

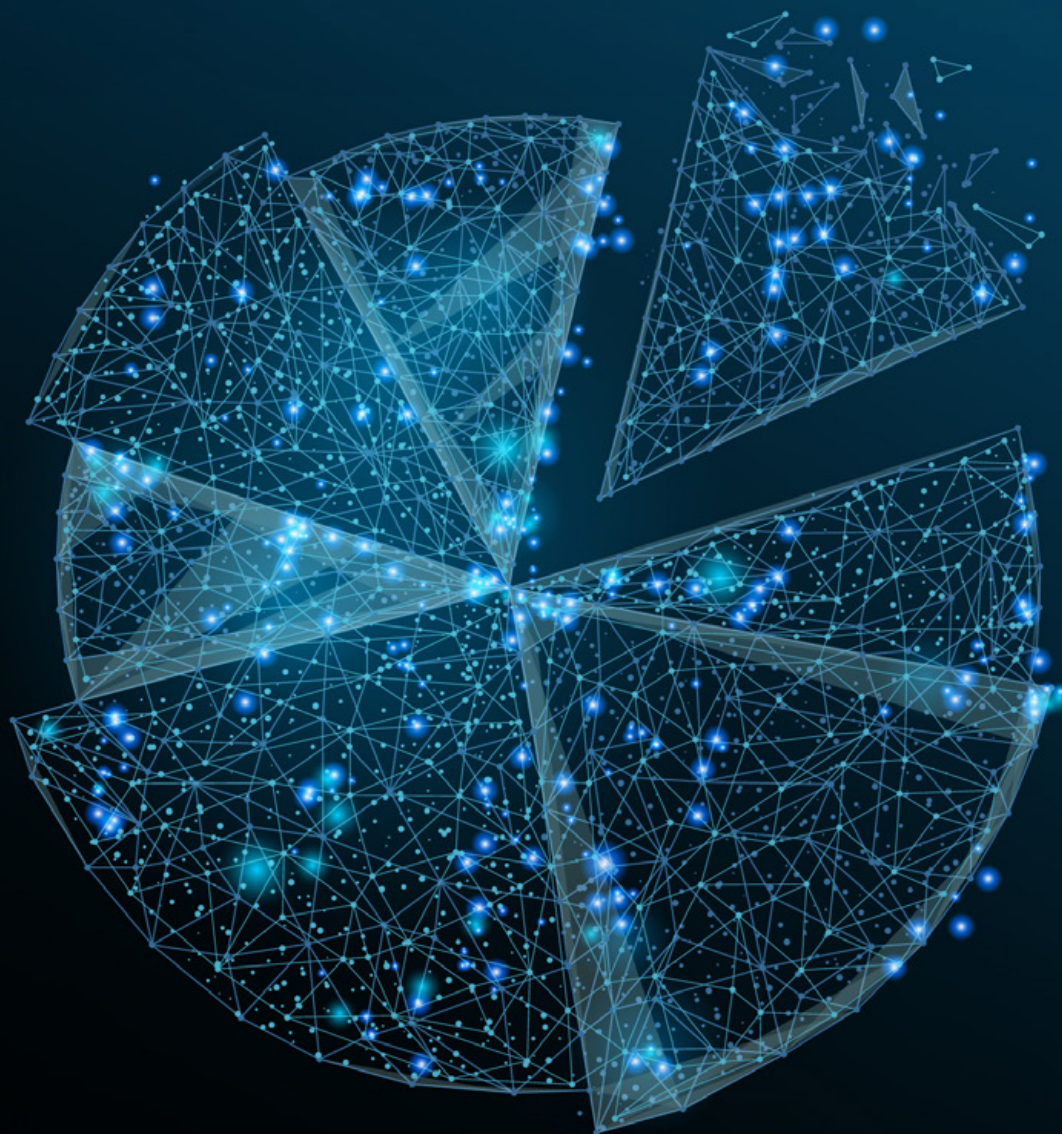


Ontario College  
of Pharmacists

Putting patients first since 1871

# 2018 ANNUAL REPORT

MEASURING PERFORMANCE | **IMPROVING OUTCOMES**



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Ontario College  
of Pharmacists

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# 2018 ANNUAL REPORT



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# ABOUT THE COLLEGE



## VISION

A trusted, collaborative leader that protects the public and drives quality and safe pharmacy care and improved patient outcomes



## MISSION

The Ontario College of Pharmacists regulates pharmacy practice to serve the interests, health and well-being of the public



## VALUES

Accountability, Integrity and Transparency

# COLLEGE OBJECTS

*As defined in legislation*

1. To regulate the practice of the profession and to govern the members in accordance with the health profession Act, this Code and the Regulated Health Professions Act, 1991 and the regulations and by-laws.
2. To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
3. To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members.
  - 4.1. To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members.
5. To develop, establish and maintain standards of professional ethics for the members.
6. To develop, establish and maintain programs to assist individuals to exercise their rights under this Code and the Regulated Health Professions Act, 1991.
7. To administer the health profession Act, this Code and the Regulated Health Professions Act, 1991 as it relates to the profession and to perform the other duties and exercise the other powers that are imposed or conferred on the College.
8. To promote and enhance relations between the College and its members, other health profession colleges, key stakeholders, and the public.
9. To promote inter-professional collaboration with other health profession colleges.
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues.
11. Any other objects relating to human health care that the Council considers desirable. 1991, c. 18, Sched. 2, s. 3 (1); 2007, c. 10, Sched. M, s. 18; 2009, c. 26, s. 24 (11).





*It's been a tremendous honour serving as Council President of the Ontario College of Pharmacists. As you will see in this year's annual report, the College has achieved a great deal in 2018 and is well-positioned to build on our achievements in the future.*

Approaches to enhancing health care continue to shift towards the integration of services and more collaborative approaches to care. Pharmacists and

pharmacy technicians are an important part of this as they often serve as the most accessible point of care in their communities. As such, changes not only provide an opportunity for pharmacy professionals to better serve the public, but also serve as an opportunity for the College to grow and evolve as a regulator.

In 2018, the College made significant progress in its transformation to meet changing public expectations of regulators and healthcare professionals, as well as harness potential opportunities to make positive contributions to the healthcare system. This involved examining and modernizing our approach to how we fulfill our mandate to protect and serve the public, as well as how we govern as a Council.

Among these important milestones was Council's support and approval of a new Strategic Plan that was informed by input from the public, government, pharmacy professionals and other regulatory and health system partners. It outlines the College's vision, mission, values and

our renewed strategic priorities over the next three years, which include enhancing patient outcomes, strengthening trust and confidence in the College and enhancing our capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence.

The second milestone was the initiation of a governance renewal strategy. Late last year, Council agreed to join other Advisory Group for Regulatory Excellence (AGRE) colleges in developing options for legislative changes to support the government in modernizing governance that considers provincial, national and international trends and best practices in health regulation. Council also approved a governance reform framework aimed at reducing the size and adjusting the composition of Council, separation of Council and statutory committees, and supporting competency-based Council appointments.

Both the Strategic Plan and the governance renewal strategy are major steps forward in our advancement as a College. As regulatory oversight continues to evolve and public expectations change, so must we while continuing to focus on our organizational values of accountability, integrity and transparency. This is meaningful work and I am certain that it will

strengthen trust and confidence in the College's role and value as a patients-first regulator.

It was an exceptional year for the College, thanks to the dedication and hard work of our Council members and non-Council committee members, the steadfast leadership of CEO and Registrar Nancy Lum-Wilson and the tireless efforts of the College's dedicated staff. Finally, I want to extend my gratitude to all pharmacy professionals who uphold and exceed the high professional and ethical standards that are the bedrock of the public's trust in the profession.

Sincerely,

**Laura Weyland**  
President





*I am proud to share with you the Ontario College of Pharmacists' 2018 Annual Report, "Measuring Performance, Improving Outcomes." This is my second year as CEO and Registrar, and I couldn't be more excited about our accomplishments and the path forward.*

As you will see in this report, it's been a remarkable year for the College in both renewing our vision and setting priorities over the next three years. We developed

and launched a new Strategic Plan to guide our work and made great strides in 2018 to help us build momentum as we enter the first of our new three-year strategy. The College is particularly focused on our legislated objects to establish and maintain programs to promote continuing evaluation, competence and improvement of the practice of pharmacy, which will strengthen and support a culture of quality improvement within the profession and improve public transparency about the impact of pharmacy on patient outcomes. By taking innovative and evidence-based approaches to our work, we are well-positioned to make more effective decisions as a regulator in promoting better health outcomes for patients and enhancing the healthcare system as a whole.

The important role that pharmacy professionals play in providing care to patients is often overlooked in discussions about improving health outcomes. The reality is that pharmacists and pharmacy technicians are often the most frequent point of contact to the healthcare system for

patients who rely on the expertise of pharmacy professionals to help them manage their care.

But we need a better understanding of how pharmacy impacts health outcomes and what can be done to improve them. That is why the College has focused on collecting and analyzing data to enhance our ability to measure safety and quality of care. Data, properly harnessed, equips us with information that ultimately provides direction on how we can enhance outcomes by detecting areas where more work is needed, the tools the College can use to help pharmacy professionals bridge that gap, and opportunities for further collaboration with stakeholders to advance our "patients first" approach.

One way that the College is undertaking this work is through our mandatory medication safety program which is currently rolling out in all community pharmacies in Ontario. The Assurance and Improvement in Medication Safety (AIMS) Program requires pharmacy professionals to anonymously report medication incidents and near misses to a third-party platform. The aggregate, de-identified data collected through this program is then analyzed to provide guidance for quality improvement and will be shared publicly across the province.

We are also looking at how we can use our own

data more effectively to report on our progress and performance as a regulator, as well as support our regulatory programs. Our effectiveness as a regulator depends on well-governed data and high-integrity analytics to help guide our decisions. This, in turn, will enhance public trust in both the College and pharmacy professionals.

We've made significant progress this year in charting the path forward as we transition into a more data-driven and intelligence-led organization, but we know there is much more to do. I am confident that we can reach those goals, thanks to the tireless efforts of our hardworking College staff, the dedication of Council and committee members, and the valuable contributions of pharmacy professionals and our other partners. Together, we can continue to advance our mandate to protect and serve the public and lead the way as Canada's largest pharmacy regulator.

Yours in health,

**Nancy Lum-Wilson**  
CEO and Registrar



The following highlights of our achievements in 2018 are organized by the priorities outlined in the 2015-2018 Strategic Plan, building momentum for the College's new three-year strategic plan and priorities adopted by Council.



