



Putting patients first since 1871



Ontario College
of Pharmacists

2014
ANNUAL
REPORT

2014 ANNUAL REPORT

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**Ontario College
of Pharmacists**

Putting patients first since 1871





REGISTRAR'S MESSAGE

It's been a busy and exciting year here at the Ontario College of Pharmacists. Through a number of key initiatives such as our commitment to transparency, Council and staff have been focused on supporting our mandate of protecting the public and putting patients first.

This report outlines how we uphold our mandate through every interaction we have with a practitioner or facility — from our first contact with new applicants, to continued interactions as we ensure competence, visit practice sites, and investigate concerns.

We ensure that all Ontario pharmacists and pharmacy technicians are qualified when they enter practice. Last year, we registered 864 new pharmacists and 1,121 new pharmacy technicians. To check if they were qualified, we reviewed their training history, practice experience, standardized testing results and evidence of good character. As always, only those applicants who met the requirements were granted the right to practise in Ontario. See page 14 for more about how we register qualified practitioners.

After they register with us, we make sure practitioners retain their skills and competence throughout their careers. Whether this happens through our formal quality assurance program or through the assessment of practitioners during a routine pharmacy inspection, we are dedicated to making sure that practitioners continue to practice to the standards.

We regularly visit practice sites to be sure they are meeting the standards of operation, and we publicly report the outcomes of our visit. In 2014 we conducted 1,461 community pharmacy inspections — 94% of these were satisfactory or identified only minor issues. Coming in 2015, we'll also be assessing hospital pharmacies. Read more about inspections beginning on page 36.

Another way we protect the public is by investigating and resolving complaints and reports. We received a total of 204 complaints and 62 reports in 2014. The majority of complaints and reports we receive are resolved by our Investigations, Complaints & Reports Committee, while the more serious matters are referred to the Discipline Committee. All aspects of the disciplinary process are open to the public. More information about resolving complaints begins on page 48.

Please continue to read on in this report to learn more about how we protect the public, how we put patients first, and what other key initiatives we focused on in 2014.

Thanks for reading!

Marshall Moleschi
CEO & Registrar



**Marshall Moleschi, CEO and Registrar (left) with
Mark F. Scanlon, Council President 2014 – 2015**



PRESIDENT'S MESSAGE

There's so much we can learn by just taking a moment to pause and reflect on the past. In 2014 Council spent time reflecting, learning and making some exciting plans for the future.

A primary focus this year — the introduction of the professional responsibility principles — was a result of our reflections on the 2013 chemotherapy under-dosing incident. We felt that there were a number of lessons that could be learned from the incident, and that practitioners in all practice settings could benefit from them. Primarily, these principles remind pharmacists and pharmacy technicians that they must put the best interests of their patients first and foremost. We shared the principles in *Pharmacy Connection* and e-Connect, and spoke with many of you about them at our annual district meetings. I heard some really great feedback from practitioners who found the principles to be a great reminder to look at the bigger picture instead of each individual task.

Our discussions about the professional responsibility principles led us to think about their roots, and our foundational document — the Code of Ethics. In 2014, we began a project to revise and refresh our Code so that it more appropriately addresses the realities of today's practice. While the project is still in the early stages, I'm really looking forward to a Code that will better address our current scopes of practice, incorporate the professional responsibility principles and the new professional misconduct regulations. It will also provide the foundation for practitioners to understand their role and commitment as regulated healthcare professionals.

As we look ahead into 2015, Council will also pause to reflect on the College's overall focus and strategic direction. Are we on the right track? Are we doing the right things to protect the public? Early in the year Council will participate in a strategic planning session to help us answer these questions. We will re-assess and affirm our priorities, mission and strategic directions to ensure that the interests of the public are protected and maintained.

The annual report provides a great opportunity for all of us to pause and reflect. This past year was very exciting with many challenges and opportunities. My sincere thanks must go to the Council and College staff for their efforts and support. Thank you for your commitment to ensuring that pharmacy care in Ontario is safe and that the public is protected.

Thanks for taking the time to read this year's annual report. All the best in 2015!

Mark F. Scanlon

Council President 2014 – 2015



ABOUT THE COLLEGE





About us

The Ontario College of Pharmacists is the regulator for the profession of pharmacy in Ontario. We serve and protect the public and hold Ontario's pharmacists and pharmacy technicians accountable to the established [Standards of Practice](#), [Code of Ethics](#), [legislation](#), [policies and guidelines](#) that are relevant to pharmacy practice. We also ensure that pharmacies within the province meet the required [standards for operation](#).

OUR MISSION

The Ontario College of Pharmacists regulates pharmacy to ensure that the public receives quality services and care.

OUR VISION

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

OUR VALUES

- o Transparency
- o Accountability
- o Excellence



Legal Powers & Authority

As a regulated healthcare profession, pharmacy is governed through a number of provincial and federal pieces of legislation. The legal powers and duties of the College are set out in the [Regulated Health Professions Act](#), the [Health Professions Procedural Code](#), the [Pharmacy Act](#) and the [Drug and Pharmacies Regulation Act](#).



COLLEGE COUNCIL

The College is overseen by a Council of 15 elected pharmacists (two from hospital), two elected pharmacy technicians (one from hospital), between 9 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 2014-2015 – As of Dec. 31, 2014

ELECTED PRACTITIONERS



Mark F. Scanlon
(President) – District K



Esmail Merani
(Vice-President) – District K



Christine Donaldson
District H



Michelle Filo
District T



Jillian Grocholsky
District L



Bonnie Hauser
District N



Fayez Kosa
District M



Christopher Leung
District N



Jon MacDonald
District P



Michael Nashat
District L



Don Organ
District M



Goran Petrovic
District TH



Ken Potvin
District N



Douglas Stewart
District P



Regis Vaillancourt
District H



Farid Wassef
District L



Laura Weyland
District M

PHARMACY SCHOOLS



University of Toronto:
Heather Boon



University of Waterloo:
David Edwards

APPOINTED PUBLIC MEMBERS



Kathy Al-Zand



Linda Bracken



Bob Ebrahimzadeh



David Hoff



Javaid Khan



Lew Lederman



Aladdin Mohaghegh



Sylvia Moustacalis



Shahid Rashdi



Joy Sommerfreund

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



COLLEGE COMMITTEES

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



Statutory committees are required through legislation and include the:

- Accreditation Committee
- Discipline Committee
- Executive Committee
- Fitness to Practise Committee
- Inquiries, Complaints & Reports Committee
- Patient Relations Committee
- Quality Assurance Committee
- Registration Committee

Standing committees are created by Council through by-laws and include the:

- Communications Committee
- Drug Preparation Premises Committee
- Elections Committee
- Finance and Audit Committee
- Professional Practice Committee

Find details about each committee and its membership in the coming pages.



STATUTORY COMMITTEE

The Executive Committee – As of Dec. 31, 2014

The Executive Committee deals with matters requiring immediate attention between Council meetings, has a significant co-ordination function, and receives and studies reports from committees before forwarding them to Council for action.

Elected Practitioners:

- Mark F. Scanlon – President & Chair
- Esmail Merani – Vice President
- Chris Leung – Past President
- Regis Vaillancourt

Appointed Public Members:

- David Hoff
- Aladdin Mohaghegh
- Joy Sommerfreund

Staff Resource:

- Marshall Moleschi

STANDING COMMITTEE

The Elections Committee – As of Dec. 31, 2014

The Elections Committee is responsible for overseeing the process for elections of members to Council.

Elected Practitioner:

- Mark F. Scanlon

Appointed Public Member:

- Joy Sommerfreund

Staff Resource:

- Marshall Moleschi

PICTURE OF THE PROFESSION

BY THE NUMBERS

14,431 pharmacists in Ontario
4% increase since 2013

42% of pharmacists in Ontario
are male

45 the average age of a pharmacist
in Ontario

36% of pharmacists were educated
internationally

14% of pharmacists are 60+ and are
approaching retirement age

2,927 technicians in Ontario
60% increase since 2013

94% of technicians in Ontario
are female

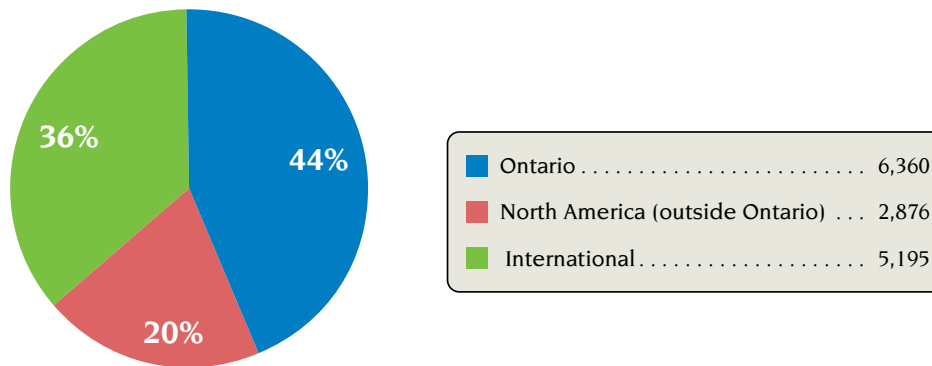
40 the average age of a technician
in Ontario

83% of technicians took the bridging
program to become registered

35% of technicians graduated more
than 25 years ago

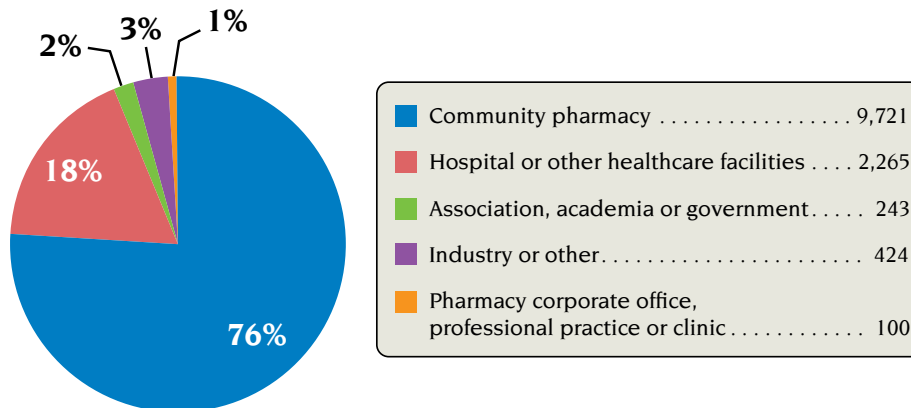


Pharmacists: Place of Education



Pharmacists by Practice Type

As of Dec. 31, 2014

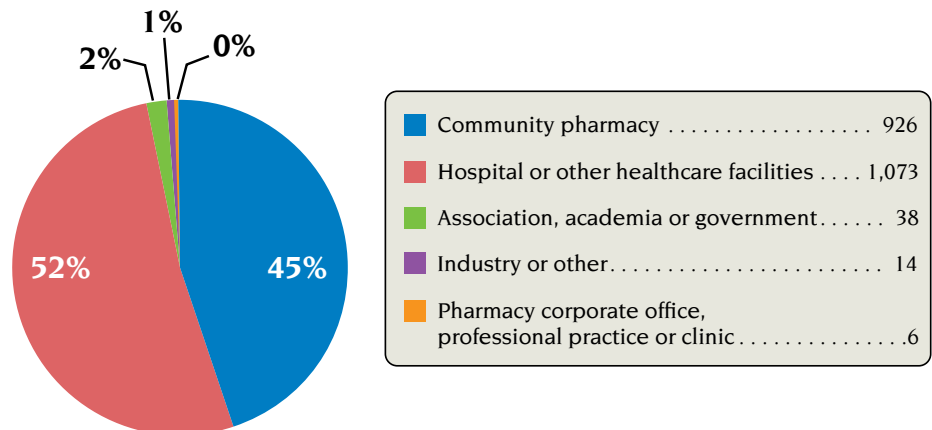


76% of pharmacists work in community practice.

Pharmacy Technicians by Practice Type

As of Dec. 31, 2014

52% of pharmacy technicians work in hospitals or other healthcare facilities.



All practitioners are required to declare their primary place of practice each year upon annual renewal. These graphs do not include practitioners who failed to record a place of practice.

REGISTERING QUALIFIED PRACTITIONERS





All pharmacists or pharmacy technicians in Ontario must be registered with the Ontario College of Pharmacists. To become registered, applicants must demonstrate that they are qualified and possess the required knowledge, skills and abilities to practise pharmacy in the province.

One of the primary ways that we protect the public is by ensuring that only those applicants who have successfully met the registration requirements are granted the right to practise in Ontario. We review each applicant's education and training history, relevant practice experience, standardized testing results and evidence of good character before granting registration.

BY THE NUMBERS

864 new pharmacists registered in 2014
16% higher than the number of
new pharmacists in 2013

50% of new pharmacists were
educated internationally

39% of new pharmacists were
educated in Ontario

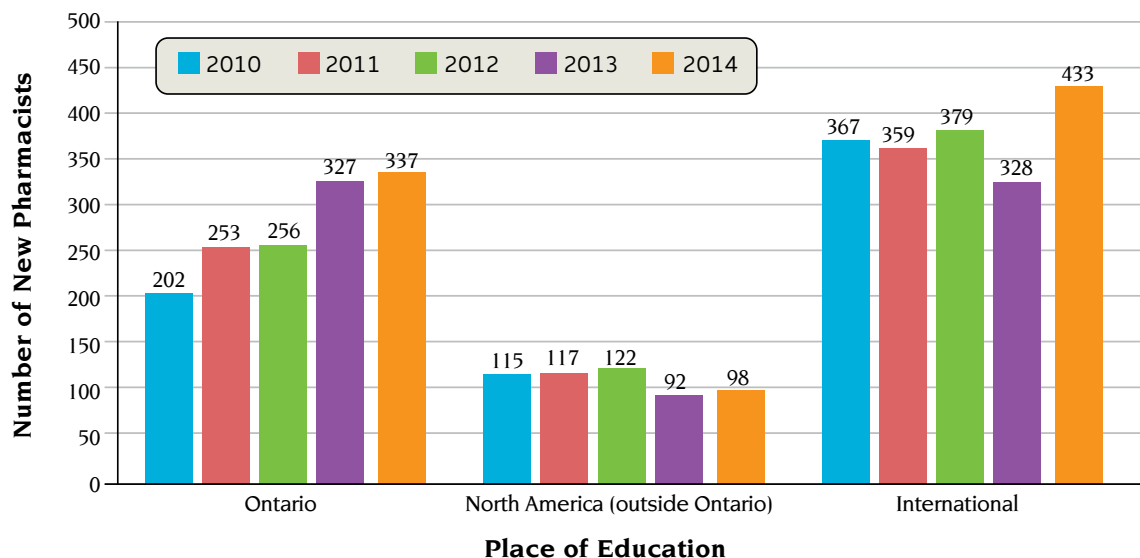
1,121 new technicians registered in 2014
39% higher than the number of
new technicians in 2013

1,548 students and interns are
training in Ontario

243 requests considered by panels of
the Registration Committee



New Pharmacists by Place of Education



STATUTORY COMMITTEE

The Registration Committee – As of Dec. 31, 2014

The Registration Committee provides guidance to Council on matters concerning registration, examinations and in-service training required prior to registration.

