



Ontario College  
of Pharmacists

Putting patients first since 1871

# 2017 ANNUAL REPORT PUTTING PATIENTS FIRST



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# 2017 ANNUAL REPORT



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# About the College



## **MANDATE**

Serve & protect the public interest



## **VISION**

Lead the advancement of pharmacy to optimize health & wellness through patient-centred care



## **MISSION**

Regulate pharmacy to ensure that the public receives quality services & care



## **VALUES**

Transparency, Accountability, Excellence

On behalf of the members of Council of the Ontario College of Pharmacists, I wish to express our gratitude to the people of Ontario for granting us the privilege to regulate pharmacy in the public interest. It is a responsibility that we should not, and do not, take lightly.

This past year, the College has made significant progress in each of the strategic priorities identified by Council in its 2015-2018 Strategic Plan in the pursuit of putting patients first. With the support and direction of Council, the College in 2017 responded to important and emerging public health matters such as the opioid crisis facing our communities, acted on the need to help reduce the risk of preventable harm caused by medication errors in Ontario's pharmacies and enabled the development and implementation of important regulations and standards designed to promote safe and quality pharmacy practice throughout the province.

These and many other noteworthy accomplishments are acknowledged in greater detail in this year's annual report that I, as Council President, am honoured to present to you.

As the health needs of our population evolve and grow, pharmacy professionals are playing an increasingly important role in our health system. While this is creating exciting opportunities for the profession to be enablers of system transformation and champions of quality, safe and efficient patient care, it means that how we regulate pharmacy must also evolve, from how we govern as a Council, to how the College meets its mandate.

The shifting public expectations of regulators and the growing opportunities to contribute to a better health system have built significant momentum as Council shifts its focus to developing a new multi-year strategic plan. Informed by input from the public, government, professionals and other health system and regulatory partners, and building on the accomplishments of the past year, our

new strategic plan will guide the work of the College over the next three years. The development of a new strategic plan and set of strategic priorities is, as always, incredibly meaningful and important work that will be focused on the singular goal of regulating pharmacy in the public interest with integrity and conviction. We look forward to presenting this new strategic plan later in 2018.

Until then, I wish to thank all of our Council members as well as our non-Council committee members for their dedication this past year. I also wish to thank CEO and Registrar Nancy Lum-Wilson, all of the College staff, the Ministry of Health and Long-Term Care and pharmacy professionals for their continued support in helping us to advance our public-protection mandate.

Sincerely,



**Dr. Régis Vaillancourt**  
President





As I celebrate my first full year as CEO and Registrar at the Ontario College of Pharmacists, I am proud to share with you our 2017 Annual Report, entitled “Putting Patients First”.

It has been an incredible year at the College – a year of firsts, of milestones and of major achievements in our work to regulate pharmacy in the public interest. As the College navigated a number of important changes within our health system and regulatory landscape in the province, we have been able to make significant progress in advancing the priorities established by College Council in 2015 and build positive momentum as we head into a new strategic planning cycle in 2018.

As a regulator, we are accountable to the public and to government. Everything that we do, expressed through the objects of the College laid out in legislation, is designed to advance our public-protection mandate. As a health system stakeholder, however, being accountable doesn't mean working within a vacuum. In fact, in order to strengthen our accountability to the public, we must ensure that our work aligns with the priorities of our entire health system.

Our commitment to Ontario's *Patients First: Action Plan for Health Care* is well established, as is our support for important legislation introduced this past year, in particular the *Protecting Patients Act, 2017*, designed to protect patients, improve transparency of health regulation and ultimately build public trust and confidence in the role we play to assure quality and safe pharmacy care throughout the province. As an extension of that commitment, this past year we began to explore innovative approaches to regulation that fully embrace the critical role we as a College, and the profession of pharmacy, can play in promoting a better, more sustainable healthcare system and better outcomes for patients.

As you'll read later in this report, one of the ways we've now begun to do this is by exploring how we can use data more

efficiently and effectively to report on our progress as a regulator and by developing collaborative strategies with health system partners to advance common “patients first” goals. This systems-focused approach to regulation is one that we believe is the right thing to do to advance our mandate, to evolve to meet the expectations of the public and our stakeholders and to keep patients and our commitment to serve in the public interest at the centre of everything we do.

We've also begun to explore how we can integrate the patient voice into the work of the College, including inviting those with lived experiences to participate in various task forces that help guide the decisions we make as a regulator. Recognizing the value that public and patient perspectives bring to our work, we are well on our way to developing more frequent and robust opportunities to inform, engage and involve patients and the public in 2018 and beyond.

Our achievements this past year would not have been possible without the dedication, contributions and leadership of our people. College staff play an instrumental role in everything we do, from administering our regulatory programs and supporting the work of statutory committees to ensuring the efficient and effective operation of Canada's largest pharmacy regulator. I am truly thankful for their efforts as well as the dedication of Council and committee members and the contributions of pharmacy professionals, in helping us advance our mandate and our shared goal of putting patients first.

Yours in health,

**Nancy Lum-Wilson**  
CEO and Registrar

# ADVANCING OUR STRATEGIC PRIORITIES

## HIGHLIGHTS FROM 2017



### Core Programs and Fulfillment of Our Mandate

- ✓ Registered 1,200 new pharmacists and pharmacy technicians
- ✓ Launched Ontario's first ever – and Canada's largest – medication safety and error reporting program for community pharmacies designed to proactively reduce the risk of preventable harm caused by medication errors
- ✓ Provided input to government and expressed our support for the protection of patients from sexual abuse by health professionals through Bill 87, *The Protecting Patients Act, 2017*
- ✓ Provided input to government and expressed our support for a patient's right to access medical assistance in dying through Bill 84, *The Medical Assistance in Dying Statute Law Amendment Act, 2017*
- ✓ Proposed changes to government under the *Pharmacy Act, 1990* related to registration and quality assurance programs
- ✓ Heralded the proclamation of new professional misconduct regulations
- ✓ Opened 341 complaint files and 110 report files, an increase over the previous year of 24% and 17% respectively
- ✓ Held 33 discipline hearings, an increase of 10 over the previous year, resulting in 52 findings
- ✓ Completed 165 routine hospital pharmacy assessments in our first full year of routine assessments since assuming oversight of hospital pharmacies in 2016
- ✓ Provided input to government and expressed our support for Bill 160, *Strengthening the Quality and Accountability for Patients Act, 2017*

# ADVANCING OUR STRATEGIC PRIORITIES

## HIGHLIGHTS FROM 2017



### Optimize Practice Within Scope

- ✓ Unveiled a new Scope of Practice Strategy designed to help pharmacy professionals optimize practice while better integrating the role of pharmacy technicians across all practice settings
- ✓ Approved the adoption of NAPRA's non-sterile compounding standards
- ✓ Officially launched our PACE program for student pharmacists following the previous year's pilot phase
- ✓ Conducted almost 2,700 pharmacist practice assessments and more than 2,300 community pharmacy assessments
- ✓ Handled more than 3,800 calls and emails to our Pharmacy Practice team to support quality and safe pharmacy practice
- ✓ Promoted the use of 22 online practice tools
- ✓ Attracted over one million website visitor sessions to timely and relevant content for the public, registrants and applicants

# ADVANCING OUR STRATEGIC PRIORITIES

## HIGHLIGHTS FROM 2017



### Inter/Intraprofessional Collaboration

- ✓ Introduced a new Opioid Strategy for Pharmacy in recognition of the important role pharmacy professionals can and should play to help prevent harms associated with opioid use and addiction
- ✓ Established a Cannabis Task Force
- ✓ Welcomed the work of the Citizen Advisory Group and renewed our commitment to integrating the patient voice in College activities
- ✓ Established new partnerships with Local Health Integration Networks to explore opportunities to strengthen the quality and safety of pharmacy care and promote better patient outcomes
- ✓ Established a new partnership with Health Quality Ontario to explore strategies to develop consistent and standardized pharmacy indicators to measure and improve the impact of College initiatives on our public mandate and promote better system performance
- ✓ Collaborated with the Ontario Hospital Association and Cancer Care Ontario on advancing our collective goal to implement sterile compounding standards in hospitals across the province
- ✓ Collaborated with the Ontario Pharmacists Association (OPA) to support pharmacist practice on emerging healthcare issues



## LOOKING AHEAD

*As we reflect on the many accomplishments of the past year, we are equally excited for the work ahead as we continue to advance our public-protection mandate by identifying and embracing opportunities to contribute to health system priorities, promote the quality and safety of pharmacy practice and support better health outcomes and healthier communities. In 2018, the final year of the College's current strategic plan, we will:*

- Continue our work towards meeting our strategic priorities and implementing key initiatives related to opioids, scope of practice, medication safety and cannabis, among others;
- Develop new partnerships, and strengthen existing ones, as we emphasize our commitment and the role we can play within an integrated healthcare system;
- Continue to harness the power of data in how we make decisions but also in how we report progress of our work as regulator;
- Identify more ways that we can communicate with the public to promote greater transparency and confidence in our work, including helping patients better understand our role as regulator and what they should expect of us and of their pharmacy professionals;
- Create more opportunities for the College to engage and seek input from patients and the public in what we do and the decisions that we make; and
- Continue to connect and collaborate with government, regulators, members and other stakeholders as we contribute to effective regulations and the development of standards that put patients first.



 **COUNCIL**  
2017/2018

The College is overseen by a Council of 15 elected pharmacists (two from hospital), two elected pharmacy technicians (one from hospital), between nine and 16 government-appointed members of the public, and the Deans of the province's two schools of pharmacy.

Council's primary goal is to ensure that the interests of the public are protected and maintained. Council is the policy-making group and functions as a board of directors to provide leadership and guidance for the profession in delivering pharmacy services to the public.

# COUNCIL MEMBERS 2017-2018 – As of Dec. 31, 2017

## ELECTED MEMBERS



**Régis Vaillancourt**  
(President) - District H



**Nadia Facca**  
District H



**Esmail Merani**  
District K



**Tracey Phillips**  
District K



**Billy Cheung**  
District L



**James Morrison**  
District L



**Sony Poulouse**  
District L



**Mike Hannalah**  
District M



**Kyro Maseh**  
District M



**Laura Weyland**  
(Vice-President)- District M



**Gerry Cook**  
District N



**Karen Riley**  
District N



**Leigh Smith**  
District N



**Rachelle Rocha**  
District P



**Douglas Stewart**  
District P



**Ruth-Ann Plaxton**  
District T



**Goran Petrovic**  
District TH

## PUBLIC MEMBERS



**Kathy Al-Zand**



**Linda Bracken**



**Christine Henderson**



**Robert Hindman**



**Azeem Khan**



**Javaid Khan**



**James MacLaggan**



**Elnora Magboo**



**Sylvia Moustacalis**



**Joan A Pajunen**



**Shahid Rashdi**



**Joy Sommerfreund**



**Dan Stapleton**



**Ravil Veli**



**Wes Vickers**

## FACULTY OF PHARMACY



**Heather Boon**  
University of Toronto



**David Edwards**  
University of Waterloo

# 2017/2018 COMMITTEE APPOINTMENTS

Statutory and standing committees support the work of Council. Committees are made up of elected and government-appointed public members from Council, and volunteer non-council committee members of the profession.