## Core Programs and Fulfillment of Our Mandate

- *Developed and launched a new Strategic Plan for 2019-2021, along with a renewed mission, vision and values statements.*
- *Initiated a Governance Renewal strategy to modernize the College's approach to governance and adopt best practices to promote more effective regulatory oversight.*
- *Experienced continued year-over-year growth in the number of total College registrants (16,651 pharmacists) and (4,841 pharmacy technicians) and a rise in the number of new pharmacists (958).*
- *Received a higher percentage of inquiries made to our Pharmacy Practice team from members of the public (25% in 2018 over 19% in 2017).*
- *Accredited 119 more community pharmacies in the province in 2018 over the previous year.*
- *Opened 118 investigation reports in 2018, a steady year-over-year increase since 2015 and an increase of 7% over the previous year.*
- *Opened 541 complaints in 2018, a steady year-over-year increase since 2015 and a marked increase of 59% over the previous year.*
- *Received approval on an operating budget to support the College's ability to continue to meet its fiduciary responsibilities and mandate as it experiences increased volume and complexity of complaints and reports and corresponding investigations and discipline matters while moving forward with vital regulatory programs to promote the quality and safety of pharmacy practice in the province.*
- *Initiated the development of a discipline cost recovery policy to guide discipline cost penalty orders by the Discipline Committee and support the College's financial stewardship and fiduciary obligations.*
- *Developed and implemented a Council Scorecard as a tool to openly and transparently demonstrate the College's performance against defined targets and indicators.*





## Optimize Practice Within Scope

- Initiated the roll out of a medication safety program, formally called Assurance and Improvement in Medication Safety (AIMS), to all community pharmacies in the province. The program includes a mandatory requirement for pharmacy professionals to anonymously report medication incidents to a third-party platform to analyze and support a standardized approach to quality improvement for all pharmacies in Ontario.
- Implemented a supplemental Standard of Practice and Standards of Operation related to medication safety and quality improvement in pharmacies and to support the requirements of the AIMS Program.
- Matured the pharmacist practice assessment program and implemented practice assessments for pharmacy technicians to support quality pharmacy practice across the province.
- Implemented a Cannabis Strategy to support the ability of pharmacy professionals to respond to changes in the pharmacy practice environment related to the use of cannabis for medical purposes and the patient care implications associated with the legalization of recreational cannabis in our society.
- Adopted Practice Assessment of Competence at Entry (PACE) as the College's formal structured practical training program requirement for pharmacist applicants. The development of PACE for pharmacy technicians will follow implementation of revised Canadian Council for Accreditation of Pharmacy Programs (CCAPP) standards effective July 2019, which include changes to the experiential requirements of pharmacy technician programs.
- Advanced the Opioid Strategy initiatives to help contribute to reducing the impact of the opioid crisis on our communities including the development of an Opioid Policy and ongoing work with stakeholders through partnered efforts tables related to the identification and sharing of relevant quality indicators and the prevention of loss of controlled substances within practice settings.
- Responded to the government's proclamation of the Protecting Patients Act and corresponding regulations related to the prevention of and response to sexual abuse by regulated health professionals. This included formalizing a program that provides support to sexual abuse victims through the expansion of a funding program to cover the costs of therapy and counselling.
- Prepared pharmacies for the Sterile Compounding Standards compliance date of January 1, 2019 and set timelines for the implementation of Non-Sterile Compounding Standards.





## Inter/Intraprofessional Collaboration

- *Launched a number of regional pharmacy initiatives in partnership with local healthcare providers and the Local Health Integration Networks aimed at improving access to and quality of pharmacy care and services through collaborative approaches that leverage the College's regulatory role and the expertise and resources available through integrated quality strategies.*
- *Continued the move towards the development of a set of standardized quality indicators for pharmacy in collaboration with Health Quality Ontario and other health system and pharmacy stakeholders including patients.*
- *Implemented the early steps in the development of a formal Data Analytics Strategy to support the College's ability to better use the data and information it collects in its decision making and regulatory activities.*
- *Realigned several internal teams, particularly the Conduct team, to optimize existing talents and to better use resources more effectively to meet our statutory and strategic obligations.*
- *Implemented a number of technology and infrastructure enhancements in order to support a more effective and efficient remote workforce and support more efficient onsite College business.*
- *Launched [pharmacyconnection.ca](http://pharmacyconnection.ca) as an online version of the College's Pharmacy Connection magazine with a view to investing more in digital forms of communication and enhancing the frequency and timeliness of communication with registrants as well as stakeholders and the public.*
- *Continued to engage and involve patients and those with lived experiences in the development of a number of strategies and initiatives along with ongoing engagement with members of the public as it relates to their awareness of the College, its mandate and their rights as pharmacy patients.*





## LOOKING AHEAD TO 2019

*As we reflect on the many accomplishments of the past year to wrap up the 2015-2018 Strategic Plan, we recognize that 2019, guided by a new Strategic Plan and set of strategic priorities, is poised to be an even more exciting year with a number of milestones that will advance our mandate and strengthen the quality and safety of pharmacy in the province. In 2019 we will:*

- **Enhance system and patient outcomes through collaboration and the optimization of current scope of practice** through the completion of a number of key initiatives such as the province-wide roll out of the AIMS Program to all community pharmacies in Ontario, and the continuation and expansion of collaborative efforts involving health system partners to support improved outcomes and access to better integrated care for patients.
- **Strengthen trust and confidence in the College's role and value as a patients-first regulator** through the advancement of a governance renewal strategy aimed at modernizing how the College is governed in line with best practices in health regulation and the development of a transparency framework to provide a foundation for open reporting of data and information in line with our organizational values and commitment to quality improvement.
- **Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence** through several initiatives aimed at enhancing our ability to harness the power of data and information to make informed decisions, both as a regulator and as a sector and health system, regarding the quality and safety of pharmacy and its impact on patient outcomes. This includes the establishment of a standardized set of Quality Indicators for Pharmacy.





# COUNCIL

2018/2019



The College is overseen by a Council of elected pharmacists and pharmacy technicians, 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 2018-2019 – As of Dec. 31, 2018

## ELECTED MEMBERS



**Nadia Facca**

District H



**Régis Vaillancourt**

(Past President) - District H



**Esmail Merani**

District K



**Tracey Phillips**

District K



**Billy Cheung**

District L



**James Morrison**

District L



**Sony Poulse**

District L



**Mike Hannalah**

District M



**Kyro Maseh**

District M



**Laura Weyland**

(President)- District M



**Tom Kontio**

District N



**Karen Riley**

District N



**Leigh Smith**

District N



**Rachelle Rocha**

District P



**Douglas Stewart**

District P



**Ruth-Ann Plaxton**

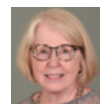
District T



**Goran Petrovic**

District TH

## PUBLIC MEMBERS



**Kathy Al-Zand**



**Linda Bracken**



**Christine Henderson**



**Azeem Khan**



**James MacLaggan**



**Elnora Magboo**



**Sylvia Moustacalis**



**Joan A Pajunen**



**Joy Sommerfreund**



**Dan Stapleton**



**Ravil Veli**



**Wes Vickers**

## FACULTY OF PHARMACY



**Christine Allen**

Interim Dean  
University of Toronto



**David Edwards**

University of Waterloo



# 2018/2019 COMMITTEE APPOINTMENTS

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

## **ACCREDITATION AND DRUG PREPARATION PREMISES**

### **COUNCIL MEMBERS:**

Regis Vaillancourt (Chair)  
Elnora Magboo  
Kyro Maseh  
Joan A. Pajunen  
Goran Petrovic  
Rachelle Rocha  
Joy Sommerfreund

### **NON-COUNCIL MEMBERS:**

Sameh Bolos  
Tracy Wiersema  
Ali Zohouri

### **STAFF RESOURCE:**

Katryna Spadafore

## **EXECUTIVE**

### **COUNCIL MEMBERS:**

Laura Weyland –President & Chair  
Regis Vaillancourt –Past President  
Doug Stewart –Vice President  
Kathy Al-Zand  
Billy Cheung

Christine Henderson  
Sylvia Moustacalis

### **STAFF RESOURCE:**

Nancy Lum-Wilson

## **FINANCE AND AUDIT**

### **COUNCIL MEMBERS:**

Dan Stapleton (Chair)  
Esmail Merani  
Doug Stewart  
Regis Vaillancourt

### **STAFF RESOURCE:**

Connie Campbell

## **FITNESS TO PRACTISE**

### **COUNCIL MEMBERS:**

Karen Riley (Chair)  
Kathy Al-Zand  
James Morrison  
Wes Vickers

### **NON-COUNCIL MEMBERS:**

Adrian Leung

### **STAFF RESOURCE:**

Genevieve Plummer

## **PATIENT RELATIONS**

### **COUNCIL MEMBERS:**

Linda Bracken (Chair)  
Kathy Al-Zand  
Azeem Khan  
Kyro Maseh  
Sylvia Moustacalis  
Karen Riley

### **NON-COUNCIL MEMBERS:**

Kshitij Mistry

### **STAFF RESOURCE:**

Todd Leach

## **DISCIPLINE**

### **COUNCIL MEMBERS:**

Christine Henderson (Chair)  
Kathy Al-Zand  
Linda Bracken  
Nadia Facca  
Azeem Khan  
Tom Kontio  
Sylvia Moustacalis  
James Morrison  
Ruth-Ann Plaxton  
Sony Poulouse  
Karen Riley

Leigh Smith  
Dan Stapleton  
Doug Stewart  
Ravil Veli  
Wes Vickers

### **NON-COUNCIL MEMBERS:**

Chris Aljawhiri  
Jennifer Antunes  
Susan Blanchard  
Fel dePadua  
Dina Dichek  
Jim Gay  
Jillian Grocholsky  
Jane Hilliard  
Katherine Lee  
Chris Leung  
Beth Li  
Doris Nessim  
Don Organ  
Jeannette Schindler  
Connie Sellors  
David Windross  
**STAFF RESOURCE:**  
Anne Resnick

## **QUALITY ASSURANCE**

### **COUNCIL MEMBERS:**

Tracey Phillips (Chair)  
Linda Bracken  
Nadia Facca  
Elnora Magboo  
Joan A. Pajunen  
Ruth-Ann Plaxton  
Leigh Smith

### **NON-COUNCIL MEMBERS:**

Shelley Dorazio  
Sarosh Tamboli

Mardi Teeple

### **STAFF RESOURCE:**

Susan James

## **INQUIRIES, COMPLAINTS AND REPORTS (ICRC)**

### **COUNCIL MEMBERS:**

Rachelle Rocha (Chair)  
Kathy Al-Zand  
Christine Allen  
Linda Bracken  
Billy Cheung  
Mike Hannalah  
Azeem Khan  
Tom Kontio  
Elnora Magboo  
James Morrison  
Sylvia Moustacalis  
Joan A. Pajunen  
Goran Petrovic  
Sony Poulouse  
Leigh Smith  
Joy Sommerfreund  
Dan Stapleton  
Ravil Veli

### **NON-COUNCIL MEMBERS:**

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

Vyom Panditpaura

Aska Patel  
Chintan Patel  
Saheed Rashid  
Dan Stringer  
Frank Tee  
Tracy Wiersema  
**STAFF RESOURCE:**  
Katryna Spadafore