Elected Practitioners:

- Christine Donaldson (Chair)
- Michelle Filo
- Jillian Grocholsky

Appointed Public Members:

- Kathy Al-Zand
- Linda Bracken
- Aladdin Mohaghegh

Non-Council Committee Members:

- Deep Patel

Pharmacy School Representative:

- David Edwards

Ontario Pharmacy Technician Program Representative:

- Sharon Lee

Staff Resource:

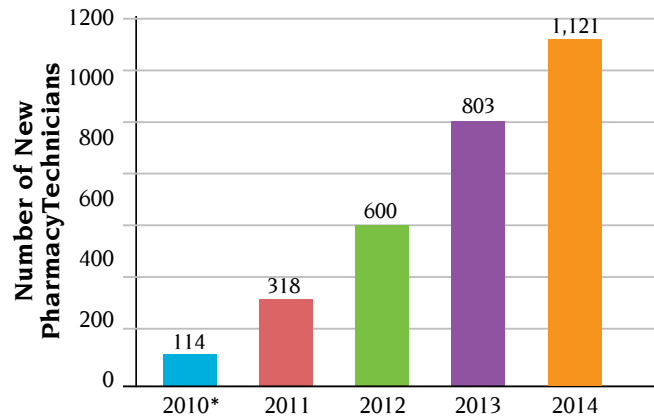
- Susan James



Registration Panel

While all applicants must meet the same set of requirements to register with the College, if an applicant does not directly meet a requirement their application is referred to a panel of the Registration Committee to give their application individual consideration.

New Pharmacy Technicians by Year



*2010 was the first year of regulation for pharmacy technicians. Registration began on Dec. 3, 2010.

Panels review applications for exemptions for particular requirements, appeals of results for requirements that are set and administered by the College, and consideration for alternative means to demonstrate a requirement.

The number of applicants referred to panel is significantly lower than it was five years ago as a result of new regulations and policies, which made some requirements non-exemptible and introduced policies that allow College staff to apply rules for certain common requests.

Over the past five years there has been a significant shift from referrals of an administrative nature to those that are focused more on conduct or good character.

This past year, panels of the Registration Committee considered 243 requests.

- Fully granted. 134
- Partially granted. . . . 92
- Denied. 14
- Deferred 2
- Withdrawn 1

Health Professions Appeal and Review Board

There were also two appeals to the Health Professions Appeal and Review Board (HPARB), an independent adjudicative agency. On request, HPARB conducts reviews and hearings of orders of the registration committees of Ontario's health regulatory colleges. Both appeals filed in 2014 were withdrawn.



REGISTERING QUALIFIED PRACTITIONERS

A LOOK BACK AT 2014

Bridging Education Program for Pharmacy Technicians Complete

In 2010, the government passed legislation that officially made pharmacy technicians regulated health professionals. This meant that anyone wishing to work as a pharmacy technician had to demonstrate their knowledge, skills and abilities, and register with the College.

Applicants who were already “in the profession” were able to complete several registration requirements including an entry exam, a bridging education program, the jurisprudence exam and an exam administered by the Pharmacy Examining Board of Canada (PEBC).

The bridging education program allowed the “in the profession” applicants to upgrade their skills to become regulated healthcare professionals who are accountable for their own scope of practice. The deadline to complete the

bridging education program portion of these requirements was January 1, 2015.

This route to registration was extremely successful. As of Dec. 31, 2014, there were 2,426 pharmacy technicians who registered through the “in the profession” route.

Pharmacists’ Gateway Canada Launch

On Aug. 20, 2014 the National Association of Pharmacy Regulatory Authorities (NAPRA) launched [Pharmacists’ Gateway Canada](#) — a new, national approach to facilitate the pharmacist registration process for applicants who graduated with a pharmacy degree not accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).

The new registration portal is now the first point of contact for internationally educated pharmacist applicants — including graduates from an American accredited pharmacy degree program. The Gateway is meant to eliminate duplication and create a fair, consistent approach to registration in all Canadian provinces.

Jurisprudence e-Learning Modules

The College published [four online e-learning modules](#) that support practitioners’ understanding of the various regulations that govern pharmacy. In addition to supporting candidates preparing to write the entry-to-practice



Jurisprudence Exam, the modules are also a useful tool for practitioners wishing to refresh their knowledge of important legislation that is relevant to every day practice. The new modules cover:

- Drug and Pharmacies Regulation Act (DPRA)
- Controlled Drugs and Substances Act (CDSA) and Narcotics Safety and Awareness Act (NSAA)
- Ontario Drug Benefit Act (ODBA)
- Drug Interchangeability and Dispensing Fee Act (DIDFA)

Fair Registration Practices

In June 2014 the College completed our second Registration Practices Assessment with the [Office of the Fairness Commissioner](#) (OFC). The assessment — required biannually as part of the OFC's strategy for continuous improvement — involves a review of our registration practices to ensure they are transparent, objective, impartial and fair for all applicants. In their [report](#), the OFC noted that the Ontario College of Pharmacists had 14 commendable registration practices with only a small number of recommendations for improvement.

A LOOK AHEAD AT 2015

Structured Practical Training Program Re-design

In June 2014 Council approved a re-design of the Structured Practical Training (SPT) program. As one of the registration requirements to become a pharmacist or pharmacy technician in Ontario, SPT allows pharmacy students, interns and pharmacy technician applicants to develop and demonstrate their competence for entry-to-practice. All applicants must complete SPT — either through the College's program or through other experiential rotations approved by Council. Following an evaluation of SPT, the College has been working to re-design the program to be competency-based. A pilot will occur in the spring of 2015.

ENSURING COMPETENT PRACTITIONERS





Once a pharmacist or pharmacy technician is registered with us, we have a responsibility to make sure that they remain competent throughout their career. One of the ways we protect the public is to ensure that all practitioners retain their skills and competence, and maintain the ethical and practice standards of the profession throughout their careers.

The Quality Assurance program assesses the continuing competency of practicing pharmacists and thereby protects the public. The program consists of three components:

1. The learning portfolio
2. The self-assessment
3. The Peer Review

BY THE NUMBERS

13,574 pharmacists in Part A
of the register*

857 pharmacists in Part B
of the register*

90% of Peer Review participants were
successful over last 5 years

245 randomly selected candidates
participated in one of four
Peer Review sessions

*Pharmacists in Part A of the register 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.



STATUTORY COMMITTEE

The Quality Assurance Committee – As of Dec. 31, 2014

The Quality Assurance Committee develops and maintains the Quality Assurance program, which includes a two-part register, continuing education, minimum practice requirements and a practice review process. It supports continued competence and encourages continuing professional development of practitioners.

Elected Practitioners:

- Christine Donaldson
- Michelle Filo
- Jon MacDonald (Chair)
- Michael Nashat

Appointed Public Members:

- Aladdin Mohaghegh
- Sylvia Moustacalis
- Shahid Rashdi

Non-Council Committee Members:

- Victor Naidoo
- Zita Semeniuk
- Irene Sing

Staff Resource:

- Sandra Winkelbauer



THE QUALITY ASSURANCE PROGRAM

The Learning Portfolio

To ensure they maintain their competence and skills, all pharmacy professionals in Ontario are encouraged to engage in professional development annually. Pharmacists are required by legislation to participate in and keep a record of their continuing education and professional development. The College offers an online tool — the Learning Portfolio — that assists practitioners with planning and documenting their learning activities.

The Self-Assessment

Practitioners are encouraged to complete the Self-Assessment annually. The self-assessment is a tool that assists practitioners in identifying their learning needs and creating a plan for learning. Every pharmacist in Part A of the register is required to submit the self-assessment approximately once every five years, upon random selection.

Peer Review

Peer Review is a practice assessment focusing on clinical knowledge and communication with patients. Pharmacists in Part A of the register are randomly chosen to participate in the program. In addition, pharmacists referred from the Registration Committee or those wishing to move from Part B to Part A of the register also take part in the Peer Review.

The four areas assessed are:

- Clinical knowledge
- Gathering information
- Patient management and follow-up
- Communication skills

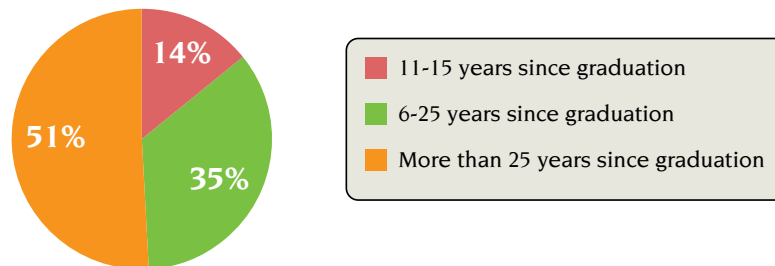
Over the past five years, approximately 90 per cent of pharmacists who completed the Peer Review were successful, requiring only self-directed professional development after their first assessment.



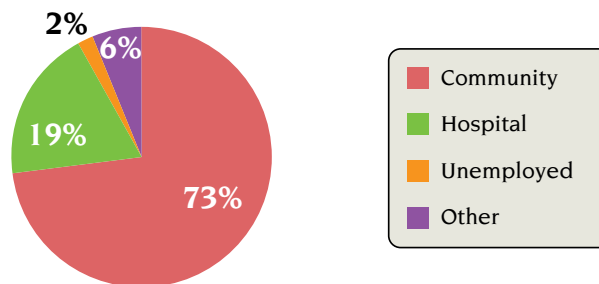
PEER REVIEW

The following pie charts show the breakdown of the 245 randomly selected candidates that participated in the 2014 Peer Review

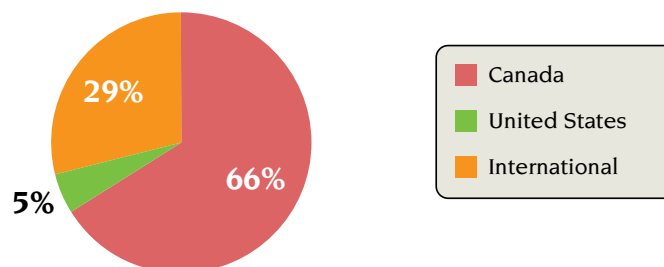
Participants by Graduation Date



Participants by Place of Practice



Participants by Location of Graduation





There were 245 pharmacists randomly selected for Peer Review in 2014

The following charts show the breakdown of pharmacists who were unsuccessful in meeting the standards on their first attempt at Peer Review and therefore were required to enter peer-guided learning (remediation).

Outcome by Graduation Date:

Years since graduation	Number of pharmacists	Number entered peer-guided learning	Percentage who entered peer-guided of age groups' total
11-15	35	1	2.9%
16-25	85	3	3.5%
More than 25	125	11	8.8%

Outcome by Place of Practice:

Place of practice	Number of pharmacists	Number entered peer-guided learning	Percentage who entered peer-guided of age groups' total
Community	178	15	8.4%
Hospital	47	0	0%
Unemployed	6	0	0%
Other	14	0	0%

Outcome by Location of Graduation:

Location of graduation	Number of pharmacists	Number entered peer-guided learning	Percentage who entered peer-guided of age groups' total
Canada	163	4	2.5%
USA	12	0	0%
International	70	11	15.7%



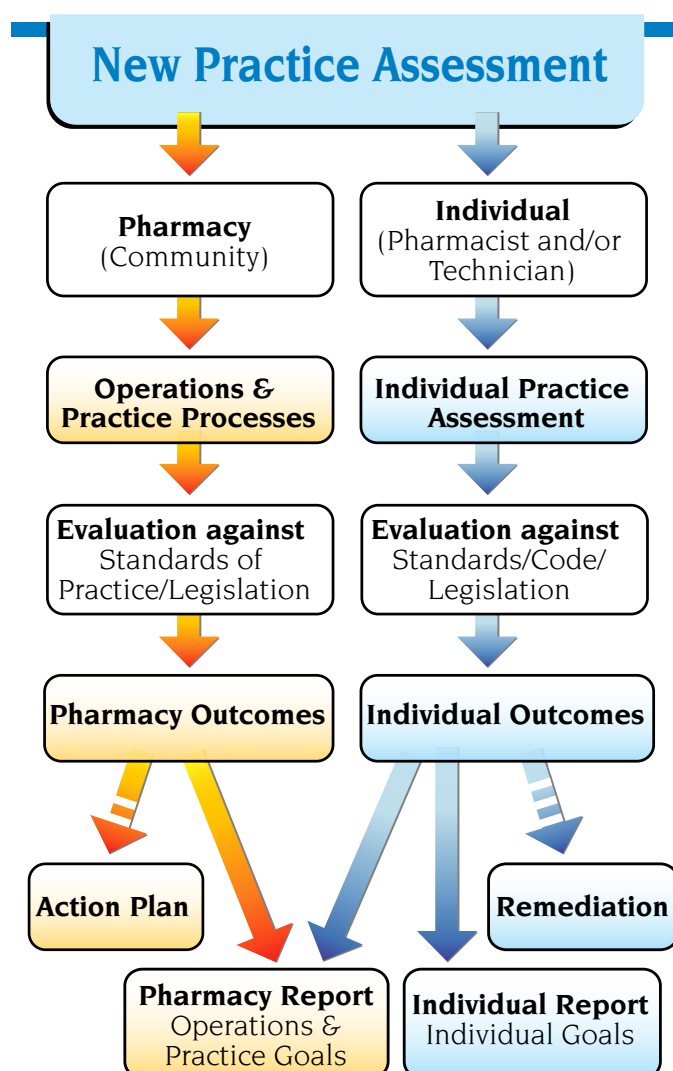
SPECIAL FEATURE:

NEW PRACTICE ASSESSMENT MODEL

In 2014 the College announced the addition of a new quality assurance measure that will help ensure Ontario's pharmacists and pharmacy technicians are providing safe, effective and ethical pharmacy services and care to patients. The new measure comes in the form of a change to how we will use our resources while visiting pharmacies for routine inspections.

