



Ontario College  
of Pharmacists  
Putting patients first since 1871

# 2019 ANNUAL REPORT

***Working Together for Patient Safety:***  
*Advancing Quality and Accountability  
Through Collaboration*





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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 has been an honour and privilege to serve as Council President for the Ontario College of Pharmacists. I am pleased to be able to introduce our latest annual report, which highlights the scope and significance of work the College has undertaken to fulfill its mandate this past year.*

Much of our work in 2019 focused on the changing landscape of the pharmacy profession and the evolving expectations of the public. Last year was the first within our 2019-2021

Strategic Framework that includes Council-defined and stakeholder-informed strategic priorities that have been the focus of the College's efforts as an increasingly systems-focused regulator whose mission is to protect the interests, health and wellbeing of the public.

As the College advanced several programs and key initiatives aimed at supporting safe pharmacy care, we made progress in our ongoing work to maintain and strengthen the public's trust and confidence in the College and our mandate. Doing so required us to look at how we are governed, where the opportunities are to collaborate with the broader health system, and how we can measure and improve our performance as a regulator while supporting continuous quality improvement within the profession.

In 2018, Council initiated a governance renewal strategy to transform Council composition, competencies and selection as part of a broader commitment towards modernizing governance within existing legislative frameworks while considering best practices in health regulation. This work continued throughout 2019 and

culminated in proposed changes grounded in good governance practices from across the country and around the world, with a view to implementing these changes subject to final approval by Council. This is an exciting example of our commitment to evolve alongside societal expectations and the continuously changing healthcare and health regulation landscape.

This past year, Council also committed to doing more to help address the disparities in healthcare and health outcomes for Indigenous communities by approving the adoption of three opportunities to cultivate Indigenous cultural competency amongst Council, College staff and registrants. This includes incorporating a land acknowledgement at the beginning of each Council meeting, which was introduced for the first time this past fall. This was a key first step towards fulfilling this important commitment and one that created momentum leading into our work for 2020.

In addition to these and other important activities, the request by the Minister of Health to develop regulatory amendments to enable expanded scope of practice of Ontario's pharmacists became a major focus of our work in 2019. Thanks to the hard work of College staff, partners, pharmacy and other health professionals and the public, the College submitted the first set of regulatory amendments to government for consideration. This is a major milestone for pharmacy in Ontario, and

we are proud to have been able to work with our stakeholders and government to take this important step.

I would like to thank each of my Council colleagues and Committee members for their commitment as we tackled important topics that are fundamental to how we regulate the profession and fulfill our public-protection mandate. I would also like to thank Nancy Lum-Wilson, CEO and Registrar, as well as the College's staff for their hard work and dedication to advancing our strategic priorities this past year and for working so collaboratively within the profession and with the broader health system.

We achieved a great deal in 2019, but what made this all possible were the incredible contributions pharmacy professionals and our partners have made towards positive change in pharmacy practice and the healthcare system as a whole. We look forward to continuing our work together in 2020.

Sincerely,

A handwritten signature in black ink, appearing to read 'Laura Weyland'.

**Laura Weyland**  
**President**





*I am proud to present our 2019 Annual Report, **Working Together for Patient Safety: Advancing Quality and Accountability Through Collaboration.***

Pharmacists and pharmacy technicians are highly qualified healthcare professionals who interact with thousands of patients each year and they do so as part of a patient's healthcare team. Only through effective collaboration can pharmacy professionals deliver on their commitment to provide safe, quality patient care and contribute to better patient and health system outcomes. The approach that we have taken as Canada's largest pharmacy regulator this past year is a direct reflection of this philosophy.

Last year the College introduced Canada's first ever Quality Indicators for community pharmacy, built through many months of consultation with patients, pharmacy professionals and experts. These indicators, developed in partnership with Health Quality Ontario (now a part of Ontario Health), will allow us and our health system partners to gain a better understanding of the impact of pharmacy care on health outcomes, and guide improvements that will benefit patients and our healthcare system.

Through the commitment and collaboration of pharmacies and pharmacy professionals throughout the province, the College also moved a major step closer to completing the implementation of what is the largest medication safety program for pharmacies of its kind in Canada.

During National Patient Safety Week, the College published its first ever bulletin providing a preliminary analysis and recommendations based on medication errors and near misses anonymously reported to date through the Assurance and Improvement in Medication Safety (AIMS) Program. For the first time in Ontario, we now have access to important information to help understand how many medication incidents occur involving community pharmacies, why they happen and how they can be prevented from recurring. This was a monumental moment for patient safety in the province. We are looking forward to more insights as this program matures over the coming year with the continued support and collaboration of pharmacies, pharmacy professionals and the broader health system, which we know can benefit from these learnings as well.

Last year signaled a major change for pharmacy in the province with the invitation from the provincial government to develop enabling regulations that would expand pharmacists' scope of practice. This was an important step not just for pharmacy but for the entire health system – and for Ontario patients – as expanded scope would contribute to solutions aimed at improving timely access to healthcare for patients across the province. There was no better example of our systems-based approach to collaboration this past year than our work with health system partners, other professions, patients and pharmacy stakeholders to prepare our first regulatory submission to government,

and we have continued this approach well into 2020 as we prepare for a second submission in June. As expanded scope of pharmacists is implemented following government approval, collaboration will be more important than ever not just in how we as the regulator prepare and support the profession but in how the profession must conduct itself to serve the needs of patients as a member of their healthcare team.

