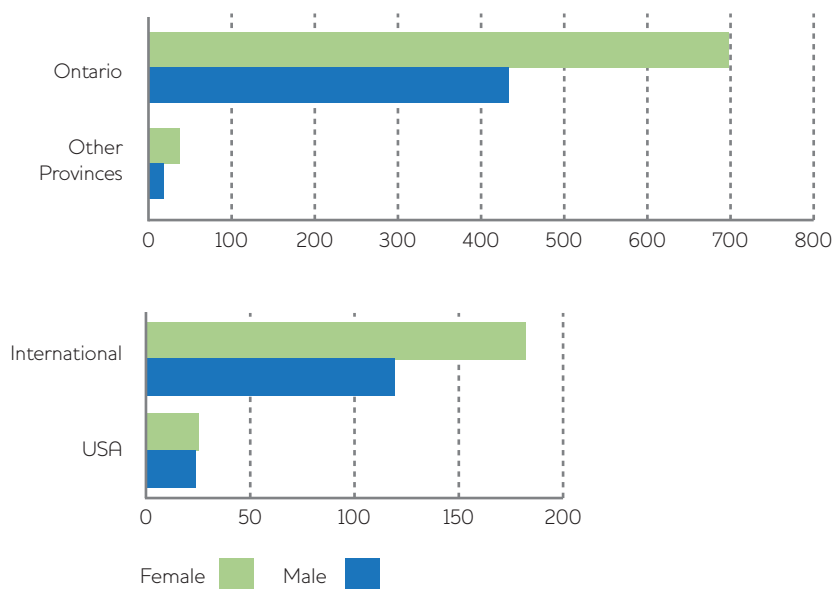
Pharmacists in Part A of the Register 11,616

Pharmacists in Part B of the Register 770



REGISTERED STUDENTS AND INTERNS

JANUARY 1 – DECEMBER 31, 2010



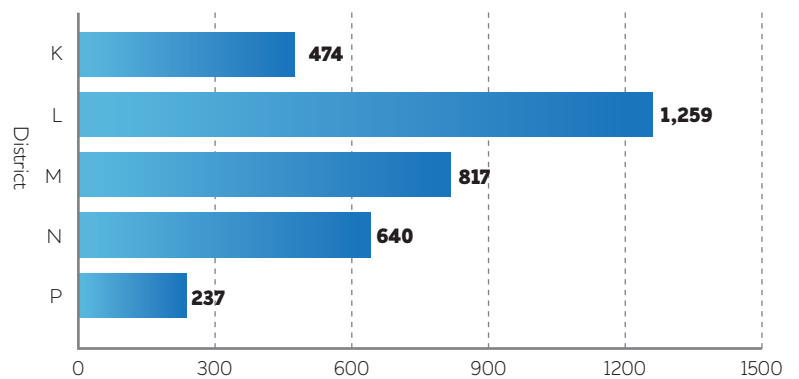
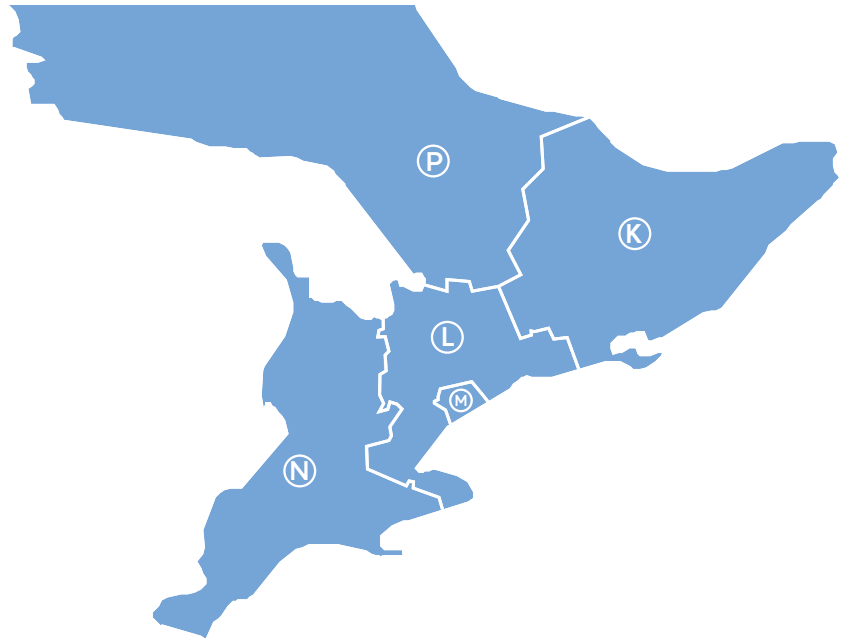
	Female	Male	Total
Ontario	698	434	1,132
Other Provinces	38	19	57
Canada Total	736	453	1,189
International	182	119	301
USA	25	24	49
Other Countries Total	943	569	1,539
Grand Total	943	569	1,539



