



ONTARIO COLLEGE OF PHARMACISTS

# Annual Report

2008-2009



# 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.”**

# Goal Statement

**“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.”**



## Message from the President and the Registrar



On behalf of the Council and staff of the Ontario College of Pharmacists, it is our pleasure to present our 2008–09 Annual Report.

As always, it has been a year of challenges and opportunities. College staff and committee members have worked tirelessly with pharmacy stakeholders and educators to ensure that the College's timelines respecting the regulation of pharmacy technicians were met. We are extremely proud that in 2010, Ontario will become the first jurisdiction in Canada and in North America to formally regulate pharmacy technicians as health professionals in their own right.

The arrival of these new accountable and responsible professionals coincides nicely with the expanded scope of practice for pharmacists as proposed in Bill 179. It is truly rewarding to see these two strategic priorities—optimizing the role

of the pharmacist through an expanded scope and regulation of pharmacy

technicians realized in concert with each other. Realization of these two key goals demonstrates the Ontario government's commitment to improving access to health care services through optimizing the use of existing health care professionals and the introduction of six new health professions in Ontario.

Reacting to ministerial requests for feedback on numerous issues, usually within extremely short timelines is an ongoing challenge amidst the many initiatives already committed to through the College's strategic plan. We truly appreciate the scope and amount of work to be done and take this opportunity to thank College Council, staff and committee members without whose hard work, commitment and uncommon dedication the job simply would not get done. Thank you!

Handwritten signature of Tracy Wiersema in blue ink.

Tracy Wiersema, *President*

Handwritten signature of Deanna Williams in blue ink.

Deanna Williams, *Registrar*

***"We are extremely proud that in 2010, Ontario will become the first jurisdiction in Canada and in North America to formally regulate pharmacy technicians as health professionals in their own right."***

Elected

15



District 15, Gregory Purchase  
Thornhill

14



District 14, Stephen Clement  
Vice President  
Colborne

# Electoral Districts & Members of Council

13

## Hospital Members



District 16, Dora Nassim  
Markham



District 17, Shelley McKinney  
Richmond Hill



Wayne Hindmarsh  
Doc  
Leslie Dan Faculty of Pharmacy  
University of Toronto



Jake Thiessen  
Pharmaceuticals Director  
School of Pharmacy  
University of Waterloo

## Faculty of Pharmacy



District 11, Chris Leung  
Windsor

11

## Public Members



Jahan Akbari  
Toronto



Thomas Bourke  
Collingwood



Andrea Chun  
Toronto



Carzon deli Cruz  
Toronto



Bahret Ebrahimi  
Woodbridge

# Members



# Council Observers



# Public Members



# Strategic Plan

2008 TO 2010

## 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.

# Committees of the College

## STATUTORY COMMITTEES

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.

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.



**Chair**

*Elected Members:*

Tracy Wiersema (President & Chair)  
Stephen Clement (Vice President)  
Peter Gdyczynski (Past President)  
Bonnie Hauser

*Public Members:*

Tom Baulke  
David Hoff  
Aladdin Mohaghegh

*Staff Resource:*

Deanna Williams

The **Complaints Committee**—dissolved June 4, 2009 in accordance with the Health Systems Improvement Act—was the statutory committee that considered complaints received by the College about its members.

The Complaints Committee was replaced by the Inquiries, Complaints and Reports Committee (ICRC) in July 2009.



**Chair**

*Elected Members:*

Gerry Cook  
Greg Purchase (Chair)

*Public Members:*

Margaret Irwin  
Gitu Parikh

*NCCM:*

Gurjit Husson

*Staff Resource:*

Maryan Gemus

In accordance with the Health System's Improvement Act, certain duties previously assigned to the Executive Committee and the Complaints Committee were assumed by the **Inquiries, Complaints and Reports Committee ("ICRC")**. Effective June 4, 2009 the 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.



**Chair**

*Elected Members:*

Elaine Akers  
Gerry Cook  
Bonnie Hauser  
Greg Purchase (Chair)

*Public Members:*

Saheed Rashid  
Corazon dela Cruz  
David Hoff

Margaret Irwin  
Javaid Khan

Gitu Parikh  
*NCCM:*  
 Roger Ball  
 Kalyna Bezchlibnyk-Butler  
 Larry Boggio  
 Gurjit Husson  
 Eva Jan

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.



**Chair**

*Elected Members:*  
 Stephen Clement  
 Shelley McKinney (Chair)  
*Public Members:*  
 Joinal Abdin (from November 19/08)  
 Margaret Irwin  
 Javid Kahn (from November 19/08)  
*NCCM:*  
 Roger Ball  
 Erik Thibault  
*Staff Resource:*  
 Nicole Balan

The **Discipline Committee**, through selected panels, hears allegations of professional misconduct against members as referred by the Executive Committee or the Complaints (ICR as of June 4, 2009) 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:*  
 Peter Gdyczynski



**Chair**

Sherif Guorgui (Chair)  
 Joseph Hanna  
 Bonnie Hauser  
 Wayne Hindmarsh (to July 29/08)  
 Fayez Kosa  
 Chris Leung  
 Henry Mann (from July 29, 2008)  
 Shelley McKinney (to December/08)  
 Don Organ  
 Doris Nessim  
 Saheed Rashid  
*Public Members:*  
 Joinal Abdin (from November 19/08)  
 Tom Baulke  
 Corazon dela Cruz  
 Bob Ebrahimzadeh  
 David Hoff  
 Javid Khan (from November 19/08)  
 Lew Lederman  
 Aladdin Mohaghegh  
*NCCM:*  
 Larry Boggio  
 Erik Botines  
 Dave Malian  
 Vijay Rasaiah  
 Mark Scanlon  
 Jeanette Schindler  
 Zita Semeniuk  
 Dan Stringer  
 Laura Weyland  
*Staff Resource:*  
 Maryan Gemus

The **Fitness to Practice Committee** considers incapacity matters referred by the Executive Committee.



**Chair**

*Elected Members:*  
 Chris Leung  
 Doris Nessim  
 Greg Purchase (Chair)  
*Public Members:*  
 Joinal Abdin  
 Lew Lederman

Gitu Parikh  
*NCCM:*  
Magued Hannalah  
Chris Mobbs  
*Staff Resource:*  
Maryan Gemus

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.