As we turn our attention to what we can achieve in 2020, I want to acknowledge the extraordinary work of College staff, the ongoing support of Council and Committee members, and the deeply appreciated contributions of pharmacists and pharmacy technicians, as well as the countless other stakeholders and health system partners who have worked with us to promote quality and safe pharmacy care. I believe that together we can advance the quality of care, measure and demonstrate the value of pharmacy and pharmacy professionals, and, most importantly, keep patients and their safety at the centre of everything we do.

Sincerely,

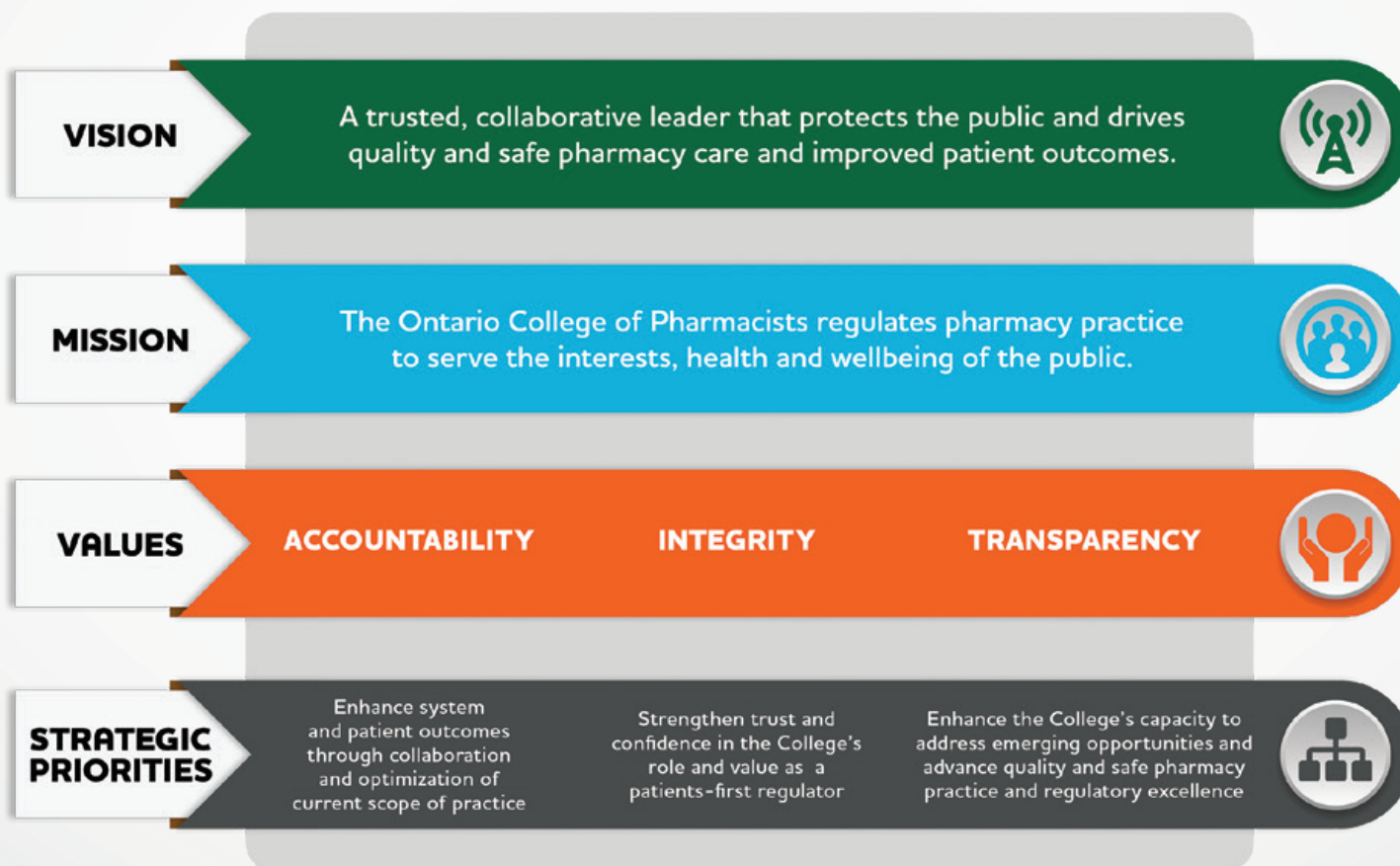
**Nancy Lum-Wilson**  
CEO and Registrar

# STRATEGIC FRAMEWORK *AND PRIORITIES*

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.

Consistent with the College's collaborative and systems-focused philosophy, the 2019-2021 Strategic Plan was developed with extensive input from various stakeholders including registrants, the government and the public. The framework includes refreshed vision and mission statements and organizational values along with new Council-defined strategic priorities that have been considered in the College's 2019 operating plan and which will be the focus of this year's annual report.