The new process — known as the practice assessment — will expand the College's traditional approach of focusing on pharmacy operations and practice processes, to include an observation and assessment of an individual practitioner's performance in their practice site.

By assessing individual practitioners, the College will be able to better evaluate, coach and mentor





pharmacists and pharmacy technicians to adhere to the Standards of Practice and Code of Ethics.

The practice assessment does not replace any part of the College's formal Quality Assurance program such as the Peer Review, but does offer a chance for more practitioners to be involved in a quality assurance activity throughout their career. While the Peer Review uses standardized patient interviews with sample cases in a controlled environment, the new practice assessment reviews the practitioner's actual practice.

College practice advisors, while visiting the pharmacy for an inspection, will evaluate the processes for new prescriptions, refills, adaptations/prescribing and medication reviews. This will allow the practice advisor to assess the practitioner(s) in the following areas:

1. Patient assessment
2. Decision making
3. Documentation
4. Communication and education

Practice advisors will focus on identifying the processes that are in place that shape and support the practitioner's clinical decision-making, but will not assess specific clinical decisions.

The shift supports the role of pharmacists as medication experts and clinical decision-makers, and is consistent with assessments of other primary healthcare practitioners such as doctors and nurses. A number of other provincial pharmacy regulators across the country have already implemented similar models or are in the process of moving to a more practice site assessment model.

The College began piloting the new practice assessment across the province in late 2014, and we anticipate an official launch in spring/summer 2015.

Learn more about practice assessments by visiting www.ocpinfo.com/about/key-initiatives/practice-assessments/

SUPPORTING PHARMACY PRACTICE





BY THE NUMBERS

7,358 pharmacists registered to administer injections
51% of all eligible pharmacists

6 new or revised practice policies or guidelines

7 fact sheets updated with new and relevant practice information

2 practice consultants taking calls and answering questions by email

Our mandate is to serve and protect the public and hold Ontario's pharmacists and pharmacy technicians accountable to the established [Standards of Practice](#), [Code of Ethics](#), [legislation](#), [policies and guidelines](#) that are relevant to pharmacy practice.

While all practitioners are expected to use their professional judgment to make decisions, the College also provides support for practitioners in their adherence to standards and legislation.

We develop policies, guidelines and fact sheets that are meant to guide practitioners in their decision-making. College practice consultants are also available to respond to general practice questions, assist practitioners with meeting the standards and provide advice, guidance and clarification to support decision-making.

We develop resources such as [practice tools](#) and [fact sheets](#) to help answer common questions.

STANDING COMMITTEE

The Professional Practice Committee – As of Dec. 31, 2014

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

Elected Practitioners:

- Christine Donaldson
- Jillian Grocholsky
- Esmail Merani
- Michael Nashat (Chair)
- Don Organ
- Farid Wassef

Non-Council Committee Members:

- Kathryn Djordjevic
- Helen Lovick

Staff Resource:

- Tina Perlman

Appointed Public Members:

- David Hoff
- Lew Lederman

STATUTORY COMMITTEE

The Patient Relations Committee – As of Dec. 31, 2014

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

Elected Practitioners:

- Bonnie Hauser (Chair)
- Jon MacDonald

Non-Council Committee Members:

- Gerry Cook

Appointed Public Members:

- Kathy Al-Zand
- Javaid Khan
- Sylvia Moustacalis

Staff Resource:

- Anne Resnick

SPECIAL FEATURE:

2014 DISTRICT MEETING RECAP

In May 2014, College Registrar Marshall Moleschi teamed up with Dr. Zubin Austin, Professor in the Faculty of Pharmacy at the University of Toronto for a series of engaging and interactive sessions entitled [*Principles and Personalities: Prescriptions to Patient Care.*](#)

The sessions re-emphasized the expectations and provided insights to support practitioners in understanding and implementing their professional responsibilities.

The meetings were open to all practitioners and were also broadcast online.

In case you missed it, watch an archived version of the presentation here:



SPECIAL FEATURE:

PROFESSIONAL RESPONSIBILITIES

Reinforcing the professional responsibilities of pharmacists and pharmacy technicians was a key focus for the College in 2014. We emphasized that all practitioners must clearly understand and adhere to their professional responsibilities in practice to deliver safe, effective and ethical care. This requires a conscious focus on the big picture of patient-centred care instead of individual tasks.

The professional responsibility principles are a collection of broad lessons learned from the 2013 incident of chemotherapy under-dosing and were derived from the Standards of Practice, Code of Ethics and legislation. The principles remind practitioners of their overriding responsibility as regulated healthcare professionals to put the best interests of patients first and foremost.

PRINCIPLES OF PROFESSIONAL RESPONSIBILITIES

- 1.** Members are relied on to use their knowledge, skills and judgment to make decisions that positively enhance health outcomes for patients and provide patient-focused care.
- 2.** Pharmacists are responsible for applying therapeutic judgment in order to assess the appropriateness of therapy given individual patient circumstances.
- 3.** Communication and documentation are central to good patient care when working in a team environment.
- 4.** Trust in the care provided by colleagues and other health professionals must be balanced with critical evaluation.
- 5.** Members must be diligent in identifying and responding to red flag situations that present in practice.



The video below provides more information on the principles and gives examples of how to apply them to practice,



SUPPORTING PROFESSIONAL PRACTICE

A LOOK
BACK
AT 2014**NEW & REVISED POLICIES & GUIDELINES**

College Council approved several new and revised policies and guidelines in 2014.

Medical Directives

Council approved an updated policy on [Medical Directives and the Delegation of Controlled Acts](#). The policy was updated as a result of the introduction of an expanded scope of practice in 2012. Since then, the prevalence and opportunity for using delegation has increased. Delegation has historically been used in hospital

and non-traditional settings (e.g. Family Health Teams), and in recent years there has been heightened awareness of the possible use of delegation in community practice.

Methadone Maintenance Treatment

Council also approved an updated policy on [Methadone Maintenance Treatment \(MMT\) and Dispensing](#). The revised policy outlines a number of changes for the appropriate dispensing of methadone maintenance treatment for opioid addiction and pain. It followed the introduction of a manufactured product and provides direction for the exceptions for dispensing a compounded product.

Preventing Sexual Abuse

The revised [Guideline on Preventing Sexual Abuse and Harassment](#) provides information on professional boundaries, patient relationships. The guideline was approved alongside the new [Policy on](#)

VIDEO: NARCOTICS RECONCILIATION

We developed a quick, easy-to-follow video to illustrate the general process for completing narcotic reconciliations. The video highlights best practices to minimize errors and provides insights on how to reconcile discrepancies.





[Treating Self and Family Members](#), which clarifies that it is generally considered to be inappropriate and a conflict of interest for practitioners to provide care to themselves and/or closely related family members.

Centralized Prescription Processing

The policy on [Centralized Prescription Processing](#) (Central Fill) was updated and approved to help clarify the roles and responsibilities of pharmacies participating in a central fill agreement. The policy provides direction on the development of transparent and auditable central fill policies and procedures that protect the health, safety and well-being of patients.

Ending the Pharmacist-Patient Relationship

Council also approved a new guideline on [Ending the Pharmacist-Patient Relationship](#). This guideline provides advice to pharmacists who are considering terminating a relationship with a patient and encourages practitioners to exercise their professional judgment during this process. The guideline is meant to supplement the provisions of the proposed professional misconduct regulations regarding discontinuing professional services.

Record Retention

The updated guideline on [Record Retention, Disclosure and Disposal](#) was also approved by Council. The main change in the guideline was due to a clarification from Health Canada that stated as long as prescriptions were scanned into a secure database there is no need to retain original written prescriptions.

A LOOK AHEAD AT 2015

Code of Ethics Review Project

At their meeting in September 2014, Council agreed to the establishment of a task force that will review and update the [Code of Ethics](#) so that it more appropriately addresses the realities of current practice. The review project will take into account the professional responsibility principles, the revised professional misconduct regulations, the expanded scope of practice, and the expectation that practitioners should exercise their professional judgment in delivering pharmacy services.

Revised Professional Misconduct Regulations

In 2013 the College initiated a revision of the professional misconduct regulations to stay current with changes in pharmacy practice. The regulations were circulated for public consultation and then submitted to the Ministry of Health and Long-Term Care for approval. We have been engaged in discussions with the Ministry over the past several months to clarify the intent and impact of the regulations on member practice. The regulations will be in effect after they are approved by Cabinet, filed with the Registrar of Regulations and published on the Government of Ontario's e-Laws website.

INSPECTING PHARMACIES





The College inspects and accredits all community pharmacies and drug preparation premises (DPPs) in Ontario. We ensure that all facilities are operating safely and the public is protected. Only those pharmacies and DPPs that have been inspected and have met the accreditation criteria are authorized to operate in the province. We routinely assess these facilities to ensure compliance with established standards and legislation.

For more information on inspections of hospital pharmacies see page 42.

BY THE NUMBERS

3,871 accredited community pharmacies
4% increase from 2013

25% small or large chain pharmacies in the province

47% of Ontario pharmacies are independently owned

1,461 pharmacy inspections in 2014
11% increase since 2013

4 drug preparation premises were inspected and accredited

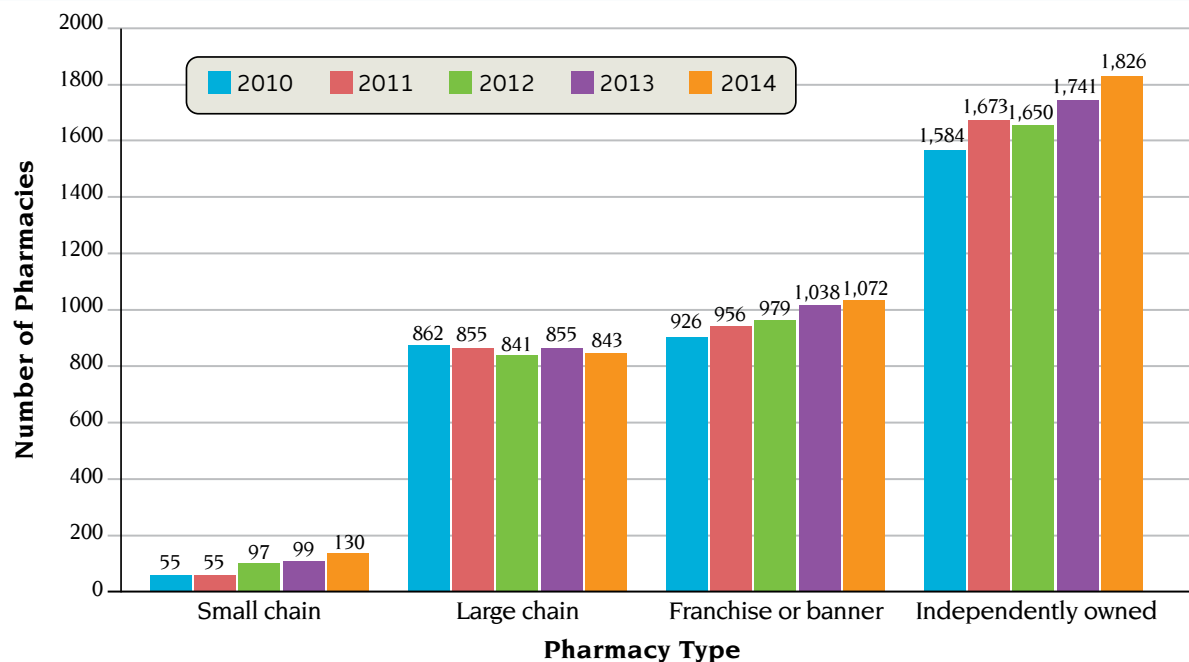
94% of inspections were satisfactory or identified minor issues only

4% of pharmacies that were inspected required a re-inspection

2 inspections resulted in referrals to the Discipline Committee

Independently owned pharmacies account for 47 per cent of Ontario's 3,871 active accredited pharmacies. This percentage has been fairly consistent over the last five years. Franchise or banner pharmacies and chain stores account for the remaining 53 per cent.

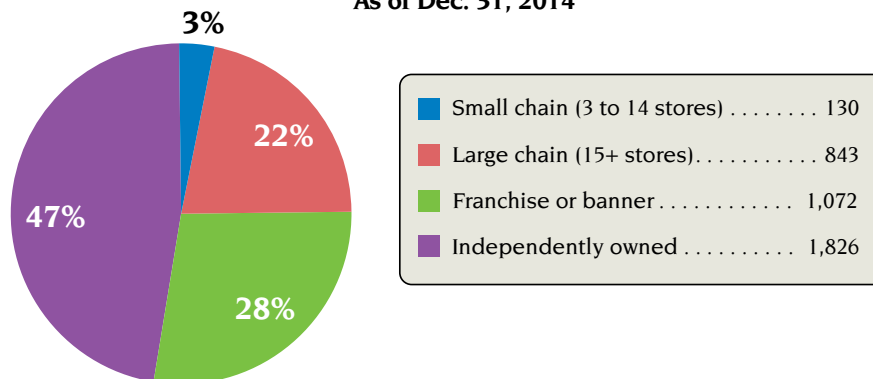
Community Pharmacies by Type — Trends



While small chain stores make up only three per cent of Ontario's pharmacies, more and more small chains are opening up each year.

Community Pharmacies by Type — Snapshot

As of Dec. 31, 2014



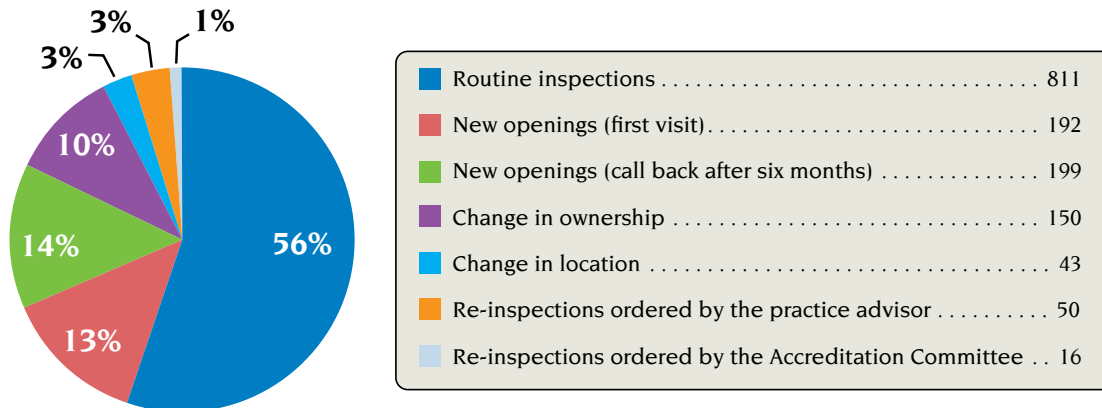


Community Pharmacy Inspections

When a College practice advisor visits a pharmacy to perform an inspection, they ensure that the pharmacy is operating safely and is meeting all relevant legislation and standards of operation.