## **REGISTRATION**

### **COUNCIL MEMBERS:**

Ravil Veli (Chair)  
Linda Bracken  
Mike Hannalah  
Esmail Merani  
Sylvia Moustacalis

### **NON-COUNCIL MEMBERS:**

Tammy Cassin  
Edward Odumodu  
Deep Patel

### **DEAN:**

Dave Edwards

### **ONTARIO PHARM TECH PROGRAM**

### **REP:**

Sharon Lee

### **STAFF RESOURCE:**

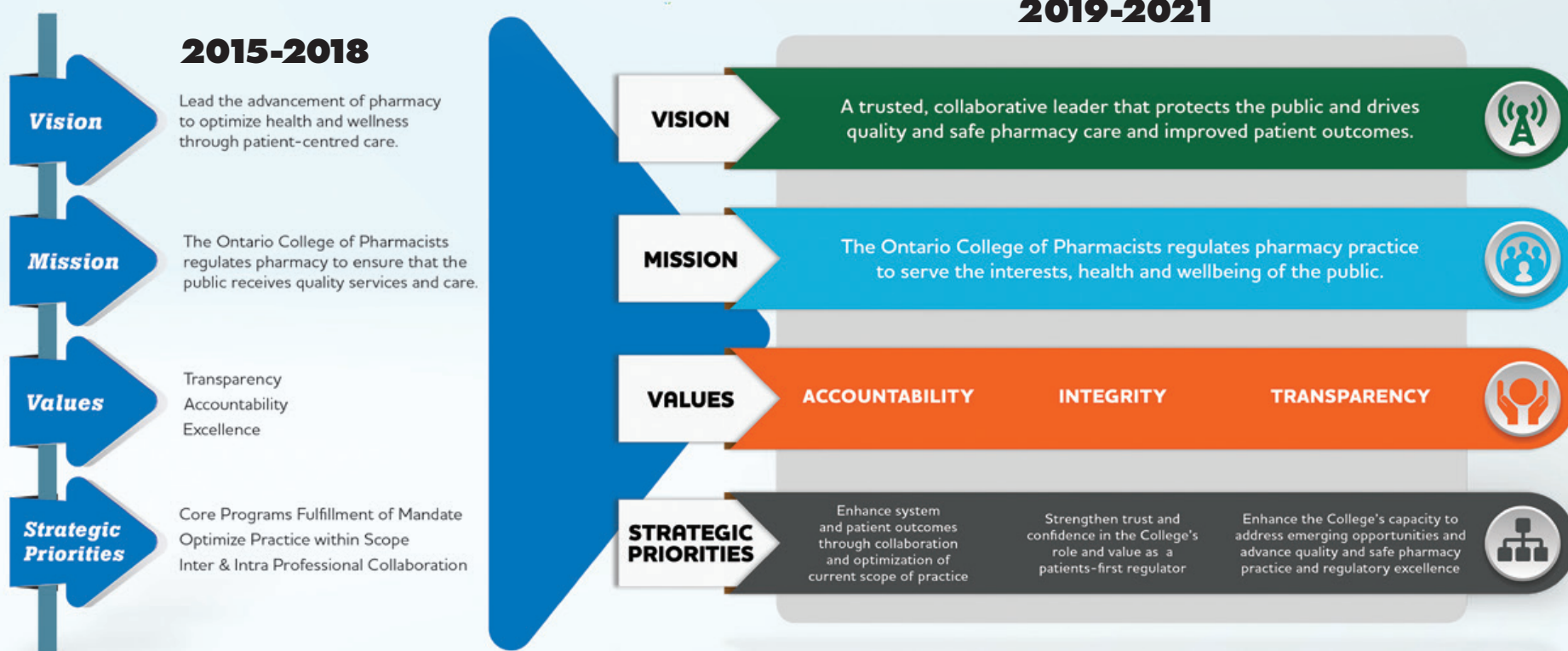
Sandra Winkelbauer



# STRATEGIC FRAMEWORK

## A YEAR IN TRANSITION

2018 marked the final year of a three-year Strategic Plan initially launched in 2015 and served as an important transition year as we adopted a new Strategic Plan for 2019-2021. Each of our Strategic Plans are grounded in our public-protection mandate and include Council-defined strategic priorities intended to guide the activities of the College and the resource decisions required to advance those priorities. The 2019-2021 Strategic Plan was developed with extensive input from various stakeholders including registrants, the government and the public and includes refreshed vision and mission statements and organizational values along with new strategic priorities that have been considered in the College's 2019 operating plan and which will be the focus of next year's annual report.







# DEVELOPING **QUALITY INDICATORS** FOR PHARMACY

*Equipping the College, pharmacies and health system stakeholders with the information they need to measure and enhance the quality of pharmacy care and its impact on health outcomes of Ontarians*

Pharmacy professionals, like other healthcare professionals, play an active part in providing quality and safe care to patients while contributing to solutions to address common quality challenges experienced throughout our health system. Safe transitions of care, the opioid crisis and high risk medications in seniors are just a few examples where pharmacy can play an increasingly valuable role in our health system, while continuing to contribute directly to a patient's health goals. However, at this time there is no way to measure pharmacy's impact on these issues.



In 2017, the College identified the need for standardized quality indicators for pharmacy to provide all those with an interest in pharmacy with transparent information to make informed decisions and work collaboratively to improve the quality of pharmacy care and its influence on the health of Ontarians. Since then, the College has worked closely with Health Quality Ontario (HQO), the province's advisor on healthcare quality, to develop a set of quality indicators for pharmacy that can be adopted across the province.

Developing system-focused pharmacy indicators will not only help establish pharmacy within the province's quality healthcare agenda, it will promote a better understanding of the performance and impact of pharmacy on patient and broader health system outcomes. Once selected, they will also generate better data on which to make evidence-informed decisions to guide improvements in such areas as clinical practice, care models or standards and to help identify regulatory solutions that ultimately promote high-quality and safe patient care for all Ontarians.

## BRINGING TOGETHER DIVERSE PERSPECTIVES TO INITIATE THE INDICATORS CONVERSATION

The preliminary work with HQO identified an important opportunity to learn from the various perspectives of pharmacy stakeholders to create a roadmap for the work ahead. In June of 2018, the

College and HQO hosted a roundtable meeting with pharmacy professionals and leaders from both community and hospital, academic and healthcare leaders, and representatives from government and government agencies as well as several patient advocates who bring a much needed voice to this and other work to support healthcare quality in the province.

Through this discussion, participants supported the development of a synopsis document to guide the decision regarding which areas to focus on as the indicators were developed.

## ESTABLISHING AN EXPERT PANEL

Following the roundtable session, the College and HQO established an expert panel to achieve consensus on a preliminary set of indicators. The panel met in November 2018 and will continue to deliberate until the final set of indicators is selected.

## ENGAGING THE PROFESSION AND STAKEHOLDERS

The College and HQO are committed to engaging and learning from pharmacy professionals and stakeholders as the indicators are further developed, refined and ultimately finalized. The first pharmacy sector engagement session took place as an interactive webinar in late 2018 where participants heard about the indicator initiative and the progress to date.

The College benefited greatly from the exercise which generated a positive dialogue among participants who had a number of questions about the initiative, its impact on them as professionals and how it differs from other indicator work being conducted by other organizations but for very different purposes. Ongoing feedback from patients and the pharmacy sector will be provided to the expert panel until the final indicators are selected.

## LOOKING FORWARD

Developing a common set of quality outcome indicators for pharmacy is ultimately about promoting better patient care and enabling greater system accountability and performance. What was once a vision is now several steps closer to reality. In 2019, we will:

- Continue to engage pharmacy stakeholders including College registrants in the indicator development process to help provide the College with critical insights into how the indicators can move forward across the province once finalized.
- Host a stakeholder symposium involving health system, community pharmacy and hospital pharmacy leaders as well as patient advocates to finalize the indicator selection, leading to the formal adoption, launch and celebration of Ontario's first common Quality Indicators for Pharmacy.



# THE AIMS OF MEDICATION SAFETY

& THE POWER OF DATA TO INFLUENCE QUALITY



***Moving forward with Canada's largest mandatory, standardized approach to medication safety and quality improvement in pharmacy to help reduce the risk of medication incidents and associated patient harms***

Healthcare is a human endeavor and errors by healthcare professionals can and do happen. It's what we do collectively – as a health system, as professionals, and as a regulator – to learn from these errors, so that they can be prevented from recurring, that makes our system better and safer for patients. To do that, we need to have access to data and information to support better decision-making along with a standardized approach to quality improvement grounded in the principles of a safety culture.

That's the goal of the College's Assurance and Improvement in Medication Safety (AIMS) Program. This mandatory program, approved by Council in 2017, requires pharmacy professionals to anonymously report and document medication incidents and near misses through a third-party platform. Ultimately, through the analysis of aggregate, de-identified incident data, the program will lead to an improved understanding of the number, type, frequency, impact and cause of medication incidents and near misses, establish clear expectations related to quality improvement and identify system-wide recommendations to reduce the risk of medication incidents in pharmacies across the province.

## **FIRST STEPS TOWARD FULL IMPLEMENTATION**

With a view to a province-wide implementation among all 4,400+ community pharmacies in Ontario, in 2018 the College implemented the first phase of the program with 100 ambassador pharmacies. These pharmacies provided feedback to the College and its program partner, Pharmapod, to support the planning efforts behind an eventual roll out to the remaining community pharmacies.

Following this nine-month ambassador phase, the College announced during 2018 National Patient Safety Week the start of the province-wide roll out of



what was formally branded as the AIMS Program. The first of several groups of pharmacies was subsequently onboarded to the program and Pharmapod's incident recording platform by the end of the year, with the remaining pharmacies expected to be onboarded by mid-2019.

Once fully implemented, it will be the largest medication safety program for pharmacies of its kind in Canada, with Ontario becoming one of a growing number of provinces that has moved forward with similar initiatives designed to reduce the risk of medication errors in pharmacy.

## STANDARDS TO SUPPORT QUALITY IMPROVEMENT

As the AIMS Program was prepared for a province-wide roll out, the College developed a supplemental Standard of Practice as well as new Standards of Operation that, together, communicate medication safety requirements and reinforce expectations of pharmacies and pharmacy professionals related to continuous quality improvement. These standards will also facilitate the development of a safety culture in pharmacy in which professionals are encouraged to openly report incidents and near misses, record this information, identify improvement opportunities and then share learnings within their teams. Council approved the supplemental Standard of Practice and Standards of Operation in 2018.