## 2019-2021



# STRATEGIC PRIORITY 1

*Enhance System and  
Patient Outcomes Through  
Collaboration and Optimization  
of Current Scope of Practice*



# **THE AIMS OF PATIENT SAFETY:**

## **REDUCING THE RISK OF PATIENT HARM THROUGH PROVINCE-WIDE IMPLEMENTATION OF THE COLLEGE'S MEDICATION SAFETY PROGRAM**

The College has joined a growing number of Canadian provinces and international jurisdictions focused on mandatory reporting of medication incidents involving pharmacies and using that information to help reduce the risk of medication incidents, and the associated patient harms, from recurring. Through the [Assurance and Improvement in Medication Safety \(AIMS\) Program](#), we have worked collaboratively with the profession, patient safety experts and patient advocates to build awareness of the importance of a safety culture in pharmacy and the critical value of continuous quality improvement as community pharmacies throughout the province adopted this mandatory program. For the first time in Ontario, the College, pharmacies and health system stakeholders now have access to aggregate provincial-level data to help us not just understand the number of medication events involving pharmacies, but what can be done to prevent them from recurring.



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

## HIGHLIGHTS – IN 2019, WE:

- Completed the onboarding of all community pharmacies to the AIMS Program and medication safety event recording platform.
- Developed an interoperability model to reduce the burden of dual reporting by pharmacy professionals in community practice to both the AIMS Program and pharmacy-specific medication safety programs.
- Published the [first independent expert bulletin](#) that provides a preliminary analysis of medication incidents (errors that reach the patient) and near misses (errors that are intercepted before reaching the patient) reported anonymously by Ontario community pharmacies.
  - o The bulletin, which was published along with a [supplementary data snapshot](#), includes recommendations that provide important insights aimed at reducing the risk of medication safety events involving pharmacies throughout the province and are based on an analysis of the data that looked at common trends and patterns.
- Supported pharmacies and pharmacy professionals in integrating AIMS into their practice through e-training modules, articles, tools and other resources.

In 2020, work continues on the Pharmacy Safety Self-Assessment, with a pilot program commencing in early 2020, and on exploring options to integrate AIMS in hospitals.

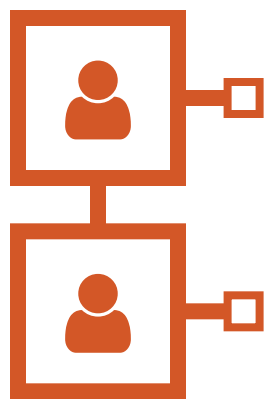




## PATIENT SAFETY THROUGH COLLABORATION:

### EXPANDING AND OPTIMIZING THE SCOPE OF PRACTICE

Pharmacy professionals are playing an increasingly important role in our health system and as members of a patient's healthcare team. Last year, the provincial government requested that the College develop draft regulatory amendments that would safely enable an expanded scope of practice for Ontario pharmacists as an important part of the government's strategy to support streamlined care and shift routine and minor care into the community. Utilizing a systems-based and collaborative approach, we have taken a number of important steps towards making [expanded scope of practice for pharmacists](#) a reality in Ontario.



# 16,020

pharmacists in Ontario providing  
direct patient care

# 5,052

pharmacy technicians providing  
patient care

### HIGHLIGHTS – IN 2019, WE:

- Engaged and collaborated with registrants, the public, pharmacy stakeholders and many other health system experts in developing regulatory amendments that put patient safety first. Through this collaborative approach, the College gained valuable insight that is being applied to the drafting of regulations and the identification of necessary resources and guidance to support the successful implementation of expanded scope.
- Submitted a set of draft regulatory amendments to enable expanded scope of practice in specific areas, including administering the flu vaccine to children as young as two, renewing prescriptions for up to a year and administering certain substances by injection and/or inhalation. We continue to work with the Ministry of Health related to performing point of care tests.
- Established a multi-disciplinary Minor Ailments Advisory Group (MAAG) to guide the work in preparing expanded scope for minor ailment prescribing as well as to inform implementation and evaluation priorities.
- Engaged with the public, patient advisors and various professional and regulatory organizations such as those representing physicians, pharmacists and other professions as we draft these regulations and prepare for implementation.

In 2020, work to finalize draft regulations to enable pharmacists to prescribe for minor ailments will continue, including the identification and development of resources and guidance to support the implementation of expanded scope while continuing to make patient safety the number-one priority.



## SUPPORTING SAFE OPIOID DISPENSING AND REDUCING DIVERSION

Reducing the risk of harm associated with the misuse and abuse of opioids in our communities remains a priority and is a joint responsibility of the entire health system, including pharmacies, pharmacy professionals and the College. Last year, we continued to take action through our [Opioid Strategy for Pharmacy](#) to increase awareness of the role of pharmacy professionals in preventing opioid-related harms through collaboration with health system stakeholders and the sharing of data, learnings and guidance.



## HIGHLIGHTS – IN 2019, WE:

- Published the first provincial [Opioid Dispensing in Ontario: 2018 Snapshot](#) for pharmacy that provides an overall look at opioid dispensing patterns in community pharmacy in Ontario related to three areas of data analysis that are considered high-risk dispensing practices.
- Published, together with our partners, the first-ever [Framework for Improving the Safety and Security of Controlled Substances in Hospital High Risk Areas](#). The framework contains 13 recommendations to enable healthcare system stakeholders to proactively identify and prevent the diversion of Controlled Substances in hospitals, which can have a substantial impact on patients, staff and organizations.
- Continued to promote quality practice and support pharmacy professionals in their efforts to reduce the risk of opioid-related harms, including promotion of expert tools on best opioid prescribing and dispensing practices, communication of opioid-related resources, and an increased focus on the management of narcotic prescriptions during operational and practice assessments.