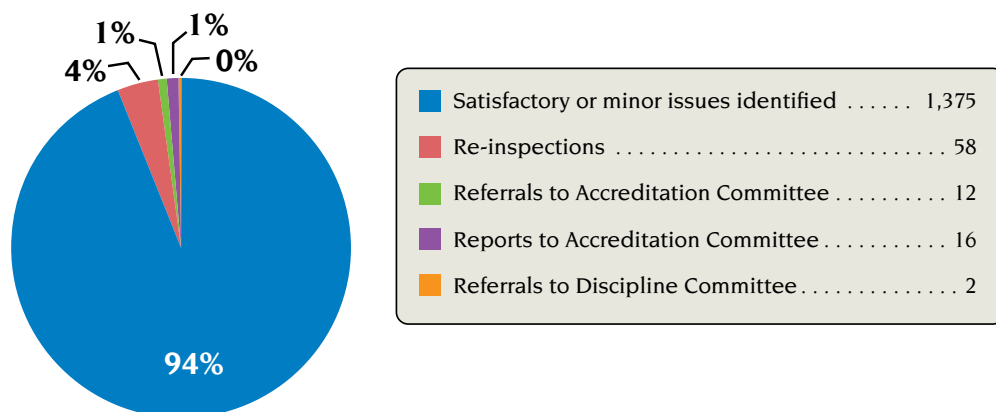
We conduct several types of inspections to ensure that the public is protected and facilities are operating safely.

Types of Inspections in 2014



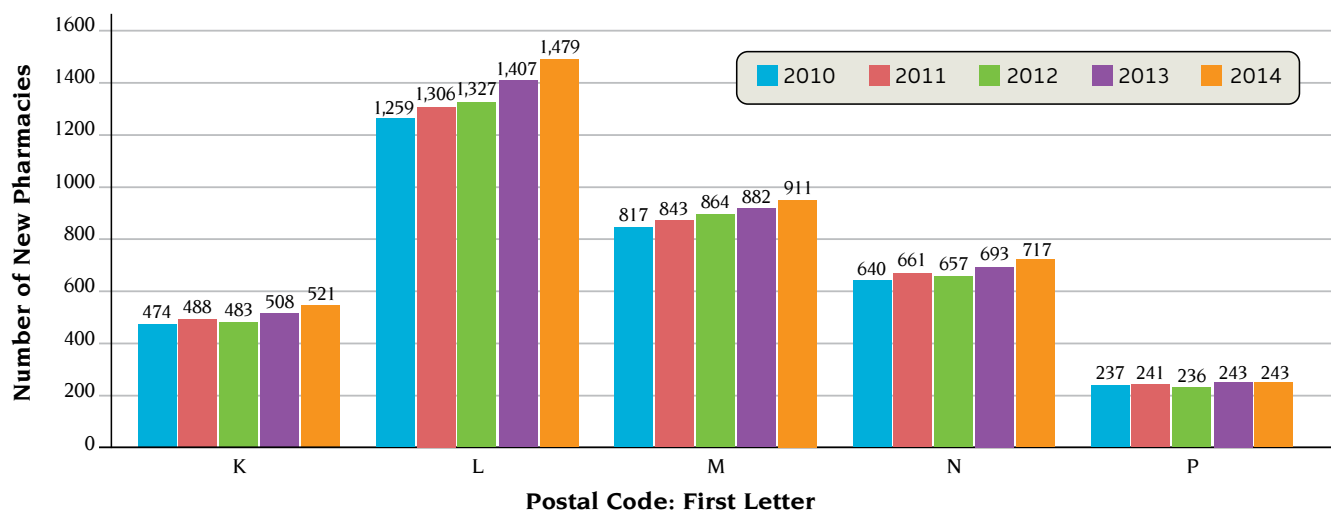
The status and/or outcome of all pharmacy inspections conducted after July 1, 2013 are posted on the ["Find a Pharmacy/Pharmacist"](#) tool on our website.

Inspection Outcomes in 2014





Pharmacies by Postal Code



For several years the fastest growth has been in District L — home to cities such as Barrie, Ajax, Mississauga, Brampton, Oakville, Hamilton and Niagara Falls.

STATUTORY COMMITTEE

The Accreditation Committee – As of Dec. 31, 2014

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

Elected Practitioners:

- Bonnie Hauser
- Michael Nashat
- Michelle Filo
- Regis Vaillancourt

Appointed Public Members:

- David Hoff (Chair)
- Joy Sommerfreund

Non-Council Committee Members:

- Timothy Brady
- Tracy Wiersema

Staff Resource:

- Tina Perlman



STANDING COMMITTEE

The Drug Preparation Premises Committee

– As of Dec. 31, 2014

The Drug Preparation Premises Committee considers all matters relating to the operation of drug preparation premises (DPPs) in Ontario.

Elected Practitioners:

- Bonnie Hauser
- Michael Nashat
- Michelle Filo
- Regis Vaillancourt

Appointed Public Members:

- David Hoff (Chair)
- Joy Sommerfreund

Non-Council Committee Members:

- Timothy Brady
- Tracy Wiersema

Staff Resource:

- Judy Chong

INSPECTING PHARMACIES

A LOOK BACK AT 2014

Drug Preparation Premises

Effective May 15, 2013 the College received the authority to inspect drug preparation premises where pharmacists and pharmacy technicians engage in or supervise drug preparation activities.

In 2014, four drug preparation premises were inspected and accredited by the College. The status and/or outcome of all drug preparation premises inspections is posted on the [“Find a Pharmacy/Pharmacist”](#) tool on our website.



SPECIAL FEATURE:

COLLEGE TO INSPECT HOSPITAL PHARMACIES

The legislation introduced by the Ontario government in 2014 provides the College with the authority to license and inspect pharmacies within public and private hospitals.

Bill 21: Safeguarding Health Care Integrity Act, 2014:

- Provides the Ontario College of Pharmacists with the authority to license and inspect pharmacies within public and private hospitals, in the same manner it currently licenses and inspects community pharmacies
- Provides the College with the ability to enforce licensing requirements with regard to hospital pharmacies
- Allows the College to make regulations to establish the requirements and standards for licensing, operation and inspection of hospital pharmacies
- Provides government with the ability to extend the College's oversight to other institutional pharmacy locations in the future, as appropriate





Bill 21 provides the College with the authority to license and inspect pharmacies within public and private hospitals.

At the close of 2014, the College was in the process of drafting the necessary regulations to support Bill 21, which will outline the standards of operation for hospital pharmacies.

Council will review the draft regulations at their March 2015 meeting and they will then be circulated for a 60-day public consultation. Following the consultation, Council will review and consider the feedback and approve the regulations before they are submitted to government for final approval. It is anticipated that regulations will be in place by the end of 2015.

College hospital practice advisors will be visiting all hospital pharmacy sites in Ontario by the end of 2015 to conduct the first round “baseline” assessments.

College practice advisors spend the day working with pharmacy staff members,

those involved in the medication management system, and the senior team discussing pharmacy processes and procedures, and touring the facility. Focus is on the areas of practice with the greatest risk for patient and public safety. If any problems in the pharmacy or medication management system are identified, the practice advisor works with the team to mentor and coach them on how to rectify the problems as soon as possible. The outcomes of these initial baseline assessment visits will be made public once the College has officially received the necessary authority.

Visit the Key Initiatives section on the College website to learn more about hospital pharmacy inspections.

<http://www.ocpinfo.com/about/key-initiatives/hospital-oversight/>



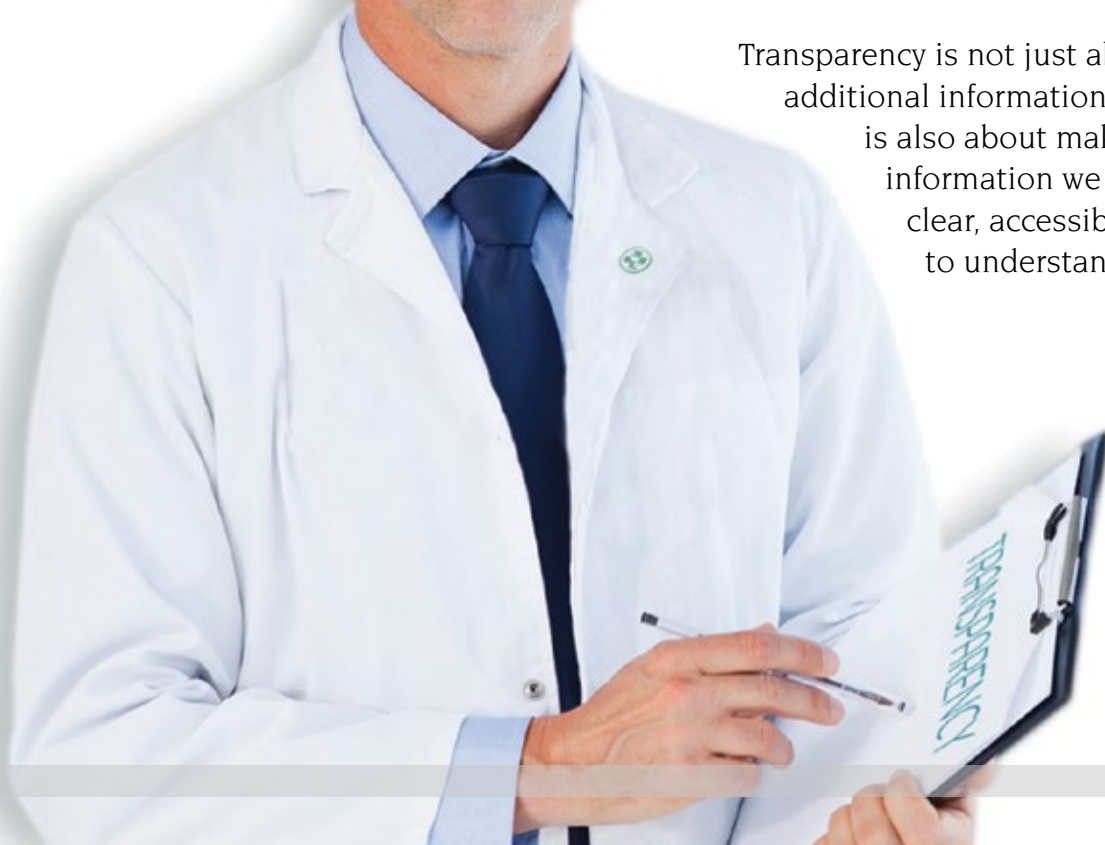
SPECIAL FEATURE:

OUR COMMITMENT TO TRANSPARENCY



Transparency was a significant focus for the College in 2014. We are embracing and enhancing transparency in all the work that we do. We understand that Ontarians need access to information about their healthcare providers that is relevant, timely, useful and accurate – information that evokes their confidence and enhances their ability to make informed healthcare decisions.

Transparency is not just about making additional information public, it is also about making the information we do share clear, accessible and easy to understand.





Work with the Advisory Group on Regulatory Excellence

The College is a member of the Advisory Group on Regulatory Excellence (AGRE), a working group of health regulators that is leading a province-wide project examining transparency.

Representatives from medicine, nursing, dentistry, optometry, pharmacy and physiotherapy are working together on a multi-staged initiative designed to examine information-sharing practices and determine what additional information regulators should share publicly.

AGRE developed principles to guide the regulatory colleges' ongoing decisions about publicly-available information. The various college councils representing AGRE approved and endorsed these principles:

1. The mandate of regulators is public protection and safety. The public needs access to appropriate information in order to trust that this system of self-regulation works effectively.
2. Providing more information to the public has benefits, including improved patient choice and

increased accountability for regulators.

3. Any information provided should enhance the public's ability to make decisions or hold the regulator accountable. This information needs to be relevant, credible and accurate.
4. In order for information to be helpful to the public, it must:
 - be timely, easy to find and understand
 - include context and explanation
5. Certain regulatory processes intended to improve competence may lead to better outcomes for the public if they happen confidentially.
6. Transparency discussions should balance the principles of public protection and accountability, with fairness and privacy.
7. The greater the potential risk to the public, the more important transparency becomes.
8. Information available from Colleges about members and processes should be similar.

AGRE conducted research to better understand the type of information the public would find useful when making decisions related to their healthcare. The results of the survey informed AGRE's recommended two-phased approach



OUR COMMITMENT TO TRANSPARENCY

outlining suggested changes to the information that Ontario's health colleges make public — specifically about decisions and regulatory processes.

Changes to College By-law No. 3

AGRE's recommended phase one changes focused primarily on enhancing the clarity of existing information found on the College's public register (["Find a Pharmacy/Pharmacist"](#)).

The changes were related to the public posting of:

- Summarized criminal findings of guilt (if relevant)
- Full notice of hearing for any discipline hearing
- Custody or release conditions (minor wording change only)

We conducted a 60-day public consultation for these proposed changes that ended on Nov. 19, 2014. Council approved the amended By-Law No. 3 at their December meeting.

