Putting Patients First
There were 649 new pharmacists registered in 2009.

In 2010, OCP registered its 12,000th pharmacist.
Together with students and interns, our membership totals more than 13,000.

More than half of new pharmacists registered in 2009 graduated from outside Canada.
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PUTTING PATIENTS FIRST

WHO WE ARE
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 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.

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.

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 AND COMMITTEES

The College is overseen by a Council of up to 17 elected members, up to 16 government appointed members of the public and the Deans of the province’s two pharmacy faculties in Ontario. 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. Beyond the statutory requirements, Council brings members views to a central coordinating body where members discuss policies and make recommendations to governments regarding legislation.

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.

With this annual report, the Ontario College of Pharmacists unveils a new brand to reflect a more dynamic and contemporary look for its print and electronic materials. With the new slogan, “Putting patients first since 1871,” the brand conveys the College’s role to regulate pharmacy practice in Ontario and to ensure patient safety and well-being always come first.

The new logo features a stylized “OCP” and a shield as a natural symbol of protection. It also incorporates elements of the caduceus as an icon of healthcare, and a bowl of hygeia to symbolize pharmacy. The logo consolidates key elements of the Point of Care logo that appears in every accredited Ontario pharmacy. In summary, the new brand promotes the leading edge identity of the College, while connecting our past and our future.
As always, this past year has been one of challenges and opportunities. College staff and legal counsel have worked particularly hard this year finalizing two key regulatory proposals—the first, our Registration regulation will give effect to labour mobility provisions under the Ontario Labour Mobility Act (OLMA) and most importantly, will make OCP the first pharmacy regulatory authority in Canada to formally regulate pharmacy technicians as a new class of registered pharmacy professionals under this College. At the time of writing this report, the Registration regulation has been sealed and signed and final government approval is expected in the near future. Regulatory amendments to the Drug and Pharmacies Regulation Act (DPRA) were also submitted to government in mid-September. These regulatory proposals will strengthen the College’s ability to effectively govern pharmacy practice through accredited pharmacies and also include the necessary safeguards and accountabilities to enable remote dispensing to occur safely through accredited pharmacies in Ontario.

With two major regulatory pieces almost complete, the College now turns its attention to the regulations needed to give effect to the new scope of practice for pharmacists that was granted under Bill 179. Staff and committees will work diligently over the next several months to have our regulatory proposals to government by the spring of 2011.

With two major regulatory pieces almost complete, the College now turns its attention to the regulations needed to give effect to the new scope of practice for pharmacists that was granted under Bill 179.
The College’s commitment to embracing technology continues to be demonstrated through our move to on-line renewals and elections processes and through our transition this past year to a telecommuting platform—a move that has resulted in cost-efficiency, and increased workforce resiliency and satisfaction.

Ministerial requests for feedback on issues continue to come in with regularity, usually within quite short timelines and this does pose ongoing challenges for us amidst the many competing priorities already committed to in the College’s strategic plan. The amount of work to be done does not diminish from year to year and we must take this opportunity to recognize College Council, our tremendous staff team and all committee members without whose hard work, commitment and tireless dedication the job simply would not get done.

Thank you!

Deanna Williams  
R.Ph., B.Sc. Phm., C.Dir., CAE  
Registrar

Stephen Clement  
R.Ph., B.Sc. Phm.  
President

COUNCIL 2009–2010

Front L-R:  
Bonnie Hauser (Vice-President), Deanna Williams (Registrar), Stephen Clement (President)

Second row L-R:  
Joy Sommerfreund, Cora dela Cruz, Della Croteau, Sanjiv Maindiratta, Javaid Khan, Aladdin Mohaghegh, Margaret Irwin

Third row L-R:  
Anne Resnick, Connie Campbell, Henry Mann, Amber Walker, Joseph Hanna, Jomain Abdin, Sherif Guorgui, Christopher Leung

Fourth row L-R:  
Tracey Phillips, Don Organ, Gitu Parikh, Tracy Wiersema, Jake Thiessen, James Fyfe, Peter Gdyczynski

Back Row:  
David Hoff, Tracy Wills, Shelley McKinney, Elaine Akers, Zita Semeniuk, Lew Lederman, Gerry Cook, Tom Baulke, Saheeda Rashid, Bob Ebrahimzadeh
ELECTORAL DISTRICTS & MEMBERS OF COUNCIL
ELECTED MEMBERS

District 1
Joseph Hanna
Ottawa

District 2
Elaine Akers
Peterborough

District 3
Sherif Guorgui
Toronto

District 4
Tracey Phillips
Toronto

District 5
Don Organ
Toronto

District 6
Zita Semeniuk
Etobicoke

District 7
Tracy Wiersema
Barrie

District 8
Saheed Rashid
Ancaster

District 9
Bonnie Hauser
Dunnville

District 10
Gerald Cook
London

District 11
Chris Leung
Windsor

District 12
Peter Gdyczynski
Brampton

District 13
Sanjiv Maindiratta
Brampton

District 14
Stephen Clement
Gallinder

District 15
Jon MacDonald
Sault Ste. Marie

HOSPITAL

District 16
Doris Nessim
Mississauga

District 17
Shelley McKinney
Brampton

COUNCIL OBSERVERS

Amber Walker
Pharmacy Technician

Tracy Wills
Pharmacy Technician

Henry Mann
Dean
Leslie Dan Faculty of Pharmacy University of Toronto

Jake Thiessen
Hallman Director
School of Pharmacy University of Waterloo

FACULTIES OF PHARMACY

PUBLIC MEMBERS

Johal Abdin
Toronto

Thomas Baulke
Collingwood

Corazon dela Cruz
Toronto

Babek Ebrahimzadeh
Woodbridge

James Fye
Niagara Falls

David Hoff
Oakville

Margaret Irwin
Sault Ste. Marie

Javaid Khan
Markham

Lew Lederman
Ottawa

Aladdin Mohaghegh
Toronto

Gitu Parikh
Toronto

Joy Sommerfreund
London

Ontario College of Pharmacists Annual Report 2009-2010
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
Stephen Clement (President & Chair)
Bonnie Hauser (Vice President)
Tracy Wiersema (Past President)
Sherif Guorgui