In 2020, the College will continue to advance the Opioid Strategy through an evolution in the reporting of opioid indicators, as well as the ongoing reinforcement and collaborative dissemination and adoption of the diversion framework in hospital settings.



# STRATEGIC PRIORITY 2

*Strengthen Trust and  
Confidence in the College's  
Role and Value as a  
Patient's First Regulator*

## **QUALITY THROUGH ACCOUNTABILITY:**

### **ESTABLISHING COLLABORATIVE, SYSTEM FOCUSED QUALITY INDICATORS FOR PHARMACY**

As the role of pharmacy in Ontario continues to evolve alongside the evolution of our health system, it is more important than ever that the College, pharmacies and pharmacy professionals are able to understand and improve the quality of pharmacy practice and its impact on patient and health system outcomes.

Over the past few years the College has been working with Health Quality Ontario (now part of Ontario Health) to engage a panel of patient advisors, pharmacy professionals, academic leaders and regulatory experts to develop a set of quality indicators for community pharmacy that would support ongoing quality improvement in the sector and the profession. This past year the College celebrated a number of significant milestones in this groundbreaking initiative.



### **HIGHLIGHTS – IN 2019, WE:**

- Developed, together with our partners, the first-ever set of [Quality Indicators for Pharmacy](#) in Ontario, made possible through the invaluable contributions of our expert panel and practicing pharmacy professionals
- Convened a working group to determine the technical specifications for the selected indicators as the College prepares for the first release of collected indicator data in 2020.
- Initially, the College will look to use the Quality Indicator data for public reporting at an aggregate provincial and regional level to provide transparency to the public, pharmacy professionals, patients and stakeholders on the impact of community pharmacy care on patient and system outcomes. Pharmacy-specific data is expected to be available to pharmacy professionals at a later date for use in identification and implementation of local quality improvement activities.

In spring 2020, the first report on the indicators related to appropriateness of dispensed medications, medication-related hospital visits and transitions of care is expected to be released. Over the coming months as the College works towards releasing the first set of indicator data we will also continue to develop appropriate indicators related to provider experience and engagement and patient outcomes, a growing area of quality measurement in healthcare.





## SOLID FOUNDATIONS:

### STRENGTHENING OUR FOCUS ON PUBLIC TRUST THROUGH GOVERNANCE RENEWAL

Throughout 2018 and 2019, Council defined and agreed on the principles and intentions for [governance reform](#) within existing legislative and regulatory frameworks to better align with evolving regulatory governance best practices. These will, among other things, strengthen the public voice in regulatory matters while ensuring Council members possess critical competencies to support effective decision making in the public interest.

Moving forward with governance reform ultimately delivers on Council's belief that these changes represent an important opportunity to demonstrate the profession's and the College's ongoing commitment to the public by reflecting the emerging best practices that are critical to modernizing health regulatory governance in a rapidly changing healthcare landscape.

### HIGHLIGHTS – IN 2019:

- Council approved a draft By-Law that would enable changes to the governance structure of the College, including:
  - o reducing the size of Council while achieving parity between professional and public members;
  - o shifting to a competency-based Council from one based on regional representation;
  - o separating Council and statutory committees; and
  - o other changes, including term limits, terminology and introduction of an honorarium.

In 2020, pending Council approval, we will move towards implementing the By-Law changes for the September 2020 Council meeting. The College continues to be interested in working with government and with other regulators on any further governance or regulatory modernization changes aimed at strengthening public confidence in our mandate and ensuring that regulators remain openly accountable to government and to the public we serve.



## COMMITTING TO BETTER SERVING INDIGENOUS COMMUNITIES

Healthcare organizations and regulators across the country are becoming increasingly aware of the unique health challenges faced by Indigenous communities within Canada.

Council and the College took the first steps towards an Indigenous cultural competency and safety initiative to begin to address the disparities in healthcare and health outcomes for Indigenous peoples in Ontario. This commitment will reflect the importance of working in collaboration with Indigenous communities to improve pharmacy care and patient outcomes.

### HIGHLIGHTS – IN 2019:

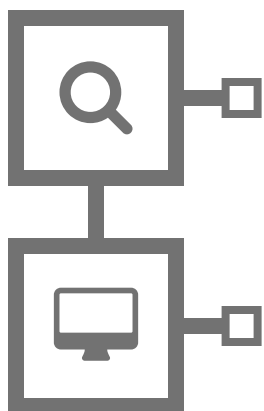
- College Council approved the adoption of three opportunities to cultivate Indigenous cultural competency amongst non-Indigenous Council, College staff and registrants:
  - o Develop a commitment to act. The College will identify ways to address cultural inequities to improve patient outcomes (reflecting the calls to action identified in the Truth and Reconciliation Commission of Canada's Calls to Action) and strive to build relationships with Indigenous communities and others focused on Indigenous health.
  - o Create a page on the College's website that would include resources and a training module on the inclusionary services that the College expects of registrants.
  - o Council meetings begin with a land acknowledgement which will help remind Council members, College staff and registrants that we all have a role in the reconciliation process and to consider this role within our work. The College's first land acknowledgement was included at the December 2019 meeting.