**Chair**

*Elected Members:*  
Elaine Akers (Chair)  
Gerry Cook  
*Public Members:*  
Tom Baulke  
Wayne Hindmarsh (to July 28/09)  
Margaret Irwin  
Javaid Khan  
Henry Mann (from July 28/09)  
*NCCM:*  
Chris Aljawhiri  
*Staff Resource:*  
Anne Resnick  
Wayne Hindmarsh (to July 28/09)  
Henry Mann (from July 28/09)

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:*  
Shelley McKinney



**Chair**

Tracey Phillips (Chair)  
*Public Members:*  
Joinal Abdin  
Lew Lederman  
Aladdin Mohaghegh  
*NCCM:*  
Christine Donaldson  
Gurjit Husson  
Lilly Ing  
*Staff Resource:*  
Sandra Winkelbauer

The **Registration Committee** establishes the conditions and qualifications for registration. The Committee reviews, through panels, the eligibility of applicants whom the Registrar determines do not meet the requirements. The Committee has powers to exempt an applicant from any admission requirements when the applicant provides sufficient assurance to the committee that they have the appropriate level of knowledge and skills.



**Chair**

*Elected Members:*  
Elaine Akers (Chair)  
Stephen Clement  
Bonnie Hauser  
Chris Leung  
Sanjiv Maindiratta (from December 12/08)  
*Public Members:*  
Tom Baulke  
Bob Ebrahimzadeh  
David Hoff  
*NCCM:*  
James Buttoo  
David Malian  
*Dean, University of Waterloo:*  
Jake Thiessen  
*Staff Resource:*  
Chris Schillemore

## STANDING COMMITTEES

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



**Chair**

- Elected Members:*  
 Gerry Cook (Chair)  
 Peter Gdyczynski  
 Saheed Rashid
- Public Members:*  
 Corazon dela Cruz  
 Lew Lederman
- NCCM:*  
 Mayce Al-Sukhni  
 Iana Ivanova
- Staff Resource:*  
 Connie Campbell

The **Elections Committee** is charged with seeking candidates for the offices of President and Vice-President and inviting expressions of interest in sitting on and chairing Committees from all members of Council and from non-Council members of the College who have expressed an interest in serving on Committees. The Committee also investigates any dispute relating to the election of a member to the Council and any matter relating to the disqualification of a member of the Council.



**Chair**

- Elected Members:*  
 Peter Gdyczynski (Chair)  
 Tracey Wiersema  
 Stephen Clement
- Public Members:*  
 Tom Baulke

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



**Chair**

- Elected Members:*  
 Gerry Cook  
 Peter Gdyczynski  
 Bonnie Hauser
- Public Members:*  
 Tom Baulke  
 Gitu Parikh (Chair)
- Staff Resource:*  
 Connie Campbell

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.



**Chair**

- Elected Members:*  
 Sherif Guorgui  
 Joseph Hanna  
 Henry Mann  
 Tracey Phillips (Chair)  
 Don Organ
- Public Members:*  
 Corazon dela Cruz  
 David Hoff
- NCCM:*  
 Larry Boggio  
 Jill Daley  
 Iris Krawchenko  
 Sherry Peister
- Staff Resource:*  
 Nicole Balan

## SPECIAL COMMITTEES

From time to time, Council appoints special committees to do specific tasks. Membership for special committees is frequently drawn from non-Council members who have a particular interest in the subject being studied.

**Pharmacy Technicians Working Group** exists to develop the various elements leading to establishing Pharmacy Technicians as a class of registration.



**Chair**

*Elected Members:*

Elaine Akers  
Gerry Cook  
Bonnie Hauser (Chair)  
Don Organ  
Greg Purchase

*NCCM:*

Bonnie Bokma  
Marissa Coruzzi  
Tim Fleming  
Catherine Graham  
Mark Scanlon  
Catherine Schuster

*Staff Resource:*

Susan James

Part of the Professional Practice Committee, the **Standards of Practice Working Group** is responsible for the development and ongoing review of standards of practice of the profession.



**Chair**

*Elected Members:*

Chris Leung  
Shelley McKinney (Chair)  
Saheed Rashid

*Public Members:*

Andrea Chun (*to October 2008*)  
Javaid Khan

*NCCM:*

Zubin Austin  
Zita Semeniuk  
Jeannette Wang

*Staff Resource:*

Anne Resnick

# A Year In

**THE FOLLOWING IS A SUMMARY OF COLLEGE  
ACTIVITY FROM SEPTEMBER 2008 TO  
SEPTEMBER 2009.**

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## **STRATEGIC PLAN**

At a Strategic Planning Retreat, Council considered the issue of governance and the critical issues facing the profession and the College. They reflected on the government's expectations as articulated in the additional Objects in the Regulated Health Professions Act introduced through the Health System Improvement Act. Council developed an overriding Goal Statement and defined five key strategic directions for College-focused activity over the next three years. The 2009 Strategic Plan was approved by council and posted to the College Website. The plan will provide the foundation for decisions relating to activities, talent and financial resource allocation.

The goal statement is:

*"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."*

As part of the planning process, Council amended the College Mission Statement to include Pharmacy Technicians, registered pharmacy students,

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# Review

interns, as well as any other class of registrant that Council may decide to incorporate in the future. The revised Mission Statement reads as follows:

*"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."*

The strategic directions are:

- (1) Optimize the scope of practice of our members, as it evolves, for the purpose of achieving positive health outcomes.
- (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.
- (3) Foster inter-professional collaboration to achieve coordinated patient-centred care and promote health and wellness.
- (4) Promote and enhance relationships with key stakeholders including the public, the government, our members, and other health care professionals through effective communication.
- (5) Fulfill our core mandate of self-regulation in an environment of continuous quality improvement in a fiscally responsible manner.

## **RENOVATIONS AND OPERATIONS**

To address growing space needs, and recognizing the historical importance of the current College facilities, OCP undertook a review to determine how the current facilities could be reconfigured to in-

crease utility and efficiency. The College contracted a real estate and design firm to undertake an analysis of the space needs and expectations. It confirmed the importance of the existing facilities and explored the concept of utilizing the current space in a different way.

Council approved a plan to reconfigure the existing building and convert the business processes to support a telecommuting platform for college operations. Levels of telecommuting were established for all existing job functions at the College with criteria attached to each. A two-year transition period is expected to evolve both the physical facility at 483 Huron Street as well as the technological supports to enable the majority of the operations to be undertaken at home office locations.