Phase two proposed adding more information about pharmacists and pharmacy technicians to the public register. Specifically, the changes related to our complaints process and the outcomes from the

Inquiries, Complaints and Reports Committee (ICRC). The proposed amendments include the posting of:

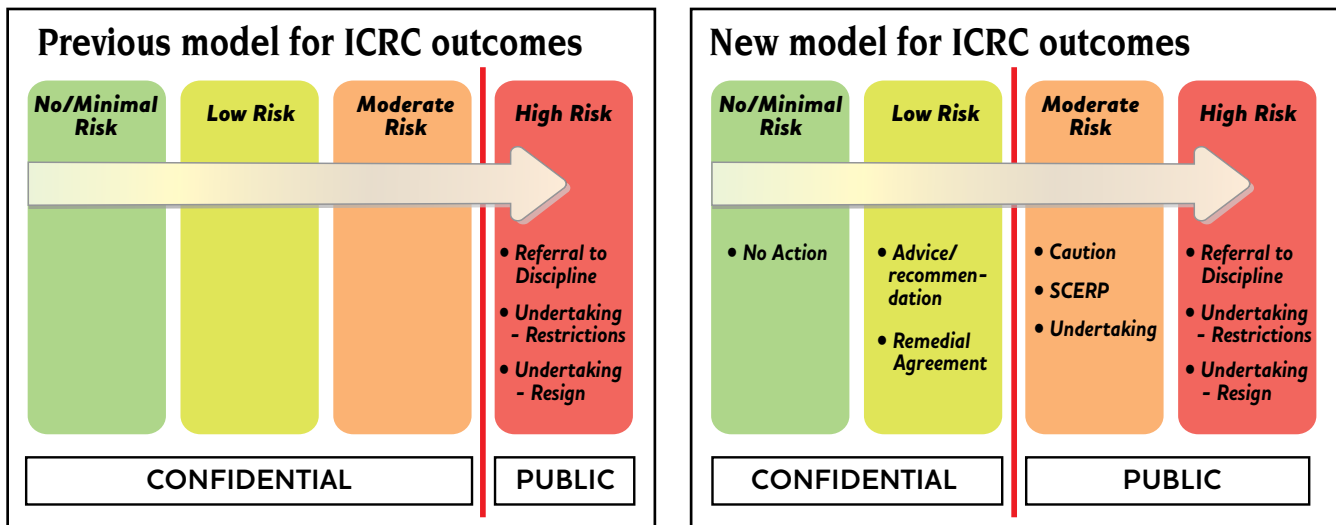
- Known criminal charges (if relevant to suitability to practise)
- Complaint outcomes: cautions
- Complaint outcomes: specified continuing education or remediation program (SCERP)
- Applications for reinstatement
- Known licenses in other jurisdictions
- Complaint outcomes: summary of variation (if ICRC was required to remove or vary an initial outcome of a caution or SCERP)

We conducted a 60-day public consultation for these proposed changes that ended on Feb. 10, 2015. Council considered the comments received and approved the amendments at their March 2015 meeting.

Letter to the Minister of Health and Long-Term Care

In October 2014, the [Minister of Health and Long-Term Care sent a letter](#) to all health regulatory colleges asking for a report outlining the measures each college had taken and were planning in order to make transparency a priority. This [College responded with a letter](#) outlining

MEASUREMENT OF RISK



The College used the “Measurement of Risk” developed by AGRE in determining which additional ICRC outcomes should be made public. This ensures consistency among professions and will ultimately provide the public with access to similar information about each of their healthcare providers.

both our independent transparency-related initiatives and our work with the Advisory Group of Regulatory Excellence (AGRE).

Looking Ahead

Transparency is not something to be achieved but rather a foundational value that must be consciously considered and diligently applied to all of the work that the College does.

We are committed to continuously and collaboratively working to

identify and implement measures to enhance transparency and ensure the public has access to the information they need to make informed decisions about their healthcare. In fact, in 2015 we will be working on a full re-design of the “[Find a Pharmacy/Pharmacist](#)” tool on our website.

For more information on our commitment to transparency visit
<http://www.ocpinfo.com/about/key-initiatives/transparency/>

INVESTIGATING AND RESOLVING COMPLAINTS





BY THE NUMBERS

204 complaints received in 2014
8.5% decrease from 2013

62 reports received in 2014
1 less than 2013

2% of practitioners were under
investigation as of Dec. 31, 2014

43% of complaints were related to
issues with professional service

4% of ICRC decisions resulted in a referral
to the Discipline Committee in 2014

30% of reports were related to
dispensing errors

74 practitioners were issued an oral
caution as a result of a complaint
or report

83 practitioners were required to
complete training or remediation
(SCERP) as a result of a complaint
or report

One of the primary ways we protect the public is through our investigations and resolutions process. When we receive information that raises concerns about the care or behaviour of a pharmacist, pharmacy technician, student or intern, we will investigate.

Any member of the public who is dissatisfied with the care or services provided by a practitioner or pharmacy may file a formal complaint or report the information to the College. We investigate and resolve every complaint we receive to ensure practitioners are providing appropriate and ethical care, and the public is safe.

There are a number of other ways we might be informed about a potential issue with a practitioner or practice site. For example, employers, facility owners or other regulated healthcare professionals have a mandatory obligation to report certain concerns, including information about sexual abuse of a patient, professional misconduct, incapacity or incompetence. Additionally, practitioners are required to report themselves if they have been found guilty of an offense or are the subject of a non-College investigation.

Regardless of how information comes to us, we always take potential issues seriously and take action to resolve them.



STATUTORY COMMITTEE

The Inquiries, Complaints & Reports Committee

– As of Dec. 31, 2014

The Inquiries, Complaints and Reports Committee (ICRC) oversees all investigations into a practitioner's conduct, competence and capacity (this includes pharmacists, pharmacy technicians, students or interns). The Committee oversees all complaint investigations, Registrar's investigations and health inquiries. Meeting in small groups or panels, they consider the facts of each case, review submissions from both the complainant and practitioner, and make reasonable efforts to consider the records and documents related to the case.

Elected Practitioners:

- Christine Donaldson
- Bonnie Hauser
- Chris Leung
- Michael Nashat
- Don Organ
- Goran Petrovic
- Ken Potvin
- Mark F. Scanlon
- Doug Stewart
- Farid Wassef
- Laura Weyland (Chair)

Appointed Public Members:

- Kathy Al-Zand
- Linda Bracken
- David Hoff
- Javaid Khan
- Aladdin Mohaghegh
- Sylvia Moustacalis
- Joy Sommerfreund

Non-Council Committee Members:

- Elaine Akers
- Kalyna Bezchlibnyk-Butler
- Gerry Cook
- Eva Janecek-Rucker
- Elizabeth Kozyra
- Akhil Pandit Pautra
- Hitesh Pandya
- Saheed Rashid
- Rachelle Rocha
- Satinder Sanghera
- Dan Stringer
- Asif Tashfin
- Tracy Wiersema

Pharmacy School Representative:

- Heather Boon

Staff Resource:

- Maryan Gemus

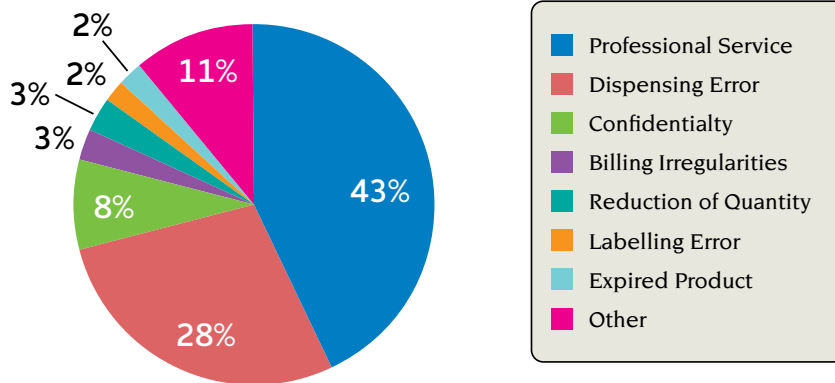


Complaint Issues

43% of the complaints received in 2014 were related to professional service problems. This included problems with communication or issues concerning counselling a patient, performing MedsChecks, or ending the pharmacist-patient relationship.

The "other" category includes various problems such as excessive charges, forgery, fraud, product selection/substitution, unauthorized prescriptions and other miscellaneous issues.

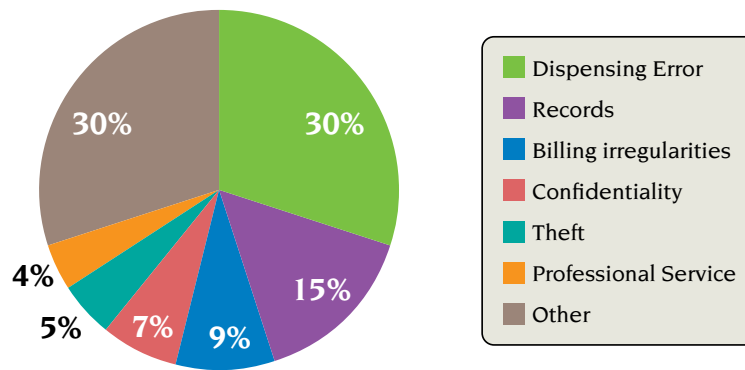
Complaint Issues



Report Issues

The following pie chart shows the issues identified for the 62 reports received in 2014. The "other" category includes various problems such as not meeting the responsibilities of a designated manager, failing to report criminal charges, selling unapproved products and treating family members.

Report Issues

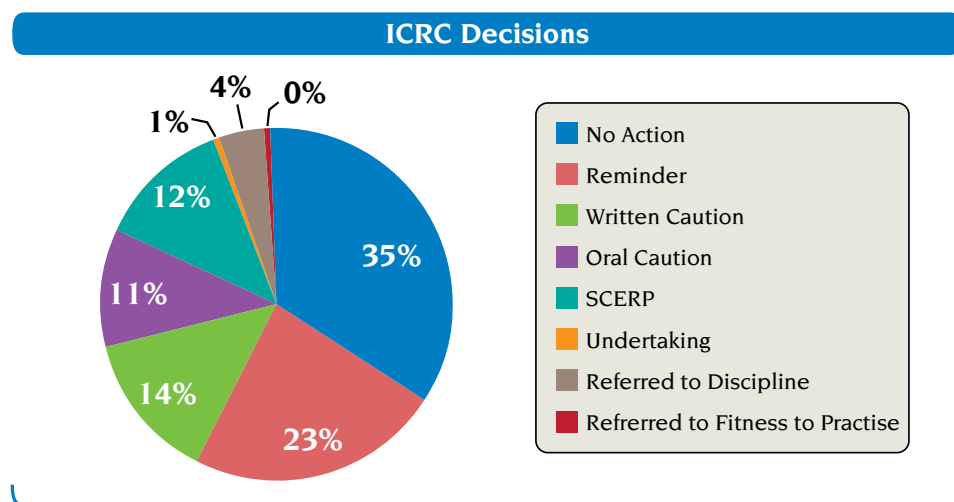




ICRC Decisions

The ICRC strives to be consistent, transparent and reliable in its decisions. The Committee uses a number of tools to facilitate the decision-making process such as clearly outlined definitions and risk-assessment tools.

The ICRC has a number of options when working to resolve a complaint or report. It can refer a practitioner to the Discipline or Fitness to Practise committees, require them to complete a specified continuing education and remedial program (SCERP), issue them a caution, or take no action against them. Additionally, the practitioner may voluntarily enter into an undertaking with the College.



In light of the College's focus on transparency, changes and clarity to the ICRC framework will follow in 2015. More on the transparency initiative is available on page 44.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent adjudicative agency. On request, it reviews decisions made by the inquiries and reports committees of the self-regulating health professional colleges in Ontario. The following chart displays the issues brought forward to HPARB regarding this College in 2014.

- 19 new requests for review in 2014
 - 2 requests by a practitioner
 - 17 requests by a complainant
- 21 reviews pending (from 2014 and subsequent years)
- 8 decisions received in 2014
 - 2 decisions upheld
 - 3 referred back to ICRC
 - 3 withdrawn
- 5 requests relating to time delays in investigating the complaint



INVESTIGATING AND RESOLVING COMPLAINTS

A LOOK BACK AT 2014

The Backlog Project

During 2014, the College organized a focused initiative to eliminate an existing backlog of complaints. A team was created specifically to deal with this backlog with the goal of eliminating it as quickly as possible.

Since the project began, excellent progress has been made. At the beginning of the year there were 424 complaints in the backlog. At the end of 2014 it was significantly reduced to only 50 outstanding complaints.

The team will continue their work into 2015 to completely eliminate the backlog.

A LOOK AHEAD AT 2015

Alternative Dispute Resolution

In 2013, the College introduced a pilot project using Alternative Dispute Resolution (ADR) as an option to resolve certain types of complaints. As of June 2014, ADR has transitioned from a pilot project into an official option for resolving a complaint.

ADR is a voluntary, confidential process with the goal of resolving the complaint using the assistance of an independent mediator. The mediator works with those involved to help them reach a settlement, which must be approved by the ICRC.

ADR offers complainants and practitioners an opportunity to discuss their concerns openly. It is less formal than a College investigation, and offers an opportunity for greater participation and input in resolving the complaint. It is also valuable in cases where the complainant and practitioner will continue to have contact after the complaint has been resolved.

Thus far, 11 complaints have been resolved through ADR.

DISCIPLINE AND HEALTH MONITORING





BY THE NUMBERS

11 decisions made by the Discipline Committee

100% of decisions related to failure to meet the Standards of Practice

55% of decisions related to issuing false or misleading accounts

11 active health inquiries

90 practitioners monitored while completing a SCERP (specified continuing education or remediation program)

2 practitioners found to be incapacitated

When an investigation finds that a pharmacist, pharmacy technician, student or intern has demonstrated a deliberate disregard for a patient's welfare, engaged in dishonourable behaviour or demonstrated extreme substandard care, then that practitioner is referred to the College's Discipline Committee.

The Discipline Committee receives referrals from:

[Inquiries, Complaints and Reports Committee](#)

The ICRC will refer a practitioner to the Discipline Committee if an investigation finds that the practitioner may have been dishonest, breached trust, appears to show a willful disregard of professional values, and/or appears to be unable to practice to the standards.

[Accreditation Committee](#)

The Accreditation Committee will refer the pharmacy's Designated Manager, Director or corporation to the Discipline Committee if the pharmacy has failed to meet the requirements of the *Drug and Pharmacies Regulation Act*.

[Quality Assurance Committee](#)

The Quality Assurance Committee will refer a practitioner to the Discipline Committee if the practitioner failed to cooperate with the Quality Assurance Committee or any assessor appointed by that committee.

Discipline Committee Decisions

The Discipline Committee held 17 hearings in 2014. Of those,

- There were 11 decisions
 - 100% failure to meet the standards of practice
 - 36% failure to keep appropriate records
 - 55% issuing false or misleading accounts
 - 0% proprietary misconduct
 - 0% sexual abuse
 - 0% misconduct in another jurisdiction
- 2 hearings will continue into 2015
- 1 member passed away before the hearing concluded
- 3 were motions to suspend the proceedings

STATUTORY COMMITTEE

The Discipline Committee – As of Dec. 31, 2014

Panels of the Discipline Committee hear allegations of professional or proprietary misconduct. Upon making a finding of professional or proprietary misconduct the panel has the authority to revoke, suspend, reprimand, fine or impose terms or restrictions on a practitioner's practice.