In 2020, the College will take the important first steps towards building better linkages and partnerships with Indigenous communities and their governments in Ontario. We will focus on enhancing awareness among non-Indigenous Council and College staff while sharing information and resources for non-Indigenous pharmacy professionals to support their understanding of the roles they play in helping to support the health and wellbeing of the Indigenous peoples within Ontario.



## INFORMING AND ENGAGING THE PUBLIC

Understanding the important role we play to help the public feel confident in the safety and quality of pharmacy care throughout the province, we initiated additional efforts to build better awareness of the College, empower patients to make informed choices, and enable greater transparency related to the College's work.



**506,590**

sessions on the Find a Pharmacy or Pharmacy Professional tool

**1,063,122**

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

### HIGHLIGHTS – IN 2019, WE:

- Engaged and consulted with members of the public through the Citizen Advisory Group, the College's Patient Relations Committee and various facilitated focus groups to seek their viewpoints and perspectives, which helped us prioritize the College's awareness efforts.
- Identified through these consultations a number of content and information priorities to support better awareness and understanding of our role as a regulator, the role of pharmacists and pharmacy technicians, what patients can expect from their pharmacy experience, and how patients can maximize their health outcomes.
- Launched a re-designed website in August 2019 that considered the input and feedback from registrants and the public and aligns with Council defined strategic priorities.
- Created a transparency framework to help us continually focus on how we can act on our transparency principles, promote public accountability and risk-based regulation, and enable patients to make informed choices regarding their care.
- Added further information to our public register regarding pharmacy assessments, including new details on the reason for the assessment and changes to some of the terms we use to enhance public understanding and provide a clearer picture of the process by which we accredit and assess pharmacies.

In 2020, the College will continue to review and implement functionality and display enhancements to the public register and will enhance information available on the public website and other sources to better explain College regulatory processes and strategies. We will also continue to develop and communicate meaningful information for patients and engage and listen to the public through formal and informal consultation activities and outreach strategies.

A woman with dark hair and glasses, wearing a white lab coat, is looking at a computer monitor. She has a name tag on her lab coat that reads "Ontario College of Pharmacists".

# STRATEGIC PRIORITY 3

*Enhance the College's Capacity to  
Address Emerging Opportunities and  
Advance Quality and Safe Pharmacy  
Practice and Regulatory Excellence*





## ACCOUNTABILITY THROUGH INSIGHTS:

### USING DATA TO INFORM QUALITY AND RISK-BASED REGULATION

The College is strengthening its ability to serve and protect the public through effective operations and decision-making with the use of high-quality data and analytics.

We aim to transition into a more data-driven and intelligence-led organization, as our effectiveness as a regulator and the quality of our decisions rely on well-governed data and high integrity analytics. Doing so will support our ability to more proactively identify and address emerging issues in the environment, and identify high-risk trends and behaviours across the profession. It will also support continued excellence, help prioritize resources, assist in making better and more timely decisions, provide evidence to support policy change and ensure safe and secure data.

### HIGHLIGHTS – IN 2019, WE:

- Created a Data and Analytics Strategy to outline how the College will work to strengthen our ability to serve and protect the public through grounding our operations and decision making in high-quality data and analytics.
  - o The strategy identifies a common approach for data and analytics that proactively embeds into projects and business practices to support the College's strategic goal of becoming a data-driven and highly effective risk-based regulator. The three priorities of the strategy are:
    - Operational Excellence: Embedding data and analytics in core operations
    - Regulatory Performance: Using analytics to support risk-based regulation
    - Pharmacy Quality: Understanding and improving the quality of pharmacy care
- Continued to evolve our risk-based assessment and quality assurance processes.
- Established the first full year of a Council reporting Scorecard to track our progress against key performance indicators and to demonstrate transparency.
- Supported continued excellence in the profession by building capacity, expertise and experience in the collection, use and public reporting of indicators and data to drive quality improvement, patient safety and accountability.

In 2020, we will move towards predictive analytics by exploring opportunities to develop an algorithm to prospectively identify practitioners at high risk of attracting formal complaints about health, conduct or performance issues. We will also increase data literacy, support the organization's investment in data, establish data governance standards, and develop and deploy data visualization tools.



## COMMITTED TO SAFETY:

### SUPPORTING THE IMPLEMENTATION OF COMPOUNDING STANDARDS

Recognizing that implementation of and adherence to standards related to compounding services is an important way to protect both patients and pharmacy personnel, we worked to support pharmacies in preparing for and applying both the NAPRA standards for pharmacy compounding of sterile and non-sterile preparations.