The transition is aimed at maintaining or improving services provided by the College through increased on-line services for the public, members and other stakeholders. A telecommuting platform will provide flexibility for staff, improving recruitment potential, while reducing overhead costs for facility related expenses. Council commended staff for their leadership among regulatory agencies in pursuing this option.

## **ADVANCEMENTS IN TECHNOLOGY IN OPERATIONS**

Throughout the year, the College committed considerable resources to the review and modification of existing business processes to support our mandate and objectives.

**Online fee renewal** was fully implemented, resulting in many benefits for the College, staff and

members alike. Members found the new on-line renewal and payment platform easy to use as instructions intuitively guided them through each step. Separating the renewal from fee payment allowed members to complete the renewal portion and then submit the request for fee payment directly to their employers or submit payment individually, either by cheque, credit or debit card. Staff were relieved of the cumbersome tasks of data entry and cleanup and free to spend more time with the few members that needed assistance with updating their profiles and paying their fees online. As no paper forms were mailed, cost savings were achieved through reduced costs for production and mailing.

The online process contributed to the College successfully fulfilling the requirement to collect and provide specific anonymous human resource data to the Allied Health Human Resources Database and to the Canadian Institute for Health Information (CIHI) for their use in planning future health care resources at the provincial and national levels.

An **Online voting** process was used to facilitate election of members to the Council. The platform was easy to use, required minimal paper and postage, was accurate, fast and reliable. Online voting saves the College considerable costs and time in managing the elections process each year and supports the College's efforts to be environmentally friendly. Member feedback was very positive and voter participation was slightly improved.

## **BY-LAWS**

College Council approved amendments to the general operating by-law pertaining to the register and collection of information from members, pharmacies and health profession corporations.

These amendments expand the list of information that the public will have access to and ensure that all the information on the Register (as stipulated in the Code as well as other information to be maintained in the Register in accordance with

our by-laws) will be posted on the College's website. The changes were required to be compliant with changes to the *Regulated Health Professions Act* (RHPA) coming into force on June 4, 2009. Member feedback following circulation was contained to those seeking clarification, with no material comments received.

In considering the changes to the Register by-law, Council agreed that the College will interpret the *Health System Improvements Act* (HSIA) Register amendments to require the College to continue to have available to the public the results of the discipline and incapacity proceedings that are on the public Register as of June 3, 2009 but not to include in the Register as of June 4, 2009, results of discipline and incapacity proceedings which have been removed as of June 3, 2009.

The by-laws were further amended to reflect the Inquiries, Complaints and Reports Committee (ICRC) also introduced in the *Health Systems Improvement Act*, effective June 4, 2009. The amendments change the committee terms of reference to reflect the ICRC oversight of formal complaints against members previously reviewed by the Complaints Committee as well as the duties of the Executive Committee in relation to Registrar's Inquiries, Reports and Incapacity matters.

## **LABOUR MOBILITY/BILL 175**

Council was involved in a number of activities regarding labour mobility of pharmacists across Canada. Significant work has been done with federal/provincial/territorial agencies and the regulatory authorities respecting revisions to Chapter 7 (Labour Mobility) of the Agreement on Internal Trade. All areas are working collaboratively in order to meet the governments' commitment that "any worker certified for an occupation by a regulatory authority of one province or territory shall be recognized as qualified to practice that occupation by all other provinces and territories."

To that end, the National Association of Pharmacy Regulatory Authorities (NAPRA) worked with the

regulatory authorities over the last year to update the Mutual Recognition Agreement (MRA) which will facilitate the labour mobility of pharmacists in Canada. The MRA establishes the conditions under which a pharmacist who is licensed/registered in one Canadian jurisdiction will have his/her qualifications recognized in another Canadian jurisdiction. It will support and enhance the federal agreements for the profession.

The Agreement for Canadian Pharmacists, as prepared by NAPRA was finalized for signature by all provinces and territories, including Quebec, the Northwest Territories and Yukon. Council endorsed signing the Agreement, noting that it is not too different from the one originally signed in 2001. The one significant difference is amendments to the Entry to Practice Examination requirement such that all provinces will require the PEBC (Pharmacy Examining Board of Canada) qualifying examination or accept a graduate from a jurisdiction which has statutory oversight over their faculty programs, such as Quebec.

### **Jurisprudence exam and International Pharmacy Graduate Program**

Council entertained a presentation by The Ministry of Training, Colleges and Universities on the Agreement on Internal Trade (AIT) and Ontario-Quebec labour mobility agreements. The presentation included a review of the process for implementing the two agreements, key milestones and timing, as well as an overview of the key elements of the AIT and implications for regulatory bodies. Following the presentation and a discussion, Council recommended that the College develop a business case for the Ministry that demonstrates why OCP's requirements for a jurisprudence exam and an International Pharmacy Graduate (IPG) program should be considered necessary and valid requirements for labour mobility.

Ministry officials agreed that the jurisprudence requirement could stand and no justification was required. The College submitted a proposal for

exception that a bridging program for International Pharmacy Graduates remain a requirement to ensure that all applicants for licensure, whether they attain their degree within or outside Canada, are able to demonstrate the same level of clinical competency that will assure high quality care and protection of the public. The Government rejected this argument.

In May 2009, the government introduced Bill 175 (The Ontario Labour Mobility Act) which enhances labour mobility between the provinces, and has Ontario meet its obligations under Chapter 7 of the AIT, as well as the bilateral agreement between Ontario and Quebec. This legislation speaks to changes to the registration regulation of every profession in Ontario to ensure that any applicants already holding a license to practice their profession in another Canadian jurisdiction can move seamlessly to Ontario without any additional requirements. While Council expressed concerns respecting consistency in the entry to practice requirements of other provinces, it was satisfied that the College is vigorously working with other colleges across Canada, through NAPRA, to ensure uniformity. In addition, the Ontario government has conducted a series of consultation sessions with staff of the regulatory colleges to clarify and discuss proposed implementation of this legislation.

### **OFFICE OF THE FAIRNESS COMMISSIONER – REGISTRATION AUDIT**

In accordance with the *Fair Access to Regulated Professions Act* and the *Regulated Health Professions Act*, the Office of the Fairness Commissioner requires certain professions to review the registration practices, submit reports about them and undergo compliance audits to ensure that registration is fair.