PHARMACIES

JANUARY 1 – DECEMBER 31, 2010

NUMBER OF PHARMACIES BY VOTING DISTRICT



District	K	L	M	N	P	Total
	474	1,259	817	640	237	3,427



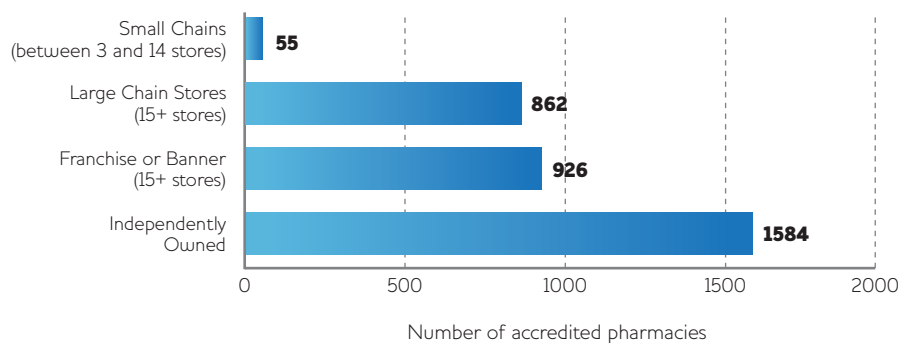
INDEPENDENT AND CHAIN PHARMACIES

JANUARY 1 – DECEMBER 31, 2010

NUMBER OF ACCREDITED PHARMACIES

AS OF DEC. 31, 2010 = 3427

Independently owned pharmacies account for 46% of Ontario's 3,427 active pharmacies. Franchise or Banner pharmacies and chain stores account for the remaining 54%.



	Number of accredited pharmacies	Percentage
Small Chains (between 3 and 14 stores)	55	16%
Large Chain Stores (15 or more stores)	862	25%
Franchise or Banner (15 or more stores)	926	27%
Independently Owned	1584	46%

PHARMACY STATISTICS

Openings	160
Closings	47
Sales	204
Relocation	75
Reinspections	20



The background of the page is a light blue gradient. Overlaid on this is a semi-transparent image of a blue plastic pill bottle lying on its side with its cap removed. Several blue and white capsules are scattered around the bottle. In the lower-left quadrant, there is a white square with a dark green border containing the text 'PROGRAM STATISTICS'.

PROGRAM STATISTICS

DISCIPLINE CASE SUMMARIES

SEPTEMBER 1, 2010 – AUGUST 31, 2011

During the 2010-2011 Council year, a total of 11 hearings were held before panels of the Discipline Committee. 10 hearings proceeded by way of an Agreed Statement of Facts and Joint Submission on Penalty; no hearings had a contested penalty. One hearing proceeded without an Agreed Statement of Facts or Joint Submission on Penalty and in the absence of the Member or legal representation.

The penalty ordered always includes a “reprimand” which is administered in public, but only after the final decision and full reasons have been issued. Reprimands are not issued when the panel orders revocation.

CATEGORY: DISPENSING ISSUES; STANDARDS OF PRACTICE

Hearing Date October 25, 2010	Member Name Sangita Sharma	Referring Committee Executive Accreditation	Remediation Ordered RCA / Mentorship / Inspections
----------------------------------	-------------------------------	--	--

Summary: The Member committed prescription, labelling, and/or drug identification discrepancies, failed to counsel patients, and failed to keep proper records.