# 89

community pharmacies offering sterile  
compounding services



# 121

hospital pharmacies offering sterile  
compounding services

### HIGHLIGHTS – IN 2019, WE:

- Provided communication, resources and education to support the first phase of implementation by January 1, 2020 of the [NAPRA Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#) in pharmacies across the province, including providing [non-sterile preparations assessment criteria](#) for both community and hospital pharmacies.
- Collaborated with hospital and community pharmacies to continue to implement the [Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations](#) and the [Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations](#) to support the quality and safety of patient care, with a particular focus on achieving critical elements and mitigating risk to patients and pharmacy professionals at the pharmacy.

In 2020, we will continue to provide relevant information and tools to support implementation of the training, quality assurance, facilities and equipment provisions of the non-sterile standards. The College will also continue our engagement with sterile compounding facilities and work with them to protect patients and mitigate risks.



## QUALITY PRACTICE:

### STRENGTHENING QUALITY ASSURANCE AND SUPPORTING ONGOING PROFESSIONAL DEVELOPMENT

It is important that pharmacy professionals maintain the appropriate skills and knowledge throughout their careers and that pharmacies remain safe places to receive care. As part of our work to support quality practice, the College has expanded and optimized the practice assessment process to promote continued competency, placed an increased focus on the identification of areas of risk through pharmacy assessments and supported the expansion of knowledge to reflect emerging practice.



# 12

key performance indicators for pharmacy technician assessments



# 13

key performance indicators for community pharmacist assessments

### HIGHLIGHTS – IN 2019, WE:

- Initiated [practice assessments for pharmacy technicians](#) working in all types of practice sites on a voluntary basis; the anticipated approval of new quality assurance regulations in 2020 will require pharmacy technicians to participate in practice assessments.
- Reviewed and updated [operational assessment criteria](#) for both community and hospital pharmacies including the sterile compounding and opioid agonist treatment criteria.
- Reorganized practice and pharmacy assessments, which had previously often occurred in succession, in order to better support the assessment process and in recognition that pharmacy assessments and the quality assurance activities (of which practice assessments are a part) have different objectives and processes.
- Supported the College's [Cannabis Strategy](#) by defining competencies for pharmacists when providing patient care to individuals who use cannabis and worked with the Canadian Council on Continuing Education in Pharmacy to enable availability of approved cannabis courses that met the mandatory education component approved by Council.

In 2020, work will continue to incorporate a risk-based approach to assessments, including a weighting strategy to facilitate the College's focus on areas where patients might be most at risk.



## A FOCUS ON PROFESSIONALISM:

### ENSURING THAT NEW PHARMACY PROFESSIONALS ARE QUALIFIED TO PRACTICE

Pharmacy professionals are expected to apply knowledge of legislation and ethical principles to make ethical decisions on behalf of, and for, patients. Through new and sustained efforts, we have placed an increasing emphasis on ensuring adequate knowledge and skills related to ethics, jurisprudence and professionalism, focusing particularly on training for the profession.



**1,172**  
new registrants in 2019

### HIGHLIGHTS – IN 2019, WE:

- Approved an update to the current blueprint of the entry to practice [Jurisprudence Exam](#) to a competency-based Jurisprudence, Ethics and Professionalism assessment that includes greater emphasis on assessing professionalism, professional judgement and ethical decision-making, for implementation in the coming years.
- Implemented police background checks for all new registrants and updated the [Declaration of Good Character](#) to include a question on academic misconduct.
- Continued to make updates to the [Practice Assessment of Competency at Entry](#) (PACE) process to assess pharmacist applicants' entry to practice competence based on feedback from candidates and assessors.
- Collected data from assessment and conduct activities, through the Professional Development and Remediation Framework, to identify competency gaps among pharmacists in meeting the Standards of Practice and collaborated with academic institutions on ways to enhance the preparation of professionals for practice.

In 2020, we will continue to implement additional updates to the Jurisprudence Exam, including exploring the move to a computer-based exam from a paper-based one. Planning in 2020 will continue to establish PACE for pharmacy technicians for mid-2021 implementation.





## OTHER HIGHLIGHTS **FROM 2019**

- Approved a discipline cost recovery model that directs College legal counsel to seek a proportion of costs in penalty orders related to expenses directly incurred by the College in prosecuting discipline cases.
  - Implemented an in-house Legal Conduct department to enable the College to conduct prosecutions with in-house staff, allowing for more efficient and streamlined processes and the ability to respond to increasing numbers of discipline matters.
  - Established a compliance monitoring team to ensure robust, consistent monitoring of registrants' compliance with ICRC decisions and Discipline Committee orders, in order to help prevent non-compliance, and to identify and manage non-compliance promptly and effectively.
  - Implemented an employee engagement survey and strategy to identify where we can improve in order to sustain a positive work culture within our organization.
  - Hosted eight Regional Meetings, to provide registrants with information on College activities and initiatives and engage them in discussion about safety culture in pharmacies and using data to promote quality care.
  - Adopted a new health case management and monitoring service agreement with Lifemark Health Group, with the primary objective of ensuring that registrants have access to appropriate health assessment, treatment and monitoring services, allowing registrants to obtain timely assistance and encouraging stable recovery and safe practice.
  - Integrated operational risk into the Finance and Audit Committee to ensure the College is adequately protected through risk mitigation activities.
- Thanks to the commitment of College staff and the contributions of other stakeholders, vendors and partners, the College was able to accomplish a number of other important objectives and milestones that support our ability to perform our duties and fulfill our public-protection mandate.