## LOOKING FORWARD

The year ahead is set to mark some significant milestones for the College and for medication safety in pharmacy in Ontario. In 2019, we will:

- Complete the onboarding of all 4,400+ community pharmacies in Ontario by mid-2019 and continue to work with health system stakeholders to help nurture the development of a safety culture in pharmacy.
- Publish the first report from a multidisciplinary and expert Response Team which will analyze the aggregate and de-identified data reported through the incident recording platform and develop recommendations for ongoing improvement and error prevention. These reports will be shared with pharmacy professionals and will be publicly available in the interests of transparency and broader health system improvement.
- Engage hospital pharmacies, which already have medication safety reporting programs in place, to identify opportunities for shared learning through the AIMS Program.

# ABOUT THE AIMS PROGRAM LOGO



A PATIENT SAFETY AND QUALITY IMPROVEMENT PROGRAM OF THE ONTARIO COLLEGE OF PHARMACISTS

The visual identity for the College's medication safety program, Assurance and Improvement in Medication Safety (AIMS) Program, includes subtle references to the four aims of the program: recording, documenting, analyzing and sharing. The first and last letters of the wordmark, with a stylized treatment in colour, are a tribute to Andrew Sheldrick, whose tragic passing has brought about important public and professional attention to the need for medication error reporting in pharmacies throughout the country to help reduce the risk of medication incidents and the patient harms they can cause.





# ADVANCING AN **OPIOID STRATEGY** FOR PHARMACY



## *Taking steps to promote safe opioid use and support pharmacy in contributing to a collaborative, system-focused response to an ongoing public health concern*

Pharmacy professionals play an important role in the procurement and distribution of opioids for use in patient care and, therefore, have a professional responsibility to take action to decrease the human health impact of opioid misuse and addiction on our communities. As medication experts, pharmacists are uniquely positioned to support safe opioid use and support or lead collaborative solutions within our healthcare system.

## NEW OPIOID POLICY GUIDES PRACTICE EXPECTATIONS

In December 2018, College Council approved an Opioid Policy. Through education and training, the sharing of evidence-based best practice and by outlining expectations of pharmacy professionals, this policy outlines the College's expectations for pharmacy professionals regarding opioids. The purpose of this policy is to promote safe and appropriate opioid use through education and training, sharing of evidence-based best practice and outlining expectations. This policy provides further direction to pharmacists regarding the NAPRA Model Standards of Practice and is applicable to any opioid therapy regardless of the indication or practice setting.

## ADVANCING A STRATEGIC FOCUS

The creation of the Opioid Policy is one of several objectives outlined in the College's 2017 Opioid Strategy that complements broader health system efforts to reduce addiction and mortality due to opioid use. The Strategy is aimed at advancing opioid-related education and harm reduction initiatives, implementing strategies to prevent opioid use disorder and promoting quality assurance specific to opioid security and dispensing. It expands on a long-standing commitment to support quality and safe pharmacy practice involving the safe use and management of controlled substances.

## A SYSTEM ISSUE REQUIRES A SYSTEMS-FOCUSED RESPONSE

Last year, the College engaged pharmacy professionals and health system stakeholders including persons with lived experiences in several initiatives designed to advance opioid-related efforts through collaboration, information-sharing and interdisciplinary solutions. In 2018, we:

- **Established and collaborated with an external working group** comprising of representatives from key stakeholder groups, pharmacy professionals from various geographic areas and practice settings and persons with lived experience. This group provides advice and works with the College to identify tools and resources to support Opioid Strategy-related initiatives.
- **Participated in various health system working groups, including the provincial Opioid Emergency Task Force and the Health Quality Ontario Partnered Efforts Table.** The Partnered Efforts Table was created to develop a coordinated and integrated approach to support clinicians in the areas of opioid prescribing and pain management and recently released the "Ontario Pain Management Resources," a one-stop summary of available pain management supports.
- **Collaborated with Health Canada's Office of Controlled Substances** to work toward a common goal of responding to the opioid crisis through the prevention and management of loss and theft of controlled substances, particularly narcotics.
- **Organized and published tools and resources** on morphine equivalent dosing and tapering to support quality pharmacy practice.
- **Contributed to data analysis on opioid dispensing practices** for the purposes of transparency and quality improvement, forming the foundation for further work to be done in 2019.



## A COLLABORATIVE APPROACH

Reducing the harms of opioids isn't limited to changing individual behaviour but on enhancing how places of practice can support quality pharmacy care and the safe and effective management of controlled substances to prevent loss or theft, including diversion. This past year, the College began to leverage the Opioid Strategy and learnings from our experience with the Strategy to date to effect positive change on activities across our mandate, such as pharmacy assessments which now include a closer examination of how pharmacies are meeting their narcotic management and patient care responsibilities.

These assessments, part of the College's quality assurance program, continue to be an important part of a cooperative approach along with Health Canada and the Ministry of Health and Long-Term Care, each with their own oversight roles, in assuring the public that pharmacies are managing controlled substances appropriately while delivering the best possible care to patients.



## LOOKING FORWARD

The College's Opioid Strategy represents a long-term commitment to pursue collaborative, forward-thinking and future-minded solutions designed to support better pharmacy practice now and going forward. In 2019, our work will continue as we:

- Reinforce the important role of pharmacy professionals in **promoting safe opioid use and their responsibilities related to the management of controlled substances** and their obligations under provincial and federal laws, our standards of practice, Code of Ethics and new Opioid Policy.
- Facilitate a new partnered efforts table **bringing together relevant hospital stakeholders to take action** to improve the safety and security of controlled substances in high-risk areas of hospitals to help reduce the risk of loss and theft, including diversion.
- **Work with data partners** to access and subsequently share aggregate narcotic management indicators with pharmacies.
- Provide the regulatory perspective concerning the important **role of pharmacy in deprescribing for the purposes of tapering** along with our ongoing support of other collaborative provincial and federal efforts involving pharmacy aimed at reducing the impact of opioids on communities.



# COMPOUNDING STANDARDS PROMOTE QUALITY AND SAFE PHARMACY PRACTICE – FOR EVERYONE

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

In 2018, the College moved forward with the implementation of national standards for both sterile and non-sterile compounding in pharmacies in Ontario. Adherence to these standards is an important way of protecting patients as well as pharmacy staff and ultimately enhancing the overall quality and safety of pharmacy practice throughout the province.

## IMPLEMENTING STERILE COMPOUNDING STANDARDS FOR JAN 1, 2019

In September 2016, Council adopted the *Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations* (NAPRA, 2016) and the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations* (NAPRA, 2016). Sterile compounding is a high risk activity and preparation of sterile compounds requires comprehensive standards to ensure quality and safety. Knowledge of the environment in which these preparations are prepared, training of personnel, policies and procedures, quality assurance procedures as well as facilities and equipment standards are required to ensure public and staff safety.

Throughout 2018, the College worked closely with community and hospital pharmacies to prepare for implementation of the standards. This included several engagement and education sessions, the development of collaborative

regional approaches to the management of the standards across multiple hospital pharmacy sites, and guidance provided by practice advisors. During this process, critical elements were identified to help pharmacies focus their efforts as they worked toward compliance with the standards by January 1, 2019.

## TIMELINES ADOPTED FOR IMPLEMENTATION OF NON-STERILE COMPOUNDING STANDARDS

In December 2017, Council adopted the *Model Standards for Pharmacy Compounding of Non-Sterile Preparations* (NAPRA, 2017). These new standards require pharmacy professionals to place a renewed focus on the preparation of non-sterile products in pharmacies. The standards, and accompanying guidance document, are intended to provide those who compound non-sterile preparations with the standards necessary to evaluate practice, develop procedures, and implement quality control measures, thereby improving quality and safety for both staff and patients.

In 2018, a national working group developed and recommended a three-phase implementation timeline for pharmacies across the country. College Council subsequently approved the implementation timelines, each phase focusing on a different priority to support full compliance by January 1, 2021:

- **Phase 1:** [January 1, 2020 - Assessing Risks and Gaps](#)
- **Phase 2:** [July 1, 2020 - Personnel Training and Quality Assurance](#)
- **Phase 3:** [January 1, 2021 - Facilities and Equipment](#)

Following Council's approval, the College initiated a communication and education plan which will continue well into 2019 as pharmacies work toward meeting the first phase of the implementation timelines in January 2020.

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



# CANNABIS STRATEGY

SUPPORTING PHARMACY PROFESSIONALS TO ADAPT TO THE EVOLVING REALITIES OF LEGALIZED ACCESS TO RECREATIONAL CANNABIS AND PATIENT INTEREST IN CANNABIS FOR MEDICAL USE



In preparation for the changing landscape surrounding recreational cannabis use associated with the Cannabis Act, last year the College's Council endorsed *A Cannabis Strategy for Pharmacy: Enhancing Knowledge, Protecting Patients*. This Strategy focuses on relevant areas of pharmacy practice and prepares the College and pharmacy professionals to address evolving cannabis-related issues.

As medication experts, pharmacists are in a unique position to support quality and effective patient care for those who are using cannabis, for recreational or medical purposes, along with other medications that they may be taking. The Cannabis Strategy consists of four priorities that, through effective communication and collaboration, will support the College's mandate to serve and protect the public's interest:

## **1. Developing and maintaining competency**

*Goal statement - Pharmacists are educated on the use of cannabis for medical or recreational purposes, the benefits and risks of cannabis, and the potential interactions of cannabis with medications and health conditions.*

## **2. Providing patient care, health information and advice**

*Goal statement - Pharmacists use their knowledge and skills to provide information and advice to patients that consider the efficacy, benefits and risks of cannabis, and its interaction with medications, other treatments and health conditions.*



### 3. Documenting, developing and tracking data

*Goal statement - Pharmacists document patients' cannabis use and other data, such as healthcare or clinical data, to create a comprehensive patient profile; and the College supports the profession's participation in research efforts with various stakeholders to strengthen the evidence base on cannabis use.*

### 4. Preventing harm

*Goal statement - Pharmacists are engaged in supporting patients in accessing appropriate health services and applying harm prevention strategies in collaboration with regulated healthcare professionals and public health stakeholders.*

Following the publication of the *Cannabis Strategy*, the College established its position on cannabis distribution involving pharmacy and initiated the first formal step toward protecting patients by enhancing pharmacy professional knowledge.

## MANDATORY EDUCATION REQUIREMENT WILL SUPPORT BETTER, SAFER CARE FOR PATIENTS

With the legalization of cannabis for recreational use comes the potential for more open use among the public and pharmacy patients. Recognizing the important role pharmacy professionals play in safe medication practices, and in consideration of the legalization of recreational cannabis, in March 2018 the College's Cannabis Task Force – comprised of pharmacy professionals, a patient advocate,

physician, public health professional and academic professional – recommended that Council require all pharmacists to complete cannabis education, to support and promote quality and safe patient care for cannabis users.

The Task Force's recommendation was subsequently approved by Council, allowing for work on the identification of competencies and suggested learning objectives for cannabis education to move forward. Through the guidance of a Cannabis Education Advisory Group consisting of pharmacy educators on cannabis, practicing community and hospital pharmacists and a patient advocate, this work is now complete and the College is now working with the Canadian Council on Continuing Education in Pharmacy (CCCEP) to identify cannabis education programs that address the competencies identified by the advisory group. Once accredited by CCCEP as mapped to the outlined competencies, these programs will be listed on the College website.