OCP participated in the first round of audits which were conducted as a pilot. Accordingly, an audit of this College's registration practices from July 16, 2007 to July 15, 2008 was conducted between

January and March 2009 by Clark Henning LLP. As part of their audit, Clarke Henning interviewed recently qualified pharmacists, pharmacy interns and pharmacy students. Council was pleased to note that the College received a clean audit and that no significant issues for improvement were identified. Suggestions for improvement in the registration processes were noted and are being implemented.

## **BLUEPRINT FOR PHARMACY**

Following the launch at the Canadian Pharmacists' Association (CPhA) conference in June 2008, the Blueprint for Pharmacy – the Vision for Pharmacy document was distributed to all national and provincial pharmacy organizations, faculties of pharmacy and corporate pharmacy head offices. The Task Force invited these pharmacy stakeholders to support the Vision for Pharmacy and asked that they commit to work collaboratively with the Blueprint Task Force and working groups as they develop the implementation plan. Council endorsed the decision to support the concepts and principles embedded in the Blueprint and the commitment that the document become an integral part of Council's next strategic planning cycle in 2009.

College staff participated in further discussions on individual working groups regarding implementation. The College was subsequently invited to provide feedback to CPhA's *Blueprint for Pharmacy Implementation Plan* and *Draft Operational Framework*. Council strongly supported the principles incorporated in the Blueprint for Pharmacy, including the integration of international pharmacy graduates, the regulation of pharmacy technicians, an expanded scope of practice for pharmacists, and e-prescribing demonstration pilots, all of which are well underway in Ontario. The College's Strategic Plan will ensure these initiatives continue and are well aligned with the principles and actions required to give effect to the *Blueprint for Pharmacy*.

## **INTRODUCTION OF BILL 179 (REGULATED HEALTH PROFESSIONS STATUTE LAW AMENDMENT ACT, 2009)**

OCP and other regulated health colleges whose members may prescribe or administer drugs as part of their practice were invited by the Health Professions Regulatory Advisory Committee (HPRAC) to submit comments respecting HPRAC's review of non-physician prescribing and administration of drugs under the Regulated Health Professions Act.

As much of the information had previously been submitted in the Scope of Practice review, the College focused on the activities required for pharmacists to fully realize their roles in Medication Therapy Management, namely adapting, modifying and extending prescriptions, and administering drugs by inhalation and injection for purposes of education and training.

In November, the HPRAC Interim Report on Mechanisms to Facilitate and Support Interprofessional Collaboration among Health Colleges and Regulated Health Professionals was released, which included recommendations respecting the scope of practice of four regulated health professions: pharmacy, physiotherapy, midwifery and dietetics. Key recommendations included amendment of the scope of practice statement for pharmacists to recognize their role in Medication Therapy Management and support for the addition of four new Controlled Acts subject to terms and conditions proposed by the College. These included: prescribing, skin pricking, administration of a substance by injection, and administration of a substance by inhalation. Furthermore, pharmacists would be authorized to order laboratory tests for medication management and monitoring purposes.

Following an invitation by the Ministry of Health and Long-Term Care to provide comments, College Council directed that with respect to the recommendation regarding the establishment of lists of specific drugs, categories or classes, the College indicate support of a list of defined drug class-

es only where pharmacists initiate prescriptions for Schedule I drugs. Council expressed strong support for the inclusion of new College Objects to ensure collaboration between professions but did not support the mandatory inclusion of other professions on pharmacy standard setting committees. Council indicated its commitment to obtaining and utilizing the input and expertise of those professions who currently prescribe and perform lab tests in developing and establishing practice standards to support pharmacists in the new authorized acts and scope of practice.

The Minister of Health and Long-Term Care then introduced an omnibus bill, Bill 179, intended to increase access to health care services by the Ontario public through expanding the scopes of practice of pharmacists and other health care professionals.

This Bill has proceeded through two readings and been referred to the Standing Committee on Social Policy; the College made a request to appear and present a submission to this committee. Bill 179 proposes changes to several existing Acts, including the *Drug and Pharmacies Regulation Act* (DPRA), the *Ontario Drug Benefit Act* (ODBA) the *Regulated Health Professions Act* (RHPA), and pertinent profession-specific Acts such as the *Pharmacy Act*.

Changes to the scope of practice statement for pharmacists is included, as well as the four previously mentioned new controlled acts. Regulations must be developed for all of these controlled acts, establishing the purpose, requirements and prohibitions. For example, “prescribing a drug” which refers to adapting, modifying, adjusting and extending, will require the College to define specifics of how, when, and what procedures to follow. It is anticipated that following passage of the bill, the College will conduct considerable discussion and consultation with members and stakeholders prior to the circulation of proposed regulations.

The bill also contains provisions for other professions to perform the controlled acts of prescribing, dispensing, compounding and selling of drugs, with the same requirement for the devel-

opment of regulations. The College expects to work with the other respective Colleges in order to ensure that all acts are performed to the same standard, regardless of the regulated health professional who may do so.

## **REMOTE DISPENSING**

The Health Systems Improvement Act introduced several new Objects for all regulatory health Colleges in Ontario, to come into effect in June, 2009. One of these was:

*“to develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues”.*

Accordingly, over the past year, the College considered changes needed to the *Drug and Pharmacies Regulation Act* (DPRA) and its Regulations to ensure that, as changes in practice models, including remote dispensing, and advances in technology emerge, the necessary safeguards and accountabilities remain in place to ensure protection and safety of the public.

Legislative amendments were considered by Council and circulated to all pharmacists and pharmacy owners and operators, as well as stakeholders, for information and consultation. Bill 179 subsequently included changes to the definition of “pharmacy” to include “a remote dispensing location” to be defined in the regulations, and to exempt remote dispensing locations from the requirement that a pharmacist be physically present provided that a certificate of accreditation has been issued by the College permitting the operation of the remote dispensing location, and the location is operated in accordance with the regulations.

In addition, the pharmacist would not need to be physically present in a remote dispensing location if a registered technician was present and the location was operated in accordance with the regulations. It was proposed that the Act be further amended to enable the College to make reg-

ulations, subject to the approval of the Lieutenant Governor in Council, that would prescribe standards for accreditation applicable to remote dispensing locations, including their operation and maintenance, and establish requirements for and governing remote dispensing locations, their owners and operators and their operation.