# 2019 COUNCIL SCORECARD

*The College introduced a performance Scorecard to monitor trends, risks and activities and to report on its progress against the priorities defined in the Strategic Framework. Produced on a quarterly basis and released at each Council meeting as part of the College's overall organizational update, the Scorecard has become a valuable accountability and quality improvement tool for the College as we become increasingly focused on openly reporting on our performance as a risk-based regulator firmly committed to our public-protection mandate and to being an accountable steward of the public trust.*

*As our use of the Scorecard evolves over time, the College continues to work with other provincial health regulators and the Ministry of Health in developing a standardized performance measurement framework that will be used to measure, report and benchmark the performance of the province's health regulatory colleges.*

## QUARTERLY SCORECARD - OCP COUNCIL - Q4 2019

No.	Strategic Plan Alignment			Quarterly Scorecard – OCP Council - Q4 2019					2019					Annual Target	
	SP1	SP2	SP3	2018	Key Performance Indicators and Milestones					Q1	Q2	Q3	Q4		YTD
				Actual											
Governance and Strategic Risk															
1			✓	n/a	*Develop governance evaluation tool to measure public interest focus							17-Sep		n/a	30-Sep
2			✓	n/a	*Develop a plan to advance governance framework, aligned with agreed principles						17-Jun			n/a	30-Sep
3			✓	n/a	*Integrate operational risk oversight into Finance & Audit Committee work plan						31-Mar			n/a	30-Jun
Regulatory Risk															
4		✓		30%	% Complaints disposed within 150 days					cumulative measure (YTD)			26%	41% min	
5		✓		103/340	Number of complaints disposed within 150 days / total number disposed					cumulative measure (YTD)			103/396	n/a	
6		✓		41%	% Registrar's Inquiries disposed within 365 days					cumulative measure (YTD)			37%	54% min	
7		✓		37/89	Number of Registrar's Inquiries disposed within 365 days / total number disposed					cumulative measure (YTD)			38 / 102	n/a	
8		✓		79%	% HPARB complaint decisions confirmed (# decisions confirmed/ # HPARB decisions)					cumulative measure (YTD)			87%	75% min	
9		✓		41%	% Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)					cumulative measure (YTD)			84%	66% min	
10	✓			44%	% Pharmacists assessed meeting more than 75% of indicators without coaching					47%	48%	46%	37%	45%	53% min
11	✓			n/a	*Implement a framework for risk-based assessment of pharmacy professionals & pharmacies							30-Sep		n/a	30-Sep
Stakeholder, Transparency and Reputational Risk															
12	✓	✓	✓	n/a	*Formally launch pharmacy indicator initiative						6-Jun			n/a	30-Jun
13	✓	✓	✓	n/a	*Public reporting of medication incidents commences						31-May			n/a	31-May
14		✓	✓	n/a	*Publish transparency framework and principles						10-Jul			n/a	30-Jun
Financial and Operational Performance Risk															
15			✓	44%	% Engagement drivers, organizational culture (subset)					Annual Report Q3 2019			51%	51%	
16	✓	✓	✓	n/a	% Variance of operating annual budget to year end actuals					Annual Report Jan 2020			0.9%	within 5%	
17	✓	✓	✓	n/a	*End of development and testing, data analytics strategy								31-Dec	n/a	31-Dec
18		✓		n/a	*Presentation of draft Discipline cost recovery model policy					15-Mar				n/a	31-Mar
SP Ref. (Strategic Alignment)															
SP1: Enhancing system and patient outcomes through collaboration and optimization of current scope of practice															
SP2: Strengthen trust & confidence in the College's role and value as a patients-first regulator															
SP3: Enhance the College's capacity to address emerging opportunities and advance quality and safe pharmacy practice and regulatory excellence.															
4-Feb-20	Legend				Indicator Performance to Target					*Milestone Performance to Target					
	n/a = not applicable				On Target within 10%					On Track (proceeding per plan)					
	* Indicates a project milestone				Approaching Target >10% - 25%					Potential Risk					
	Completed milestone				Beyond Target >25%					Risk/Roadblock					






