## POSITION ON DISTRIBUTION A BALANCED APPROACH IN A RAPIDLY EVOLVING CANNABIS LANDSCAPE

Last year, College Council approved a position statement concerning the distribution of cannabis for medical use involving pharmacies that doesn't oppose the development of any legal framework that would permit pharmacies to distribute non-smoked forms of cannabis for medical use, with some conditions. However, the College strongly opposes pharmacy involvement in the distribution

of recreational cannabis and continues to support the National Association of Pharmacy Regulatory Authorities (NAPRA) position accordingly. The College's regulatory approach focuses, first and foremost, on patient safety. It is not the College's role to advocate for distribution of cannabis within pharmacies.

The College's *Cannabis Strategy* and position strike a responsible balance to ensure the public is protected as society adapts to increased legal access to cannabis while supporting the profession of pharmacy to play an active and appropriate role as medication and clinical experts to promote safe health care and positive patient outcomes.

## LOOKING FORWARD

Like other strategies, the *Cannabis Strategy for Pharmacy* is designed to guide a long-term approach to pharmacy on emerging issues while remaining firmly grounded in patient safety and quality. In 2019, the College will:

- Approve and enable access to CCCEP-accredited courses related to cannabis to support the mandatory education requirement for all Part A pharmacists.
- Continue to consider, develop and advance new initiatives and efforts within the Strategy aimed at promoting knowledge and patient safety as cannabis use in our society, particularly for medical purposes, continues to evolve.



# PICTURE OF THE PROFESSION



## BY THE NUMBERS 2018

**16,651** 

registered pharmacists

**4,841** 

registered pharmacy technicians

**58%** 

of pharmacists are female

**10%** 

of pharmacy technicians are male

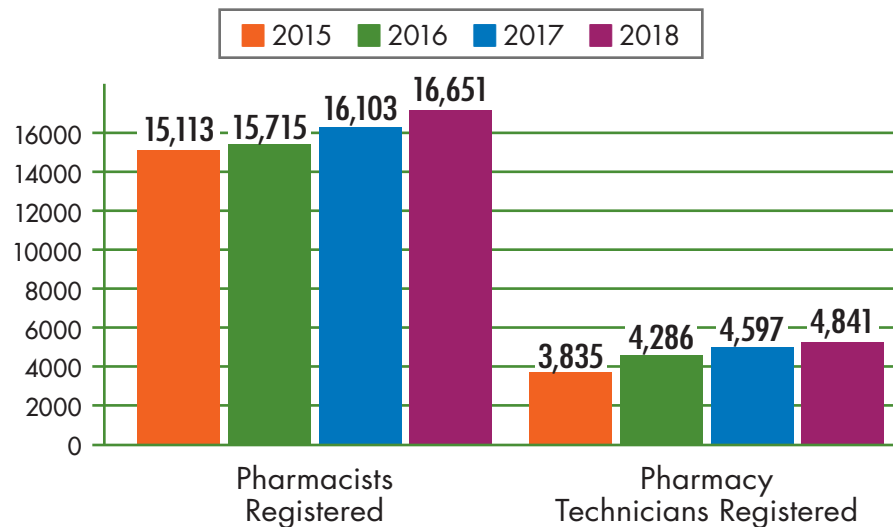
**44** 

average age of a  
pharmacist

**40** 

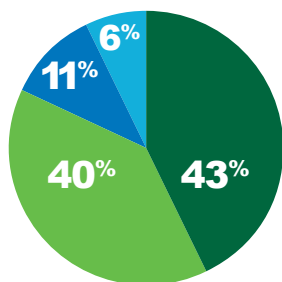
average age of a pharmacy  
technician

## NUMBER REGISTERED BY YEAR





## PHARMACISTS: PLACE OF EDUCATION 2018



Ontario.....	7,096
International .....	6,694
Canada (outside Ontario) ...	1,770
USA .....	1,091

N = 16,651



## PHARMACISTS BY PRACTICE TYPE

	2015	2016	2017	<b>2018</b>
Community Pharmacy	68%	68%	69%	<b>68%</b>
Hospital and Other Healthcare Facilities	16%	14%	16%	<b>16%</b>
No Workplace Recorded	10%	12%	9%	<b>10%</b>
Industry/Other	3%	3%	3%	<b>3%</b>
Association/Academia/Government	2%	2%	2%	<b>2%</b>
Pharmacy Corp Office/Professional Practice/Clinic	1%	1%	1%	<b>1%</b>
Total	15,113	15,715	16,103	<b>16,651</b>

## PHARMACY TECHNICIANS BY PRACTICE TYPE

	2015	2016	2017	<b>2018</b>
Hospital and Other Healthcare Facilities	53%	51%	57%	<b>58%</b>
Community Pharmacy	31%	33%	34%	<b>34%</b>
No Workplace Recorded	13%	14%	6%	<b>5%</b>
Association/Academia/Government	1%	1%	2%	<b>2%</b>
Industry/Other	1%	1%	1%	<b>1%</b>
Pharmacy Corp Office/Professional Practice/Clinic	0.4%	0.4%	0.4%	<b>0.4%</b>
Total	3,835	4,286	4,597	<b>4,841</b>



# REGISTRATION



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

## BY THE NUMBERS 2018

**958**   
new pharmacists  
registered\*

**333**   
new pharmacy  
technicians  
registered\*

**1,470**   
pharmacy students  
and interns training  
in Ontario

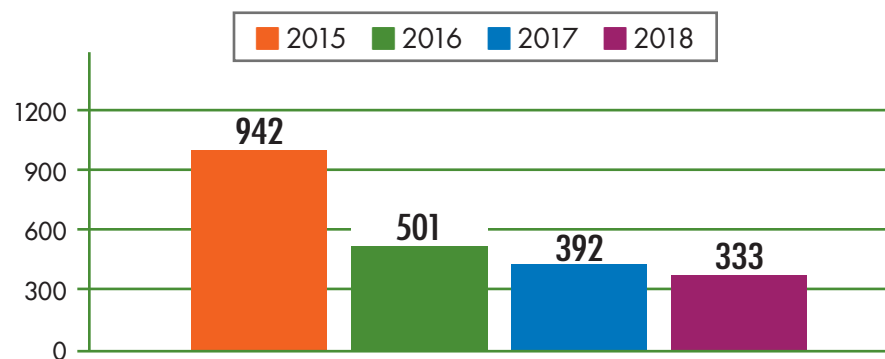
**280** 

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

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

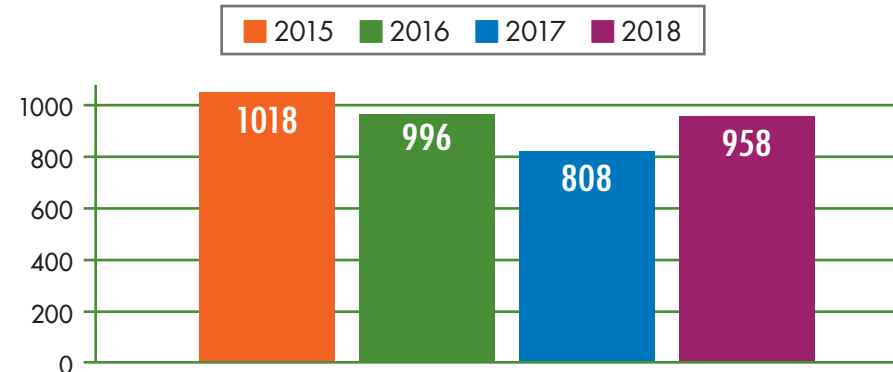


## NEW PHARMACY TECHNICIAN REGISTRANTS BY YEAR



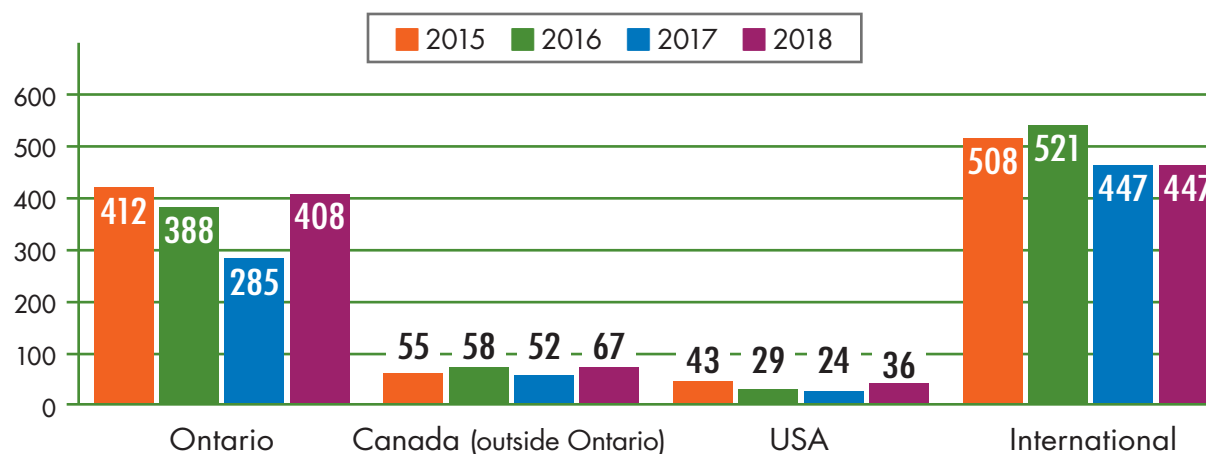
Note: This data includes pharmacy technicians who re-registered with the College.

## NEW PHARMACIST REGISTRANTS BY YEAR



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

## NEW PHARMACIST REGISTRANTS BY PLACE OF EDUCATION

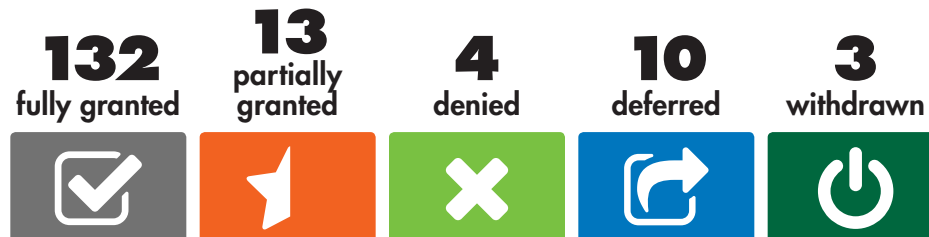


Note: This data includes pharmacists who re-registered with the College.