These regulations, in addition to legislative changes to the Act, will need to be in place before remote dispensing may occur. In anticipation of developing such regulations, Council approved a draft set of principles respecting the practice of remote dispensing and directed that these principles be circulated to members and stakeholders and discussed at a series of district meetings being conducted throughout the province. Council expects to consider ratification of these principles at its next meeting, and that regulation development as well as further consultation with members will follow.

## **E-HEALTH INITIATIVES**

Registrar Williams continued to co-chair the eHealth Regulatory College Advisory Panel which provides a forum for the Ministry of Health and Long-Term Care and the regulatory colleges to work together to ensure that regulatory considerations are included in the development of Ontario's eHealth initiatives and that health care professionals have the information necessary to meet the highest possible standards of care.

The objective of eHealth is to ensure that information and information technology are used to improve and modernize Ontario's health care system, and to improve the quality of, and access to, health care services. Council heard a presentation describing the four immediate priorities: the Diabetes Registry, an integrated clinical portal, e-prescribing, and development of an Electronic Medical Record. Council was pleased to note that members of this College are well placed to play an active and integral role in these initiatives. Subsequently, this College, the College of

Physicians and Surgeons of Ontario and the College of Nurses of Ontario supported the enabling of two demonstration projects in the province which would include the involvement of multiple physicians and nurse practitioners and would include the electronic prescribing of all schedules of medications. It is anticipated that this project will provide learning for the Ministry and an opportunity for this College to test and evaluate any regulatory concerns in advance of the provincial roll out of e-prescribing.

## **ADVERTISING REGULATIONS**

Following the release of a report by the Competition Bureau as it related to the profession of pharmacy, the College undertook a review of the current advertising regulation to determine whether any revisions or amendments are appropriate.

In considering the current requirement to include at least fifteen different drugs from ten different classifications in any advertising of price, public members of Council in particular, although recognizing that such requirements may appear onerous to members, expressed concern respecting the advertising of individual prescription products as occurs in other countries. It is the belief of Council that it is not in the public interest to permit pharmacists to advertise sole prescription products to the public as "loss leaders".

The current advertising regulations were considered to support the public in making a choice respecting the provision of pharmacy services in accordance with the level of pharmaceutical service and care provided rather than on price of product alone, and for this reason, the current requirements were upheld.

## **PHARMACY TECHNICIAN REGULATION**

The College continued to work on each of the entry-to-practice programs and processes necessary to support the registration of pharmacy technicians.

In October 2008, the College administered the final sitting of the Certification Exam for Pharmacy Technicians for more than 1,500 candidates. The conclusion of the certification exam allowed the College to support the Pharmacy Examining Board of Canada (PEBC) in its development of an equivalent examination, to be offered nationally starting in fall 2009.

Throughout the year, the College assisted with implementation of the Bridging Education Program, offered for classroom delivery at each of the accredited Community Colleges. The Professional Practice course was first introduced for classroom delivery in the fall 2008 semester, followed by the Pharmacology and Drug Distribution courses in the subsequent winter and spring semesters. In a short time, more than 1,500 pharmacy technicians had enrolled for one or more of these courses.

College staff and Council representatives also participated in several item writing workshops to assist the PEBC with the development of the Pilot Qualifying Examination for Pharmacy Technicians. This entry-to-practice exam will provide a national, standardized assessment process that will ensure entry-level pharmacy technicians have the necessary professional knowledge, skills and abilities to practice safely and effectively.

In May 2009 the College invited all eligible pharmacy technicians in Ontario to apply to participate in the pilot Qualifying exam, scheduled for August 2009. A group of 154 pharmacy technicians were randomly selected from an approved list of applicants, to complete the pilot exam. Of these, almost half were new graduates from education programs holding accreditation from the Canadian Council of Accreditation of Pharmacy Programs (CCAPP) and the other half were pharmacy technicians from within the profession who had completed the required Bridging Education Programs.

The College also initiated development of the Jurisprudence Exam for Pharmacy Technicians earlier in the year. Following consultations with pharmacists, pharmacy technicians, educators and Council members, an exam blueprint similar to that

of the pharmacists, but distinct to reflect the role of pharmacy technicians was developed and Council approved a pilot administration for fall 2009.

## **REGISTRATION REGULATION**

In September 2008, Council ratified the Proposed Registration Regulation, having carefully considered the feedback received during a comprehensive stakeholder consultation process. Although no material changes were made, the consultation resulted in some changes to ensure clarity of the original intent. Following submission of the Regulation to the Ministry of Health and Long-Term Care for approval, the College received feedback from the Office of the Fairness Commissioner, expressing concern about the non-exemptible requirements for Bridging Education for international pharmacy graduates. Through discussions with the Office of the Fairness Commissioner, changes to the regulation were proposed in order to provide for increased individual consideration of those applicants who are able to demonstrate that further education or training may not be required by passing the Pharmacy Examining Board of Canada Qualifying examination on the first attempt. Following resolution of these concerns, the Ontario government introduced labour mobility legislation in order to support its obligations under Chapter 7 of the amended Agreement on Internal Trade. The proposed legislation includes changes to the RHPA, set out in a "Labour Mobility Code" which will govern how the Health Colleges treat applications from individuals who are already registered by another provincial regulatory authority. As a result of these legislative changes, further amendments to the Registration Regulation were required. The proposed revisions were made and circulated to stakeholders for consultation over the summer months. The College has continued to work collaboratively with government on these revisions in order that the Regulation may proceed through the approval process in a timely manner, in order to support the regulation of pharmacy technicians early in 2010.

# ONTARIO COLLEGE OF PHARMACISTS

## Summarized Financial Statements

### AUDITORS' REPORT

The accompanying summarized statement of financial position and statement of operations are derived from the complete financial statements of the Ontario College of Pharmacists as at December 31, 2008 and for the year then ended on which we expressed an opinion without reservation in our report dated January 31, 2009. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

The summarized financial statements do not contain all disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may be not appropriate for their purposes. For more information on the College's financial position and results of operations, reference should be made to the related complete financial statements.