Suspension Ordered: 6 months (2) Costs Ordered: \$10,000

Hearing Date February 3, 2011	Member Name Samuel Shek	Referring Committee ICRC	Remediation Ordered ProBE
----------------------------------	----------------------------	-----------------------------	------------------------------

Summary: The Member dispensed drugs without proper authorization, falsified pharmacy records, and submitted false claims to the Ontario Drug Benefit Plan.

Suspension Ordered: 3 months (1) Costs Ordered: \$4,500

Hearing Date April 6, 2011	Member Name Lauren Slome	Referring Committee ICRC	Remediation Ordered APPL / ETHICS / JP
-------------------------------	-----------------------------	-----------------------------	---

Summary: The Member dispensed and misidentified drugs not for sale in Canada, failed to keep proper records regarding both prescription drugs and her patients, falsified records, and signed or issued documents containing false information.

Suspension Ordered: 4 months (1) Costs Ordered: \$3,500

Hearing Date April 6, 2011	Member Name Jeanne Lewis	Referring Committee ICRC	Remediation Ordered APPL / ETHICS / JP
-------------------------------	-----------------------------	-----------------------------	---

Summary: The Member dispensed and misidentified drugs not for sale in Canada, failed to keep proper records regarding both prescription drugs and her patients, falsified records, and signed or issued documents containing false information.

Suspension Ordered: 4 months (1) Costs Ordered: \$3,500

Hearing Date May 31, 2011	Member Name Abdul Syed	Referring Committee Executive	Remediation Ordered BPPL / APPL / Ethics / Inspections
------------------------------	---------------------------	----------------------------------	--

Summary: The Member committed dispensing errors and discrepancies (including dispensing reduced quantities and dispensing without authorization), failed to provide proper counselling, failed to keep proper records regarding his patients, falsified records, and signed or issued documents containing false information.

Suspension Ordered: 10 months Costs Ordered: \$25,000

CATEGORY: CRIMINAL CONVICTION

Hearing Date June 28, 2011	Member Name Gerald Hoford	Referring Committee ICRC	Remediation Ordered ProBE
-------------------------------	------------------------------	-----------------------------	------------------------------

Summary: The Member was found guilty of a criminal conviction of voyeurism.

Suspension Ordered: 3 months (1) Costs Ordered: \$3,000

DISCIPLINE HEARINGS

Number of hearings outstanding from prior years 17

Number of referrals from Sept. 1 2010- Aug. 31 2011 16

Number of hearings concluded Sept. 1 2010-Aug. 31 2011 12

Number of hearings in progress 16*

* some individuals have multiple matters to be heard

REMEDATION LEGEND

Offered by the International Pharmacy Graduate Program at the Leslie Dan Faculty of Pharmacy, University of Toronto:

APPL Advanced Professional Practice Labs
BPPL Basic Professional Practice Labs
LL 2, 4, 7 Law Lessons

Offered by the Ontario College of Pharmacists:

JP Jurisprudence Seminar and Exam

Offered by the Centered for Personalized Education for Physicians:

ProBE Professional/Problem Based Ethics

Offered by the Institute for Safe Medical Practices:

RCA Root Cause Analysis Seminar

Other:

Ethics a course in ethics for professionals acceptable to the Registrar

Mentorship regular meetings with a practice mentor acceptable to the College

Inspections regular Monitoring Inspections of the Member's practice

Number in brackets is portion of suspension that was/will be remitted if member successfully completes remediation in specified time.

DISCIPLINE CASE SUMMARIES

SEPTEMBER 1, 2010 – AUGUST 31, 2011

CATEGORY: BREACH OF AN ORDER

Hearing Date May 5, 2011	Member Name Robert Rosenberg	Referring Committee ICRC
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Remediation Ordered
Certificate Revoked

Summary: The Member failed to comply with a previous Order of the Discipline Committee and was found ungovernable by the Discipline Panel.

Suspension Ordered: n/a Costs Ordered: n/a

Hearing Date June 7, 2011	Member Name Sabet Ibrahim	Referring Committee ICRC
------------------------------	------------------------------	-----------------------------

Remediation Ordered:
n/a

Summary: The Member failed to comply with a previous Order of the Discipline Committee.