Elected Practitioners:

- Jillian Grocholsky
- Chris Leung
- Don Organ
- Ken Potvin
- Mark F. Scanlon
- Doug Stewart
- Farid Wassef
- Laura Weyland

Appointed Public Members:

- Kathy Al-Zand
- Linda Bracken
- Bob Ebrahimzadeh (Chair)
- Javaid Khan
- Lew Lederman
- Aladdin Mohaghegh
- Sylvia Moustacalis
- Shahid Rashdi

Non-Council Committee Members:

- Lavinia Adam
- Cheryl Bielicz
- Erik Botines
- Dina Dichek
- Jim Gay
- Mike Hannalah
- Helen Lovick
- Doris Nessim
- Akhil Pandit Pautra
- Rachelle Rocha
- Jeannette Schindler
- Connie Sellors
- Robert Spadorcia
- David Windross

Staff Resource:

- Maryan Gemus



DISCIPLINE CASE SUMMARIES

The Discipline Committee made decisions regarding the following 11 practitioners. Summaries for each case below are available in Appendix A on page 68.

- Atossa Babie Nami
- Andrew Bennett
- Esam Danial
- Armia Fahmy
- Sameh Guirguis
- Amany Hanna
- Ngu Hoa
- Harvey Organ
- Charles Rak
- Jamil Rashid
- Ramez Tawfik

The full text for each of these hearings is available on www.canlii.org

The College will discipline a pharmacist, pharmacy technician, student or intern if they are found to have deliberately disregarded the welfare of a patient, behaved dishonourably or provided care that was far below the standard.

FITNESS TO PRACTISE

Sometimes the College learns about a practitioner who is reported to be incapacitated in some way. This could mean the practitioner is currently suffering from a substance use disorder, mental health disorder, or something similar. When we receive this information — often through a mandatory report from an employer or facility operator, or from a practitioner who reports themselves — we will conduct an inquiry.

This can include asking the practitioner about their current health status and having them supply information from their doctor or other healthcare providers. The results of this inquiry are compiled into a report and sent to a panel of the ICRC for review. This panel could ask for more information or might ask the practitioner to undergo an independent medical examination.

The panel will review the information and may refer the practitioner to the Fitness to Practise Committee. This Committee will consider the matter and has the power to make a finding of incapacity. This could include holding a formal hearing or requiring the practitioner to enter the Ontario Pharmacy Support Program, administered by the Centre for Addiction and Mental Health (CAMH), which offers intervention, assessment and monitoring.

If a practitioner is found to be incapacitated, the College can revoke their certificate of registration, suspend the practitioner and/or impose specified terms or restrictions on their practice.

Information about a practitioner's incapacity is available on the "[Find a Pharmacy/Pharmacist](#)" tool on our website. However, unlike the disciplinary process, Fitness to Practise proceedings are not public.

Health Inquiry Statistics — 2014

- 11 active health inquiries through a health inquiry panel of the ICRC
 - 7 of these new inquiries were in 2014
 - 1 practitioner was referred to the Fitness to Practise Committee
 - 10 practitioners continue to be investigated

Fitness to Practice Statistics — 2014

- 2 findings of incapacity



Compliance Monitoring

The College monitors practitioners who are required to fulfill orders imposed by the Discipline or Fitness to Practise committees. We also monitor practitioners who were directed by the ICRC to complete a specified continuing education and remedial program (SCERP) or who voluntarily entered into an undertaking with the College.

The following number of practitioners were monitored during the 2014 calendar year:

- 18 monitored fulfilling orders from the Discipline Committee
- 1 monitored while fulfilling an undertaking
- 90 monitored for SCERP
- 9 monitored while fulfilling orders from the Fitness to Practise Committee

STATUTORY COMMITTEE

The Fitness to Practise Committee – As of Dec. 31, 2014

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

Elected Practitioners:

- Fayez Kosa
- Regis Vaillancourt (Chair)

Appointed Public Members:

- Linda Bracken
- Shahid Rashdi

Non-Council Committee Members:

- Barb DeAngelis

Staff Resource:

- Maryan Gemus



SPECIAL FEATURE:

COMMUNICATING WITH PATIENTS AND PRACTITIONERS

In 2014 the College introduced several new tools to communicate with both patients and practitioners.

Re-designed Website

— www.ocpinfo.com

In January 2014 the College launched our newly re-designed website. The navigation on the new site offers a tailored experience for each of the different user groups that visit our website — public, applicants and College members. Based on feedback we received, we designed three separate home pages for these groups that offer the most important information and links to the pages they need most often.

The public portal has clear, transparent information for members of the general public. If a patient has a concern about the care they have received or wants to understand more about how the College protects the public – this is the place to go. The public can find out how to file a complaint, information about their rights as a patient, tips on managing their care, and how to use the “Find a

Pharmacy or Pharmacist” tool.

The website is also completely accessible by all types of mobile devices and assistive technology devices like screen readers for the visually impaired.

YouTube Channel

Also in January 2014, the College unveiled a revamped YouTube Channel – www.youtube.com/ocpinfo. As part of the new channel, we’re creating informative and easy-to-understand videos that offer a fresh, innovative way to communicate with patients and practitioners.

Coinciding with the launch of the re-designed website, we created a video that highlights some of its newest features – helping users easily navigate and access the information that’s most relevant to them.

To better support practitioners, we’re creating videos that provide quick, easy-to-follow explanations on complex topics relevant to practice. The [Narcotics Reconciliation video](#)



illustrated the general process for completing reconciliations, highlighting best practices to minimize errors and provide insights on how to reconcile discrepancies.

And as way to better communicate with patients, we're developing videos that help them better understand who the College is and their rights as patients. Our [Role of the College video](#) was created to help patients better understand who we are and to emphasize our mandate of serving and protecting the public's interest.

For these and more videos, check out the College's YouTube channel.

E-connect

This bi-weekly e-newsletter for practitioners was also launched in January 2014. We sent 26 issues of e-Connect to over 22,000 subscribers in 2014 — including pharmacists, pharmacy technicians, students, interns and members of the public. Each issue features short, easy-to-read articles packed with information on regulatory and practice topics, as well as tips and tools to assist practitioners in practicing to the standards.

Archived issues of e-Connect are available on the College's website at <http://www.ocpinfo.com/library/e-connect/>

STANDING COMMITTEE

The Communications Committee – As of Dec. 31, 2014

The Communications Committee provides direction and guidance on all matters supporting public education and outreach.

Elected Practitioners:

- Fayez Kosa
- Jon MacDonald
- Goran Petrovic
- Ken Potvin

Appointed Public Members:

- Lew Lederman
- Joy Sommerfreund (Chair)

Non-Council Committee Members:

- Miranda Foster

Staff Resource:

- Lori DeCou

REMAINING FISCALLY RESPONSIBLE





STANDING COMMITTEE

The Finance and Audit Committee

– As of Dec. 31, 2014

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

Elected Practitioners:

- Jon MacDonald
- Esmail Merani
- Doug Stewart

Appointed Public Members:

- Linda Bracken
- Javaid Khan (Chair)

Staff Resource:

- Connie Campbell

2014 SUMMARIZED FINANCIAL STATEMENTS

INDEPENDENT AUDITOR'S REPORT ON SUMMARY FINANCIAL INFORMATION

TO THE MEMBERS OF COUNCIL ONTARIO COLLEGE OF PHARMACISTS

The accompanying summary financial statements of the Ontario College of Pharmacists, which comprise the summary balance sheet as at December 31, 2014 and the summary statement of operations and net assets for the year then ended, are derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated March 10, 2015.

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 College.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

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, the summary financial statements derived from the audited financial statements of Ontario College of Pharmacists for the year ended December 31, 2014 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
March 10, 2015

Clarke Derming LLP

CHARTERED ACCOUNTANTS
Licensed Public Accountants



SUMMARY BALANCE SHEET

AS AT DECEMBER 31, 2014

	2014	2013
ASSETS		
Current assets		
Cash and short-term investments	\$ 601,077	\$ 2,519,048
Accounts receivable and cost recoveries	208,841	140,288
Prepaid expenses	223,870	147,722
	1,033,788	2,807,058
Long term investments	8,586,257	6,500,000
Property and equipment	4,342,026	4,581,319
	13,962,071	13,888,377
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	1,706,248	1,555,666
Deferred revenue	101,137	215,164
	1,807,385	1,770,830
NET ASSETS		
Net assets invested in property and equipment	4,342,026	4,581,319
Internally restricted		
Investigations and hearings reserve fund	2,200,000	1,650,000
Contingency reserve fund	4,250,000	3,800,000
Fee stabilization fund	1,250,000	1,250,000
Unrestricted	112,660	836,228
	12,154,686	12,117,547
	\$ 13,962,071	\$ 13,888,377

SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS

YEAR ENDED DECEMBER 31, 2014

	2014	2013
Revenues		
Member fees - Pharmacists	\$ 8,395,849	\$ 8,080,291
Member fees - Pharmacy Technicians	1,104,000	695,650
Pharmacy fees	3,639,320	3,521,900
DPP Revenue	15,000	7,500
Registration fees and income	1,754,875	1,544,077
Investment and other income	344,286	246,984
	15,253,330	14,096,402
Expenses		
Council and committees	2,851,991	2,314,788
Administration	11,831,305	9,928,622
Property	110,549	133,342
	14,793,845	12,376,752
Excess of revenues over expenses from operations for the year before depreciation	459,485	1,719,650
Depreciation	422,346	384,149
Excess of revenues over expenses for the year	37,139	1,335,501
Net assets - at beginning of year	12,117,547	10,782,046
Net assets - at end of year	\$ 12,154,686	\$ 12,117,547



APPENDIX A

DISCIPLINE CASE SUMMARIES

Member: Andrew Bennett

At a hearing on January 20, 2014, a Panel of the Discipline Committee found Mr. Bennett guilty of professional misconduct in that he

- failed to cancel unused and/or re-used doses;
- billed patient G.H. daily for Plavix 75mg from December 21, 2007 to April 27, 2008;
- billed patient C.B. daily for medications from March 24, 2008 to July 31, 2008;
- billed patient V.C. weekly for medications from February 11, 2008 to July 25, 2008, and again from August 29, 2008 to October 10, 2008;
- charged an individual dispensing fee for each of 2 prescriptions of Gabapentin 300mg dispensed concurrently to G.B. from August 24, 2007 to November 20, 2007, pursuant to the transfer of only 1 prescription to the pharmacy;
- dispensed methadone doses to patients as carries without authorization;
- dispensed Rx# 1008996, 1008999 and 1009001 without authorization;
- failed to maintain records as required;
- reduced the quantity of methadone dispensed without authorization;
- dispensed drugs in weekly compliance pill packs

in less than the full amount prescribed for patients without informed authorizations in writing from those patients;

- recorded 2 prescriptions of Gabapentin 300mg dispensed concurrently to G.B. from August 24, 2007 to November 20, 2007, pursuant to the transfer of only 1 prescription to the pharmacy;

In particular, he was found to have

- failed to maintain the standards of practice of the profession;
- failed to keep records as required respecting the Member's patients;
- falsified a record relating to the Member's practice;
- charged a fee that was excessive in relation to the service provided;
- contravened the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the *Regulated Health Professions Act*, 1991, or the regulations under those Acts, and in particular, sections 155 and/or 156 of the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, c. H-4, as amended;
- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, section 9 of the *Drug Interchangeability and Dispensing Fee Act*, R.S.O. 1990, c. P.23; section



5 of O.Reg. 936 under the *Drug Interchangeability and Dispensing Fee Act*; sections 5, 6(2) and 15(a) and (b) of the *Ontario Drug Benefit Act*, R.S.O. 1990, c.O.10; subsections 18(7), 18(8), 18(9) and 18(10) of *Ontario Regulation 201/96* under the *Ontario Drug Benefit Act*; and section 38 of the *Narcotic Control Regulations*, C.R.C., c.1041, as amended, under the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19, as amended;

- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional

The Panel imposed an Order which included:

- A reprimand;
- Directing the Registrar to impose the following specified terms, conditions and limitations on the Member's certificate of registration;
 - o the Member shall successfully complete, at his own expense, with such courses to be completed within twelve (12) months of this Order becoming final:
 - the ProBE Program on Ethics for Healthcare Professionals;
 - CPS I Module 3: Basic Professional Practice Laboratories from the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto;
 - CPS II Module 3: Advanced Professional Practice Laboratories from the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto; and
 - o the Member's practice shall be monitored by the College by means of inspection(s) by a representative or representatives of the College at such time or times as the College may determine, to a maximum of two (2) inspections, during the thirty six (36) months following the lifting of the suspension referred to below;
- A suspension of four months, with one month of the suspension to be remitted on condition that the Member complete the remedial training;
- Costs to the College in the amount of \$8,500.

In its public reprimand to the Member, the Panel noted its disappointment with the Member and emphasized that the Member's conduct had fallen well short of what the public and his fellow professionals expect.

Member: Harvey Organ

At a hearing on January 20, 2014, a Panel of the Discipline Committee found Mr. Organ guilty of professional misconduct in that he

- was found guilty on June 30, 2010 of contravening the *Ontario Drug Benefit Act*, s. 15(1)(e);
- failed to report to the Registrar that he had been charged with offences under the *Ontario Drug Benefit Act* in April 2009 and/or that he had been found guilty of an offence under the *Ontario Drug Benefit Act* in June 2010;
- submitted false or incomplete information under the *Ontario Drug Benefit Act* or *Drug Interchangeability and Dispensing Fee Act* on November 20, 2007; February 27, 2008; August 26, 2008 and/or March 17, 2009 regarding professional allowances paid to Kohler's;
- submitted false or incorrect information in response to questions on the annual renewal application submitted to the College in January 2010 regarding the charges under the *Ontario Drug Benefit Act* in April 2009;
- submitted false or inaccurate information in response to questions on the annual renewal application submitted to the College in February 2011 regarding the finding of guilt in relation to the offence under the *Ontario Drug Benefit Act*, in June 2010;

In particular, he

- was found guilty of offense relevant to his suitability to practise;
- contravened a term, condition or limitation imposed on his Certificate of Registration by O. Reg. 202/94 under the *Pharmacy Act, 1991*;
- failed to maintain a standard of practice of the profession;
- falsified a record relating to his practice;
- signed or issued, in his professional capacity, a document that he knew contained a false or misleading statement;
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included:

- A reprimand;
- Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular, that the Member complete successfully and unconditionally, at his own expense, within 12 months of the date of the Order, the ProBE Program on Professional/Problem Based Ethics for Healthcare Professionals;
- A suspension of four months, with one month of the suspension to be remitted on condition that the Member complete the remedial training;
- Costs to the College in the amount of \$3,500.

In its reprimand to the Member, the Panel stated that it found the Member's conduct shameful, disgraceful and dishonourable. The Panel further noted that, should the Member be before the Discipline Committee in the future, he could expect any future sanction to be more severe.