Public Members
Tom Baulke
David Hoff
Aladdin Mohaghegh

Staff Resource
Deanna Williams

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
Elaine Akers
Stephen Clement
Gerry Cook (Chair)
Bonnie Hauser
Sanjiv Maindiratta
Saheed Rashid
Zita Semeniuk

Public Members
Cora dela Cruz
Margaret Irwin

NCCM
Roger Ball
Norm Lee

Staff Resource
Nicole Balan (to March 2010)
Tina Perlman (from April 2010)

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
Stephen Clement
Peter Gydykynski (Chair)
Sherif Guorgui
Joseph Hanna
Chris Leung
Jon MacDonald
Sanjiv Maindiratta
Doris Nessim
Don Organ
Jake Thiessen
Tracy Wiersema

Public Members
Joinal Abdin (from April 2010)
Tom Baulke (to Dec 2009)
Bob Ebrahimzadeh
James Fyfe
Dave Hoff
Javaid Khan
Lew Lederman
Aladdin Mohaghegh
Joy Sommerfreund
Gitu Parikh (from March 2010)

NCCM
Larry Boggio
Erik Botines
Wayne Hindmarsh
Sam Hirsh (from Dec 2009)
Tony Huynh
Dave Malian
Barb Minshull
Mark Scanlon
Jeanette Schindler
Dan Stringer
David Windross
Simon Wong

Staff Resource
Maryan 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
Elaine Akers
Gerry Cook (Chair)

Public Members
Tom Baulke
James Fyfe
Javaid Khan

NCCM
Dan Stringer

Staff Resource
Anne Resnick

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
Shelley McKinney
Tracey Phillips (Chair)

Public Members
James Fyfe
Margaret Irwin
Aladdin Mohaghegh

NCCM
Gurjit Husson
Lilly Ing
Les Wilkinson

Staff Resource
Sandra Winkelbauer

Ontario College of Pharmacists Annual Report 2009-2010
REGISTRATION COMMITTEE
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.

Elected Members
Elaine Akers
Bonnie Hauser
Chris Leung (Chair)
Doris Nessim
Tracy Wiersema

Public Members
Gitu Parikh (Chair)

Staff Resource
Connie Campbell

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
Gerry Cook
Peter Gdyyczynski
Jon MacDonald
Sanjiv Maindiratta
Henry Mann
Tracey Phillips (Chair)
Don Organ
Saheed Rashid

Public Members
Joinal Abdin
David Hoff
Margaret Irwin
Joy Sommerfreund

NCCM
Larry Boggio
Zubin Austin
Larry Boggio
Elizabeth Ivey

Staff Resource
Anne Resnick

PHARMACY TECHNICIANS WORKING GROUP
(dissolved September 2010)
Pharmacy Technicians Working Group exists to develop the various elements leading to establishing Pharmacy Technicians as a class of registration.

Elected Members
Elaine Akers (Chair)
Gerry Cook
Peter Gdyyczynski
Bonnie Hauser
Don Organ

Public Members
Joinal Abdin
Tom Baulke (from Dec 2009)

NCCM
Bonnie Bokma

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
Gerry Cook
Peter Gdyyczynski
Tracy Wiersema

Public Members
Gitu Parikh (Chair)

Staff Resource
Connie Campbell

Non Council Committee Members (NCCM) refers to members of the College who are not members of the Council.
YEAR
The following is a summary of College activity between September 2009 and September 2010.
REGISTRATION REGULATION
College staff spent much of the past year collaborating with government to make various amendments to the Registration Regulation as it went through the government’s approval process. The Registration Regulation sets out the necessary steps to allow the College to begin registering and regulating pharmacy technicians and protects the Pharmacy Technician title.

The Registrar and staff were in constant communication with the Ministry to ensure that the Regulation was enacted as quickly as possible to allow the College to begin registering and regulating pharmacy technicians. Government acknowledged the efforts of College Council and staff in meeting all deadlines in a timely manner and being available to consult and answer questions respecting the intent and purpose of the proposed regulations. The regulation was delayed due to the enactment of the Ontario Labour Mobility Act, and the need to ensure labour mobility requirements were being met.

REGISTRATION OF PHARMACY TECHNICIANS
At the same time, throughout the year, there was tremendous progress made in all aspects of the process and programs needed to regulate pharmacy technicians in Ontario. The College received a continued commitment and strong response from both the pharmacy technicians and their pharmacist colleagues as each new component was introduced. Highlights include:

Pharmacy Technician Observers Welcomed at Council Table
Amber Walker and Tracy Wills were appointed by the President to sit as observers at the Council table for the 2009-2010 Council term as well as serve on the Pharmacy Technician Working Group and acts as observers on other College Committees.

Structured Practical Training (SPT) Program for Pharmacy Technicians
Council approved an SPT Program for Pharmacy Technicians for pilot testing to provide an opportunity for new graduates to assimilate and apply their learning in the work environment and to demonstrate their readiness to assume individual accountability for their practice as a regulated health professional. The proposed program mirrors the existing model for pharmacists. Council also approved a Structured Practical Experience (SPE) program for pharmacy technicians working in practice.

Language Proficiency Standards for Pharmacy Technicians
Council passed Language Proficiency Standards for Pharmacy Technicians based on four widely-accessible English language proficiency tests. As well, minimum score points for each section of each test, and the Standard Error of Measurement were applied. These efforts support the need to eliminate unintentional barriers and improve access. These standards were developed through regular meetings and information sharing with provincial colleagues through the National Association of Pharmacy Regulatory Authorities (NAPRA). The result is consistency of processes, standards and training of technicians across the country.

Pilot Pharmacy Technician Bridge Training Program for Internationally trained individuals
Centennial College, in response to a call for proposals, received funding from the Ontario Ministry of Citizenship and Immigration to develop and pilot a program for international applicants pursuing registration as a pharmacy technician. The proposal involved designing a program that would be approved by the College and could be accessed and sustained through the Community College system in Ontario over the long term.

Throughout the year, there was tremendous progress made in all aspects of the process and programs needed to regulate pharmacy technicians in Ontario.
**BILL 175 /LABOUR MOBILITY**

Bill 175 (the Ontario Labour Mobility Act) was proclaimed on December 15, 2009. The Act provides for mobility of professionals, including pharmacists, between provinces. This Act should not have a significant impact on the College’s registration processes as the College has, for some time, been involved in discussions nationally around mutual recognition, and the Registration panels have been making decisions in the spirit of labour mobility.