Suspension Ordered: 1 month Costs Ordered: \$1,000

Hearing Date August 10, 2011	Member Name Andrij Chabursky	Referring Committee ICRC
---------------------------------	---------------------------------	-----------------------------

Remediation Ordered
n/a

Summary: The Member failed to comply with a previous Order of the Discipline Committee.

Suspension Ordered: 1 month Costs Ordered: \$2,500

CATEGORY: STANDARDS OF PRACTICE

Hearing Date July 5, 2011	Member Name Veena Shanbhag	Referring Committee ICRC
------------------------------	-------------------------------	-----------------------------

Remediation Ordered
Mentorship

Summary: The Member disclosed personal health information about her patients to Rx Canada without their consent.

Suspension Ordered: 2 months (1) Costs Ordered: \$2,500

Hearing Date July 14, 2011	Member Name Maged Mosaad	Referring Committee ProBE
-------------------------------	-----------------------------	------------------------------

Remediation Ordered
n/a

Summary: The Member failed to keep proper records respecting both his patients and his practice, authorized documents with false or misleading information, and submitted a false or misleading account or charge.

Suspension Ordered: 2 months (1) Costs Ordered: \$10,000

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

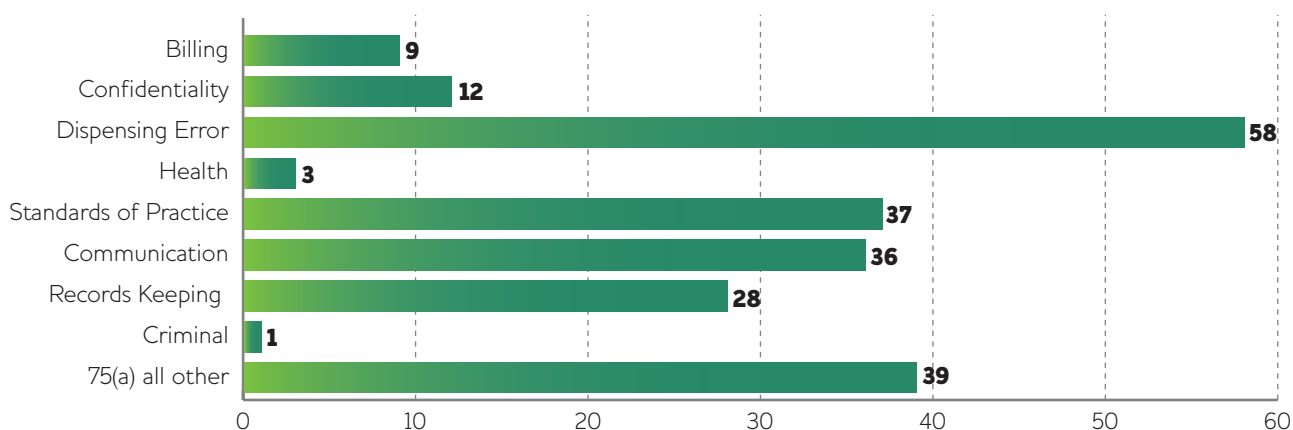
SEPTEMBER 1, 2010 – AUGUST 31, 2011

DISPOSITION OUTCOMES

Referral to Discipline	16
Oral Caution	32
Written Caution	35
Reminder	48
Take No Action	78
Frivolous and Vexatious	3
Referral to Fitness to Practice Committee	4
SCERP	8
Remedial Course	1
Extension Denied	1
Withdrawn	8
Total Dispositions Made by ICRC	234*
Total Cases Reviewed by ICRC	243

*This number represents the total number of dispositions. The majority of cases had more than one disposition. In addition to these dispositions, there were 21 agreements of undertaking.

ISSUES



Total Dispositions Made by ICRC: 234

Total Cases Reviewed by ICRC: 243

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

SEPTEMBER 1, 2010 – AUGUST 31, 2011

ACTIVE INVESTIGATIONS

Complaints filed with the College	263
Registrar's Inquiries	48

COMPLIANCE MONITORING

(This represents the number of members who are being actively monitored by the I&R Department)

Pursuant to an Order of the Discipline Committee:	9
Pursuant to an Undertaking to the College:	21
Pursuant to a Specified Continuing Education and Remedial Program (SCERP):	8
Pursuant to an Order of the Fitness to Practise Committee:	2

HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)*

Reviews Pending:	14
Requests for Review <i>During Reporting Period</i>	
<i>By Member:</i>	3
<i>By Complainant:</i>	9
Matters Reviewed by HPARB During Reporting Period:	18
Decisions Pending from Current Year:	10
Decisions Pending from Previous Years:	5
Decisions Received:	24
Appeal Granted:	0
Decision Upheld:	18
Referred Back to Panel:	3
Decisions Withdrawn:	3

The Health Professions Appeal and Review Board is an independent adjudicative agency.