CHARTERED ACCOUNTANTS



Licensed Public Accountants

Toronto, Ontario  
January 31, 2009

## Summarized Statement of Financial Position

As at December 31, 2008

	2008	2007
	\$	\$
<b>ASSETS</b>		
Current assets		
Cash and cash equivalents	5,896,877	4,522,493
Accounts receivable and cost recoveries	57,352	125,869
Prepaid expenses	176,251	205,421
	6,130,480	4,853,783
Capital assets	3,344,972	3,531,544
	9,475,452	8,385,327
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	1,362,475	1,533,116
<b>NET ASSETS</b>		
Net assets invested in capital assets	3,344,972	3,531,544
Unrestricted net assets	4,768,005	3,320,667
	8,112,977	6,852,211
	9,475,452	8,385,327

## Summarized Statement of Operations

Year ended December 31, 2008

	Budget 2008 \$	2008 \$	2007 \$
<b>Revenues</b>			
Pharmacist fees	5,981,023	6,099,164	5,930,637
Pharmacy fees	2,661,848	2,793,344	2,687,212
Registration fees and income	721,755	866,324	728,220
Certified pharmacy technician fees	225,000	865,966	414,051
Investment income	250,000	250,935	283,692
	9,839,626	10,875,733	10,043,812
<b>Expenses</b>			
Council and committees	2,651,213	2,509,379	2,492,515
Administration	6,700,270	6,632,655	6,154,517
Property	145,595	182,539	207,756
	9,497,078	9,324,573	8,854,788
Excess of revenues over expenses from operations for year before depreciation	342,548	1,551,160	1,189,024
Depreciation	-	290,394	309,734
Excess of revenues over expenses for year	342,548	1,260,766	879,290

## Summarized Statement of Changes in Net Assets

Year ended December 31, 2008

	Invested in Capital Assets \$	Unrestricted \$	2008 \$	2007 \$
Balance - at beginning of year	3,531,544	3,320,667	6,852,211	5,972,921
Excess of revenues over expenses for year	(290,394)	1,551,160	1,260,766	879,290
Inter fund transfers representing:				
Purchase of capital assets	103,822	(103,822)	-	-
Balance at end of year	3,344,972	4,768,005	8,112,977	6,852,211

**Complete audited financial statements available upon request from the College**

# PROGRAM STATISTICS

## Quality Assurance

### Outcome by Graduation Date for the 255 new randomly selected candidates

Years since graduation	Number of Pharmacists	Number who entered peer-guided learning	Percentage who entered peer-guided learning
0-5 (exempted)	0	N/A	N/A
6-15	42	1	2.4
16-25	70	2	2.9
More than 25	116	18	15.5

### Outcome by Place of Practice for the 255 new randomly selected candidates

Place of Practice	Number of Pharmacists	Number who entered peer-guided learning	Percentage who entered peer-guided learning
Community	182	17	9.3
Hospital/Long Term Care	39	2	5.1
Other	6	2	33.3

### Outcome by Location of Graduation for the 255 new randomly selected candidates

Location	Number of Pharmacists	Number who entered peer-guided learning	Percentage who entered peer-guided learning
Ontario	125	12	9.6
Canada (other than Ontario) and USA	45	1	2.2
International	58	8	13.8

Please note: the "Number of Pharmacists" does not add up to 255 because not all candidates provided complete details.

# PROGRAM STATISTICS

## Discipline Committee Statistics

### Discipline Case Summaries, 2008/2009

During the 2008–2009 Council year, a total of 13 hearings involving 15 members were held before panels of the Discipline Committee. Ten hearings proceeded by way of an Agreed Statement of Facts and Joint Submission on Penalty; two were contested with the Member not in attendance; and, in one, allegations were stayed because the Member

Hearing Date	Member Name	Summary
October 8, 2008	Roger Demers	Member found guilty in criminal court of possession of child pornography. Discipline Committee ordered, among other things, indefinite TCLs placed on Certificate of Registration regarding practice locations, and a time-limited condition regarding counselling of minors.
October 15, 2008	Lori-Lynn Hopkin and Hanover Pharmasave	Member dispensed methadone to Ontario Addiction Treatment Centre clinics contrary to relevant legislative and regulatory framework.
December 3, 2008 *	Abimbola Kabiawu	Member submitted false claims in excess of \$500,000 to the Ontario Drug Benefit Plan and was found guilty in criminal court of fraud over \$5,000. Additionally, Member failed to complete remedial courses and failed to pay costs to the College as ordered by a previous Discipline Panel. Discipline Committee ordered that Member's Certificate of Registration be revoked.
December 4, 2008	Helen Huh	While acting as Designated Manager of a pharmacy, Member dispensed drugs without prescriptions or other authorizations to various patients. She also admitted to discrepancies in record keeping relating to five patients.
December 18, 2008	George Politis	Member made a dispensing error where the threat of patient harm was significant.
January 22, 2008 **	Zhijian (Peter) Huang	Member left his pharmacy unattended on two separate occasions.
February 17, 2009	Robert Rosenberg	Member's license to practise medicine was revoked by the College of Physicians and Surgeons of Ontario in connection with the sexual abuse of, and/or sexual impropriety with, a patient. Member did not report this finding to OCP.
March 5, 2009	Sabet Ibrahim	As Designated Manager, the Member left the pharmacy unattended on several occasions. The Member also permitted non-pharmacists to counsel patients and patients and staff members reported examples of unprofessional communication on the part of the Member.

# PROGRAM STATISTICS

entered into an undertaking with the College in which he agreed to resign and never reapply for reinstatement. 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.

Referring Committee	Category	Remediation Ordered	Suspension Ordered†	Costs Ordered
Executive	Criminal finding	n/a	2 months	\$4,500
Executive & Complaints & Accreditation	Breach of Standards of Practice; Failure to Conform to DPRA	APPL LL 2, 4, 7 MMT JP	5 months (2)	\$45,000
Executive	Criminal finding; Breach of prior Discipline Order	n/a	n/a	n/a
Executive & Complaints	Record keeping discrepancies; Unauthorized dispensing	PC BPPL JP	3 months (2)	\$7,500
Complaints	Dispensing Error	CMI RCA	2 months (1)	\$3,000
Executive	Nonsupervision of pharmacy	n/a	3 months to commence when Member returns to practice in Ontario and not concurrently	\$3,000
Executive	Failure to report finding of professional misconduct	Ethics	6 months to commence when Member returns to practice in Ontario	\$10,000
Executive & Complaints	Nonsupervision of pharmacy; Breach of Standards of Practice; Unprofessional communication	LL 2, 4, 7 JP	3 months (2)	\$3,500