**OFFICE OF THE FAIRNESS COMMISSIONER**

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 their registration practices, submit reports about them and undergo compliance audits to ensure that registration is fair.

In March 2010, a document respecting the Draft Standards for the Assessment of Registration Practices was circulated by the Fairness Commissioner. The document describes what regulatory bodies must work toward to ensure that everyone is treated fairly when applying for registration in a regulated profession, whether the applicant was educated in Ontario or elsewhere. Following communication of jurisdictional concerns by the Federation of Health Regulatory Colleges of Ontario (FHRCO) through its legal counsel, the Fairness Commissioner agreed to convene a working group of stakeholder representatives to discuss the feedback received and the direction and content of the next draft.

**BILL 179 – REGULATED HEALTH PROFESSIONS STATUTE LAW AMENDMENT ACT, 2009**

Bill 179 (the Regulated Health Professions Statute Law Amendment Act, 2009) was passed on December 15, 2009. The Act allows the College to make regulations under the Pharmacy Act regarding the new scope of practice for pharmacists, and to make regulations under the Drug and Pharmacies Regulation Act (DPRA), for remote dispensing. Consultation began immediately to ensure that regulations under both Acts were aligned in order to prevent areas of disconnect.
Over the past year, the College has focused on preparing the regulations to the Pharmacy Act to enable the advanced scope for pharmacists, working within the parameters approved by government.

This was followed by the drafting of the regulations to the Pharmacy Act, working within the parameters approved by government. Focus groups of front-line practitioners were also conducted around the province to inform the drafting of regulations regarding scope.

Meetings with both pharmacy stakeholders and Ontario health regulators were held throughout the year to collaborate on principles and standards for the various controlled acts related to dispensing, prescribing, compounding, selling, administering and monitoring drug therapy.

The College provided its expertise on dispensing, selling and compounding drugs, and for interpretation of the DPRA and its Regulations. We also received valuable input from our colleagues with respect to the development of our advanced scope of practice. On a related matter, Council was pleased to note that the College of Physicians and Surgeons of Ontario (CPSO) approved a policy on dispensing drugs that clearly sets out the expectation that physicians dispense according to the same standards as those expected of pharmacists.

At the time of this report, webcasts were being planned to gain feedback from all pharmacists in the province from various areas of practice, with the goal of having draft regulations ready for review at December Council.

**STANDARDS OF PRACTICE FOR CANADIAN PHARMACISTS**

Council agreed to adopt the Model Standards of Practice for Canadian Pharmacists as developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). These standards encompass all aspects of pharmacy practice, including management. As well, the document provides standards for enhanced practice such as prescribing drugs and administering an injection.

**E-HEALTH INITIATIVES**

*Extension of E–Prescribing Project*

OCP, together with the College of Physicians and Surgeons of Ontario and the College of Nurses of Ontario, agreed to support an extension of E-Health Ontario’s launch of Canada’s first e-Prescribing Project through demonstration sites in Sault Ste. Marie and Collingwood. Evaluation and assessment of the project will provide learning for the colleges as well as the Ministry that will inform the provincial roll out of e-Prescribing and provide insight into the development of the provincial Drug Information System.

*eHealth Provider Registry Update*

OCP was identified by the Ministry of Health and Long-Term Care as one of the top five priority regulatory colleges in support of e-health solutions and was asked to participate in the eHealth Ontario Provider Registry Data Feed Project. The purpose of the Registry is to serve as a comprehensive source for the positive identification of all health care providers using eHealth solutions in Ontario. Participation involves providing eHealth Ontario with specific information about each of its members for validation purposes.

**COMMUNICATIONS**

Public education promoting the role of the pharmacist in patient care continued through Fall 2009 and Winter 2010 with print advertisements appearing in consumer magazines published in Ontario targeting the 50+ demographic.

This strategy changed in the Spring as Council endorsed a communications strategy for the College to educate the public and reinforce the important role the College plays in regulating the profession in the public interest. The initiative included developing key messages for both members and the public and distributing them through Pharmacy Connection, e-mail and the media where appropriate.
Through the Communications Committee, the College also underwent a brand positioning process to refresh the OCP brand and associated materials, the results of which are reflected on this report and will be rolled out through 2011.

The College became the first of the health regulatory colleges in Ontario to implement social media tools to support College objectives and to reach and further engage our target audiences. Two feeds, an RSS feed and Twitter presence were implemented as preliminary tools to accomplish this. Throughout the year, members were encouraged to subscribe to these feeds. Enhancements to the social media presence are ongoing.

QUALITY ASSURANCE
Following enquiries from the membership respecting the length of time that learning portfolio records must be kept, the Quality Assurance Committee determined, and Council endorsed, that a policy requiring maintenance of records for a minimum of five years be established.

Council also agreed to the establishment of a program to allow pharmacists to volunteer to undergo the Peer Review. This will allow the College to not only maximize the use of available spaces at each Peer Review (and in turn, maximize the use of College funds), but also enable these pharmacists to then participate in the Peer Review process as assessors or as case developers. The volunteer program would be in addition to the usual random selection process, and will commence as a pilot to be reviewed after two years.

POLICY ON PEER REVIEW ENDORSED
College Council endorsed a decision made by the Quality Assurance Committee respecting selection of candidates for the Peer Review. There was agreement that the number of candidates randomly selected for the Peer Review for the second time will be limited to no more than five per cent of the total number of candidates selected per Peer Review session. Pharmacists who have successfully completed the Peer Review will be exempted from the random selection process for five years after completion, and for the following ten years, pharmacists selected for a second time will only be required to undergo the Clinical Knowledge Assessment. This will allow for the majority of resources to be allocated on assessing initial candidates.

AMENDMENTS TO THE GENERAL OPERATING BY-LAW APPROVED
In anticipation of government approval of the registration regulation and the corresponding changes to the Pharmacy Act that will enable the regulation of pharmacy technicians as a class of member, Council approved a new general operating by-law incorporating changes to the elections procedures and integration of technician members.

The entire by-law was also reviewed to ensure consistency in language and clarity in expectations, and accordingly, changes were made to the language in various sections without changing the intent. Council ratified the by-laws which became effective in March 2010.