## REGISTRATION COMMITTEE DECISIONS

All applicants must meet the same set of requirements to register with the College. If an applicant does not directly meet specific requirements, their application is referred to a panel of the Registration Committee for individual consideration. Based on the evidence provided, a panel can choose to grant, partially grant, or deny a request for a certificate of registration, or defer a decision. **In 2018, panels of the Registration Committee considered 163 requests. One applicant was able to meet all required criteria prior to a panel meeting.**



## HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

Applicants who are not satisfied with a decision by a panel of the Registration Committee may appeal the decision to the Health Professions Appeal and Review Board (HPARB), an independent adjudicative agency that conducts reviews of decisions of the registration committees of Ontario's health regulatory colleges. There were **no appeals** to HPARB related to registration decisions in 2018.

## JURISPRUDENCE: FOR CURRENT AND FUTURE NEEDS

One of the entry-to-practice requirements for registration as a pharmacist or pharmacy technician in Ontario is successfully completing the College's pharmaceutical jurisprudence examination. Having current knowledge and understanding of jurisprudence is necessary for supporting safe, effective, legal and ethical pharmacy practice. In 2018, there were 1,358 candidates who wrote the Jurisprudence exam. Candidates who were unsuccessful on the exam were offered guidance and support in preparing for a future attempt at the exam.

In 2018, the College continued an evaluation of the current jurisprudence requirement to address the needs and expectations of pharmacy professionals to use their professional judgment and make ethical decisions in the best interest of patients. The Registration Committee approved the following:

- Updating the blueprint with increased focus on ethics and professionalism
- Investigating use of case-based multiple choice questions to allow for more complexity to assess ethics and professionalism
- Changing access to this entry-to-practice exam to post-graduation for all candidates to allow for critical thinking and application of jurisprudence and ethics
- Investigating options to include jurisprudence, ethics and professionalism in continuing competence activities

## REGISTRATION REQUIREMENTS UPDATED IN 2018

In 2018, the Declaration of Good Character was revised for increased clarity and a new question related to academic misconduct was included. Applicants are asked to declare if they had been suspended or expelled or had any penalty for academic misconduct or any other form of misconduct while attending a post-secondary institution.

## NEW REGISTRATION REQUIREMENT IN 2019: POLICE BACKGROUND CHECKS

Council approved the addition of police background checks as a requirement for registration in any registration class in late 2016. After further investigation in 2017, the Registration Committee approved the types of checks to be accepted for registration with the College. All new registrants will be required to complete an acceptable police background check as outlined in policy. If there are



positive findings, their applications are referred to a panel of the Registration Committee.

## UPCOMING CHANGES TO REGISTRATION UNDER THE PHARMACY ACT

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

- Creation of an intern technician class. Currently, there is no graduated licensing approach available to pharmacy technicians, meaning there is no option for them to register post-graduation but prior to completing all entry exams and practical assessment/training. This change will allow them to practice to full scope under supervision prior to full registration.
- Removal of the pharmacy student class. Registration as a pharmacy student has become an unnecessary registration requirement due to changes in education programs over time. As with other health professions, the Regulated Health Professions Act, 1991 has provisions to permit students to practice under supervision while in an education program, and recent changes to the Drug and Pharmacies Regulation Act, 1990 will, once formally proclaimed, allow these provisions to apply to pharmacy students as well.

- Revised language proficiency requirements. The amendments revise the language proficiency requirements to highlight the desired outcome to speak, read, write and comprehend English or French with reasonable fluency to meet the standards of practice of the profession. Language proficiency is an important element in providing excellent care to patients and to communicating and collaborating with other healthcare professionals in the patient's circle of care. A pharmacy professional must be able to demonstrate language proficiency that allows them to practice to the standards of the profession, both at entry to practice and throughout their practice career.

## PACE: SHIFTING FOCUS FROM TRAINING TO ASSESSMENT

In June 2018, Council approved the Practice Assessment of Competence at Entry (PACE) as the practice-based registration requirement to replace the former structured practical training for all pharmacy students and interns (with the exception of University of Toronto and University of Waterloo PharmD graduates who have the assessment incorporated into their programs).

With PACE, a candidate's ability to demonstrate entry-to-practice competence in a practice setting is assessed using a validated tool by a PACE assessor appointed by the College. Following the assessment, guidance is offered to candidates with identified practice performance gaps to support them in the creation and implementation of individualized

learning action plans prior to a reassessment. The practice-based registration requirement is met when a candidate demonstrates entry-to-practice competence to the validated standard.

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

In 2018, there were 188 assessments in PACE of which 163 candidates successfully demonstrated minimum performance on first assessment and 25 candidates required development before a second assessment. OCP Registration Advisors supported 35 PACE candidates in 2018 by providing guidance with developing a learning plan to prepare for development.

A total of 149 pharmacists were trained as PACE assessors by the end of 2018.



# PRACTICE GUIDANCE



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

## BY THE NUMBERS 2018

**22** 

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

**3,151** 

calls and emails related to practice matters

**3,881** in 2017

**3,900** in 2016

**3,881** in 2015

**73%** 

of inquiries related to community practice

**81%** in 2017

**88%** in 2016

**25%** 

of inquiries came from members of the public

**19%** in 2017

**202** 

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



## TOP 5 PRACTICE QUESTION TOPICS

### From pharmacy professionals:

1. Dispensing of controlled substances
2. Pharmacist scope of practice (particularly injections)
3. Compounding (NAPRA Standards)
4. Digital Health (Electronic Prescriptions/ Authorizations/Transmissions)
5. Recordkeeping and retention of documentation

### From members of the public:

1. Professional/dispensing fees and practices
2. Concerns about a specific prescription or situation
3. Seeking verification of information or of a practice
4. Access to records and personal health information
5. Pharmacy personnel scope of practice (Clarification on what is normal practice)

## GUIDANCE TO SUPPORT EVOLVING PRACTICE AND PROGRAMS

As pharmacy practice evolves and various public health issues and initiatives develop, the College aims to support quality, safe and ethical practice by providing relevant guidance, resources and policies. This guidance is intended to provide clear information on pharmacy professionals' responsibilities and obligations under legislation, the Standards of Practice and the Code of Ethics.

### Responding to the opioid crisis

With the ongoing opioid crisis in Ontario, the College continues to monitor and provide access to external resources, guidelines and best practices to support good patient care through the opioids practice tool. Practice consultants routinely share, communicate and emphasize the availability of these resources, all of which are available on our public website, to professionals to support quality patient care. Practice consultants also reinforce professional obligations and College expectations on such matters as narcotic management and control and loss prevention.

### Practice assessments

Practice consultants continue to support pharmacy professionals in understanding the role and benefit of pharmacist practice assessments through additions to the practice tools on the website. New resources were added in 2018 to specifically support the practice assessment and its four domains – communication/education, documentation, decision-making and patient assessment. These are not just intended to facilitate successful practice assessments, but also support continuous high-quality and comprehensive practice through the sharing of related and helpful resources in a transparent manner.

### Emerging practices

In 2019, the College will strive to continue to be responsive to ongoing public health issues and developments in pharmacy practice, including changes in technologies and drugs. Additionally, we will continue to engage pharmacists and pharmacy technicians, as well as patients in expert working groups to ensure that policy and guideline changes are reflecting best practices and supporting excellent care.







# QUALITY ASSURANCE

*Once pharmacists and pharmacy technicians are registered, the College has the responsibility to make sure they remain competent throughout their careers. Through quality assurance activities, we validate that all pharmacy professionals retain their skills and competence and maintain the ethical and practice standards of the profession.*

As of December 31, 2018

**15,692** 

Pharmacists in Part A  
of the register

**15,192** in 2017  
**14,824** in 2016  
**14,225** in 2015

**959** 

Pharmacists in Part B  
of the register

**911** in 2017  
**891** in 2016  
**888** in 2015

**4,841** 

Pharmacy technicians

**4,597** in 2017  
**4,286** in 2016  
**3,835** in 2015

**1,430** 

Pharmacist practice  
assessments in 2018\*  
**2,673** in 2017

## PHARMACIST PRACTICE ASSESSMENTS

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

Practice assessments are a critical component of quality assurance and represent an opportunity for the College to engage with pharmacists more frequently to optimize the provision of safe and appropriate patient care. During a practice assessment, practice advisors look at how pharmacists handle four areas of patient care: patient assessment, decision-making, documentation and communication/education. The pharmacist is provided with feedback, including outlining opportunities for improvement.

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

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

With an emphasis on education, the goal of the practice assessments is to increase adherence to practice standards, help pharmacists practice optimally within scope, and ultimately support best health outcomes for patients they serve.

\*Decreased practice assessments attributed to operational process changes and temporary staff reductions.





With the community pharmacist practice assessments well underway, the College is working towards establishing a similar process for pharmacists working in hospitals and other healthcare settings. It is anticipated that these will begin in 2020.

## **PHARMACY TECHNICIAN PRACTICE ASSESSMENTS**

Practice assessments for technicians, both in community and hospital practice, were piloted at the end of 2018 and then initiated at the beginning of 2019. Similar to the practice assessments for community pharmacists, evaluations of an individual professional's performance occur in the place of practice with a College practice advisor.

Similar to the pharmacist practice assessments, the practice advisors look at how technicians handle four areas: patient care, collaboration and decision-making, documentation and communication/education. Processes for drug distribution, compounding, conducting best possible medication history etc. are evaluated to determine technician performance in the above four areas.

The emphasis of this activity is on education and the goal of the practice assessments is to increase adherence to practice standards. A similar follow-up process, with coaching and reassessment, will be followed for technicians that have significant areas of practice improvement identified.

## **UPCOMING CHANGES TO QUALITY ASSURANCE UNDER THE PHARMACY ACT**

College Council approved changes to quality assurance regulations under the Pharmacy Act and, in 2018, these changes were submitted



to the Ministry of Health and Long-Term Care for consideration. Should they be accepted, a date of proclamation will be announced. These changes are:

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

## PHARMACISTS: ASSESSMENTS BY OUTCOME 2018\*

Pass .....	1,399
Coaching and reassessment .....	31
<b>31 pharmacists were required to undergo coaching and reassessment following a practice assessment in 2018</b>	
Pass .....	23
Quality assurance peer assessment .....	2
In progress .....	4
Other (resigned, Part B etc.) .....	2

\*A new method of categorization was used to reflect outcomes based on coaching and reassessment.

## EVOLVING QUALITY ASSURANCE

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

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

## THE TWO-PART REGISTER

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



# ASSESSMENT OF **PHARMACIES**





*The College assesses and accredits all community and hospital pharmacies in Ontario to ensure that they are operating safely. Only those pharmacies that have been assessed and have met the accreditation criteria are authorized to operate in the province.*

College practice advisors visit these pharmacies on a routine basis to assess compliance with established standards and legislation. Routine assessments are conducted every one to four years, depending on the services offered at the pharmacy. For example, pharmacies that undertake sterile compounding or methadone maintenance treatment are assessed more frequently.

## COMMUNITY PHARMACIES

Community pharmacies are located in neighborhoods throughout the province. They can be independently owned and operated or they can be part of a chain or a corporate banner. College practice advisors conduct an assessment of these pharmacies against the criteria specific to community pharmacies.