**continued**

# PROGRAM STATISTICS

## Discipline Committee Statistics

Hearing Date	Member Name	Summary
March 25, 2009	David Bythell	Member found guilty in criminal court of indecent assault. Member signed an Undertaking in which he indicated his wish to retire and resign permanently as a member of the College. He also undertook never again to practise pharmacy in Ontario, never to reapply for membership with the College and never to have an ownership interest in a pharmacy. The Panel ordered that the allegations of professional misconduct be stayed for as long as the Undertaking is in effect and the Member complies with all its terms and conditions.
June 15, 2009	Gary Chin	While a director, part-owner, and a dispensing pharmacist of a pharmacy, Member dispensed drugs without prescriptions or other authorizations to various patients. He also admitted to discrepancies in record keeping relating to five patients.
June 23, 2009	Samia Botros	Member dispensed medication without adequate or comprehensible directions for use on label. Member also failed to counsel patient and as a result, patient was seriously harmed. Discipline Committee ordered, among other things, prohibition on Member acting as Designated Manager until all remediation is complete, and restrictions on who can act as replacement DM.
June 23, 2009	Zhijian (Peter) Huang	Member failed to comply with previous Order of the Discipline Committee.
July 6, 2009	Andrij Chabursky	Member was Designated Manager of Pharmacy which dispensed and/or claimed payments for transactions involving patients who had died or moved. The Discipline Committee ordered, among other things, prohibition on acting as Designated Manager for 3 years.
July 6, 2009	Gerald Biderman	Member dispensed and/or claimed payments for transactions involving patients who had died or moved. The Discipline Committee ordered, among other things, prohibition on acting as Designated Manager for 3 years.
July 6, 2009	Christine Bolubash	Member dispensed and/or claimed payments for transactions involving patients who had died or moved. The Discipline Committee ordered, among other things, prohibition on acting as Designated Manager for 3 years.

### Remediation Legend:

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

**APPL** – Advanced Professional Practice Labs

**LL 2, 4, 7** – Law Lessons

**PC** – Pharmaceutical Care

**BPPL** – Basic Professional Practice Labs

**ACS** – Advanced Communication Skills

**Ethics** – Applied Ethics Course

Offered by the Centre for Addiction and Mental Health:

**MMT** – Methadone Maintenance Treatment Workshop

Offered by the Ontario College of Pharmacists:

**JP** – Jurisprudence Seminar and Exam

Offered by the Institute for Safe Medication Practices:

**RCA** – Root Cause Analysis

Offered by the Ontario Pharmacists' Association:

**CMI** – Confronting Medication Incidents

# PROGRAM STATISTICS

Referring Committee	Category	Remediation Ordered	Suspension Ordered†	Costs Ordered
Executive	Criminal finding	n/a	n/a	n/a
Executive	Record keeping discrepancies; Unauthorized Dispensing	PC BPPL JP	3 months (2) to commence when Member returns to Part A of the register	\$7,500
Complaints	Dispensing Error; Breach of Standards of Practice	BPPL ACS LL 2, 4, 7 JP	2 months (1)	\$2,500
Executive	Breach of Prior Discipline Order	Ethics or other approved course in ethics for professionals	1 month to commence when Member returns to practice in Ontario and not concurrently	\$500
Complaints	Billing Discrepancies; Breach of Standards of Practice	LL 2, 4, 7 JP	4 months (1)	\$20,000
Complaints	Billing Discrepancies; Breach of Standards of Practice	LL 2, 4, 7 JP	3 months (1)	\$2,500
Complaints	Billing Discrepancies; Breach of Standards of Practice	LL 2, 4, 7 JP	3 months (1)	\$2,500

\* Hearing took place in 2008-2009 Council Year, having been adjourned from the 2007-2008 Council Year.

\*\* Hearing took place in 2008-2009 Council Year with a seized panel from 2007-2008 Discipline Committee

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

## Member-Specific Matters by Screening Committee - Sorted by Issue

	<b>Complaints Committee</b>	<b>Inquiries, Complaints and Reports Committee</b>	<b>Executive Committee</b>
Billing	4	6	0
Confidentiality	1	6	3
Dispensing Error	15	20	0
Standards of Practice	5	22	20*
Professionalism	2	1	3
Professional Service	27	20	0
Communication	2	3	0
Sexual Abuse	0	0	1
Scope of Practice	1	2	1
Breach of Undertaking or Order	0	0	7
<b>Total</b>	<b>57</b>	<b>79</b>	<b>35</b>

## Member-Specific Matters by Screening Committee - Sorted by Disposition

### Complaints

Dispositions	
- Frivolous and Vexatious	<b>2</b>
- Take No Action	<b>20</b>
- Reminder	<b>19</b>
- Written Caution	<b>11</b>
- Oral Caution	<b>3</b>
- Referral to Discipline	<b>2</b>
<b>Total Dispositions</b>	<b>57</b>

### Inquiries, Complaints and Reports

Dispositions	
- Frivolous and Vexatious	<b>0</b>
- Take No Action	<b>28</b>
- Reminder	<b>27</b>
- Written Caution	<b>17</b>
- Oral Caution	<b>5</b>
- Referral to Discipline	<b>1</b>
- Referral to a Panel to Conduct Health Inquiries	<b>1</b>
<b>Total Dispositions</b>	<b>79</b>

### Executive

Dispositions	
- Refer specified allegations to the Discipline Committee†	<b>18*</b>
- Conclude Matter/Take no Action	<b>9</b>
- Undertaking	<b>8</b>
<b>Total Dispositions</b>	<b>35</b>

† Executive Committee interim suspended Certificate of Registration for 1 Member

\* 12 referrals from the Executive Committee were in relation to members who failed to maintain personal professional liability insurance as required by College By-Laws when renewing their registration in Part A of the Register for the year 2008

## Additional Discipline Committee Statistics

### Referrals

Referrals Carried Over from Previous Years	<b>20</b>
New Referrals During the Year	<b>21</b>
<b>Total Referrals</b>	<b>41</b>
Hearings Held	<b>13</b>
Referrals Pending Hearings at Year End	<b>28</b>

### Incapacity Matters

Health Inquiries	<b>4</b>
- Board of Inquiry appointed	<b>3</b>
- Board of Inquiry not appointed	<b>1</b>
Board of Inquiry Reports	<b>7</b>
- Referrals to Fitness to Practise Committee	<b>6</b>
- Concluded without referral	<b>1</b>