TECHNOLOGY ADVANCES
The College continued to make advancements in technology in operations including:
• continuing with its online fee renewal
• moving to an exclusively web-based voting system
• developing Pharmacy Connection In Brief — a preview version of our journal that arrives by e-mail and provides access to the complete publication. Many members have opted to forgo receiving the print copy in favour of the electronic version
• a new online registration process for the pilot group of pharmacy technicians, allowing applicants to register with
the College, upload documents, sign up for the College’s jurisprudence exam and pay online
- online registration for the Structured Practical Training programs

**IMPROVED ACCESS TO DISCIPLINE COMMITTEE DECISIONS**
This year, the College made full text decisions of the Discipline Committee available through CanLII, the Canadian Legal Information Institute. CanLII is a not-for-profit organization created by the Federation of Law Societies of Canada whose purpose is to make Canadian law accessible for free on the Internet.

Council considered that providing access to the Committee’s full text decisions will be a positive step toward greater transparency and will not only allow anyone with access to an internet connection the ability to search and review decisions for research and for learning, it will also serve to ensure that panel decisions continue to be complete, thorough, and of consistently high quality.

**RENOVATIONS AND OPERATIONS**
To increase utility and efficiency, OCP moved forward in reconfiguring its office space and converting business processes to support a telecommuting platform for college operations. The renovation to the building at 483 Huron was complete by December and telecommuting was established for designated staff in early 2010.

**AMENDMENTS TO THE DRUG AND PHARMACIES REGULATION ACT**
A proposal to consolidate and amend existing regulations (551/90, 545/90 and 297/96) to the Drug and Pharmacies Regulation Act (DPRA) was circulated to members for comment.

Following the review of received comments in March 2010, five minor amendments were made, which did not change the intent of the regulation.

The consolidated regulation included provisions respecting the issuance and renewal of certificates of accreditation for pharmacies in Ontario, standards for their accreditation and operation, refills and transfers of prescriptions, advertising, proprietary misconduct, conflict of interest and record-keeping.

Subsequently, the proposed regulation was amended to include the necessary safeguards and accountabilities to enable remote dispensing through accredited pharmacies in Ontario, and re-circulated. After review, the final proposed version was ratified by Council in September 2010.

**U OF T SATELLITE IPG PILOT**
Council approved the University of Toronto’s proposal for a one-time pilot delivery of a satellite IPG Program in Egypt in spring 2010.

U of T faculty had been considering strategies to improve access to the IPG program both geographically and financially and this program is being offered as a one time pilot, with the intent to evaluate the program for achievement of student learning outcomes, feasibility of delivery and improved access to the profession of pharmacy in Canada.

Admission criteria were the same as for those students applying locally and access was open to anyone meeting the entry criteria with the legal authority to attend the program in Egypt. Students will also be required to complete the last four weeks of the program in Toronto. Applicants will need to have completed the PEB to evaluating exam and fluency prior to enrolling in the pilot program, but would still be required to meet all of the remaining entry-to-practice requirements, including studentship, internship, the jurisprudence exam and the PEB qualifying exam.

There was recognition of the need to ensure that graduates of the program achieve the same learning outcomes as students in the local program and that a pilot such as this would assist in determining the feasibility of offering such a program on an ongoing basis.

**SALE OF NON-APPROVED MARKETED HEALTH PRODUCTS**
In December 2009 OCP Council approved the adoption of the national position statement of NAPRA concerning the sale of Non-Approved Marketed Health Products.

Subsequent regulations from Health Canada allow the legal sale of a category of products for which, at the time of this report, Health Canada has not yet issued a product licence but has completed an initial assessment to ensure that information supporting the safety, efficacy and quality of the product has
been provided and that specific safety criteria have been met. This category of products will receive an Exemption Number (EN) from Health Canada.

Accordingly, OCP’s position statement on the sale of these drugs was revised as follows:

“Pharmacists should not sell a marketed health product without a Drug Identification Number (DIN), Natural Health Product Number (NPN), Drug Identification Number for Homeopathic Medicine (DIN-HM), or an Exemption Number (EN).”

NAPRA continues to work on behalf of all pharmacy regulatory authorities with Health Canada to ensure that all pharmacists who purchase drugs from bona fide federally-regulated manufacturers and wholesalers may trust that the products they purchase are indeed approved for sale in Canada.

**REMOTE DISPENSING**

In June, College Council unanimously approved regulatory proposals that would permit accredited Ontario pharmacies to dispense certain drugs at remote dispensing locations. Council supports remote dispensing as a means to improve access to prescriptions and prescription services for Ontarians who would otherwise have limited or no access to such services as long as necessary safeguards and accountabilities to protect the public are in place. Council was guided by previously approved principles which reflect the College’s public protection mandate. These include clear accountability for all remotely dispensed prescriptions, the importance of medication therapy management provided by a pharmacist, requirements for safety, security, privacy and confidentiality, and protection against drug diversion or substandard products.

The College worked to incorporate the safeguards and accountabilities necessary for remote dispensing into every relevant section of the consolidated regulation that deals with dispensing in accredited pharmacies under the DPRA.

The regulations were circulated for feedback over the summer and approved for submission to the government by September 2010 Council.

**OPIOID STRATEGY**

OCP supported a report released by the College of Physicians and Surgeons of Ontario aimed at finding solutions to opioid issues. Avoiding Abuse, Achieving a Balance: Tackling the Opioid Public Health Crisis, contained 31 recommendations covering a broad range of issues directed to government, regulatory authorities, academic institutions, community organizations, and others.

OCP helped develop recommendations for the report, particularly as they relate to supporting the use of technology in managing and mitigating problems related to opioids. OCP’s Director of Professional Practice Programs, chaired the subgroup on Technology and Prescription Tracking, mandated to consider issues and make recommendations relating to the development of a Drug Information System and ePrescribing.

**OPIOID WORKSHOPS**

In May 2010, the Canadian Guideline on Safe and Effective Use of Opioids for Chronic Non-cancer Pain was released. Recognizing the importance of education, OCP and the College of Physicians and Surgeons of Ontario, together with local partners took the initiative to bring the knowledge and tools from these new guidelines to both pharmacists and physicians. Workshops promoting inter-professional collaboration between pharmacists and physicians to maximize patient safety with respect to narcotic use were developed and implemented beginning in Fall 2010.
The accompanying summarized balance sheet and statements of operations and changes in net assets are derived from the complete financial statements of the Ontario College of Pharmacists as at December 31, 2009 and for the year then ended on which we expressed an opinion without reservation in our report dated January 29, 2010. 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, results of operations and cash flows reference should be made to the related complete financial statements.