## ACCREDITATION AND DRUG PREPARATION PREMISES

### COUNCIL MEMBERS:

Billy Cheung (Chair)  
Elnora Magboo  
Goran Petrovic  
Joy Sommerfreund

### NON-COUNCIL MEMBERS:

Dean Miller  
Tracy Wiersema  
Ali Zohouri

### STAFF RESOURCE:

Tina Perlman (Acc)  
Judy Chong (DPP)

## EXECUTIVE

### COUNCIL MEMBERS:

Régis Vaillancourt –  
President & Chair  
Laura Weyland –  
Vice President  
Esmail Merani –  
Past President  
Kathy Al-Zand  
Christine Henderson  
Sylvia Moustacalis  
Doug Stewart

### STAFF RESOURCE:

Nancy Lum-Wilson

## FINANCE AND AUDIT

### COUNCIL MEMBERS:

Javid Khan (Chair)  
Linda Bracken  
Gerry Cook  
Esmail Merani

Dan Stapleton  
Doug Stewart

### STAFF RESOURCE:

Connie Campbell

## FITNESS TO PRACTISE

### COUNCIL MEMBERS:

Kathy Al-Zand (Chair)  
Christine Henderson  
Javid Khan  
James Morrison  
Ruth-Ann Plaxton

### NON-COUNCIL MEMBERS:

Jocelyn Cane  
Dina Dichek

### STAFF RESOURCE:

Maryan Gemus

## PATIENT RELATIONS

### COUNCIL MEMBERS:

Joy Sommerfreund (Chair)  
Kathy Al-Zand  
Linda Bracken  
Sony Poulouse  
Karen Riley  
Rachelle Rocha  
Dan Stapleton

### NON-COUNCIL MEMBERS:

Fel dePadua  
Todd Leach

## DISCIPLINE

### COUNCIL MEMBERS:

Doug Stewart (Chair)  
Kathy Al-Zand  
Heather Boon

Linda Bracken  
Gerry Cook  
Dave Edwards  
Mike Hannalah  
Christine Henderson  
Robert Hindman  
Azeem Khan  
Javid Khan  
James MacLaggan  
Kyro Maseh  
Esmail Merani  
James Morrison  
Sylvia Moustacalis

Joan A Pajunen  
Tracey Phillips  
Ruth-Ann Plaxton  
Sony Poulouse  
Karen Riley

Shahid Rashdi  
Rachelle Rocha  
Leigh Smith  
Dan Stapleton  
Régis Vaillancourt  
Ravil Veli  
Wes Vickers

### NON-COUNCIL MEMBERS:

Chris Aljawhiri  
Jennifer Antunes  
Anuoluwapo Bank-Oni  
Ramy Banoub  
Erik Botines  
Charles Chan  
Michael Cheung  
Alicia Chin  
Fel dePadua  
Dina Dichek

Jim Gay  
Jillian Grocholsky  
Stephana Hung  
Rachel Koehler  
Andreea Laschuk  
Katherine Lee  
Chris Leung  
Cara Millson  
Doris Nessim  
Don Organ  
Akhil Pandit Putra  
Aska Patel

Jeannette Schindler  
Connie Sellors  
David Windross

### STAFF RESOURCE:

Maryan Gemus

## QUALITY ASSURANCE

### COUNCIL MEMBERS:

Tracey Phillips (Chair)  
Robert Hindman  
Elnora Magboo  
Sylvia Moustacalis  
Ruth-Ann Plaxton  
Leigh Smith

### NON-COUNCIL MEMBERS:

Lavinia Adam  
Tina Boudreau  
Shelley Dorazio  
Jon MacDonald

### STAFF RESOURCE:

Susan James

## INQUIRIES, COMPLAINTS AND REPORTS (ICRC)

### COUNCIL MEMBERS:

Laura Weyland (Chair)  
Kathy Al-Zand  
Heather Boon  
Linda Bracken  
Billy Cheung  
Gerry Cook  
Mike Hannalah  
Christine Henderson  
Robert Hindman  
Azeem Khan  
Javid Khan

Elnora Magboo  
Kyro Maseh  
James Morrison

Sylvia Moustacalis  
Joan A Pajunen  
Goran Petrovic  
Sony Poulouse  
Shahid Rashdi  
Rachelle Rocha  
Joy Sommerfreund  
Ravil Veli

### NON-COUNCIL MEMBERS:

Elaine Akers  
Sajjad Giby  
Frank Hack  
Bonnie Hauser  
Mary Joy  
Elizabeth Kozyra  
Chris Leung  
Jon MacDonald  
Dean Miller

Akhil Pandit Putra  
Vyom Panditputra  
Aska Patel  
Chintankumar Patel  
Saheed Rashid  
Jeannette Schindler  
Ian Stewart  
Dan Stringer  
Asif Tashfin  
Frank Tee  
Tracy Wiersema

### STAFF RESOURCE:

Anne Resnick

## REGISTRATION

### COUNCIL MEMBERS:

Ravil Veli (Chair)  
Billy Cheung  
Robert Hindman  
Esmail Merani  
Sony Poulouse  
Karen Riley  
Wes Vickers

### NON-COUNCIL MEMBERS:

Tammy Cassin  
Sajjad Giby  
Vyom Panditputra  
Deep Patel  
Dean: Dave Edwards  
Ontario Pharm Tech Program  
Rep: Sharon Lee  
**STAFF RESOURCE:**  
Sandra Winkelbauer

# STRATEGIC FRAMEWORK 2015-2018

Every three years, Council undertakes a review of the College's strategic priorities, mission, vision and core values to ensure they are still timely, accurate and appropriate for the direction of the College. The last scheduled review took place in March 2015 and resulted in the Strategic Framework 2015-2018.

Each strategic priority has identified outcomes and key performance indicators. At the quarterly Council meeting, the Registrar presents a progress update on the strategic priorities identified as part of the framework.



# PICTURE OF THE PROFESSION



## BY THE NUMBERS 2017

**16,103**   
registered pharmacists

**4,597**   
registered pharmacy technicians

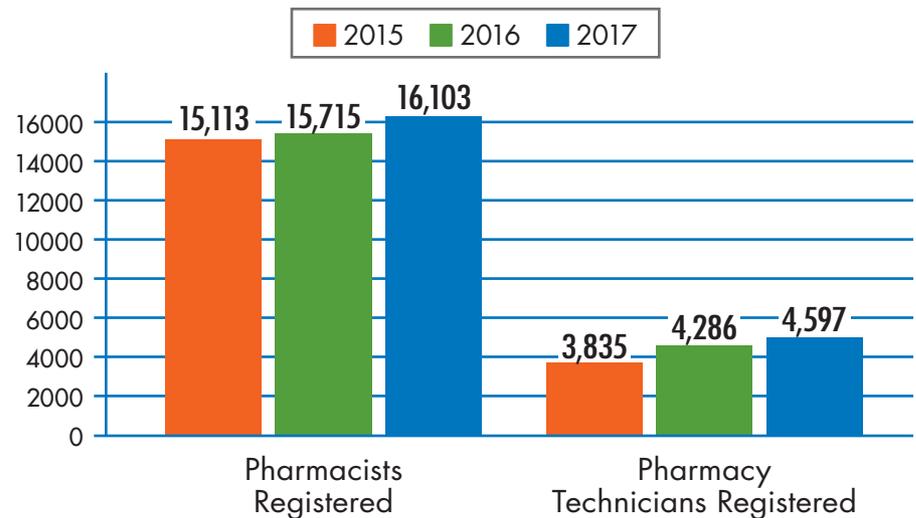
**58%**   
of pharmacists are female

**10%**   
of pharmacy technicians are male

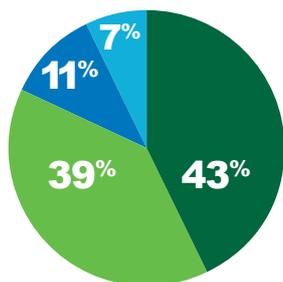
**44**   
average age of a pharmacist

**40**   
average age of a pharmacy technician

## NUMBER REGISTERED BY YEAR



## PHARMACISTS: PLACE OF EDUCATION 2017



Ontario.....	6,898
International .....	6,350
Canada (outside Ontario) ....	1,786
USA .....	1,069

N = 16,103



## PHARMACISTS BY PRACTICE TYPE

	2015	2016	<b>2017</b>
Community Pharmacy.....	68%	68%	<b>69%</b>
Hospital and Other Healthcare Facilities .....	16%	14%	<b>16%</b>
No Workplace Recorded .....	10%	12%	<b>9%</b>
Industry/Other.....	3%	3%	<b>3%</b>
Association/Academia/ Government .....	2%	2%	<b>2%</b>
Pharmacy Corp Office/ Professional Practice/Clinic.....	1%	1%	<b>1%</b>
<b>Total</b>	<b>15,113</b>	<b>15,715</b>	<b>16,103</b>

## PHARMACY TECHNICIANS BY PRACTICE TYPE

	2015	2016	<b>2017</b>
Hospital and Other Healthcare Facilities .....	53%	51%	<b>57%</b>
Community Pharmacy.....	31%	33%	<b>34%</b>
No Workplace Recorded .....	13%	14%	<b>6%</b>
Association/Academia/ Government .....	1%	1%	<b>2%</b>
Industry/Other.....	1%	1%	<b>1%</b>
Pharmacy Corp Office/ Professional Practice/Clinic.....	0.4%	0.4%	<b>0.4%</b>
<b>Total</b>	<b>3,835</b>	<b>4,286</b>	<b>4,597</b>



# MEDICATION SAFETY

## **BUILDING A SAFER SYSTEM THROUGH A MEDICATION SAFETY PROGRAM FOR ONTARIO PHARMACIES**

Joining the growing chorus of health organizations throughout Canada and the rest of the world committed to reducing preventable harm caused by medication errors, the College launched an exciting new medication safety program last year with a single goal in mind: protecting patients. The program, which was approved by Council in June 2017, is now being rolled out to community pharmacies across the province and, once fully implemented, will be the largest program of its kind in Canada.

Understanding why errors happen can help reduce the risk of recurrence and ultimately protect patients. The mandatory program introduces, for the first time in Ontario, the opportunity for pharmacies and the College to better understand the incidence and prevalence of medication errors in community pharmacies, why they happen and how they can be prevented through shared learning and a consistent and standardized approach to quality improvement.

## **PROMOTING A SAFETY AND LEARNING CULTURE**

The medication safety program builds on the College's existing expectation that pharmacies and pharmacy professionals are engaging in safe medication practices and continuous quality improvement, illustrated in the Standards of Practice and policies for pharmacy professionals and designated managers.

The program emphasizes the principles of a safety culture within community pharmacies. It promotes accountability and quality improvement, open reporting of incidents, and shared learning with other professionals and organizations to inform pharmacy and system-wide improvements.

Anonymous reporting of medication incidents to an independent third party is a critical component of the program as it provides data to support improvements within pharmacies and facilitates data review and analysis to identify trends. This program is distinct from current College processes – it does not replace the

College’s existing complaints, accreditation and discipline processes. However, through the aggregate and anonymized data obtained from medication incident reporting, the College will be able to identify areas of risk and develop appropriate resources and guidance.

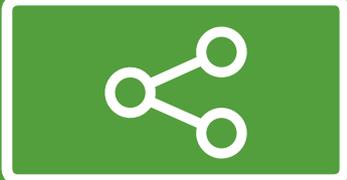
## FOUR CORE ELEMENTS OF THE PROGRAM AT A PHARMACY LEVEL



**REPORT**  
Incidents are recorded and reported to an independent third party, to help identify system trends



**DOCUMENT**  
Incidents are documented at the pharmacy, including plans for improvement and the outcomes of those activities



**ANALYZE**  
Incidents are analyzed at the pharmacy level to look for causal factors and actions that can be taken to reduce recurrence



**SHARE LEARNING**  
Incidents and learnings are shared among staff and open dialogue is encouraged

## PARTNERSHIP WITH PHARMAPOD A MAJOR PROGRAM MILESTONE

In October 2017, the work to bring the College's program to life reached a significant milestone with the selection of Pharmapod Ltd to help implement the program in Ontario’s 4,300+ community pharmacies.