### Health Professions and Appeal Review Board (HPARB)

Reviews Pending (2006-2008)	<b>23</b>
Request for Review During Reporting Period	
- by Member	<b>2</b>
- by Complainant	<b>11</b>
Matters Reviewed By HPARB During Reporting Period	<b>6</b>
Decisions pending from 2008-2009	<b>2</b>
Decisions pending from previous reporting years	<b>3</b>
Withdrawals	<b>6</b>
Decisions Received	
- Appeal Granted	<b>0</b>
- Decision Upheld	<b>3</b>
- Referred Back to Panel	<b>0</b>

# PROGRAM STATISTICS

## Fitness to Practise

Referrals to Fitness to Practise	<b>6</b>
Hearings	<b>0</b>
Total number of members under monitoring contract at start of reporting period	<b>19</b>
- Members enrolled for whom Fitness to Practise proceeding has occurred	<b>15</b>
- Anonymous members enrolled through self-referral	<b>4</b>
Members enrolled during reporting period	<b>3</b>
Members who successfully completed their monitoring	<b>3</b>
Members released from the PHP	<b>1</b>
Total number of members being monitored through PHP at conclusion of reporting period	<b>18</b>
- Members monitored for substance dependence	<b>16</b>
- Members monitored for psychiatric illness	<b>2</b>
The PHP also provides information, triage services, and referrals for members who are not enrolled in monitoring contracts. Of the 21 new contacts/cases, 18 were independent licensed members and 3 were from pharmacy students.	
Total number of new contacts/cases during reporting period	<b>21</b>
- Contacts/cases from members	<b>18</b>
- Contacts/cases from spouse/partner of member	<b>2</b>
- Contacts/cases from person with professional relationship to member	<b>1</b>

## Accreditation

- Number of new cases referred to Accreditation in 2008-2009	<b>47</b>
- Concluded	<b>26</b>
- Re-inspection at cost ordered	<b>21</b>
- Other types of inspections ordered	<b>0</b>
- Referrals to Discipline	<b>0</b>
- Referrals to Executive	<b>0</b>
- Deferred until more info could be gathered	<b>0</b>

## Registration Panel

- Requests were considered by Panels of the Registration Committee, with the majority of these requests related to fluency and structured practical training	<b>412</b>
- Granted registration either partially or completely	<b>393</b>
- Denied	<b>14</b>
- Deferred	<b>5</b>
- Request was appealed to the Health Professions Appeal and Review Board	<b>0</b>
- Outstanding appeals with the Health Professions Appeal and Review Board	<b>0</b>

# MEMBER & PHARMACY STATISTICS

## Number of Pharmacists by Voting Districts

as of December 31, 2008

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Out of Province	Total
Female	542	381	351	420	251	609	593	416	127	167	216	263	242	142	118	624	714	310	6,486
Male	413	386	310	304	239	502	470	381	140	218	225	275	233	153	135	145	193	200	4,922
<b>Total</b>	<b>955</b>	<b>767</b>	<b>661</b>	<b>724</b>	<b>490</b>	<b>1,111</b>	<b>1,063</b>	<b>797</b>	<b>167</b>	<b>385</b>	<b>441</b>	<b>538</b>	<b>475</b>	<b>295</b>	<b>253</b>	<b>769</b>	<b>907</b>	<b>510</b>	<b>11,408</b>

## Number of Pharmacies by Voting Districts

as of December 31, 2008

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
<b>Total</b>	<b>301</b>	<b>290</b>	<b>231</b>	<b>198</b>	<b>185</b>	<b>355</b>	<b>346</b>	<b>281</b>	<b>106</b>	<b>144</b>	<b>154</b>	<b>211</b>	<b>197</b>	<b>120</b>	<b>94</b>	<b>3,213</b>

## Number of Pharmacists by Employment Type (by voting district)

as of December 31, 2008

Voting District	Community Pharmacy	Hospital & Other Health Care Facilities	Association/Academia/Government	Industry/Other Professionals	Retired/Unemployed	Total
1-15 Community Practice in Ontario	7,877	52	201	386	747	9,263
16-17 Hospital Practice in Ontario	0	1,622	11	0	0	1,633
In other Province	51	20	9	35	72	187
In the United States	57	40	17	37	68	219
In other Countries	16	17	14	18	41	106
<b>Total</b>	<b>8,001</b>	<b>1,751</b>	<b>252</b>	<b>476</b>	<b>928</b>	<b>11,408</b>
Total in Ontario	7,877	1,674	212	386	747	10,896
Total outside Ontario	124	77	40	90	181	512
<b>Total</b>	<b>8,001</b>	<b>1,751</b>	<b>252</b>	<b>476</b>	<b>928</b>	<b>11,408</b>

Pharmacists in Part A of the Register: 10,718

Pharmacists in Part B of the Register: 690

## Deletions from the Register - 2008

	Female	Male	Total
Cancellations	29	29	58
Deceased	2	13	15
Resigned	84	62	146
Revoked	1	0	1
Suspended	2	5	7
<b>Total</b>	<b>118</b>	<b>109</b>	<b>227</b>

## Additions to the Register - 2008

	Female	Male	Total
Ontario	152	48	200
Other Provinces	56	30	86
<b>Total in Canada</b>	<b>208</b>	<b>78</b>	<b>286</b>
United States	27	11	38
Other Countries	157	98	255*
<b>Total Out of Country</b>	<b>184</b>	<b>109</b>	<b>293</b>
Reregistered	2	1	3
<b>Total New Registrants</b>	<b>394</b>	<b>188</b>	<b>582</b>

\* For more information on internationally-trained graduates, please go to [www.ocpinfo.com](http://www.ocpinfo.com) and search on "2008 Fair Registration Practices Report."

## Registered Students and Interns - 2008

	Female	Male	Total
Ontario	694	397	1,091
Other Provinces	30	13	43
<b>Canada Total</b>	<b>724</b>	<b>410</b>	<b>1,134</b>
International	151	104	255
USA	18	19	37
<b>Other Countries Total</b>	<b>169</b>	<b>123</b>	<b>292</b>
<b>Grand Total</b>	<b>893</b>	<b>533</b>	<b>1,426</b>

## 2008 Pharmacy Statistics

Openings	125
Closings	43
Sales	250
Relocations	71
Reinspections	19