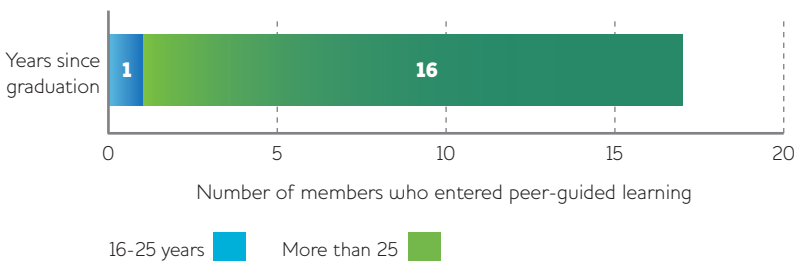
On request, it:

- Reviews decisions made by the Complaints Committees of the self-regulating health professions Colleges in Ontario;
- Conducts reviews and hearings of orders of the Registration Committees of the Colleges; and
- Holds hearings concerning physicians' hospital privileges under the *Public Hospitals Act*.



PEER REVIEW

OUTCOME BY GRADUATION DATE FOR THE 236 NEW RANDOMLY SELECTED CANDIDATES



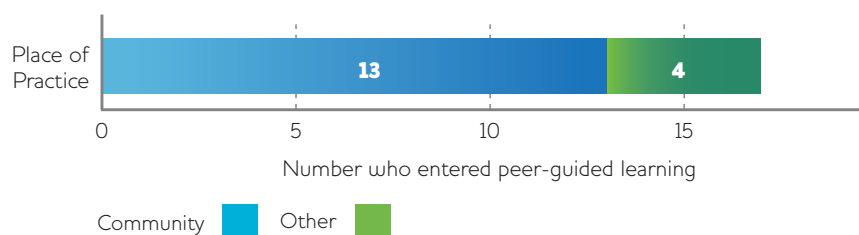
Years since graduation	Number of Pharmacists	Number entered peer-guided learning	Percentage who entered peer-guided of age group's total
6-15	67	0	0
16-25	80	1	1.3%
More than 25	89	16	18.0%

*Note: Requests for review are not in the year they were considered. The review process typically takes at least 18 months to complete.

The fourteenth year of the Peer Review was completed in 2010-2011. Each year approximately two to three per cent of Part A pharmacists are randomly selected to participate in the Phase II of the Practice Review, the Peer Review. In addition, pharmacists referred from Registration or those wishing to move from Part B to Part A of the Register also take part in the Peer Review. The four areas assessed are: Clinical Knowledge, Gathering Information, Patient Management and Follow Up and Communication Skills. Over the last five years, 90 per cent of pharmacists were successful, requiring only self-directed professional development, on their first assessment.



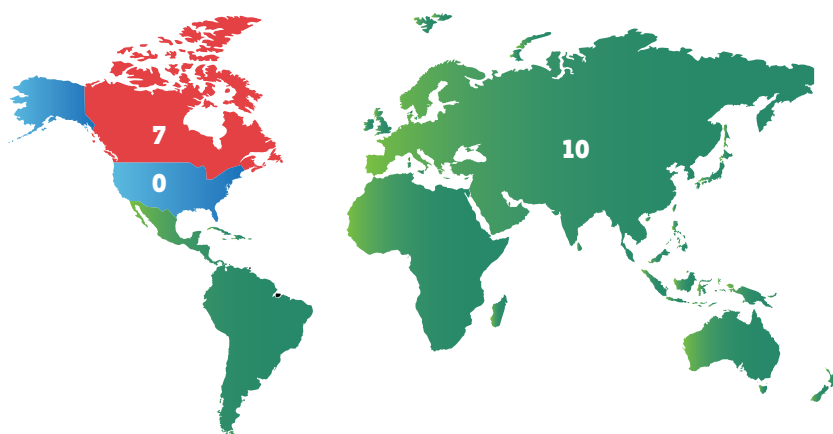
OUTCOME BY PLACE OF PRACTICE FOR THE 236 NEW RANDOMLY SELECTED CANDIDATES



Place of Practice	No. of Pharmacists	No. entered peer-guided learning	Percentage who entered peer-guided of Place of Practice total
Community	178	13	7.3%
Hospital	37	0	0%
Other	21	4	19%