Pharmapod is responsible for providing training and continuous quality improvement processes and tools, analyzing provincial medication incident data and making reports available to individual pharmacies. Aggregate data shared with the College will support the development of priority programs and key regulatory initiatives and help inform ongoing medication safety priorities for pharmacy and other parts of the health system.

## INTO 2018 AND BEYOND

The College has been working closely with Pharmapod to develop an online training module and plan for full implementation of the program. In order to identify areas for improvement to support the integration of the program, approximately 100 community pharmacies are participating in Phase One as program ambassadors. Following training in January 2018, these ambassadors will provide ongoing feedback throughout the year to inform the full roll-out in all community pharmacies.

It is expected that full implementation of the medication safety program in community pharmacies will commence by the end of 2018. In preparation for this transition, Pharmapod and the College will be providing information and support to pharmacies throughout the year. The College will also continue working with hospital stakeholders to determine the best way to strengthen current hospital quality and reporting systems, such as increasing access to lessons learned from medication incidents. We will also explore opportunities for data integration across systems, to assess if this would provide more fulsome data and shared learnings.

[Read more about the medication safety program for Ontario on our website.](#)

# REGISTRATION



*All pharmacists and pharmacy technicians in Ontario must be registered with the Ontario College of Pharmacists. The College confirms that only those who have successfully met the registration requirements, including demonstrating that they possess the required knowledge, skills and abilities, are granted the right to practice in Ontario.*

## BY THE NUMBERS 2017

**808**   
new pharmacists  
registered\*

**392**   
new pharmacy  
technicians  
registered\*

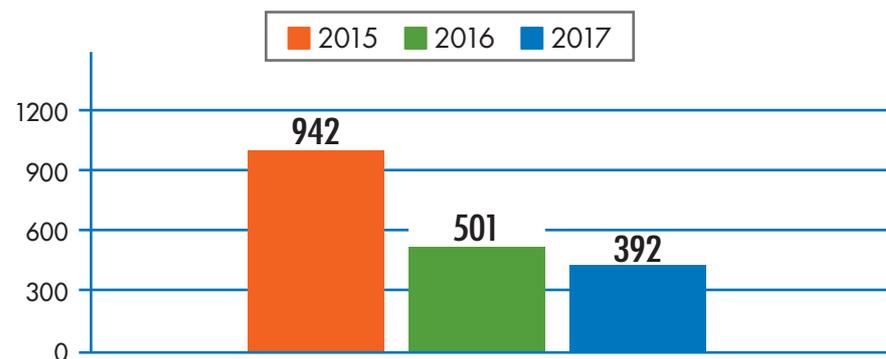
**1,507**   
pharmacy students  
and interns training  
in Ontario

**224** 

of the above new registrants were registered by way of the Agreement on Internal Trade (AIT) after first becoming licensed in another Canadian province

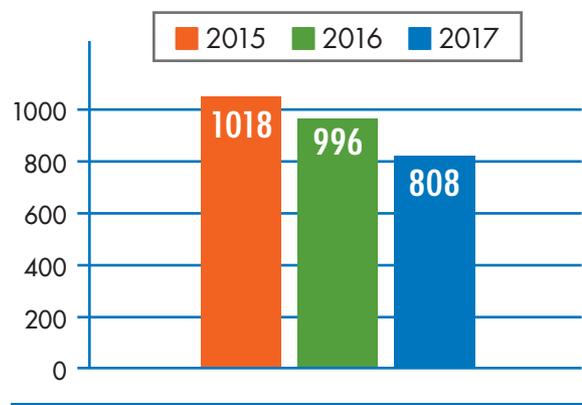
\*This includes pharmacy professionals who re-registered with the College.

## NEW PHARMACY TECHNICIAN REGISTRANTS BY YEAR



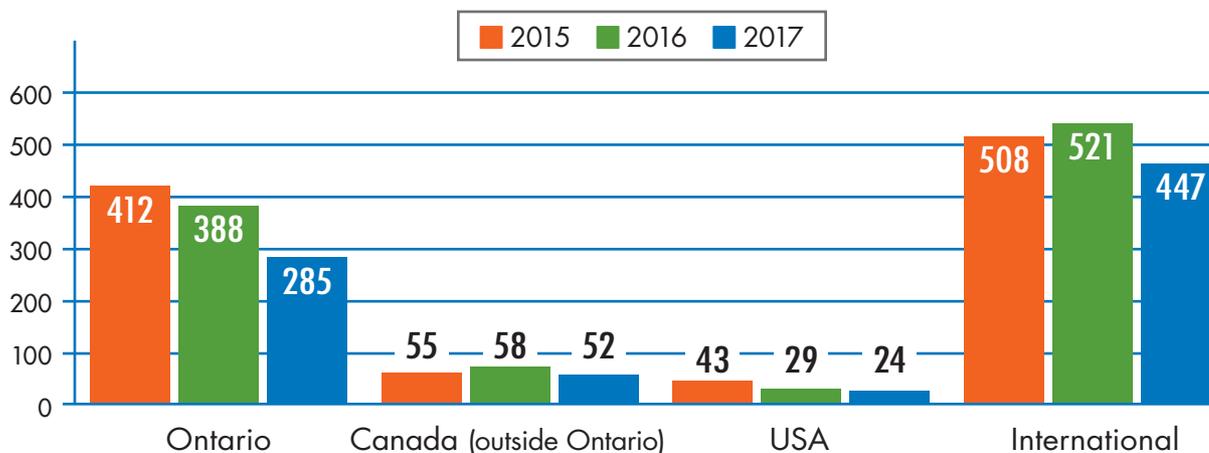
Note: This data includes pharmacy technicians who re-registered with the College.

## NEW PHARMACIST REGISTRANTS BY YEAR



Note: This data includes pharmacists who re-registered with the College.

## NEW PHARMACIST REGISTRANTS BY PLACE OF EDUCATION



Note: This data includes pharmacists who re-registered with the College.

## REGISTRATION COMMITTEE DECISIONS

All applicants must meet the same set of requirements to register with the College. If an applicant does not directly meet specific requirements, their application is referred to a panel of the Registration Committee for individual consideration. Based on the evidence provided, a panel can choose to grant, partially grant, or deny a request for a certificate of registration, or defer a decision. **In 2017, panels of the Registration Committee considered 201 requests.**

**190**  
fully granted



**6**  
partially granted



**2**  
denied



**1**  
deferred



**2**  
withdrawn



## HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

Applicants who are not satisfied with a decision by a panel of the Registration Committee may appeal the decision to the Health Professions Appeal and Review Board (HPARB), an independent adjudicative agency that conducts reviews of decisions of the registration committees of Ontario's health regulatory colleges. There were **no appeals** to HPARB related to registration decisions in 2017.

## JURISPRUDENCE: FOR CURRENT AND FUTURE NEEDS

One of the entry-to-practice requirements for registration as a pharmacist or pharmacy technician in Ontario is successfully completing the College's pharmaceutical jurisprudence examination. Having current knowledge and understanding of jurisprudence is necessary for supporting safe, effective, legal and ethical pharmacy practice.

In 2017, the College began an evaluation of the current jurisprudence requirement in order to determine how it could better reflect the current and future needs of pharmacy professionals in practice. There is an increasing

expectation and need for pharmacy professionals to not only apply their knowledge and skills but to use their professional judgement and make ethical decisions in the best interest of patients. The assessment of professionalism and ethical competencies requires a different approach than the current knowledge-based jurisprudence exam. Further evaluation of various assessment strategies, including a case-based approach, is planned in 2018. In addition, the College will work with stakeholders to review and update the jurisprudence examination blueprint to reflect current pharmacy practice.

## UPCOMING CHANGES TO REGISTRATION UNDER THE PHARMACY ACT

Last year, College Council approved changes to registration regulations under the *Pharmacy Act*. These changes have been submitted to the Ministry of Health and Long-Term Care for consideration. The changes will allow for a more efficient registration process and ensure pharmacy technician applicants have a registered status between graduation and licensing.

- **Creation of an intern technician class.** Currently, there is no graduated licensing approach available to pharmacy technicians, meaning there is no option for them to register post-graduation but prior to completing all entry exams and practical assessment/training. This change will allow them to practice to full scope under supervision prior to full registration.
- **Removal of the pharmacy student class.** Registration as a pharmacy student has become an unnecessary registration requirement due to changes in education programs over time. As with other health professions, the *Regulated Health Professions Act, 1991* has provisions to permit students to practice under supervision while in an education program, and recent changes to the *Drug and Pharmacies Regulation Act, 1990* will, once formally proclaimed, allow these provisions to apply to pharmacy students as well.
- **Revised language proficiency requirements.** The amendments revise the language proficiency requirements to highlight the desired outcome to speak, read, write and comprehend English or French with reasonable fluency to meet the standards of practice of the profession. Language proficiency is an important element in providing excellent care to patients and to communicating and collaborating with other healthcare professionals in the patient's circle of care. A pharmacy professional must be able to demonstrate language proficiency that allows them to practice to the standards of the profession, both at entry to practice and throughout their practice career.

## PACE: SHIFTING FOCUS FROM TRAINING TO ASSESSMENT

Practice Assessment of Competence at Entry (PACE) is a practice-based registration requirement that has replaced the former structured practical training for all pharmacy students and interns (with the exception of University of Toronto and University of Waterloo PharmD graduates who have the assessment incorporated into their programs).

In PACE, a candidate's ability to demonstrate entry-to-practice competence in a practice setting is assessed using a validated tool by a PACE assessor appointed by the College. Following assessment, guidance is offered to candidates with identified practice performance gaps to support them in their creation and implementation of individualized learning action plans prior to re-assessment. The practice-based registration requirement is met when a candidate demonstrates entry-to-practice competence to the validated standard.

The move to PACE reflects the need to evolve from a one-size-fits-all training approach to a standardized assessment and individualized gap analysis method. PACE recognizes the heterogeneous population of applicants and as such, the need for an individualized approach. Consequently, some individuals demonstrate that they are prepared to enter Canadian practice, while others require various forms of professional development before meeting the expectations of licensure. Implementing an assessment process to help make this distinction is the overarching goal of the PACE model.

Pharmacy technician applicants are currently still participating in the structured practical training program. [Learn more about PACE on the OCP website.](#)

**85**   
students underwent  
PACE in 2017

**142+**   
pharmacists have been  
trained as PACE assessors

# PRACTICE GUIDANCE



*We develop policies, guidelines and resources that are meant to guide pharmacy professionals in their decision making. College practice consultants are also available to respond to general practice questions from both the public and pharmacy professionals, assist pharmacists and pharmacy technicians with meeting the standards and provide guidance and clarification to support decision making. However, it is ultimately the responsibility of pharmacy professionals to use their professional judgment to make decisions in practice.*

## BY THE NUMBERS 2017

**22** 

online practice tools provide quick access to resources related to a particular element of practice

**3,881** 

calls and emails related to practice matters

**3,900** in 2016  
**3,881** in 2015

**81%** 

of inquiries related to community practice

**19%** 

of inquiries came from members of the public

**145** 

external program listings to support continuing education for pharmacists and pharmacy technicians

## TOP 5 PRACTICE QUESTION TOPICS

### For pharmacy professionals:

1. Dispensing of controlled substances
2. Pharmacist scope of practice (particularly injections)
3. Privacy of patient information
4. Technician scope of practice
5. Recordkeeping and retention of documentation

### For members of the public:

1. Clarification on what is normal practice
2. Pharmacist scope of practice (such as verifying what they can or cannot do)
3. Fees and business practices
4. Access to records and personal health information
5. Online pharmacies

## GUIDANCE TO SUPPORT EVOLVING PRACTICE AND PROGRAMS

As the scope of practice of pharmacists and pharmacy technicians evolves and various public health issues and initiatives develop, the College aims to support good practice by providing relevant guidance, resources and policies.