Member: Sameh Guirguis

At a hearing on February 13, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Guirguis in that he

- created a misleading and/or inaccurate dispensing record by backdating dispensing records to a date different than the date on which the records were created, without appropriately documenting that fact;
- dispensed drugs pursuant to a prescription without ensuring the information prescribed by s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, was recorded on the container on which the drugs were dispensed;
- dispensed different drugs than those authorized by the prescriber, contrary to s. 155 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, and s. G.03.002 of the Food and Drug Regulations, C.R.C., c. 870, made under the Food and Drugs Act, R.S.C. 1985, c. F-27;
- dispensed Schedule 1 drugs in quantity greater than that authorized by the prescriber, contrary to s. 155 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, and s. G.03.002 of the Food and Drug Regulations, C.R.C., c. 870, made under the Food and Drugs Act, R.S.C. 1985, c. F-27;
- dispensed drugs pursuant to a prescription while

- incorrectly recording the quantity and/or strength of the drug dispensed, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
- dispensed drugs pursuant to a prescription while incorrectly recording the date on which the drug was dispensed to the patient, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
- refilled a prescription for a controlled drug for patient L.P. when the prescriber did not indicate the dates for or the intervals between refills, contrary to s. G.03.006 of the Food and Drug Regulations, C.R.C., c. 870, made under the Food and Drugs Act, R.S.C. 1985, c. F-27, on or about November 12, 2011.

In particular, the Panel found that Mr. Guirguis

- failed to maintain a standard of practice of the profession;
- contravened the Pharmacy Act, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991, or the regulations under those Acts;
- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs;
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - (a) that the Member complete successfully, at his own expense, within 12 months of the date of the Order, the following course and evaluation:
 - (i) CPS I Module 5 (Professional Practice & Pharmacy Management 1) from the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto;
 - (b) that the Member shall be prohibited from acting as a Designated Manager in any pharmacy until the later of:
 - (i) a period of 12 months from the date of the Order, and



- (ii) the date the College is notified that the Member has successfully completed the course and evaluation set out in paragraph 2(a)(i) above;
 - (c) that the Member's practice shall be monitored by the College by means of inspection(s) by a representative or representatives of the College in such number and at such time or times as the College may determine, for a period of 12 months beginning 12 months from the date of the Order and continuing until 24 months from the date of the Order. The Member shall cooperate with the College during the inspections and, further, shall pay to the College in respect of the cost of monitoring, the amount of \$600.00 per inspection to a maximum of 4 inspections, such amount to be paid immediately after completion of each of the inspections.
3. A suspension of two months, with one month of the suspension to be remitted on condition that the Member completes the remedial training. The suspension commenced on February 13, 2014 and continued until March 12, 2014, inclusive.
 4. Costs to the College in the amount of \$2,000.

In its reprimand to the Member, the Panel asked the Member to remember that, as a pharmacist, he was a member of a self-governing profession and that self-regulation is a privilege. The Panel noted that the Member's actions had jeopardized public trust and safety, and that the Panel was hopeful the Member would learn from the courses he has been ordered to take.

Member: Ngu Hoa

At hearing on March 20, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Hoa in that, from on or about May 8, 2007 to on or about May 7, 2009, while engaged in the practice of pharmacy as director, shareholder, Designated Manager and/or dispensing pharmacist at Nhatrang Pharmacy in Toronto, Ontario, he

- submitted accounts or charges for services that he knew were false or misleading to the Ontario Drug Benefit Program for one or more drugs and/or products; and/or
- falsified pharmacy records relating to his practice in relation to claims made to the Ontario Drug Benefit Program for one or more drugs and/or products.

In particular, he was found to have

- failed to maintain a standard of practice of the profession;
- falsified records relating to his practice;
- submitted accounts or charges for services that he knew to be false or misleading;
- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular sections 5 and 15(b) of the Ontario Drug Benefit Act, R.S.O. 1990, c. O.10, as amended, and/or Ontario Regulation 201/96 made thereunder;
- engaged in conduct or performed an act or acts relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

At the hearing on March 20th, Mr. Hoa acknowledged that he submitted false and misleading claims for payment to the Ontario Drug Benefit Program in the amount of \$65,682.08 for drugs or products that were never obtained from suppliers or dispensed to patients.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - a. that the Member complete successfully, at his own expense, within 12 months of the date of the Panel's Order, the ProBE Program – Professional/ Problem Based Ethics, offered by the Centre for Personalized Education for Physicians, or an equivalent program acceptable to the College;
 - b. that the Member shall be prohibited, for a period of 3 years from the date the Order of the Discipline Committee is imposed, from acting as a Designated Manager in any pharmacy;
 - c. that the Member shall be required, for a period of three years from the date the Order is imposed, to provide to the Manager of Investigations and Resolutions or any representative of the College assigned to conduct an inspection pursuant to the Order, forthwith when requested any records requested by the College in relation to sales of any drugs or products by the Pharmacy, including but not limited to electronic sales reports and records,



- records of billings to insurers, drug usage reports;
- d. that the Member shall be required, for a period of three years from the date the Order is imposed, to provide to the Manager of Investigations and Resolutions or any representative of the College assigned to conduct an inspection pursuant to the Order, forthwith when requested any records requested by the College in relation to purchases of any drugs or products by the Pharmacy, including but not limited to purchase invoices, manufacturer/wholesaler reports, electronic purchase reports, summary of purchases;
 - e. that the Member shall be required, in addition to any requirements imposed by statute or regulation to retain records, to retain all purchase and sales records in relation to the Pharmacy so that they are available to be provided to the Manager of Investigations and Resolutions or any representative of the College assigned to conduct an inspection, as provided for in the Order for a period of three years from the date the Order is imposed;
 - f. that the Member's practice, and all activities at his pharmacy will be monitored by the College for a period of 3 years from the date the Order is imposed by means of inspections by a representative of the College at such times as the College may determine. The monitoring inspections may be in addition to any of the routine inspections conducted by the College pursuant to the authority of section 148 of the Drug and Pharmacies Regulation Act. The Member shall cooperate fully with the College during the inspections, and, further, shall pay to the College in respect of such monitoring the amount of \$650.00 per inspection, such amount to be paid immediately after each inspection, with the total amount paid by the Member not to exceed \$3,900.00, regardless of the number of inspections;
 - g. that the Member shall be required, for a period of three years from the date the Order is imposed by the Discipline Committee to notify the College in writing of any employment in a pharmacy;
 - h. that the Member, for a period of three years from the date the Order is imposed by the Discipline Committee, if he is employed at a pharmacy shall ensure that his employer has confirmed in writing to the College that they have received and reviewed a copy of the Discipline Committee Panel's decision in this matter and their Order, and confirming the nature of the Member's remuneration.

3. A suspension of 10 months, with one month of the suspension to be remitted on condition that the Member completes the remedial training. The suspension commenced on March 20, 2014 and continues until December 19, 2014, inclusive.
4. Costs to the College in the amount of \$12,000.

In its public reprimand to the Member, the Panel reminded the Member he is part of a self regulated profession and as such has a responsibility to serve the public, as well as uphold the confidence and trust of the public. The Panel observed that the Member had disregarded the ethical standards of the profession. The Panel stated that it hopes the monitoring requirements and education would assist the Member in becoming a better pharmacist.

Member: Atossa Babaie-Nami

At a hearing on April 1, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Ms. Babaie-Nami in that she

- failed to ensure that the Pharmacy complied with all legal requirements, including but not limited to, requirements regarding record keeping and documentation, and billing the Ontario Drug Benefit Plan; and/or
- failed to actively and effectively participate in the day-to-day management of the Pharmacy, including, but not limited to drug procurement and inventory management, record keeping and documentation, and billing.

In particular, she was found to have

- failed to maintain a standard of practice of the profession;
- contravened the Pharmacy Act, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991, or the regulations under those Acts, and in particular, sections 155 and 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, as amended;
- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, sections 5, 6 and 15(1) of the Ontario Drug Benefit Act, R.S.O. 1990, c. O.10, and sections 25 and 27 of Regulation 201/96 under the Ontario Drug Benefit Act;



- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order as follows:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - a. that by April 1, 2015, the Member successfully complete at her own expense the ProBE Program on professional/problem-based ethics for health care professionals;
 - b. that, for the three year period following April 1, 2014, the Member:
 - i. shall be prohibited from having any proprietary interest in a pharmacy of any kind;
 - ii. shall be prohibited from acting as a Designated Manager in any pharmacy;
 - iii. shall be prohibited from receiving any remuneration for her work as a pharmacist other than remuneration based only on hourly or weekly rates, and not on the basis of any incentive or bonus for prescription sales; and
 - iv. must notify the College in writing of any employment in a pharmacy.
3. A suspension of 6 months, with one month of the suspension to be remitted on condition that the Member completes the remedial training. The suspension commenced on April 1, 2014 and continues until September 1, 2014, inclusive.
4. Costs to the College in the amount of \$6,500.

In its reprimand to the Member, the Panel reminded the Member that integrity and trust is paramount in the profession of pharmacy. The Panel expressed disappointment in the Member's conduct, underscoring for the Member that the fact she had not financially benefited from her conduct did not mean she was free to abrogate her duties as a Designated Manager. The Panel found the Member's actions to be dishonourable, disgraceful and conduct unbecoming of a pharmacist, and furthermore, that her conduct had had a detrimental impact on the profession's relationship with the public. The Panel cited its expectation that the Member would learn from this process and work to regain the trust of others that had been diminished through her actions.

Member: Armia Fahmy

At a hearing on May 14, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Fahmy in that he

- on or about October 14, 2011, purported to authorize the refill of a prescription for patient J.B. without complying with all of the conditions set out in s. 42 of Ontario Regulation 58/11 made under the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, thereby contravening that section of that regulation;
- on or about December 21, 2011, entered a new prescription for patient D.B., when this was in fact a refill of a prescription dated November 16, 2011, without properly documenting this fact;
- on or about November 6, 2011, dispensed drugs to patient R.S. pursuant to a verbal authorization from a prescriber, without complying with all of the conditions set out in s. 40 of Ontario Regulation 58/11 made under the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, thereby contravening that section of that regulation;
- dispensed drugs pursuant to a prescription without ensuring the information prescribed by s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, was recorded on the prescription;
- failed to take all reasonable steps necessary to protect narcotics and controlled substances at the pharmacy against loss or theft and, in particular, failed to maintain accurate inventories and other records of narcotics and controlled substances purchased by and dispensed at the pharmacy and/or failed to report loss or theft of narcotics and controlled substances and/or to otherwise account for inventory discrepancies, for the period from April 1, 2011 to May 1, 2012;
- failed to obtain confirmation of a patient's prior dose of methadone before dispensing methadone to that patient, and/or failed to keep a record of that confirmation;
- created a misleading and/or inaccurate dispensing record by backdating dispensing records to a date different than the date on which the records were created, without appropriately documenting that fact;
- dispensed drugs pursuant to a prescription without ensuring the information prescribed by s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, was recorded on the container on which the drugs were dispensed;

- inaccurately recorded the identity of the prescriber in patient and pharmacy records;
 - dispensed drugs pursuant to a prescription while inaccurately recording the identity of the prescriber on prescription hardcopies, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
 - created a misleading and/or inaccurate dispensing record by dispensing drugs pursuant to prescription hardcopies containing the notation "reprint" and/or "modified reprint," without documenting that there was no original hardcopy and/or without documenting the changes from the original hardcopy;
 - dispensed narcotics pursuant to prescriptions that were not signed by the prescribers, contrary to s. 40 of Ontario Regulation 58/11 made under the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, and s. 155 of that Act, and to s. 31 of the Narcotic Control Regulations, C.R.C. c. 1041, made under the Controlled Drugs and Substances Act, S.C. 1996, c. 19;
 - dispensed drugs pursuant to a prescription while inaccurately and/or unclearly recording directions for use compared with those intended by the prescriber, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
 - dispensed different drugs than those authorized by the prescriber, contrary to s. 155 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, and/or to s. C.01.041 of the Food and Drug Regulations, C.R.C., c. 870, made under the Food and Drugs Act, R.S.C. 1985, c. F-27, and/or to s. 31 of the Narcotic Control Regulations, C.R.C. c. 1041, made under the Controlled Drugs and Substances Act, S.C. 1996, c. 19;
 - dispensed drugs pursuant to a prescription as dispensing pharmacist without recording his signature on the prescription, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
 - dispensed drugs pursuant to a prescription while incorrectly recording the quantity of drug authorized by the prescriber, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
 - dispensed drugs pursuant to a prescription while incorrectly recording the quantity and/or strength of the drug dispensed, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
 - dispensed drugs pursuant to a prescription while incorrectly recording the date on which the drug was dispensed to the patient, contrary to s. 156 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4;
 - dispensed narcotics without authorization from a prescriber and/or on a date not authorized by the prescriber, contrary to s. 155 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, and s. 31 of the Narcotic Control Regulations, C.R.C. c. 1041, made under the Controlled Drugs and Substances Act, S.C. 1996, c. 19;
 - dispensed narcotics to patients on days not authorized by a prescriber, contrary to s. 155 of the Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H-4, and s. 31 of the Narcotic Control Regulations, C.R.C. c. 1041, made under the Controlled Drugs and Substances Act, S.C. 1996, c. 19;
 - dispensed drugs pursuant to a prescription in a quantity less than the entire quantity authorized by the prescriber, contrary to s. 9 of the Drug Interchangeability and Dispensing Fee Act, R.S.O. 1990, c. P.23;
- and/or
- dispensed a narcotic to patient D.H. pursuant to a prescription after the quantity of the narcotic specified in the prescription had already been dispensed, contrary to s. 37 of the Narcotic Control Regulations, C.R.C., c. 1041, made under the Controlled Drugs and Substances Act, S.C. 1996, c. 19, on or about February 7, 2012.
- In particular, he was found to have
- failed to maintain a standard of practice of the profession;
 - contravened the Pharmacy Act, the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991, or the regulations under those Acts;
 - contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs;
 - engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional
- The Panel imposed an Order which included the following:
1. A reprimand;
 2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - (a) that the Member complete successfully, at his



own expense, within 12 months of the date of the Order, the following course and evaluation:

- (i) CPS I Module 5 (Professional Practice & Pharmacy Management 1) from the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto;
- (b) that the Member shall be prohibited from acting as a Designated Manager in any pharmacy until the later of:
 - (i) a period of 12 months from the date of the Order, and
 - (ii) the date the College is notified that the Member has successfully completed:
 - A. the course and evaluation set out in paragraph 2(a)(i) above; and
 - B. the following additional courses and evaluations: CPS II Module 5 (Professional Practice & Pharmacy Management 2) from the Canadian Pharmacy Skills Program offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto; and Root Cause Analysis from the Institute for Safe Medication Practices Canada;
- (c) that the Member's practice shall be monitored by the College by means of inspection(s) by a representative or representatives of the College in such number and at such time or times as the College may determine, for a period of 12 months beginning 12 months from the date of the Order and continuing until 24 months from the date of the Order. The Member shall cooperate with the College during the inspections and, further, shall pay to the College in respect of the cost of monitoring, the amount of \$600.00 per inspection to a maximum of 4 inspections, such amount to be paid immediately after completion of each of the inspections.
3. A suspension of three months, with one month of the suspension to be remitted on condition that the Member completes the remedial training. The suspension shall commence on May 14, 2014 and shall continue until July 13, 2014, inclusive.
4. Costs to the College in the amount of \$2,000.