Samuel & Co., Licensed Public Accountants
Toronto, Ontario
January 29, 2010

**SUMMARIZED BALANCE SHEET**

**AS AT DECEMBER 31, 2009**

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<th>2009</th>
<th>2008</th>
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<tbody>
<tr>
<td><strong>ASSETS</strong></td>
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<td>Current assets</td>
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</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$4,072,499</td>
<td>$5,896,877</td>
</tr>
<tr>
<td>Accounts receivable and cost recoveries</td>
<td>63,454</td>
<td>57,352</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>214,262</td>
<td>176,251</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>4,350,215</strong></td>
<td><strong>6,130,480</strong></td>
</tr>
<tr>
<td>Capital assets</td>
<td>4,649,481</td>
<td>3,344,973</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>9,000,696</strong></td>
<td><strong>9,475,453</strong></td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>1,618,193</td>
<td>1,362,476</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,618,193</strong></td>
<td><strong>1,362,476</strong></td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net assets invested in capital assets</td>
<td>4,649,481</td>
<td>3,344,972</td>
</tr>
<tr>
<td>Unrestricted net assets</td>
<td>2,732,022</td>
<td>4,768,005</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>7,381,503</strong></td>
<td><strong>8,112,977</strong></td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td><strong>$8,999,696</strong></td>
<td><strong>$9,475,453</strong></td>
</tr>
</tbody>
</table>
### SUMMARIZED STATEMENT OF OPERATIONS

#### YEAR ENDED DECEMBER 31, 2009

<table>
<thead>
<tr>
<th></th>
<th>Budget 2009</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member fees</td>
<td>$6,223,627</td>
<td>$6,179,268</td>
<td>$6,099,164</td>
</tr>
<tr>
<td>Pharmacy fees</td>
<td>2,773,030</td>
<td>2,831,983</td>
<td>2,793,344</td>
</tr>
<tr>
<td>Registration fees and income</td>
<td>878,169</td>
<td>1,008,123</td>
<td>866,324</td>
</tr>
<tr>
<td>Certified pharmacy technician fees</td>
<td>—</td>
<td>3,552</td>
<td>865,966</td>
</tr>
<tr>
<td>Investment income</td>
<td>230,000</td>
<td>53,192</td>
<td>250,935</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>10,104,826</td>
<td>10,076,118</td>
<td>10,875,733</td>
</tr>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council and committees</td>
<td>2,805,518</td>
<td>2,575,524</td>
<td>2,509,379</td>
</tr>
<tr>
<td>Administration</td>
<td>7,808,839</td>
<td>7,556,544</td>
<td>6,632,655</td>
</tr>
<tr>
<td>Property</td>
<td>283,228</td>
<td>250,841</td>
<td>182,539</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>10,897,585</td>
<td>10,382,909</td>
<td>9,324,573</td>
</tr>
<tr>
<td><strong>Excess (deficiency) of revenues over expenses for the year</strong></td>
<td>$(792,759)</td>
<td>$(306,791)</td>
<td>1,551,160</td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td>—</td>
<td>424,683</td>
<td>290,394</td>
</tr>
<tr>
<td><strong>Total Excess (deficiency) of revenues over expenses</strong></td>
<td>$(792,759)</td>
<td>$(731,474)</td>
<td>$1,260,766</td>
</tr>
</tbody>
</table>

### SUMMARIZED STATEMENT OF CHANGES IN NET ASSETS

#### YEAR ENDED DECEMBER 31, 2009

<table>
<thead>
<tr>
<th></th>
<th>Invested in Capital Assets</th>
<th>Unrestricted</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance – at beginning of year</td>
<td>$3,344,972</td>
<td>$4,768,005</td>
<td>$8,112,977</td>
<td>$6,852,211</td>
</tr>
<tr>
<td>Excess (deficiency) of revenues over expenses for the year</td>
<td>(424,683)</td>
<td>(306,791)</td>
<td>(731,474)</td>
<td>1,260,766</td>
</tr>
<tr>
<td>Inter-fund transfers representing:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of capital assets</td>
<td>1,729,192</td>
<td>(1,729,192)</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td><strong>Balance – at end of year</strong></td>
<td>$4,649,481</td>
<td>$2,732,022</td>
<td>$7,381,503</td>
<td>$8,112,977</td>
</tr>
</tbody>
</table>
# Member & Pharmacy Statistics

## As of December 31, 2009

### Number of Pharmacists by Voting Districts

<table>
<thead>
<tr>
<th>District</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>Out of Province</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>997</td>
<td>803</td>
<td>694</td>
<td>771</td>
<td>536</td>
<td>1,126</td>
<td>1,104</td>
<td>864</td>
<td>286</td>
<td>414</td>
<td>458</td>
<td>572</td>
<td>537</td>
<td>303</td>
<td>263</td>
<td>743</td>
<td>890</td>
<td>534</td>
<td>11,895</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Voting District</th>
<th>Community Pharmacy</th>
<th>Hospital &amp; Other Health</th>
<th>Association/Academia/Industry/Other Professionals</th>
<th>Pharmacy Corp/Office/Professional Practice/Clinic</th>
<th>Retired/Unemployed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-15 Community Pharmacy in Ontario</td>
<td>7,961</td>
<td>122</td>
<td>205</td>
<td>242</td>
<td>107</td>
<td>1,091</td>
</tr>
<tr>
<td>16-17 Hospital Pharmacy in Ontario</td>
<td>0</td>
<td>1,633</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Province</td>
<td>57</td>
<td>23</td>
<td>11</td>
<td>19</td>
<td>2</td>
<td>71</td>
</tr>
<tr>
<td>United States</td>
<td>64</td>
<td>37</td>
<td>17</td>
<td>29</td>
<td>1</td>
<td>74</td>
</tr>
<tr>
<td>International</td>
<td>36</td>
<td>19</td>
<td>13</td>
<td>18</td>
<td>2</td>
<td>41</td>
</tr>
<tr>
<td>Total</td>
<td>8,118</td>
<td>1,834</td>
<td>246</td>
<td>308</td>
<td>112</td>
<td>1,277</td>
</tr>
</tbody>
</table>