Guidance documents are intended to provide clear information on pharmacy professionals' responsibilities and obligations under legislation, the Standards of Practice and the Code of Ethics. One of the new resources that was added this year was guidance on dispensing Mifegymiso, a two-drug combination product that provides a non-surgical option for early abortion.

With the ongoing opioid crisis in Ontario, the College also worked to provide internal and external resources, guidelines and best practices to support good patient care. The addition of an opioids practice tool enabled easy access to a selection of these resources. Read more about our opioid-related activities on [page 34](#).

As the quality assurance program shifts and grows with the addition of pharmacist practice assessments (see [page 27](#)), the practice team is supporting pharmacy professionals in

understanding these assessments. Five new practice tools were added to the website to specifically support the practice assessment and its four domains – communication/education, documentation, decision making and patient assessment. These are not just intended to facilitate successful practice assessments, but also support continuous high quality and comprehensive practice through the sharing of related and helpful resources.

In 2018, the College will strive to continue to be responsive to ongoing public health issues and developments in pharmacy practice, including changes in technologies and drugs. Additionally, we will continue to engage pharmacists and pharmacy technicians, as well as patients with lived experience, in expert working groups, to ensure that policy and guideline changes are reflecting best practices and supporting excellent care.

For example, because our opioid strategy external working group recruitment attracted a significant number of qualified volunteers, we have established a special, larger practice community that will support the opioid strategy by reviewing and providing feedback on tools, resources and policies for the College on an occasional basis. We anticipate that this practice community, and others like it, will also support the College in other areas of practice.

# SYSTEMS THINKING:

## BUILDING LINKS WITH HEALTH SYSTEM PARTNERS TO PROMOTE SAFER PHARMACY CARE AND HEALTHIER COMMUNITIES

Pharmacy professionals are an important part of a patient's healthcare team. As our health system continues to transform to respond to the evolving needs of patients throughout the province, how we regulate pharmacy and promote quality and safe pharmacy care must also transform.

This past year, the College began to ask important questions like 'how do we, as pharmacy regulators and professionals, help to deliver on shared health system and patient safety objectives?', 'how do we, as a regulator, deliver on our mandate to serve and protect the public in a rapidly changing healthcare landscape?', and 'how can we contribute to pharmacy professionals' impact on positive patient outcomes?'

Inspired by Ontario's *Patients First: Action Plan for Health Care*, the College recognized the increasingly important role partnerships play in advancing our public-protection mandate while meaningfully contributing to a sustainable, high quality and safe health system. New collaborative relationships established in 2017 have become powerful examples of how we're building vital regional and diversified approaches to quality and safety while also building bridges between pharmacy and primary care and with other areas of the health system.

By focusing on how we go about our work as a regulator to help advance health system priorities and value, to promote public involvement and patient-centred care and to contribute to, and take advantage of, the data-informed decision making,

we believe that the momentum we've built over the past year is just the beginning of how we'll be able to strengthen our commitment to putting patients first.

### ENGAGING IN REGIONAL APPROACHES TO QUALITY

Strategies to enhance pharmacy standards and practice are best advanced through collaboration that recognizes the strengths, opportunities and resources of health system partners while putting the shared goal of patient safety at its centre.

A recent partnership established last year involving the College and the North East Local Health Integration Network (LHIN), aims to develop a pharmacy strategy for regional hospitals. This strategy will, through a regional approach aimed at helping area hospitals meet sterile compounding standards, promote quality pharmacy care. It will also help support more collaborative approaches to advancing patient safety as the standards are implemented across all areas of the province.

### BUILDING BRIDGES BETWEEN PRIMARY CARE AND COMMUNITY PHARMACY

Pharmacy professionals play an important role in a patient's journey throughout the healthcare continuum and are often the most accessible healthcare providers for patients. However, there are significant opportunities to build better linkages between pharmacy and the rest of the primary care system,

## ADOPTING A SYSTEMS FOCUS THROUGH A TRIPLE AIM APPROACH



### ADVANCING HEALTH SYSTEM PRIORITIES AND VALUE

Partnerships and connections aimed at enhancing pharmacy practice and contributing to Patients First Action Plan for Health Care priorities: Access, Connect, Inform, Protect



### PUBLIC AND PATIENT CENTREDNESS

Improved public and patient involvement, engagement, communication and education; quality assurance



### DATA AND EVIDENCE

Appropriate, standardized approach to measuring impact on health outcomes, demonstrating accountability and improving quality and safe pharmacy practice

address transitions of care between different parts of the healthcare system and support interprofessional collaboration on a local level.

Late last year, the College also began to explore opportunities for partnerships with other LHINs aimed at contributing to safer pharmacy care and experiences for patients as they migrate through the health system.

## CONTRIBUTING TO HEALTH SYSTEM PRIORITIES AND SOLUTIONS

Pharmacy has and will continue to play an increasingly important role in helping to respond to emerging public health challenges and to the ongoing need to support timely access to safe care for Ontarians. Whether it's contributing to solutions to respond to the opioid crisis, taking part in the

ongoing work to promote safe and quality patient care experiences for those wishing to get a flu shot from their local pharmacist, or making an ongoing commitment to prevent medication errors, each of these priorities and initiatives are made possible through partnerships and collaboration with health system partners, professionals and members of the public.

We have seen, over the past year, tremendous support for these and other approaches we're adopting as we embrace the collective and increasingly important roles we all play in promoting healthier communities and better pharmacy care.

## INTO 2018 AND BEYOND

As we enter a new year, the College will continue to work with health system stakeholders to achieve key priorities for patient care and system outcomes. We know that the growth of technology, such as electronic health records, will also enable new opportunities for teamwork across health disciplines and settings, and we anticipate additional work in this area. The stronger the bridges between health professionals and systems, the more room there is for collaboration and growth.

We will also maintain and strengthen our important and ongoing relationships with key stakeholders including pharmacist, pharmacy technician and pharmacy member associations, other regulatory bodies in Ontario, fellow pharmacy regulators across Canada, healthcare and patient groups, health system partners and, of course, the Ministry of Health and Long-Term Care.

Ultimately, as with all of our activities, it is our belief that these collaborations will serve to protect patients, promote their well-being and contribute to an effective, efficient and patient-centered healthcare system that will result in improved patient outcomes.

# QUALITY ASSURANCE

Once a pharmacist or pharmacy technician is registered, the College has the responsibility to make sure they remain competent throughout their career. Through quality assurance activities, we validate that all pharmacy professionals retain their skills and competence, and maintain the ethical and practice standards of the profession.



## THE REGISTER

The College maintains a public register on our website (the Find a Pharmacy or Pharmacy Professional tool). All pharmacists on the public register must indicate whether they are Part A, “can provide patient care,” or Part B, “does not provide patient care.” Pharmacists in Part A must have worked a minimum of 600 hours providing patient care over the previous three years. Pharmacists in Part B of the register are not permitted to provide patient care or perform any of the controlled acts that are associated with providing pharmacy services to the public.

**15,192** 

Pharmacists in Part A  
of the register

**14,824** in 2016

**14,225** in 2015

**911** 

Pharmacists in Part B  
of the register

**891** in 2016

**888** in 2015

*As of December  
31, 2017*

## UPCOMING CHANGES TO QUALITY ASSURANCE UNDER THE PHARMACY ACT

College Council has approved changes to quality assurance regulations under the *Pharmacy Act*. These changes have been submitted to the Ministry of Health and Long-Term Care for consideration. Should they be accepted, a date of proclamation will be announced.

- **Including technicians in the quality assurance regulations.** Legislative language was changed to include pharmacy technicians within the regulation.
- **Expanding the two-part register to technicians so that the public can easily identify who is involved in patient care.** Pharmacy technicians do not currently have to indicate whether they are in Part A or Part B of the register.
- **Changing from a declaration of hours to a declaration of competence, in conjunction with practice assessments.** The assessment of a professional in the workplace (see next page) is a better measure of proficiency than simply requiring a pharmacy professional to note a number of practice hours. This approach is in line with the College’s focus on providing pharmacy professionals with practice advice and support to improve practice.

## COMMUNITY PHARMACIST PRACTICE ASSESSMENTS

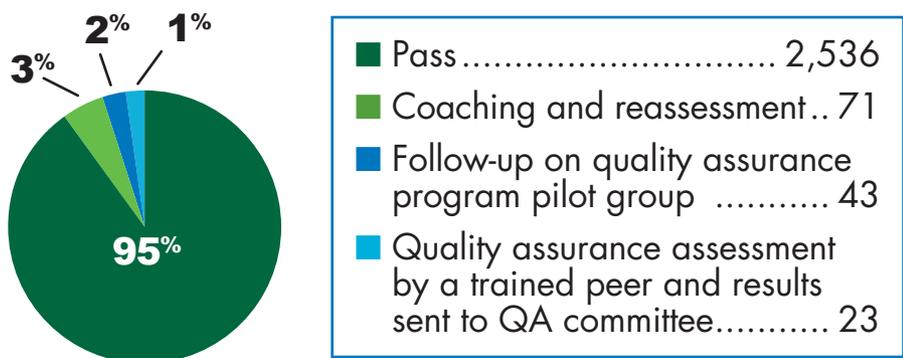
In 2015, the College began transitioning to practice assessments for community pharmacists. These evaluations of an individual professional’s performance occur in the place of practice with a College practice advisor. They are separate from the pharmacy assessment, though they may take place during the same visit.

The practice assessments are a critical component of quality assurance and represent an opportunity for the College to engage with pharmacists more frequently to optimize the provision of safe and appropriate patient care.

During a practice assessment, practice advisors look at how pharmacists handle four areas: patient assessment, decision making, documentation and communication/education. Through a combination of observation and retrospective review of documentation, practice advisors evaluate the processes in place for each of these areas. The pharmacist is provided with feedback, including outlining opportunities for improvement.

**2,673**   
**pharmacist practice assessments in 2017**

### PHARMACISTS: ASSESSMENTS BY OUTCOME 2017



N = 2,673

Percentages do not add up to 100% due to rounding.

If the pharmacist does not meet the standards indicated on their first assessment, they are given the opportunity to spend time with a quality assurance (QA) coach. This coach is not a College staff member, but rather a peer pharmacist who can provide support specifically in areas where there is room for improvement. Following the session with the QA coach, the pharmacist will be reassessed by another practice advisor.

If there are still significant areas of practice that require improvement following this second assessment, a quality assurance assessment by a trained peer QA assessor pharmacist will take place and the results will be sent to the QA Committee for consideration. The QA Committee may provide recommendations to help the pharmacist meet standards by identifying appropriate remediation, always recognizing that patient safety is the first priority.

With an emphasis on education, the goal of the practice assessments is to increase adherence to practice standards, help pharmacists practice to their full scope, and ultimately support optimal health outcomes. The results of a practice assessment are confidential and are not shared with employers, owners, colleagues or any College committee, other than the QA Committee.

### EVOLVING QUALITY ASSURANCE

With the community pharmacist practice assessments well underway, the College is working towards establishing similar quality assurance programs for pharmacy technicians and pharmacists working in hospital and other healthcare settings. It is anticipated that a practice assessment for pharmacy technicians will begin to be piloted in 2019.

The College is also developing knowledge assessments for pharmacists that would address continued competence in regards to knowledge, versus the processes that are evaluated through the practice assessment.

Ultimately, these activities are in line with the College’s focus on providing pharmacy professionals with practice advice and support to improve practice, while also recognizing that the assessment in the work place is a better measure of competency than simulated situations or scenarios.