## HOSPITAL PHARMACIES

Hospital pharmacies came under the authority of the College in August 2016 following changes to the *Drug and Pharmacies Regulation Act*. The College has worked closely with hospitals to manage this transition and optimize the hospital assessment process.

As with community pharmacy assessments, College practice advisors visit hospital pharmacies that provide high-risk services, such as chemotherapy and sterile compounding, more frequently. Retail pharmacies that operate within a hospital are considered community pharmacies and assessed against community pharmacy standards.

## BY THE NUMBERS 2018

**4,446** 

accredited community pharmacies

**4,327** in 2017

**4,150** in 2016

**4,012** in 2015

**1,591** 

community pharmacy assessments performed\*

**2,355** in 2017

**2,350** in 2016

**1,719** in 2015

**231** 

accredited hospital pharmacies

**165** 

routine hospital pharmacy assessments performed

**165** in 2017

**59** in 2016

**1,399** 

community pharmacies providing methadone maintenance treatment

**1,258** in 2017

**1063** in 2016

**439** in 2015

**121** 

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

\*Decreased assessments attributed to operational process changes and temporary staff reductions.



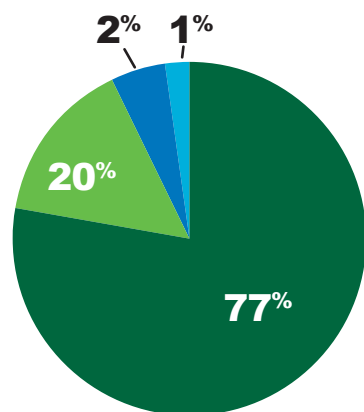
## TYPES OF COMMUNITY PHARMACY ASSESSMENTS BY YEAR

	2015	2016	2017	<b>2018</b>
Routine	1,060	1,686	1,543	<b>963</b>
Change in ownership	149	168	346	<b>190</b>
New openings (first visit)	202	180	208	<b>178</b>
New openings (call back after six months)	171	202	181	<b>173</b>
Reassessments ordered by the practice advisor	64	51	41	<b>46</b>
Change in location	58	50	27	<b>32</b>
Reassessments ordered by the accreditation committee	15	13	9	<b>9</b>
Total	1,719	2,350	2,355	<b>1,591</b>

The College conducts routine assessments of all pharmacies every one to four years, depending on the services offered at the pharmacy.

## COMMUNITY PHARMACY ASSESSMENT OUTCOMES BY YEAR

### 2018 AT A GLANCE



	2016	2017	<b>2018</b>
■ Pass (no action plan required)	81%	82%	<b>77%</b>
■ Pass with action plan and practice advisor monitoring	16%	15%	<b>20%</b>
■ Re-assessments, with practice advisor on-site attendance	2%	2%	<b>2%</b>
■ Referrals/reports to the Accreditation Committee, where there are patient safety or other significant concerns about the pharmacy's operations	1%	1%	<b>1%</b>

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

2015 data is not shown because prior to 2016, a different method of categorization was used for assessment results. Decreased assessments in 2018 are attributed to operational process changes and temporary staff reductions.

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



## DRUG PREPARATION PREMISES

The College received the authority in 2013 to oversee drug preparation premises (DPPs) where pharmacists and pharmacy technicians engage in or supervise drug preparation activities. Such activities include reconstituting or otherwise preparing a drug or combining, admixing or mixing together two or more substances, at least one of which is a drug, to create a final product for the purposes of the sale or provision to another person, other than pursuant to or in anticipation of a prescription. Although DPPs are not open to the public, they play a role in the safe preparation and distribution of medication across the province. As such, the College assesses these facilities annually as an important quality assurance mechanism.

As of Dec. 31, 2018, there were **7 DPPs**. The status and/or outcome of DPP assessments are posted on the [Find a Pharmacy or Pharmacy Professional](#) tool on our website.

## TRANSPARENT AND EVOLVING ASSESSMENTS

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

Criteria against which pharmacies are assessed are publicly available on our website. Additionally, details of a pharmacy's assessment including the date, type and reason for the assessment, along with a notation of the outcome of each assessment, is available on the pharmacy's profile on the [Find a Pharmacy or Pharmacy Professional](#) tool on our website. The College continues to explore options to disclose additional information relevant to pharmacies including improved terminologies and definitions and more details related to pharmacy assessments and their outcomes.

## NEW OPENING ASSESSMENTS

All community pharmacies are assessed and given authorization to operate (accredited) prior to opening day. [Read more about opening a pharmacy.](#)

## ROUTINE ASSESSMENTS

All community pharmacies undergo [routine assessments](#) every one to four years, depending on the activities performed at the pharmacy and the risk of harm those activities pose to the public.

## CHANGE IN OWNERSHIP ASSESSMENTS

A change in ownership (if an existing pharmacy is purchased by a new owner) is equivalent to opening a new pharmacy and requires an assessment. [Learn more about changes in ownership/purchasing a pharmacy.](#) This is similar to assessments that occur at the time of a merger or amalgamation.

## CHANGE IN LOCATION ASSESSMENTS

A change in location (if an existing pharmacy moves to a new address) also requires an assessment before opening day. Learn more about changes in [location/relocating a pharmacy.](#) Pharmacies may also require an assessment as a result of a [significant renovation.](#)

## RE-ASSESSMENTS

Re-assessments may be ordered by a College practice advisor or may be escalated and ordered by the Accreditation Committee. Re-assessments are scheduled depending on the severity of the deficiencies identified during the previous assessment, the potential time required to fix any deficiencies, and the risk of harm to the public.



# CONDUCT



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

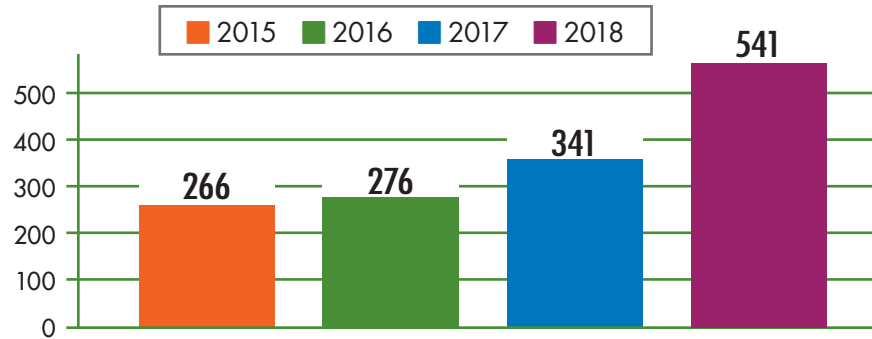
- **Complaints.** The College investigates every complaint filed with the College. The complainant will be informed of the outcome of the complaint.
- **Reports.** Information regarding the practice or conduct of a pharmacy professional or pharmacy can be reported by anyone. The College will assess the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

Regardless of how information comes to the College, the seriousness of the allegations and the risk of harm to patients and the public are assessed, and appropriate actions are taken to protect the public.

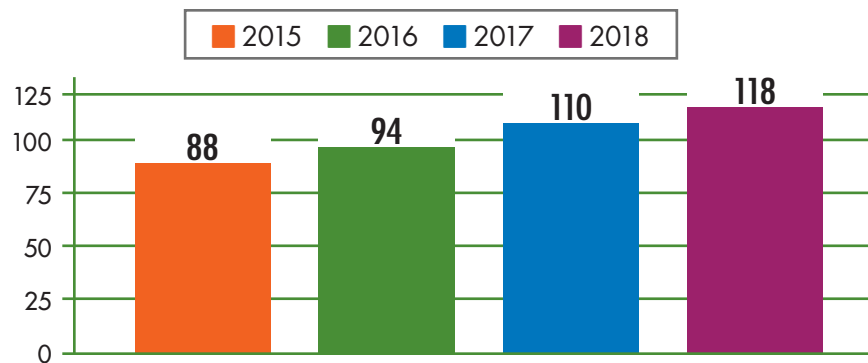


## COMPLAINTS AND REPORTS

### NUMBER OF COMPLAINTS OPENED BY YEAR



### NUMBER OF REPORTS OPENED BY YEAR



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

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

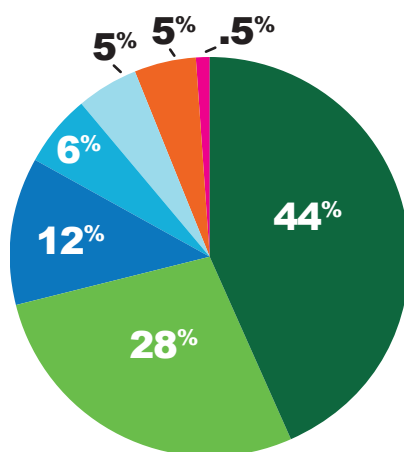


## TOP COMPLAINT ISSUES BY YEAR\*

	2016	2017	2018
Conduct/Behaviour	40%	38%	<b>44%</b>
Dispensing	38%	38%	<b>28%</b>
Unauthorized Practice	5%	8%	<b>12%</b>
Billing	9%	7%	<b>6%</b>
Confidentiality	5%	4%	<b>5%</b>
Other	2%	4%	<b>5%</b>
Sexual Abuse/Sexual Harrassment/ Boundary Violation	1%	1%	<b>.5%</b>

\*Numbers were rounded to the nearest decimal place.

## 2018 AT A GLANCE



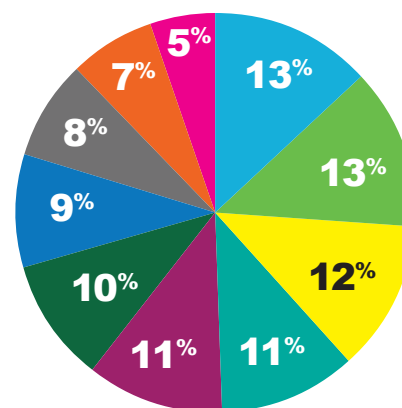
**Other** includes confidentiality, supervision and training, and therapeutics (such as not identifying a drug interaction).

The ICRC reviewed 354 unique complaints in 2018. Some complaints fall under multiple categories.

## TOP REPORT ISSUES BY YEAR

	2016	2017	2018
Billing	15%	13%	13%
Conduct/Behaviour	9%	11%	13%
Failure to Fulfill a College Requirement	6%	11%	12%
Recordkeeping/Documentation	11%	10%	11%
Charges and Findings	10%	5%	11%
Dispensing	16%	16%	10%
Unauthorized Practice	11%	10%	9%
Narcotics/Controlled Drugs	13%	12%	8%
Other	6%	8%	7%
Sexual Abuse/Boundary Violation	3%	4%	5%

## 2018 AT A GLANCE



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

The ICRC reviewed 89 unique report files in 2018. Some reports fall under multiple categories.