### Number of Pharmacies by Voting Districts

<table>
<thead>
<tr>
<th>District</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>308</td>
<td>301</td>
<td>240</td>
<td>201</td>
<td>187</td>
<td>359</td>
<td>358</td>
<td>291</td>
<td>115</td>
<td>150</td>
<td>162</td>
<td>21</td>
<td>208</td>
<td>123</td>
<td>95</td>
<td>3,314</td>
</tr>
</tbody>
</table>

### Pharmacy Statistics

- Openings: 134
- Closings: 34
- Sales: 198
- Relocations: 56
- Reinspections: 21
INDEPENDENT AND CHAIN PHARMACIES

Independent and chain pharmacies account for 46% of Ontario’s 3,402 active pharmacies. Organizations with 15 or more pharmacies were included in the statistics below.

<table>
<thead>
<tr>
<th>Type</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chain Stores</td>
<td></td>
<td></td>
<td>760</td>
</tr>
<tr>
<td>Banner and Franchises</td>
<td></td>
<td></td>
<td>809</td>
</tr>
<tr>
<td>Independently owned and operated pharmacies</td>
<td></td>
<td></td>
<td>1,833</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>3,402</strong></td>
</tr>
</tbody>
</table>

ADDITIONS TO THE REGISTER

<table>
<thead>
<tr>
<th>Source</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>152</td>
<td>69</td>
<td>221</td>
</tr>
<tr>
<td>Other Provinces</td>
<td>46</td>
<td>35</td>
<td>81</td>
</tr>
<tr>
<td><strong>Total in Canada</strong></td>
<td>198</td>
<td>104</td>
<td>302</td>
</tr>
<tr>
<td>United States</td>
<td>22</td>
<td>21</td>
<td>43</td>
</tr>
<tr>
<td>International</td>
<td>162</td>
<td>133</td>
<td>295</td>
</tr>
<tr>
<td><strong>Total Out of Country</strong></td>
<td>184</td>
<td>154</td>
<td>338</td>
</tr>
<tr>
<td>Reregistered</td>
<td>8</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>390</td>
<td>259</td>
<td>649</td>
</tr>
</tbody>
</table>

REGISTERED STUDENTS AND INTERNS

<table>
<thead>
<tr>
<th>Source</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>669</td>
<td>421</td>
<td>1,090</td>
</tr>
<tr>
<td>Other Provinces</td>
<td>39</td>
<td>15</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total in Canada</strong></td>
<td>708</td>
<td>436</td>
<td>1,144</td>
</tr>
<tr>
<td>United States</td>
<td>17</td>
<td>18</td>
<td>35</td>
</tr>
<tr>
<td>International</td>
<td>208</td>
<td>141</td>
<td>349</td>
</tr>
<tr>
<td><strong>Total Out of Country</strong></td>
<td>225</td>
<td>159</td>
<td>384</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>933</td>
<td>595</td>
<td>1,528</td>
</tr>
</tbody>
</table>

DELETIONS FROM THE REGISTER

<table>
<thead>
<tr>
<th>Type</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancellations</td>
<td>17</td>
<td>21</td>
<td>38</td>
</tr>
<tr>
<td>Deceased</td>
<td>7</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Resigned</td>
<td>61</td>
<td>50</td>
<td>111</td>
</tr>
<tr>
<td>Revoked</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suspended</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>85</td>
<td>83</td>
<td>168</td>
</tr>
</tbody>
</table>
PROGRAM STATISTICS

REGISTRATION PANEL

Students, interns and pharmacists wishing to request exemption from a requirement for a Certificate of Registration as set out in the Registration Regulations are referred to a panel of the Registration Committee. The panel reviews these applications and all relevant information before making its decision. Panels decide exemptions on a case by case basis.

Requests considered by Panels of the Registration Committee 368
    (the majority of these requests related to structured practical training)
Granted registration either partially or completely 357
Denied 4
Deferred 1
Withdrawn 6

Appeals to the Health Professions Appeal and Review Board
Referred back to Panel 1
Appeal withdrawn 1

ACCREDITATION

A pharmacy that continues to fail to achieve compliance or meet operational standards after a Level II inspection is referred to the Accreditation Committee.

In 2009-2010 the number of cases referred to Accreditation 39
  Concluded 25
  Re-inspection at cost ordered 23
  Referrals to Discipline 0
  Referrals to Executive 0
  Deferred until more info could be gathered 2
PROGRAM STATISTICS

QUALITY ASSURANCE
SEPTEMBER 2009 TO AUGUST 2010

The thirteenth year of the Peer Review was completed in 2009/2010. 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 Graduation Date for the 215 New randomly selected candidates

<table>
<thead>
<tr>
<th>Years since graduation</th>
<th>No. of Pharmacists</th>
<th>No. entered peer-guided learning</th>
<th>Percentage who entered peer-guided learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 (exempted)</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>6-15</td>
<td>64</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>16-25</td>
<td>70</td>
<td>2</td>
<td>2.9%</td>
</tr>
<tr>
<td>More than 25</td>
<td>80</td>
<td>12</td>
<td>15.0%</td>
</tr>
</tbody>
</table>

Outcome by Place of Practice for the 215 New randomly selected candidates

<table>
<thead>
<tr>
<th>Place of Practice</th>
<th>No. of Pharmacists</th>
<th>No. entered peer-guided learning</th>
<th>Percentage who entered peer-guided learning of Place of Practice total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td>149</td>
<td>12</td>
<td>8.1%</td>
</tr>
<tr>
<td>Hospital</td>
<td>44</td>
<td>1</td>
<td>2.3%</td>
</tr>
<tr>
<td>Other</td>
<td>8</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Outcome by Location of Graduation for the 215 New randomly selected candidates

<table>
<thead>
<tr>
<th>Location</th>
<th>No. of Pharmacists</th>
<th>No. entered peer-guided learning</th>
<th>Percentage who entered peer-guided of Location of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td>136</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>U.S.A.</td>
<td>14</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>International</td>
<td>64</td>
<td>11</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

Number of pharmacists do not add up to 215 because classification of some candidates was not finalized at the time of analysis.
## PROGRAM STATISTICS

### DISCIPLINE CASE SUMMARIES 2009–2010

During the 2009-2010 Council year, a total of 16 hearings involving 19 matters were held before panels of the Discipline Committee. Fifteen hearings proceeded by way of an Agreed Statement of Facts and Joint Submission on penalty; one hearing had an Agreed Statement of Facts with a contested penalty. 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.