# HARNESSING THE POWER OF DATA

*TO PROMOTE QUALITY, ACCOUNTABILITY AND PATIENT SAFETY*



How do we measure quality in pharmacy?  
How do we know the impact of pharmacy, or regulatory programs, on health outcomes or system performance? How do we know where to invest our efforts to inform safe and quality care?

This past year, the College initiated a number of activities aimed at improving how we are able to access, analyze and use data to make evidence-informed decisions, demonstrate the impact and value of key initiatives on our public-protection mandate and enhance our accountability within an integrated healthcare system.

## ESTABLISHING QUALITY INDICATORS FOR PHARMACY

Last year, the College began important early work with Health Quality Ontario (HQQ) aimed at setting the stage for the development of a set of standardized quality indicators for pharmacy, which will support the College's growing focus on taking an outcomes-based approach to pharmacy regulation that also measures the value of pharmacy within the wider health system. Establishing a set of system indicators for pharmacy will allow OCP, HQQ, the public and the government to take on a performance monitoring approach that will help all stakeholders better understand the current state of pharmacy in the province and its impact on the population as a whole. Most importantly, standardized pharmacy indicators will help us answer important questions related to the quality of pharmacy practice, its effect on promoting good outcomes and healthier communities and

the opportunities to support improvement strategies throughout the health system.

## DATA-DRIVEN DECISION MAKING

In evolving our approach as a regulator, the College recognizes that our own decisions and activities must be based on evidence. As an organization, we are working to identify key indicators for measuring our activities against our mandate and strategic plan. These indicators, and the tracking of progress against them, support the work of our leadership team and College Council in determining and achieving organizational and wider-system based priorities.

In addition to our work with HQO, this past year the College has adopted a data-driven approach to planning, decision making and reporting across a number of areas that advance our strategic priorities. This includes:

- A new regional pharmacy strategy with the North East LHIN that, in addition to supporting quality and safe pharmacy care across the region, will help system partners understand how they stack up with their peers on compounding standards and identify opportunities for collaboration. Learn more about this initiative on [page 24](#).
- The College's Professional Development and Remediation (PDR) Framework, a College-wide initiative that governs how the College approaches and handles development and remediation for pharmacy professionals. Data from pharmacy

and pharmacist assessments, committee decisions and other College programs are used to inform and drive the development of targeted education by external education providers and applicable College resources to address identified gaps in competency among pharmacy professionals.

- The launch of a new medication safety program that for the first time in Ontario will provide pharmacies and the College with a better understanding of medication incidents in pharmacies, how and why they happen, and trends that support quality improvement and targeted education opportunities. Data for this program is collected anonymously, but aggregate data will be shared among all stakeholders and will also be publicly available once the program has been fully implemented. Learn more about this program on [page 16](#).

## LOOKING AHEAD INTO 2018

Our work to adopt data-driven decision making and data-informed strategies will only strengthen as we move into 2018 and beyond and as we look forward to the opportunities presented to us through a new strategic plan. As we continue to look at ways to contribute to system-wide collaborations and focused decision making that advance our mandate, we will also look for opportunities to utilize data to better support our accountability and transparency commitment as a regulator, including sharing more about what we do and how we do it with the public, pharmacy and other health professionals and our partners.

# ASSESSMENT OF PHARMACIES



The College assesses and accredits all community and hospital pharmacies in Ontario to ensure that they are operating safely. Only those pharmacies that have been assessed and have met the accreditation criteria are authorized to operate in the province. We visit these pharmacies on a routine basis to assess compliance with established standards and legislation.

## BY THE NUMBERS 2017

**4,327** 

accredited community pharmacies

4,150 in 2016

4,012 in 2015

**2,355** 

community pharmacy assessments performed

2,350 in 2016

1,719 in 2015

**229** 

accredited hospital pharmacies

**165** 

routine hospital pharmacy assessments performed

**1,258** 

community pharmacies providing methadone maintenance treatment

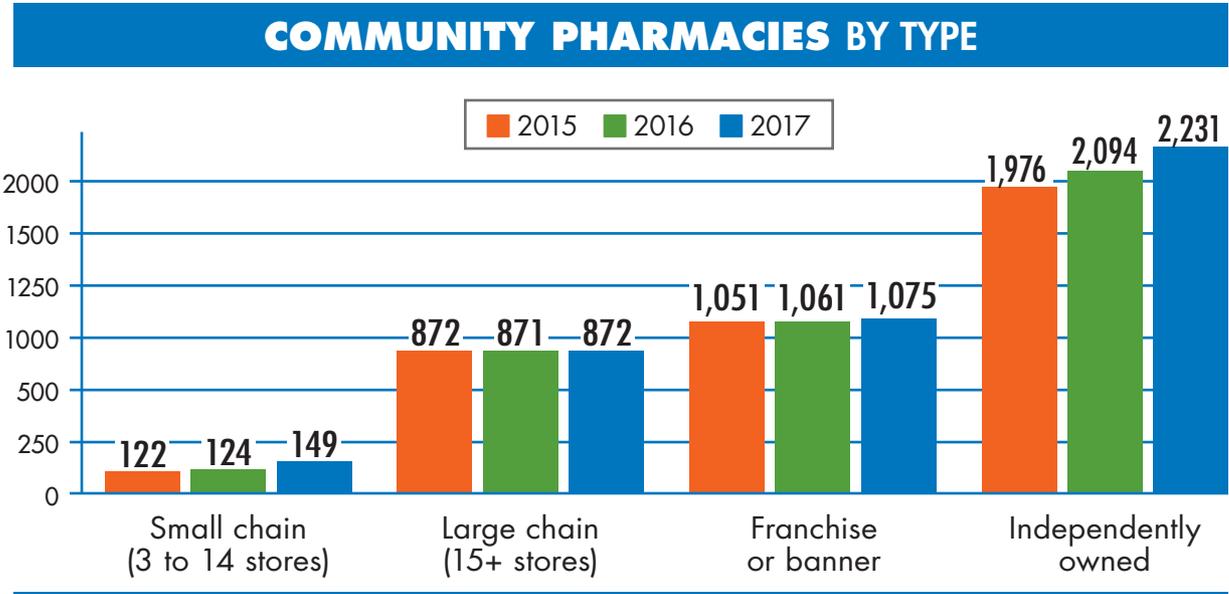
**97** 

community pharmacies providing sterile compounding services

**136** 

hospital pharmacies providing high risk services (e.g. chemotherapy, sterile compounding)

**52%**  
of community  
pharmacies are  
independently owned

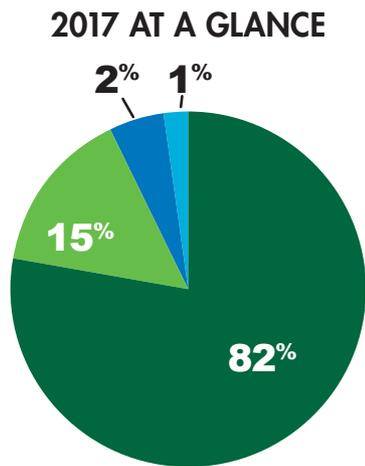


### TYPES OF COMMUNITY PHARMACY ASSESSMENTS BY YEAR

	2015	2016	<b>2017</b>
Routine .....	1,060	1,686	<b>1,543</b>
Change in ownership .....	149	168	<b>346</b>
New openings (first visit).....	202	180	<b>208</b>
New openings (call back after six months) .....	171	202	<b>181</b>
Reassessments ordered by the practice advisor.....	64	51	<b>41</b>
Change in location .....	58	50	<b>27</b>
Reassessments ordered by the accreditation committee.....	15	13	<b>9</b>
<b>Total</b>	<b>1,719</b>	<b>2,350</b>	<b>2,355</b>

The College conducts routine assessments every one to four years, depending on the services offered at the pharmacy. For example, pharmacies that undertake sterile compounding or methadone maintenance treatment are assessed more frequently.

## COMMUNITY PHARMACY ASSESSMENT OUTCOMES BY YEAR



	2016	2017
■ Pass (no action plan required).....	81%	<b>82%</b>
■ Pass with action plan .....	16%	<b>15%</b>
■ Re-assessments, where a practice advisor visits to make sure any previous issues are rectified .....	2%	<b>2%</b>
■ Referrals/reports to the Accreditation Committee, where there are concerns about the pharmacy's operations.....	1%	<b>1%</b>

**Action plans** are created by the pharmacy to address issues identified during the assessment. These plans are submitted within 30 days of the assessment and are reviewed by College practice advisors to ensure processes are in place to mitigate risk.

There were 2,355 community pharmacy assessments performed in 2017 and 2,350 community pharmacy assessments performed in 2016. Prior to 2016, a different method of categorization was used for assessment results.

Learn more about [pharmacy assessment outcomes](#) on the College's website.

## DRUG PREPARATION PREMISES

The College received the authority in 2013 to oversee drug preparation premises (DPPs) where pharmacists and pharmacy technicians engage in or supervise drug preparation activities.

Drug preparation activities means reconstituting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription.

DPPs are not open to the public; however, the College assesses these facilities annually.

As of Dec. 31, 2017, there were **5 DPPs**. The status and/or outcome of DPP assessments are posted on the "[Find a Pharmacy or Pharmacy Professional](#)" tool on our website.

## HOSPITAL PHARMACIES

Hospital pharmacies came under the authority of the College in August 2016 following changes to the *Drug and Pharmacies Regulation Act*. The College has worked closely with hospitals to manage this transition and optimize the hospital assessment process. As with community pharmacy assessments, College practice advisors visit hospitals that provide high risk services, such as chemotherapy and sterile compounding, more frequently.

**In 2017, the College conducted 165 hospital pharmacy assessments.**

## TRANSPARENT AND EVOLVING ASSESSMENTS

The College engages in ongoing initiatives to improve the assessment process for both community and hospital pharmacies. This includes being transparent with pharmacies and pharmacy staff as to how assessments are conducted and with what criteria, as well as looking for ways to make the process more effective for professionals and pharmacies. Ultimately, pharmacy assessments are designed to focus on the operational processes that have the greatest impact on the quality of patient care and patient health outcomes.

A notation of the outcome of each pharmacy assessment is available on the pharmacy's profile on the "[Find a Pharmacy or Pharmacy Professional](#)" tool on our website.



**EMPOWERING  
PHARMACY**  
IN RESPONSE TO  
**ONTARIO'S  
OPIOID  
CRISIS**



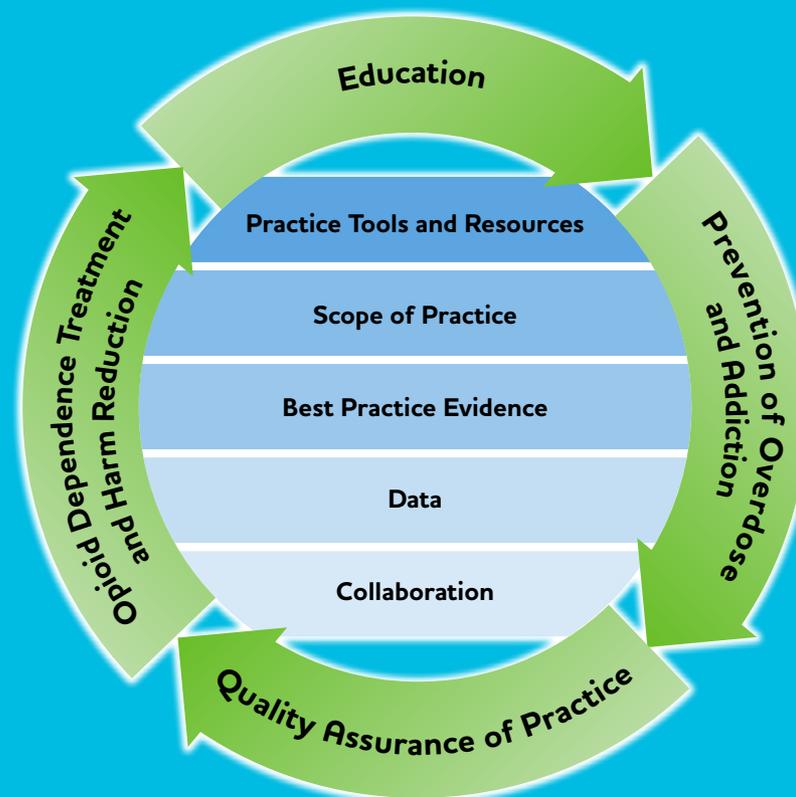
Ontario is facing an opioid crisis. Recognizing the important role pharmacy professionals can play in helping to curb this serious public health issue, last year College Council approved a comprehensive Opioid Strategy that complements local, provincial and national efforts underway to reduce addiction and mortality due to opioids.