In its reprimand, the Panel reminded the Member that he is a member of the profession of pharmacy where integrity and trust are paramount, and further that pharmacists are held in high regard in the provision of health care. The Panel acknowledged that this was the Member's first appearance before the Discipline Committee, however the Panel noted that the broad

range and frequency of the Member's errors were of concern to the Panel, and that the errors represented a significant lapse in the maintenance of the Standards of Practice of the profession. The Panel reminded the Member that all health care professionals are expected to conduct themselves in a manner that maintains public confidence and safety. The Panel stated it was confident the Member would make the necessary adjustments to his practice.

Member: Charles Rak

At a hearing on June 18, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Rak in that he was found guilty by Justice Polowin of the Ontario Superior Court of Justice of the following offences:

- using a computer to communicate with a person who was or was believed to be under the age of 14 years for the purpose of facilitating the commission of an offence under section 151 (sexual interference) or 152 (invitation to sexual touching) of the Criminal Code of Canada, contrary to section 172.1 of the Criminal Code of Canada (computer luring);
- touching, for a sexual purpose, with a part of his body, the body of a person under the age of 16 years, contrary to section 151 of the Criminal Code of Canada (sexual interference);
- without lawful authority and knowing that another person was harassed or recklessly as to whether that person was harassed, engaged in repeatedly communicating with, either directly or indirectly, that person, and caused that person to reasonably fear for his personal safety, contrary to section 264 of the Criminal Code (criminal harassment);
- eight (8) counts of failing, without lawful excuse, to comply with a condition in a recognizance, while being at large on a recognizance entered into before a Justice and being bound to comply with conditions thereof, contrary to section 145(3) of the Criminal Code (failure to comply with recognizance).

In particular, he was found to have

- been found guilty of offences that are relevant to his suitability to practise;
- engaged in conduct or performed an act or acts relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably

be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - a. that the Member is prohibited from dispensing to, consulting with, advising, counselling, or performing any controlled act on any person under the age of 18 years, except where another pharmacist registered in Part A of the College's register or a Pharmacy Technician registered with the College is present to supervise any communication or interaction between the Member and any person under 18 years of age. The supervisor or supervisors must be approved by the Registrar;
 - b. that in using a computer, cellphone, tablet, electronic device, or handheld electronic device while working as a pharmacist, the Member may only use the device for purposes of his employment as a pharmacist, and not for personal purposes;
 - c. that the Member participate in any treatment, therapy or counselling recommended by Dr. Julian Gojer or Dr. Gojer's designate, to be paid for by the Member if it is not covered by an insurance plan;
 - d. the Member is prohibited from acting as a Designated Manager of a pharmacy;
 - e. that the Member is prohibited from being an owner, director or shareholder of a corporation that owns a pharmacy, or otherwise having any proprietary interest in a pharmacy;
3. The Member may apply to the Registrar to remove or vary the terms, conditions and limitations set out in paragraph 2 above as follows:
 - a. the Member may apply to the Registrar to remove or vary the terms, conditions or limitations set out in paragraphs 2(a) to 2(e) above after two years;
 - b. in considering whether to allow a request to remove or vary the terms, conditions or limitations on the Member's certificate of registration, the Registrar may require that Mr. Rak undergo a further sexual behaviours assessment, to be conducted by a psychiatrist acceptable to the College, and provide a report of the assessment to the Registrar. The Registrar may also require

Mr. Rak to provide any other information necessary for the Registrar to assess whether it is in the public interest to remove or vary the terms, conditions or limitations.

4. Costs to the College in the amount of \$5,000.

In its reprimand to the Member, the Panel reminded the Member that integrity, trust and professional conduct are at the core of the practice of pharmacy. The Panel also reminded the Member that pharmacy is a self regulated profession, and as such, the profession bears the responsibility to ensure that it maintains the trust of its members and the public. The Panel stated that it found the Member's actions to have been dishonourable, disgraceful and conduct unbecoming of a Pharmacist. The Panel recognized the Member's remorse and commended him on being proactive in changing his behaviour and providing evidence of treatment.

Member: Jamil Rashid

At hearing on July 28, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Rashid in that, from on or about May 1, 2008 to on or about June 30, 2010, he

- submitted false claims to third party payors including the Ontario Drug Benefit program, for products that were not prescribed and/or not received by patients, for one or more products; and/or
- recorded that products had been dispensed to patients pursuant to a prescription when the products were not received by the patients, for one or more products.

In particular, he was found to have

- failed to maintain a standard of practice of the profession;
- falsified records relating to his practice;
- submitted accounts or charges for services that he knew to be false or misleading;
- contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, sections 5 and 15(1)(b) of the Ontario Drug Benefit Act, R.S.O. 1990, c. O.10, as amended, and/or Ontario Regulation 201/96 made thereunder;
- engaged in conduct or performed an act or acts

relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

At the hearing on July 28th, Mr. Rashid acknowledged that he submitted false and misleading claims for payment to the Ontario Drug Benefit Program in the amount of approximately \$104,138.72 for diabetic test strips that were never obtained from suppliers or dispensed to patients.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - a. that the Member complete successfully, at his own expense, within 12 months of the date of the Panel's Order, the ProBE Program – Professional/Problem Based Ethics, offered by the Centre for Personalized Education for Physicians, or an equivalent program acceptable to the College;
 - b. that the Member shall be prohibited, for a period of 3 years deemed to have commenced April 16, 2013, from:
 - i. Having any proprietary interest in a pharmacy of any kind;
 - ii. Acting as a Designated Manager in any pharmacy;
 - iii. Receiving any remuneration for his work as a pharmacist other than remuneration based only on hourly or weekly rates, and not on the basis of any incentive or bonus for prescription sales;
 - c. that the Member shall be required, for a period of three years deemed to have commenced April 16, 2013, to notify the College in writing of any employment in a pharmacy;
 - d. that the Member, for a period of three years deemed to have commenced April 16, 2013, shall ensure that his employer has confirmed in writing to the College that they have received and reviewed a copy of the Discipline Committee Panel's decision in this matter and their Order, and confirming the nature of the Member's remuneration. This term is only applicable where the Member is employed by a pharmacy, in the pharmaceutical industry, or otherwise employed as a pharmacist;

3. A suspension of eight months, with one month of the suspension to be remitted on condition that the Member completes the remedial training. The suspension shall commence on September 1, 2014 and shall continue until March 31, 2014, inclusive.
4. Costs to the College in the amount of \$7,500.

In its reprimand to the Member, the Panel emphasized the fact that integrity and trust is paramount to the profession as pharmacists provide care to the public and in return are held in high regard for the role they play in the provision of healthcare in Ontario. The Panel stated that it was extremely disappointed with the Member's actions resulted in knowingly submitting false claims, committing an act of professional misconduct and making inappropriate billings to the Ontario Drug Benefit Program for reimbursement of medications that were not dispensed. The Panel found the Member's actions to be dishonourable, disgraceful and conduct unbecoming of a pharmacist. The Panel noted that it expected that the Member would learn from this process to ensure that he improve his practice and regains the trust of others that has been diminished through his actions.

Member: Esam Danial

At a hearing on October 14, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Danial in that he communicated abusively, threatened assault and/or committed assault in relation to an adult male patient, D.M., who provoked the Member, on or about June 17, 2013.

In particular, the Panel found that Mr. Danial:

- failed to maintain a standard of practice of the profession;
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's

Certificate of Registration, and in particular, that the Member complete successfully with an unconditional pass, at his own expense and within 12 months of the date of the Order, the ProBE Program on Professional/Problem Based Ethics for Healthcare Professionals;

3. A suspension of one (1) month, with the entire suspension to be remitted on condition that the Member completes the remedial training;
4. Costs to the College in the amount of \$ 2,500.

In its reprimand to the Member, the Panel acknowledged the Member's admissions and reminded the Member that, as a pharmacist, he had agreed to a certain set of standards. The Panel further reminded the Member that members of the public, especially his patients, hold the Member in high regard, and, as such, pharmacists are expected to conduct themselves in a manner that is professional and maintains public confidence at all times. The Panel stated its hope that the Member has had a chance to reflect on his conduct and is truly sorry for his behaviour.

Member: Amany Hanna

At a hearing held on November 3, 2014 and November 4, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Ms. Hanna in that she

- was found guilty on March 21, 2012 to a charge of fraud over \$5,000, contrary to the Criminal Code, s. 380(1)(a);
- submitted false claims to the Ontario Drug Benefit Program totaling approximately \$200,000 for 20 different drug products that were not actually dispensed to patients, in or about January 2008-October 2009;
- created false records of dispensing and/or billing transactions in relation to the false claims submitted to the Ontario Drug Benefit program, in or about January 2008-October 2009; and/or
- provided false information and documentation regarding drug purchases from Main Drug Mart, Capital Rx and/or Guardian Pharmacy to the Ministry of Health and Long-Term Care in the course of the Ministry's investigation, in or about November 2009-January 2010

In particular, the Panel found that Ms. Hanna:

- was found guilty of an offence that is relevant to her suitability to practise;
- failed to maintain a standard of practice of the profession;
- falsified a record relating to her practice;
- signed or issued, in her professional capacity, a document that she knew contained a false or misleading statement;
- submitted an account or charge for services that she knew was false or misleading;
- contravened, while engaged in the practice of pharmacy, a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular, the Ontario Drug Benefit Act, ss. 5, 6 and/or 15(1);
- engaged in conduct or performed an act relevant to the practice of pharmacy that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. That the Registrar impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular:
 - a) that the Member complete successfully, at her own expense, within 12 months of the date of the Order, the ProBE program on Professional/Problem Based Ethics for healthcare professionals;
 - b) that the Member be prohibited, for a period of 5 years from the date of the Order:
 - i) from acting as a Designated Manager for any pharmacy; and
 - ii) from having any proprietary interest in a pharmacy as a sole proprietor or partner, or director or shareholder in a corporation that owns a pharmacy, or in any other capacity, or receiving any remuneration for her work as a pharmacist, or related in any way to the operation of a pharmacy, other than remuneration based on hourly or weekly rates or salary and in particular, not on the basis of any incentive or bonus for prescription sales.
 - c) that the Member must, for a period of 5 years from the date of the Order, provide a copy of the Discipline Committee's decision to prospective employers where she works more than 10 days



out of a 14 day period.

3. A suspension of eighteen months, commencing the date of the Order i.e. November 4, 2014;
4. Costs to the College in the amount of \$20,000.

In its reprimand to the Member, the Panel noted that it viewed the Member's conduct as an abuse of trust placed in the Member, as a pharmacist. The Panel acknowledged the Member's family circumstances but stated that those circumstances did not justify the course of action she chose, namely to manipulate the system over an extended period of time to maximize her financial gain. The Panel pointed to the fact the public had paid a price for the Member's avarice, leading to a detrimental impact on the welfare and potential safety of the public. The Panel viewed the Member's conduct as disgraceful, dishonourable and unprofessional. While acknowledging that the suspension the Member had received was significant, the Panel expressed its view that it appropriately addressed the conduct for a first time offender who has the potential for rehabilitation.

Member: Ramez Tawfik

At a hearing held on December 9 and 10, 2014, a Panel of the Discipline Committee made findings of professional misconduct against Mr. Tawfik in that he

- submitted accounts or charges for services that he knew or ought reasonably to have known were false or misleading to the Ontario Drug Benefit program for one or more drugs and/or products;
- falsified pharmacy records relating to his practice in relation to claims made to the Ontario Drug Benefit program for one or more drugs and/or products.

In particular, the Panel found that Mr. Tawfik:

- failed to maintain a standard of practice of the profession;
- falsified records relating to his practice;
- submitted accounts or charges for services that he knew or reasonably ought to have known to be false or misleading;
- contravened a federal or provincial law or municipal by-law with respect to the distribution, sale or dispensing of any drug or mixture of drugs, and in particular sections 5 and 15(b) of the Ontario Drug Benefits Act, R.S.O. 1990, c. O.10, as amended, and/or Ontario Regulation 201/96 made thereunder;
- engaged in conduct or performed an act or acts relevant to the practice of pharmacy that, having

regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

The Panel imposed an Order which included the following:

1. A reprimand;
2. Directing the Registrar to impose specified terms, conditions or limitations on the Member's Certificate of Registration, and in particular,
 - (a) that the Member complete successfully within 12 months of the date of the Order, the ProBE Program on Professional/Problem Based Ethics for Healthcare Professionals;
 - (b) that the Member shall be prohibited, for a period of 3 years from the date the Order is imposed, from acting as a Designated Manager in any pharmacy;
 - (c) the Member shall be required, for a period of 3 years from the date the Order is imposed, to notify the College in writing of any employment in a pharmacy;
 - (d) the Member, for a period of 3 years from the date the Order is imposed, shall ensure that his employer has confirmed in writing to the College that they have received and reviewed a copy of the Discipline Committee Panel's decision in this matter and their Order, and confirming the nature of the Member's remuneration.
3. A suspension of eight months with one month of the suspension remitted on condition that the Member complete the remedial training cited above. The suspension commences the date of the Order i.e. December 10, 2014;
4. Costs to the College in the amount of \$10,000.

In its reprimand, the Panel reminded the Member that integrity and trust are paramount to the profession and, as such, felt it necessary to impress upon the Member the seriousness of his misconduct. The Panel expressed its disappointment with the Member's failure to maintain a standard of practice of the profession with respect to falsifying records, submitting claims for payment to the Ontario Drug Benefit program where no payment was required and committing acts of professional misconduct. The Panel further expressed to the Member that the practice of pharmacy is a privilege that carries with it significant obligations to the public, the profession and to oneself, and that the Member's actions had eroded the public trust in the pharmacy profession.



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