In two additional matters, panels of the Discipline Committee ordered that the allegations be adjourned sine die (indefinitely, to no fixed date). In two additional matters, the College sought leave of the Discipline Committee to withdraw allegations of professional misconduct in accordance with terms of an Undertaking & Acknowledgment the members signed.

### CATEGORY: STANDARDS OF PRACTICE

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 21, 2009</td>
<td>Mercidieu Metellus</td>
<td>Executive</td>
<td>LL 2</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing his registration in Part A of the Register for the year 2008. The Member practiced direct patient care while uninsured.</td>
<td><strong>Suspension Ordered:</strong> 1 month</td>
<td><strong>Costs Ordered:</strong> $1,000</td>
</tr>
<tr>
<td>November 2, 2009</td>
<td>Raymond Chan</td>
<td>Executive</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing his registration in Part A of the Register for the year 2008. The Member did not practice direct patient care as a pharmacist in Ontario.</td>
<td><strong>Suspension Ordered:</strong> n/a</td>
<td><strong>Costs Ordered:</strong> $1,000</td>
</tr>
<tr>
<td>November 2, 2009</td>
<td>Fadwa Tayfour</td>
<td>Executive</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing her registration in Part A of the Register for the year 2008. The Member did not practice direct patient care as a pharmacist in Ontario.</td>
<td><strong>Suspension Ordered:</strong> n/a</td>
<td><strong>Costs Ordered:</strong> $1,000</td>
</tr>
<tr>
<td>November 3, 2009</td>
<td>Souren Agemian Jr.</td>
<td>Executive</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing his registration in Part A of the Register for the year 2008. The Member did not practice direct patient care as a pharmacist in Ontario.</td>
<td><strong>Suspension Ordered:</strong> n/a</td>
<td><strong>Costs Ordered:</strong> $1,000</td>
</tr>
<tr>
<td>November 3, 2009</td>
<td>Aldona Pundzius-Tallo</td>
<td>Executive</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Summary:</strong></td>
<td>Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing her registration in Part A of the Register for the year 2008. The Member did not practice direct patient care as a pharmacist in Ontario.</td>
<td><strong>Suspension Ordered:</strong> n/a</td>
<td><strong>Costs Ordered:</strong> $1,000</td>
</tr>
</tbody>
</table>
### CATEGORY: STANDARDS OF PRACTICE

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 12, 2010</td>
<td>Spiro Galineas</td>
<td>Executive</td>
<td>LL 7 / JP</td>
</tr>
</tbody>
</table>

**Summary:** Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing his registration in Part A of the Register for the year 2008. The Member practiced direct patient care while uninsured.

- **Suspension Ordered:** 2 months (1)*
- **Costs Ordered:** $1,000

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 26, 2010</td>
<td>Murray Shore</td>
<td>Complaints and ICRC</td>
<td>Ethics / LL 2, 4, 7 / JP</td>
</tr>
</tbody>
</table>

**Summary:** Member imported and sold wholesale drugs without an establishment licence and imported and sold retail drugs not approved for sale in Canada. In addition, there were discrepancies found in Member’s practice with respect to record-keeping, labelling and compounding.

- **Suspension Ordered:** 12 months (3)*
- **Costs Ordered:** $2,500

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 8, 2010</td>
<td>Chana Jacobs</td>
<td>ICRC</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Summary:** Member dispensed and misidentified drugs not approved for sale in Canada.

- **Suspension Ordered:** n/a
- **Costs Ordered:** $1,000

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26, 2010</td>
<td>Richard Konop</td>
<td>ICRC</td>
<td>Ethics / BPPL / APPL / JP</td>
</tr>
</tbody>
</table>

**Summary:** Member dispensed large quantities of narcotics to self-prescribing physician. In addition, there were discrepancies found in Member’s practice with respect to record-keeping, counselling, labelling and storage of medications.

- **Suspension Ordered:** 6 weeks (1 month)*
- **Costs Ordered:** $5,000

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 3, 2009</td>
<td>Fatima Sunderji</td>
<td>Executive</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Summary:** Member failed to maintain personal professional liability insurance as required by College By-Laws when renewing her registration in Part A of the Register for the year 2008. The Member did not practice direct patient care as a pharmacist in Ontario.

- **Suspension Ordered:** n/a
- **Costs Ordered:** $1,000

### CATEGORY: BILLING; SCOPE OF PRACTICE

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 5, 2010</td>
<td>Darcy Hallett</td>
<td>ICRC</td>
<td>Ethics</td>
</tr>
</tbody>
</table>

**Summary:** Member forged prescriptions and submitted them to be filled.

- **Suspension Ordered:** 3 months (1)*
- **Costs Ordered:** $2,000
**CATEGORY: BILLING; STANDARDS OF PRACTICE**

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 21, 2009</td>
<td>Hong Ngo</td>
<td>Executive</td>
<td>Ethics / LL 2, 4, 7 / JP</td>
</tr>
</tbody>
</table>

**Summary:** Member submitted fraudulent claims to the Ministry of Health and Long-term Care’s Ontario Drug Benefit Program (“ODB”) and subsequently offered a gift or inducement to an ODB auditor. The Member also dispensed medications with incorrect dosage instructions.

Discipline Committee ordered, among other things, prohibition on Member acting as Designated Manager or having any proprietary interest in any pharmacy for 3 years.

**Suspension Ordered:** n/a ($30,000 fine in lieu)  
**Costs Ordered:** $7,500

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 31, 2010</td>
<td>Trevor Wrightman</td>
<td>Complaints and ICRC</td>
<td>Ethics</td>
</tr>
</tbody>
</table>

**Summary:** Member charged ODB and secondary insurers for daily/weekly dispensing without authorization and multiple times for the same drugs. Discipline Committee ordered, among other things, prohibition on Member acting as Designated Manager or having any proprietary interest in any pharmacy for 5 years.