The Opioid Strategy builds on the College's existing commitment to providing professionals with a number of practice tools and other resources to help them provide appropriate care and support for patients who have been prescribed narcotics.

To ensure that a sustainable and effective approach is taken to addressing opioid-related issues, the College has developed a multi-pronged strategy to simultaneously address relevant areas of practice. The development of this strategy was led by an Opioid Task Force, which included Council members, pharmacy professionals and other experts.

## THIS STRATEGY WILL SUPPORT THE COLLEGE IN MEETING ITS MANDATE TO SERVE AND **PROTECT THE PUBLIC INTEREST BY:**

- advancing opioid-related education for pharmacy professionals,
- improving harm reduction strategies and delivery of opioid dependence treatment,
- preventing overdose and addiction by supporting evidence-based and appropriate dispensing practices, and
- strengthening oversight of the provision of narcotic and controlled drugs to patients and the security of drug distribution.



## PARTNERSHIPS AND COLLABORATION

In order to support and advise on the development of specific initiatives under the strategy, the College created an external working group. This group is comprised of pharmacy professionals with expertise in addiction, and acute and chronic pain management, in addition to other key healthcare stakeholders. The College has also engaged a larger practice community that will support the opioid strategy by reviewing and providing feedback on tools, resources and policies for the College on an occasional basis.



Recognizing that collaboration can more effectively address shared goals, representatives from the College have and continue to participate in many external stakeholder groups, including with the Provincial Opioid Emergency Task Force, the Centre for Addiction and Mental Health's opioid-related committees, the National Association of Pharmacy Regulatory Authorities working groups, the Prescription Monitoring Leadership Roundtable, and Health Quality Ontario's Opioid Partnered Supports Table. The College has also engaged regulatory bodies, health system stakeholders and others to ensure that opioid issues are addressed in an inter-professional manner, given that the delivery of care is multifaceted and involves many healthcare professionals.

## INTO 2018 AND BEYOND

The achievement of long-term system outcomes, such as a reduction in the number of hospitalizations and deaths due to opioid overdose, requires College contributions to improve the delivery of opioid related care, but more importantly collaboration with provincial and national partners. The College will be looking to measure short-term outcomes such as:

- increased awareness and application of opioid related resources, such as best practices and guidelines, by pharmacy professionals,
- improved access to harm reduction measures (e.g. naloxone),
- improved quality and consistency of pharmacist monitoring for pain patients,
- decreased inappropriate access to opioids, and
- increased interprofessional collaboration to ensure the appropriateness of opioid prescriptions.

Over time, the above outcomes will support adherence by pharmacy professionals to best practices and ultimately a decrease in the number of inappropriate opioid prescriptions initiated and dispensed.

Beyond the development of specific resources and tools, the College is applying learnings and goals from the Opioid Strategy to activities across our mandate, such as pharmacy assessments. Reducing the harms of opioids cannot just be focused on changing individual behaviour, but also on enhancing how places of practice can support safe and quality pharmacy care.

[Read more about the College's Opioid Strategy on our website.](#)

# COMPOUNDING STANDARDS

Compounding is a common activity at a pharmacy. At a basic level, “compounding is the combining or mixing together of two or more ingredients (of which at least one is a drug or pharmacologically active component) to create a final product in an appropriate form for dosing”<sup>1</sup>. Compounding can range from non-sterile products for topical use such as creams to more specialized products for IV solutions, which require proper technique for sterile preparation. In every instance, it is necessary to have the knowledge, skills and appropriate facilities needed to ensure that products are prepared in a non-contaminated environment.

The College has approved standards prepared by the National Association of Pharmacy Regulatory Authorities (NAPRA) for both sterile and non-sterile compounding. It is the intention of the College that, wherever possible, national standards will be adopted.

These standards are an important way of protecting patients and increasing patient safety.

## IMPLEMENTATION OF STERILE COMPOUNDING STANDARDS

In September 2016, the Ontario College of Pharmacists adopted the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* (NAPRA, 2016) and the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations* (NAPRA, 2016) with an implementation date of **January 1, 2019**. These standards apply to all pharmacies, including hospitals, which undertake sterile compounding.

Sterile compounding is a high risk activity and preparation of sterile compounds requires comprehensive standards to ensure quality and safety. Knowledge of the environment in which these preparations are prepared, training of personnel,

policies and procedures, quality assurance procedures as well as facilities and equipment standards are required to ensure public safety.

This past year the College has been working closely with hospitals and pharmacies to prepare for implementation. Recognizing that some infrastructure improvements may take time to fully implement, the College has identified critical elements in the standards that must be in place by the deadline.

## NON-STERILE COMPOUNDING STANDARDS

College Council adopted the *Model Standards for Pharmacy Compounding of Non-Sterile Preparations* (NAPRA, 2017) at their meeting in December 2017. While an implementation date has yet to be determined, these new standards (once formally published by NAPRA) will require pharmacy professionals to place a renewed focus on the preparation of non-sterile products in pharmacies.

The standards, and accompanying guidance document, are intended to provide those who compound non-sterile preparations with the standards necessary to evaluate practice, develop procedures, and implement quality control measures, thereby improving quality and safety for both staff and patients.

Pharmacy professionals will be provided with resources to help them in preparing for implementation of these standards.

1. Adapted from Health Canada. Policy on Manufacturing and Compounding Drug Products in Canada (POL-0051). Retrieved at: <https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/good-manufacturing-practices/guidance-documents/policy-manufacturing-compounding-drug-products.html#a7>

A woman with red hair, wearing a purple top and a gold necklace, is seated at a wooden table. She is gesturing with her hands while speaking. In the background, another person wearing a blue patterned shirt is partially visible. The text is overlaid on the right side of the image.

*INTEGRATING THE*  
**PATIENT VOICE,**  
*ENGAGING*  
**THE PUBLIC**

## Patients are partners, and their perspectives matter.

One of the most effective ways we can promote patient safety and quality care is by exploring and embracing opportunities to engage, listen to and learn from patients and those with lived experiences to help inform what we do as a College, and how we do it. By integrating the patient voice into our work, we're better able to develop meaningful strategies and solutions that are aimed at protecting patients and contributing to positive health outcomes.

## LIVED EXPERIENCES LEAD TO QUALITY DECISIONS

Last year, the College introduced a new medication safety continuous quality assurance program for Ontario pharmacies. The program, which includes a mandatory requirement to anonymously report medication incidents through a third-party data collection system, followed the work of a Medication Safety Task Force which featured the contributions of professional and public members and a patient advocate.

It was the first time the College invited a patient representative to be a part of such a group and we firmly believe that doing so helped ensure that the decision to move forward with this important program was meaningful to patients – those who will ultimately benefit from the program once fully implemented across the province. Since then, the College has continued to invite those with lived experiences in key initiatives such as a Cannabis Task Force, which Council established late in 2017.

## INSIGHTS THAT GROUND OUR WORK

The College has always sought public input to help inform the decisions it makes as a regulator, from inviting the public to provide input on regulations and standards, to collecting feedback on transparency initiatives to help us

better understand public expectations around the information we post on our public register.

Late last year, the College sought to expand on these traditional public engagement mechanisms by joining several other health regulators in the province in benefiting from the insights of a Citizen Advisory Group (CAG). The CAG is a forum for members of the public – most of them healthcare consumers – from across the province to share their insights on timely and relevant health regulation-related issues or topics. In just a few short months since joining the CAG collaborative last fall, we were able to benefit from public perspectives related to *Protecting Patients Act, 2017* regulations and have now set the stage for future opportunities to engage with this diverse and insightful group well into 2018.

## LOOKING FORWARD TO 2018

As the College moves closer to the development of a new strategic plan later in 2018, look for us to continue to introduce new ways of integrating the patient perspective into our activities and to establishing even more opportunities to attract public input in our initiatives and core programs. Also in 2018, the College will begin to invest in public education and stakeholder communication strategies aimed at building greater awareness and confidence in the College's public-protection mandate, supporting positive patient experiences and contributing to healthier communities.

# INVESTIGATIONS AND RESOLUTIONS



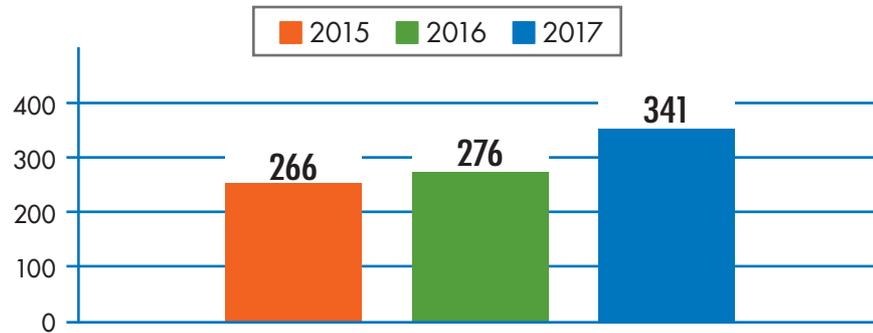
*One of the ways we protect the public and hold pharmacy professionals accountable to the standards required of the profession is through our investigations processes. Anyone – a member of the public, a patient or a healthcare professional – can report information or file a complaint. The College receives information from a variety of channels, such as:*

- **Complaints.** The College investigates and resolves every complaint we receive. The complainant will be informed of the result of the complaint.
- **Reports.** Information regarding the practice or conduct of a pharmacy professional or pharmacy can be reported by anyone. The College will assess the concern and take appropriate action.
- **Mandatory Reporting.** Employers, facility operators and healthcare professionals have mandatory duties to report certain information to the College.
- **Self-Reports.** Pharmacy professionals must self-report to the College if they have been charged with or found guilty of any offence, or are the subject of investigation in relation to the practice of pharmacy in another jurisdiction.

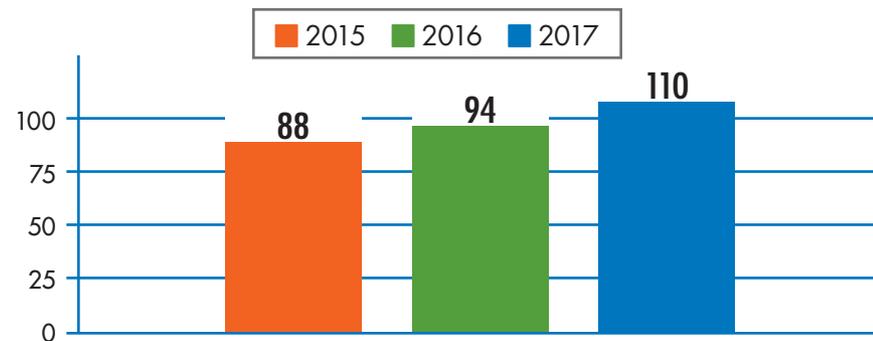
Regardless of how information comes to the College, the seriousness of the allegations are assessed in relation to the potential for harm to the public and appropriate action is taken to address them in the public interest.