Over the last five years, 90 percent of pharmacists were successful in the Peer Review.

OUTCOME BY LOCATION OF GRADUATION FOR THE 236 NEW RANDOMLY SELECTED CANDIDATES



Location	No. of Pharmacists	No. entered peer-guided learning	Percentage who entered peer-guided of Location of Graduation total
Canada	148	7	4.7%
U.S.A.	20	0	0.0%
International	68	10	14.7%

INSPECTION / ACCREDITATION COMMITTEE SUMMARY

SEPTEMBER 1, 2010 – AUGUST 31, 2011

INSPECTIONS SUMMARY

Total Inspections **1,072**

Inspection Type	Number
Level 0	
New Openings	159
Total Level 0	159
Level I	
Acquisitions	114
Relocations	39
Call Backs	121
Practice Reviews	536
Complaints Order	0
Discipline Order	0
Total Level I	810
Level II	
Reinspections-Inspector	89
Total Level II	89
Level III and above	
Reinspections-Accreditation	14
Total Level III and above	14
Grand Total Inspection Type	1,072

Inspection Results	Number
Issues Identified – Action Plan Required	862
Satisfactory – No Action Plan Required	88
Total	950
<i>Further Action Required</i>	
Level II Reinspection ordered by Inspector	97
Referred to Accreditation Committee	25
Total Further Action Required	122
Grand Total Inspection Results	1,072

Inspections are identified by the categories and levels:

- Level 0 – opening inspection
- Level I – call back, regular practice review, acquisition or relocation
- Level II – re-inspection ordered by inspector
- Level III (and above) – inspections ordered by the Accreditation Committee

The inspection process focuses on the operational requirements of the pharmacy and is a form of practice review to ensure that the operation is safe and the public is protected. Inspections are intended to be educational to assist members to comply with legislative requirements, in order to meet and maintain professional and operational standards of practice. Regular inspections are cyclical usually occurring within a 4-5 year period. Options that are available to the inspector at the conclusion of the inspection are:

- **Satisfactory** – inspection concluded
- **Issues identified** – action plan required, inspection not concluded
- **Re-inspection ordered** – action plan required, inspection not concluded
- **Referral to Accreditation Committee** – action plan required, Committee decision
- **Report to Accreditation Committee** – action plan required, Committee decision.

ACCREDITATION COMMITTEE SUMMARY OF FILES REVIEWED

TOTAL NUMBER OF PHARMACY FILES REVIEWED: 25*

Decisions

Concluded	16
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Total Concluded	16
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Reinspections	
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Level V	1
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Level IV	1
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Level III	12
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Total Reinspections	14
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Referrals	
-----------	--

To Discipline	0
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To Executive	0
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Referral Withdrawn	0
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Total Referrals	0
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Other	
-------	--

Follow-up Required	0
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Deferred/Further Information Required	3
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Total Other	3
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* Accounts for files currently in process during the period, as well as newly referred.

** A file could appear in various reinspection levels, and then be concluded.

REGISTRATION PANEL STATISTICS

SEPTEMBER 1, 2010 – AUGUST 31, 2011

Registration panels review all applications of individuals who do not meet the registration requirements to determine if any further education, training or examination is necessary prior to registration.

Requests considered by Panels of the Registration Committee	284
Granted registration either partially or completely	260
Denied	14
Deferred	2
Withdrawn	8
Appeals to the Health Professions Appeal and Review Board	1

Ontario College of Pharmacists

483 Huron Street
Toronto, ON
M5R 2R4

Tel: 416-962-4861 Toll free: 1-800-220-1921
Fax: 416-847-8200

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