**Suspension Ordered:** 18 months (1)*  
**Costs Ordered:** $35,000

**CATEGORY: CONFIDENTIALITY; STANDARDS OF PRACTICE**

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 7, 2010</td>
<td>John Davies</td>
<td>Executive</td>
<td>Ethics / LL 2, 4, 7 / JP</td>
</tr>
</tbody>
</table>

**Summary:** Member failed to properly secure and dispose of drugs and patient records in connection with the closure of a pharmacy.

Discipline Committee ordered, among other things, that the Member provide to the College, for a period of 3 years, documentation that showing that drugs and patient records are disposed of properly.

**Suspension Ordered:** 5 months (1)*  
**Costs Ordered:** $10,000 (and $10,000 fine to the Ontario Minister of Finance)

<table>
<thead>
<tr>
<th>Hearing Date</th>
<th>Member Name</th>
<th>Referring Committee</th>
<th>Remediation Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 7, 2010</td>
<td>Peter Rissi</td>
<td>Executive</td>
<td>Ethics</td>
</tr>
</tbody>
</table>

**Summary:** Member failed to properly secure and dispose of drugs and patient records in connection with the closure of a pharmacy.

**Suspension Ordered:** 4 months (2)*  
**Costs Ordered:** $10,000 (and $10,000 fine to the Ontario Minister of Finance)

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

**REMEDICATION LEGEND:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>APPL</td>
<td>Advanced Professional Practice Labs</td>
</tr>
<tr>
<td>BPPL</td>
<td>Basic Professional Practice Labs</td>
</tr>
<tr>
<td>LL 2, 4, 7</td>
<td>Law Lessons</td>
</tr>
</tbody>
</table>

**Ontario College of Pharmacists:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>JP</td>
<td>Jurisprudence Seminar and Exam</td>
</tr>
<tr>
<td>Ethics</td>
<td>a course in ethics for professionals acceptable to the Registrar</td>
</tr>
</tbody>
</table>

**DISCIPLINE HEARINGS**

Referrals from Previous Years (2007-2009) 30
Matters heard in 2009/2010 23*
Referrals During Reporting Period 11
Hearings Pending 18

* Some individuals had multiple matters to be heard.
PROGRAM STATISTICS

INQUIRIES, COMPLAINTS AND REPORTS

Previous years statistics have been included for comparison

**DISPOSITION OUTCOMES – ICRC***

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
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</thead>
<tbody>
<tr>
<td>Decisions made by ICRC</td>
<td>161</td>
<td>174</td>
<td>141</td>
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<tr>
<td>Referral to Discipline</td>
<td>12</td>
<td>21**</td>
<td>11</td>
</tr>
<tr>
<td>Oral Caution</td>
<td>17</td>
<td>8</td>
<td>16</td>
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<tr>
<td>Written Caution</td>
<td>33</td>
<td>28</td>
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<tr>
<td>Reminder</td>
<td>37</td>
<td>46</td>
<td>25</td>
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<tr>
<td>Take No Action</td>
<td>61</td>
<td>63</td>
<td>54</td>
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<tr>
<td>Frivolous and Vexatious</td>
<td>0</td>
<td>2</td>
<td>0</td>
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<tr>
<td>Referral to Fitness to Practise Committee</td>
<td>1</td>
<td>6</td>
<td>2</td>
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<tr>
<td>Undertaking †</td>
<td>23</td>
<td>18</td>
<td>18</td>
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</tbody>
</table>

* Prior to June 4, 2009 these matters would have been considered by either the Complaints or Executive Committee

** 12 referrals to Discipline in 08/09 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.

† Undertaking not a disposition; accompanied by a caution or Take No Action
## ISSUES

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2008/09</th>
<th>2009/10</th>
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<tbody>
<tr>
<td>Billing</td>
<td>10</td>
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<td>Confidentiality</td>
<td>8</td>
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<td>Dispensing Error</td>
<td>64</td>
<td>35</td>
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<td>Health</td>
<td>4</td>
<td>6</td>
<td>2</td>
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<tr>
<td>Standards of Practice</td>
<td>20</td>
<td>44</td>
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<td>Professional Service</td>
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<td>Communication</td>
<td>3</td>
<td>5</td>
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<tr>
<td>Sexual Abuse</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Breach of Undertaking or Order</td>
<td>2</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

## FITNESS TO PRACTICE

| Referrals to Fitness to Practice | 2 |
| Hearings                        | 0 |
| Members enrolled during reporting period | 4 |
| Members who successfully completed their monitoring | 1 |
| Members released from the Professionals’ Health Program (PHP) | 0 |

- **Members enrolled for whom Fitness to Practise proceeding has occurred** | 14 |
- **Anonymous members enrolled through self-referral** | 4 |

**Total number of members under monitoring contract at start of reporting period** | 18 |

- **Members monitored for substance dependence** | 19 |
- **Members monitored for psychiatric illness** | 2 |

**Total number of members being monitored through PHP at conclusion of reporting period** | 21 |

The PHP also provides information, triage services, and referrals for members who are not enrolled in monitoring contracts. Of the 32 new contacts/cases, 31 were independent licensed members and one was from a pharmacy student.

### Contacts/cases

- **Contacts/cases from members** | 19 |
- **Contacts/cases from spouse/partner of member** | 2 |
- **Contacts/cases from other family of member** | 1 |
- **Contacts/cases from person with professional relationship to member** | 7 |
- **Contacts/cases from other relationship to member** | 3 |

**Total number of new contacts/cases during reporting period** | 32 |

## HEALTH PROFESSIONS APPEAL AND REVIEW BOARD (HPARB)*

| Reviews Pending | 9 |
| Requests for Review During Reporting Period | |
| by Member | 1 |
| by Complainant | 13 |
| Matters Reviewed by HPARB During Reporting Period | 23 |
| Decisions pending from 2009/2010 | 4 |
| Decisions pending from previous reporting years | 1 |
| Withdrawals | 13 |
| Decisions Received | |
| Appeal Granted | 0 |
| Decision Upheld | 19 |
| Referred Back to Panel | 1 |

*Note: Requests for review are not in the year they were considered. The review process typically takes at least 18 months to complete.
Our environmental footprint matters. The 2009-2010 Annual Report is printed on FSC-certified paper made from 100-per-cent post-consumer recycled fibre in a chlorine-free process.

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