## COMPLAINTS AND REPORTS

### NUMBER OF COMPLAINTS OPENED BY YEAR



### NUMBER OF REPORTS OPENED BY YEAR



**The Inquiries, Complaints and Reports Committee (ICRC)** oversees all investigations into a pharmacy professional's conduct, competence, or capacity, including complaints, Registrar's inquiries arising from a report to the College, and health inquiries. Meeting as panels, the ICRC reviews the investigation materials and submissions from all parties, and decides how to dispose of the investigation.

The ICRC strives to be consistent, transparent, and objective in its decisions. The Committee uses a Risk Assessment Tool to guide the decision making process and assess the risk to the public.

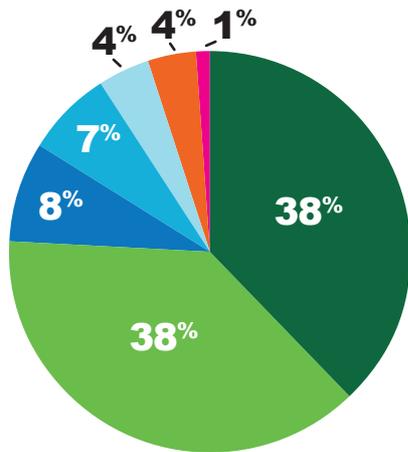
### TOP COMPLAINT ISSUES BY YEAR

	2016	2017
■ Dispensing.....	38%	<b>38%</b>
■ Conduct/Behaviour .....	40%	<b>38%</b>
■ Unauthorized Practice .....	5%	<b>8%</b>
■ Billing .....	9%	<b>7%</b>
■ Confidentiality.....	5%	<b>4%</b>
■ Other .....	2%	<b>4%</b>
■ Sexual Abuse/ Boundary Violation.....	1%	<b>1%</b>

### TOP REPORT ISSUES BY YEAR

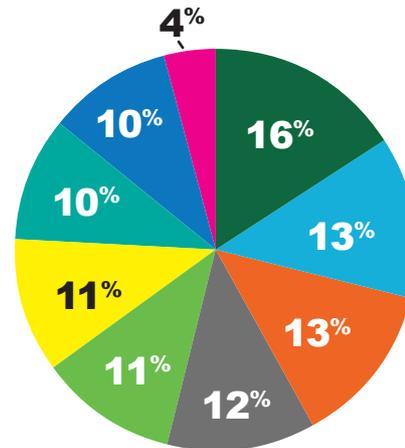
	2016	2017
■ Dispensing.....	16%	<b>16%</b>
■ Billing .....	15%	<b>13%</b>
■ Other .....	16%	<b>13%</b>
■ Narcotics/Controlled Drugs.....	13%	<b>12%</b>
■ Conduct/Behaviour .....	9%	<b>11%</b>
■ Failure to Fulfill a College Requirement....	6%	<b>11%</b>
■ Recordkeeping/ Documentation .....	11%	<b>10%</b>
■ Unauthorized Practice .....	11%	<b>10%</b>
■ Sexual Abuse/ Boundary Violation.....	3%	<b>4%</b>

2017 AT A GLANCE



**Conduct/Behaviour** can include communication and service to patients (such as not providing information or responding to a request) and inappropriate business practices (such as being in a conflict of interest).

2017 AT A GLANCE



**Other** includes criminal charges and findings, confidentiality, supervision and training, and therapeutics (such as not identifying a drug interaction).

The ICRC reviewed 285 unique complaint files in 2017. Some complaints fall under multiple categories.

The ICRC reviewed 75 unique report files in 2017. Some reports fall under multiple categories.

**The ICRC has a number of options when deciding on the outcome of a complaint or report. It can:**

- refer specified allegations of professional misconduct against a pharmacy professional to the Discipline Committee;
- refer a pharmacy professional to the Fitness to Practise Committee;
- refer a pharmacy professional to a health inquiry panel;
- require a pharmacy professional to complete remedial training (also known as specified continuing education or remediation program (SCERP));
- issue an oral caution;
- provide advice/recommendations; or
- take no action.

Occasionally, in appropriate circumstances, a pharmacy professional may voluntarily enter into an agreement or undertaking to the College, such as agreeing to limit their scope of practice, removing themselves from practice for a period of time or permanently resigning. A notation of the undertaking will be made on the public register.

If the pharmacy professional receives an oral caution and/or SCERP, a summary of the ICRC’s decision and reasons is posted on the College’s public register for all complaints or reports filed after April 1, 2015. Additionally, when allegations of professional misconduct are referred to the Discipline Committee, or a pharmacy professional is referred to the Fitness to Practise Committee, a notation of the referral is posted on the public register.

**DECISIONS OF THE ICRC IN 2017**

	2015	2016	<b>2017</b>
Take No Action.....	42%	37%	<b>33%</b>
Advice/Recommendations .....	29%	30%	<b>32%</b>
Oral Caution + Remedial Training ...	11%	11%	<b>13%</b>
Referral to Discipline .....	8%	10%	<b>9%</b>
Advice/Recommendations + Remedial Training .....	2%	5%	<b>4%</b>
Oral Caution.....	3%	3%	<b>3%</b>
Ratification of ADR Settlement Agreement.....	4%	3%	<b>3%</b>
Take No Action with Undertaking to Restrict Practice/Resign* .....	N/A	N/A	<b>2%</b>
Frivolous and Vexatious .....	1%	0%	<b>1%</b>
Remedial Training .....	0%	0%	<b>0%</b>
Referral to Health Inquiry Panel .....	0%	1%	<b>0%</b>
<b>Total decisions</b>	<b>378</b>	<b>401</b>	<b>349</b>

\* Prior to 2017, was reported as part of take no action

*In 2017, 10 complaints were resolved through alternative dispute resolution. This is a voluntary, confidential process with the goal of resolving the complaint using the assistance of an independent mediator.*

## HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

The Health Professions Appeal and Review Board (HPARB) is an independent adjudicative tribunal that, upon receiving a request from a party to a complaint, reviews the ICRC's decisions.

**13** 

requests pending from 2016

**15** 

new requests for review in 2017

**6** by a pharmacy professional and **9** by a complainant

**17** 

decisions received

**11** 

upheld

**0** 

withdrawn

**4** 

referred back to ICRC

**2** 

appeals denied

**11** 

reviews still pending from 2017

## NEW IN 2017

The College moved to an online complaints form. This tool facilitates easy completion by members of the public. It also streamlines the College's process to intake the complaint, resulting in a more efficient, effective and timely complaints process.



# DISCIPLINE

If there are concerns that a pharmacist, pharmacy technician, student, or intern has demonstrated a deliberate disregard for a patient’s welfare, engaged in disgraceful or unprofessional behaviour, or demonstrated substandard care, then specified allegations of professional and/or proprietary misconduct can be referred to the College’s Discipline Committee.



The Discipline Committee receives referrals from:

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

The ICRC may decide to refer specified allegations of **professional misconduct** or incompetence against a pharmacy professional to the Discipline Committee if it has concerns that the pharmacy professional’s conduct was dishonest, breached trust, placed the public at risk of harm, showed a willful disregard for professional values, and/or fell below the Standards of Practice.

## ACCREDITATION COMMITTEE

The Accreditation Committee may refer specified allegations of **proprietary misconduct** against a pharmacy, including the Designated Manager, Director, and/or the corporation operating the pharmacy to the Discipline Committee.

## BY THE NUMBERS 2017

**33**   
discipline hearings held\*  
23 held in 2016  
33 held in 2015

**44**   
discipline hearing days  
33 days in 2016  
45 days in 2015

**34**   
pharmacy professionals about whom decisions were made (including motions)  
31 professionals in 2016  
26 professionals in 2015

**28**   
pharmacy professionals referred to discipline by ICRC in 2017  
41 referred in 2016  
31 referred in 2015

\*Some hearings will continue into 2018

## DISCIPLINE COMMITTEE FINDINGS OF PROVEN CASES



**30** findings of failure to meet standards of practice in 2017

20 in 2016

27 in 2015



**12** findings of failure to keep appropriate records in 2017

7 in 2016

5 in 2015



**7** findings of issuing false or misleading accounts in 2017

8 in 2016

10 in 2015



**2** findings of sexual abuse in 2017

0 in 2016

1 finding of boundary violations in 2015



**1** finding of proprietary misconduct in 2017

1 in 2016

2 in 2015

*Note: Of the 33 discipline hearings held in 2017, there were findings made in 29 cases, though some written decisions have not yet been issued. Some discipline cases have multiple findings. The remainder of hearings are either yet to be decided or the decision was released in 2018.*

## DISCIPLINE CASE SUMMARIES

List of discipline case summaries for 2017. Case summaries can be accessed in [Appendix A](#).

**Andrew Ng** (OCP #75035)

**Trevor Scott Sweazey, R.Ph.** (OCP #104914)

**James Ying** (OCP #609598)

**Emad Abdel Sayed** (OCP #610270)

**Dilip Jain** (OCP#204400)

**Bhavesh Kothari** (OCP #217389)

**John Gerges, R.Ph.** (OCP #613990)

**Alexandre Mihaila, R.Ph.** (OCP #219201)

**Neda Toeg, R.Ph.** (OCP #606687)

**Ayman Mikhael** (OCP #111279)

**Abhaya Dixit, R.Ph.** (OCP #214669)

**George Oduro, R.Ph.** (OCP #215645)

**Eiman Amin, R.Ph.** (OCP #202872)

**Naresh Jain, R.Ph.** (OCP #604710)

**Nancy Mousa, R.Ph.** (OCP #216717)

**Yogesh Patel** (OCP #604597)

**Lisa Galassi, R.Ph.** (OCP #115525)

**Akop Shaboian** (OCP #215101)

**Murray Salomon, R.Ph.** (OCP #67393)

**Abdul Baqi, R.Ph.** (OCP #214965)

**Allen Kula, R.Ph.** (OCP #28479) and **W.J. Gagne Drugs Limited, c.o.b. as Romana Pharmacy** (#303221)

**George Politis, R.Ph.** (OCP #68632)

**Mamdouh Soliman** (OCP #114278)

**Niloofer Saiy** (OCP #608704)

**Safaa Eskander** (OCP #116661)

**John Shenouda** (OCP #218737)

**Jayant Patel** (OCP #96288)

A notation and summary of the discipline finding is available on the pharmacy professional's profile on the Find a Pharmacy or Pharmacy Professional tool on the College's website. Once complete, the full written decision for each hearing is available on [www.canlii.org](http://www.canlii.org).

## COMPLIANCE MONITORING

The College monitors pharmacy professionals who are required to fulfill orders imposed by the Discipline Committee, and pharmacy professionals who are required by the ICRC to complete a SCERP or who voluntarily entered into an undertaking with the College.

## HEALTH INQUIRIES

When the College becomes aware that a pharmacy professional may be incapacitated, health inquiries are initiated. A pharmacy professional is incapacitated when he or she is suffering from a physical or mental condition or disorder (such as a substance use disorder, or a mental or psychiatric disorder), which requires that restrictions be placed on their practice or that they must be removed from practice in the interest of the public. The College often receives information about a pharmacy professional through a mandatory report from an employer or facility operator, or from a self-report by the practitioner.