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

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

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

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

*In 2018, six complaints were resolved through alternative dispute resolution. This is a voluntary, confidential process with the goal of resolving the complaint using the assistance of an independent mediator.*

## DECISIONS OF THE ICRC IN 2018\*

	2015	2016	2017	2018
Take No Action	42%	37%	33%	<b>35%</b>
Advice/Recommendations	29%	30%	32%	<b>33%</b>
Oral Caution + Remedial Training	11%	11%	13%	<b>12%</b>
Referral to Discipline	8%	10%	9%	<b>11%</b>
Advice/Recommendations + Remedial Training	2%	5%	4%	<b>6%</b>
Oral Caution	3%	3%	3%	<b>2%</b>
Ratification of ADR Settlement Agreement	4%	3%	3%	<b>1%</b>
Take No Action with Undertaking to Restrict Practice/Resign**	N/A	N/A	2%	<b>.5%</b>
Oral Caution + Remedial Training with Undertaking to Restrict Practice/Resign***	N/A	N/A	N/A	<b>.2%</b>
Frivolous and Vexatious	1%	0%	1%	<b>0%</b>
Remedial Training	0%	0%	0%	<b>0%</b>
Referral to Health Inquiry Panel	0%	1%	0%	<b>0%</b>
Total decisions	378	401	349	<b>421</b>

Data indicate the number of decisions issued, not the number of files reviewed.

\*Numbers rounded to the nearest decimal.

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

\*\*\*Prior to 2018, was reported as part of oral caution + remedial training



## HEALTH PROFESSIONS APPEAL AND REVIEW BOARD

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

**11** 

requests pending from 2017

**31** 

new requests for review in 2018

**13** by a pharmacy professional and **18** by a complainant

**16** 

decisions received

**11** 

upheld

**2** 

withdrawn

**3** 

referred back to ICRC

**0** 

appeals denied

**26** 

reviews still pending from 2018





# DISCIPLINE

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

The Discipline Committee receives referrals from:

## INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

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

## ACCREDITATION COMMITTEE

The Accreditation Committee may refer specified allegations of **proprietary misconduct** against a pharmacy, including the Designated Manager, Director, and/or the corporation operating the pharmacy to the Discipline Committee if it has concerns, in the interest of public safety, that the operation of the pharmacy fails to meet requirements.



## BY THE NUMBERS 2018

**31** 

discipline hearings held\*

**33** held in **2017**

**23** held in **2016**

**33** held in **2015**

**31** 

discipline hearing days

**44** days in **2017**

**33** days in **2016**

**45** days in **2015**

**38** 

pharmacy professionals about whom decisions were made (including motions)

**34** professionals in **2017**

**31** professionals in **2016**

**26** professionals in **2015**

**34** 

pharmacy professionals referred to discipline by ICRC in 2018

**28** referred in **2017**







**41** referred in **2016**

**31** referred in **2015**

\*Some hearings will continue into 2019



## DISCIPLINE COMMITTEE FINDINGS OF PROVEN CASES

	<b>24</b>	<b>findings of failure to meet standards of practice in 2018</b>	<b>30 in 2017 20 in 2016</b>
	<b>7</b>	<b>findings of failure to keep appropriate records in 2018</b>	<b>12 in 2017 7 in 2016</b>
	<b>6</b>	<b>findings of issuing false or misleading accounts in 2018</b>	<b>7 in 2017 8 in 2016</b>
	<b>1</b>	<b>finding of proprietary misconduct in 2018</b>	<b>0 in 2017 0 in 2016</b>
	<b>1</b>	<b>finding of misconduct in another jurisdiction 2018</b>	<b>0 in 2017 0 in 2016</b>
	<b>0</b>	<b>findings of sexual abuse in 2018</b>	<b>2 in 2017 0 in 2016</b>

*Note: Of the 31 discipline hearings, there were written decisions made for 27 cases held in 2018, there were findings made in 27 cases, though some written decisions have not yet been issued. Some discipline cases have multiple findings. The remainder of hearings are either yet to be decided or the decision was released in 2019.*

## DISCIPLINE DECISIONS

List of discipline case summaries for 2018. Case summaries can be accessed in [Appendix A](#).

<b>Joseph Hanna</b> (OCP #209868)	<b>Nataliya Ivasiv</b> (OCP #220077)
<b>Lawrence Varga</b> (OCP # 608565)	<b>Joshua Ramsammy</b> (OCP #613037)
<b>Manish Patel</b> (OCP #605365)	<b>Dawn Romeo</b> (OCP #502404)
<b>Zoltan Wighardt</b> (OCP #101036)	<b>Shady Mawad</b> (OCP #218593)
<b>Wieslaw (Vivian) Lewna</b> (OCP #204360)	<b>Pharmacist X</b>
<b>Susan Janssens</b> (OCP #94811)	<b>Medhat Abdelmalak</b> (OCP #209168)
<b>Mukesh Khunt</b> (OCP #614354)	<b>Carol Sieler</b> (OCP #93785)
<b>Thomas McAnulty</b> (OCP #203604) and <b>T.B. McAnulty Pharmacist Professional Corporation</b> , as holder of Certificate of Accreditation #303416 for Tom's Pharmacy	<b>Shabuddin Syed</b> (OCP #614650)
<b>Allen Chow</b> (OCP #69841)	<b>Magdy Salama</b> (OCP #209088)
<b>Lilian Fam</b> (OCP #608926)	<b>Amani Salama</b> (OCP #216329)
<b>Boules Awad</b> (OCP #604940)	<b>Bhavesh Kothari</b> (OCP #217389)
<b>Zafar Ahmad</b> (OCP #212220)	<b>Violet Sargyos</b> (OCP #210444)
<b>John Alma</b> (OCP #17752)	<b>Joy Abanzukwe</b> (OCP #103497)
<b>Mustafa Salem</b> (OCP #604014)	<b>Sameh Ghobrial</b> (OCP #617587)
<b>Sara Etemad-Rad</b> (OCP #603101)	<b>Ragaie Khalil</b> (OCP #205504)
	<b>Ahab Elmadhoun</b> (OCP #612811)
	<b>Nagy Riad</b>

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





# HEALTH INQUIRIES

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

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

The HIP may refer the pharmacy professional to the Fitness to Practise Committee (FTP). The FTP can make a finding of incapacity. Furthermore, the FTP can revoke the professional's certificate of registration, suspend their certificate or impose certain terms, conditions and limitations on their certificate. Many professionals may choose to enter into an independent monitoring program or one sponsored by the College.

<b>37</b>  <p>pharmacy professionals monitored in 2018 while fulfilling orders from the Discipline Committee</p> <p><b>37</b> in 2017  <b>30</b> in 2016  <b>27</b> in 2015</p>	<b>94</b>  <p>pharmacy professionals monitored in 2018 while fulfilling remedial training (also known as a SCERP)</p> <p><b>107</b> in 2017  <b>114</b> in 2016  <b>110</b> in 2015</p>
--	--

BY THE NUMBERS 2018 	
<b>25</b>  <p>health inquiries overseen by a health inquiry panel of the ICRC (11 initiated in 2018)</p> <p><b>24</b> in 2017</p>	<b>19</b>  <p>pharmacy professionals continue to be investigated</p>
<b>1</b>  <p>pharmacy professionals no longer being investigated because they are no longer practicing</p>	<b>2</b>  <p>pharmacy professionals monitored while fulfilling orders imposed by the Fitness to Practise Committee</p>
<b>1</b>  <p>finding of incapacity</p> <p><b>1</b> in 2017</p>	<b>2</b>  <p>referrals to the Fitness to Practise Committee</p> <p><b>2</b> in 2017</p>





# 2018 SUMMARY FINANCIAL STATEMENTS



## INDEPENDENT AUDITOR'S REPORT ON SUMMARY FINANCIAL STATEMENTS

# TINKHAM LLP | CHARTERED PROFESSIONAL ACCOUNTANTS

D C Tinkham FCPA FCA CMC LPA  
P J Brocklesby CPA CA LPA  
M Y Tkachenko CPA CA  
M W G Rooke CPA CA LPA  
A C Callas CPA CA  
S J Gomes CPA CA  
C R Braun CPA CA

300 - 2842 Bloor Street West  
Toronto Ontario M8X 1B1  
Canada

TEL 1 416 233 2139  
TOLL FREE 1 877 283 3305  
FAX 1 416 233 1788

**TINKHAMCPA.COM**

### To the Members of Ontario College of Pharmacists

#### Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2018, the summary statement of operations and net assets for the year then ended, and the related note, are derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2018.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements on the basis described in the note to the summary financial statement.

#### Summary Financial Statements

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 and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

#### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated March 25, 2019.

#### Management's Responsibility for the Summary Financial Statements

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

#### Auditor's Responsibility

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

Toronto, Ontario  
March 25, 2019



Licensed Public Accountants



## SUMMARY STATEMENT OF FINANCIAL POSITION

As at December 31	2018	2017
<b>Assets</b>		
Current		
Cash and short term investments	\$ 10,366,339	\$ 2,319,908
Accounts receivable and cost recoveries	361,763	238,088
Prepaid expenses	287,320	167,086
	11,015,422	2,725,082
Long term investments	-	7,885,335
Property and equipment	4,178,504	4,221,956
	\$ 15,193,926	\$ 14,832,373
<b>Liabilities</b>		
Current		
Accounts payable and accrued liabilities	\$ 1,525,517	\$ 1,329,731
Deferred revenue	3,999,634	3,864,864
	5,525,151	5,194,595
<b>Net assets</b>		
Internally restricted	9,300,000	8,600,000
Unrestricted	368,775	1,037,778
	9,668,775	9,637,778
	\$ 15,193,926	\$ 14,832,373



## SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS

Year ended December 31	2018	2017
<b>Revenues</b>		
Member fees - Pharmacists	\$ 9,661,716	\$ 9,398,808
- Pharmacy technicians	1,919,159	1,810,125
Community pharmacy fees	4,598,083	4,493,145
Hospital pharmacy fees	813,223	687,896
Registration fees and income	677,570	636,520
Investment income	303,049	238,720
	<b>17,972,800</b>	<b>17,265,214</b>
<b>Expenses</b>		
Council and committee expenses	735,030	717,621
Personnel	12,824,726	11,647,379
Regulatory programs	2,309,575	2,603,371
Operations	1,716,855	1,608,372
	<b>17,586,186</b>	<b>16,576,743</b>
Excess of revenues over expenses from operations for the year before amortization	<b>386,614</b>	<b>688,471</b>
Amortization	<b>355,617</b>	<b>348,542</b>
<b>Excess of revenues over expenses for the year</b>	<b>30,997</b>	<b>339,929</b>
Net assets - beginning of year	<b>9,637,778</b>	<b>9,297,849</b>
Net assets - end of year	<b>\$ 9,668,775</b>	<b>\$ 9,637,778</b>

### NOTE TO THE SUMMARY FINANCIAL STATEMENTS

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

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

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

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