Health inquiries are limited to obtaining information about a pharmacy professional's current health; the focus is not on their competence or practice. The results of health inquiries are compiled into a report and reviewed by a health inquiry panel (HIP) of the ICRC. The HIP may ask for more information or might ask the pharmacy professional to undergo an independent medical examination if it believes a practitioner is incapacitated.

The HIP may refer the pharmacy professional to the Fitness to Practise Committee. The Fitness to Practise Committee can make a finding of incapacity. Furthermore, the committee can revoke the professional's certificate of registration, suspend their certificate or impose certain terms, conditions and limitations on their certificate. Many professionals may choose to enter into a monitoring program or seek support from the Ontario Pharmacy Support Program (OPSP) administered by the Centre for Addiction and Mental Health (CAMH), which offers intervention, assessment and monitoring.

**37**   
 pharmacy professionals monitored in 2017 while fulfilling orders from the Discipline Committee

**30** in 2016  
**27** in 2015

**107**   
 pharmacy professionals monitored in 2017 while fulfilling remedial training (also known as a SCERP)

**114** in 2016  
**110** in 2015

### BY THE NUMBERS 2017

**24**   
 health inquiries overseen by a health inquiry panel of the ICRC (4 initiated in 2017)

**14**   
 pharmacy professionals continue to be investigated

**5**   
 pharmacy professionals no longer being investigated because they are no longer practicing

**4**   
 pharmacy professionals monitored while fulfilling orders imposed by the Fitness to Practise Committee

**1**   
 finding of incapacity

**2**   
 referrals to the Fitness to Practise Committee

# THE PROTECTING PATIENTS ACT: **STRENGTHENING THE COLLEGE'S PUBLIC-PROTECTION MANDATE**



Putting patients first means protecting them from harm. Over the past year, the College has strongly supported the development and implementation of Ontario's *Protecting Patients Act, 2017* (also known as *Bill 87*). We have also worked to reinforce our expectations that pharmacy professionals do all they can to prevent and report sexual abuse of patients by healthcare professionals. Preventing harm to patients and strengthening our commitment to transparency are fundamental components of our mandate and will continue to inform our ongoing work in this area.

## **THE PROTECTING PATIENTS ACT, 2017**

The College was pleased to have had the opportunity to present at the Standing Committee of the Legislative Assembly as *Bill 87* moved through the legislative process towards eventual proclamation. Our presentation and the opportunities to engage and work with the government and other health system and regulatory stakeholders allowed us to demonstrate our overwhelming support for the goals of the Act, while also providing key insight into how to make the provisions of the Act effective and efficient.

The Act, which received Royal Assent on May 30, 2017, protects patients by strengthening and reinforcing Ontario's zero tolerance policy on sexual abuse of patients, supports additional accountability and transparency within the health system and emphasizes patient safety and protection as the first priority for Ontario's health colleges and healthcare professionals. Changes under the *Protecting Patients Act* include:

- A minimum one year period of prohibition on sexual relationships with former patients.
- Mandatory revocation of a professional's certificate of registration related to broader instances of sexual abuse and certain criminal offences.
- Option for the Inquiries, Complaints and Reports Committee to make an interim order to suspend a pharmacy professional's certificate of registration prior to referral to the Discipline or Fitness to Practise Committees.
- Option for the Accreditation Committee to make an interim order to suspend a pharmacy's certificate of accreditation if it is of the opinion that the operation of the pharmacy is likely to expose the public to harm.
- Increased fines for failing to make a mandatory report of sexual abuse.

## INTO 2018 AND BEYOND

The Act requires that additional regulations are made to support the broader initiatives outlined in the legislation, such as providing a definition of a "patient", identifying more information that regulatory colleges must post on their public register, and setting out criminal offences that would result in mandatory revocation.

As these regulations are developed and posted for consultation, the College will continue to engage with the Ministry of Health and Long-Term Care – and with other health system partners – to both express our strong support for the intention of the regulations and provide feedback on the most effective ways of implementing them to protect patients.

## PATIENT RELATIONS PROGRAM: PUTTING PATIENTS FIRST

The College's Patient Relations Program enhances and promotes the therapeutic relationship between pharmacists/pharmacy technicians and patients. The program, which every regulatory college must have under law, is administered by the Patient Relations Committee and provides resources, advice, training and support to prevent and deal with sexual abuse of patients.

The Committee's primary responsibilities include monitoring the program and administering

a fund for patients who have been sexually abused by a regulated pharmacy professional to receive therapeutic or counseling support. The Committee also works to encourage positive communications between pharmacy professionals and patients, with a view to continually improve the quality of the delivery of pharmacy care and services.

This past year, the Committee guided the ongoing development of important communications to College registrants

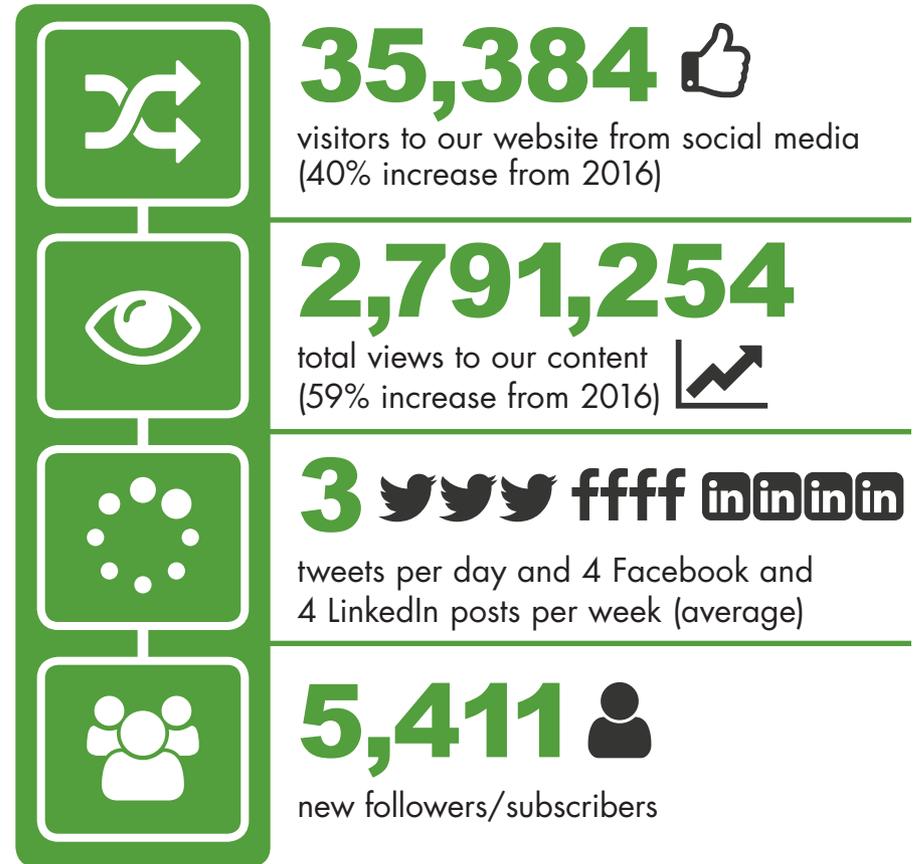
related to the Code of Ethics and our zero-tolerance policy on sexual abuse of a patient by a member. The Committee also informed the development of a new communications strategy for 2018 aimed at improving greater public awareness on such topics as the Patient Relations Program, the role of the College and its public-protection mandate, and the rights of every patient when interacting with his/her pharmacy or pharmacy professional.

# OCP'S COMMUNICATIONS

## WEBSITE



## SOCIAL MEDIA



## PHARMACY CONNECTION

**236 x**  total pages of helpful articles and information affecting pharmacy practice in Ontario

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**10,280**  total visitors to the Pharmacy Connection page of the OCP website

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**8,103**  total visitors to *Pharmacy Connection* from e-Connect

## E-CONNECT

**48,518 x**  total visits to our website from e-Connect

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**29 x**  issues sent to over 25,000 people, including pharmacists, pharmacy technicians, and stakeholders

## VIDEOS

**9**          new videos published to our YouTube channel

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**45,734**  total views to our YouTube videos

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**171,639 x 60s.** minutes total watch time of our videos

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**358**  new subscribers to our YouTube videos



Ontario College  
of Pharmacists  
Putting patients first since 1871

# 2017 SUMMARY FINANCIAL STATEMENTS

## INDEPENDENT AUDITOR'S REPORT ON SUMMARY FINANCIAL STATEMENTS

# TINKHAM LLP | CHARTERED PROFESSIONAL ACCOUNTANTS

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### To the Members of Ontario College of Pharmacists

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2017 and the summary statement of operations and net assets for the year then ended, and the related note, are derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated March 25, 2018.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not for profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Ontario College of Pharmacists.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in the note to the summary financial statements.

### Auditor's Responsibility

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

### Opinion

In our opinion, these summary financial statements, derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2017 is a fair summary of those financial statements on the basis described in the note to the summary financial statement.

### Other Matters

The audit report on the financial statements of the Ontario College of Pharmacists for the year ended December 31, 2017 identified that the financial statements for the year ended December 31, 2016 were audited by another firm of Chartered Accountants. There is no effect on the summary financial statements.

The summary financial statements for the year ended December 31, 2016 were audited by another firm of Chartered Accountants.

Toronto, Ontario  
 March 25, 2018

  
 Licensed Public Accountants

## SUMMARY STATEMENT OF FINANCIAL POSITION

As at December 31	2017	2016
<b>Assets</b>		
Current		
Cash and short term investments	\$ 2,319,908	\$ 1,756,155
Accounts receivable and cost recoveries	238,088	269,343
Prepaid expenses	167,086	312,764
	2,725,082	2,338,262
Long term investments	7,885,335	7,731,305
Property and equipment	4,221,956	4,149,710
	\$ 14,832,373	\$ 14,219,277
<b>Liabilities</b>		
Current		
Accounts payable and accrued liabilities	\$ 1,329,731	\$ 1,270,936
Deferred revenue	3,864,864	3,650,492
	5,194,595	4,921,428
<b>Net assets</b>		
Internally restricted	8,600,000	8,480,000
Unrestricted	1,037,778	817,849
	9,637,778	9,297,849
	\$ 14,832,373	\$ 14,219,277

## SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS

Year ended December 31	2017	2016
<b>Revenues</b>		
Member fees - Pharmacists	\$ 9,398,808	\$ 9,096,175
- Pharmacy technicians	1,810,125	1,681,265
Community pharmacy fees	4,493,145	4,251,909
Hospital pharmacy fees	687,896	747,545
Registration fees and income	636,520	792,555
Investment income	238,720	245,374
	<b>17,265,214</b>	<b>16,814,823</b>
<b>Expenses</b>		
Council and committee expenses	2,107,776	1,910,026
Personnel	11,647,379	11,170,738
Regulatory programs	1,213,216	1,245,576
Operations	1,608,372	1,468,495
	<b>16,576,743</b>	<b>15,794,835</b>
Excess of revenues over expenses from operations for the year before amortization	688,471	1,019,988
Amortization	348,542	351,230
Excess of revenues over expenses for the year	339,929	668,758
Net assets - beginning of year	9,297,849	8,629,091
Net assets - end of year	\$ 9,637,778	\$ 9,297,849

### NOTE TO THE SUMMARY FINANCIAL STATEMENTS

Applied criteria in preparation of the summary financial statements are as follows:

- The information in the summary financial statements is in agreement with the related information in the complete financial statements; and
- The summary financial statements contain the information necessary to avoid

distorting or obscuring matters disclosed in the related complete financial statements, including the notes thereto.

For the Ontario College of Pharmacists complete audited financial statements, please email [council@ocpinfo.com](mailto:council@ocpinfo.com)

[ocpinfo.com](http://ocpinfo.com)



Ontario College  
of Pharmacists

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