## QUARTERLY SCORECARD - OCP COUNCIL - Q4 2019

Scorecard Measure	Indicator or Milestone Definition	Performance
#1 Develop governance evaluation tool to measure public interest focus	Develop governance evaluation tool to measure public interest focus.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#2 Develop a plan to advance governance framework, aligned with agreed principles	Develop a plan to advance governance framework, aligned with agreed principles.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#3 Integrate operational risk oversight into Finance & Audit Committee work plan	Integrate operational risk oversight into Finance & Audit Committee work plan.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#4 % Complaints disposed within 150 days	The % compliance with the statutory requirement to dispose of complaints within 150 days. Includes all complaints (investigator appointed (75.1c) and complaints where an Investigator is not required. The 150 days begins the date the complaint is "filed" and ends on the date the complaint is disposed of (decision mailed).	% performance is: <div>37% or more</div> <div>31% – 36%</div> <div>31% or less</div>
#5 Number of complaints disposed within 150 days/total number disposed	This indicator illustrates the volume of complaints represented in indicator #4 above, including those that exceed 150 days	
#6 % Registrar's Inquires disposed within 365 days	The % of the Registrar's Inquiries (75.1a) disposed of within 365 days. The 365 days begins the date the Inquiry is "filed" and ends on the date the Inquiry is disposed of (decision mailed).	% performance is: <div>48% or more</div> <div>40% – 47%</div> <div>39% or less</div>
#7 Number of Registrar's Inquiries disposed within 365 days/total number disposed	This indicator illustrates the volumes of Registrar's Inquires represented in indicator #6 above, including those that exceed 365 days.	
#8 % HPARB complaint decisions confirmed (# decisions confirmed/# HPARB decisions)	The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.	% performance is: <div>67% or more</div> <div>56% – 66%</div> <div>55% or less</div>
#9 % Decisions for uncontested hearings issued within 60 days (total # of uncontested decisions issued)	The % of "Decisions" for uncontested hearings that are issued within 60 days. The period of measurement for this indicator begins from the last day of the hearing to the date the hearing "Decision" was released to the parties. The total number of uncontested decisions issued for the quarter is shown in brackets.	% performance is: <div>59% or more</div> <div>49% – 58%</div> <div>48% or less</div>



## QUARTERLY SCORECARD - OCP COUNCIL - Q4 2019

Scorecard Measure	Indicator or Milestone Definition	Performance
#10 % Pharmacists assessed meeting more than 75% of indicators w/out coaching	The % of community pharmacists meeting standards in more than 75% of their performance indicators without coaching. (routine assessments)	% performance is:  47.7% or more  39.7% – 47.6%  39.6% or less
#11 Implement a framework for risk based assessment of pharmacy professionals & pharmacies	This milestone reflects the development of a framework for identification of risk factors that will be developed through analysis of data to establish criteria and scheduling for practice and operational assessments.	 On Track  Potential Risk  Risk/Roadblock
#12 Formally launch pharmacy indicator initiative	Part of the Outcome Indicators for Pharmacy initiative, this milestone reflects the official launch of the initiative.	 On Track  Potential Risk  Risk/Roadblock
#13 Public reporting of medication incidents commences	Part of the Medication Safety Program project, this milestone reflects the start of medication incident reporting across all community pharmacies (excluding hospitals) in Ontario.	 On Track  Potential Risk  Risk/Roadblock
#14 Publish transparency framework and principles	Part of the Transparency core priority, this milestone reflects the publishing of a formal transparency framework to guide the advancement and evolution of the College's transparency principles.	 On Track  Potential Risk  Risk/Roadblock
#15 % Engagement drivers, organizational culture (subset)	A full scale employee engagement survey was conducted by an external 3 <sup>rd</sup> party in 2018. Senior Management Relationships was targeted as an area for improvement. A pulse survey on this subset of indicators will be conducted on the 1 year anniversary of the survey. The target is set at the industry benchmark.	% performance is:  46% or more  38% - 45%  37 % or less
#16 % Variance of operating annual budget to year end actuals	This is a measure of the variance of actual operating expenses against budget. Achieving operating outcomes with additional efficiencies would exceed performance.	% performance is:  5.5% or less  5.6% - 6.3%  6.4 % or more
#17 End of development and testing, data analytics strategy	Part of the Data Management Program project, this milestone reflects the end of the development and testing of the data analytics strategy.	 On Track  Potential Risk  Risk/Roadblock
#18 Presentation of draft discipline cost recovery model policy	Part of the Discipline Cost Recovery Model project, this milestone reflects the readiness of the draft policy for Council presentation.	 On Track  Potential Risk  Risk/Roadblock

# WHO ARE ONTARIO'S PHARMACY PROFESSIONALS

## AND WHERE DO THEY PRACTICE

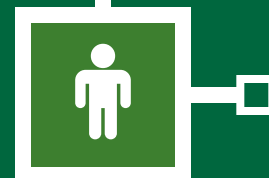


**NUMBER OF REGISTERED PHARMACISTS  
AND PHARMACY TECHNICIANS BY YEAR**

	Pharmacists	Pharmacy Technicians
2016	15,715	4,286
2017	16,103	4,597
2018	16,651	4,841
<b>2019</b>	<b>17,020</b>	<b>5,052</b>



**58%**  
of pharmacists are female



**10%**  
of pharmacy technicians are male

## PHARMACISTS BY PLACE OF EDUCATION: 2019

Ontario	<b>42%</b>
International	<b>41%</b>
Canada (outside Ontario)	<b>11%</b>
USA	<b>6%</b>



# 45

average age of a pharmacist



# 41

average age of a pharmacy technician

## PHARMACISTS BY PRACTICE TYPE

	2016	2017	2018	<b>2019</b>
Community Pharmacy	68%	69%	68%	<b>68%</b>
Hospital and Other Healthcare Facilities	14%	16%	16%	<b>16%</b>
No Workplace Recorded	12%	9%	10%	<b>10%</b>
Association/ Academia/ Government	2%	2%	2%	<b>2%</b>
Industry/ Other	3%	3%	3%	<b>4%</b>
Pharmacy Corp Office/ Professional Practice/ Clinic	1%	1%	1%	<b>1%</b>
Total	15,715	16,103	16,651	<b>17,020</b>

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

## PHARMACY TECHNICIANS BY PRACTICE TYPE

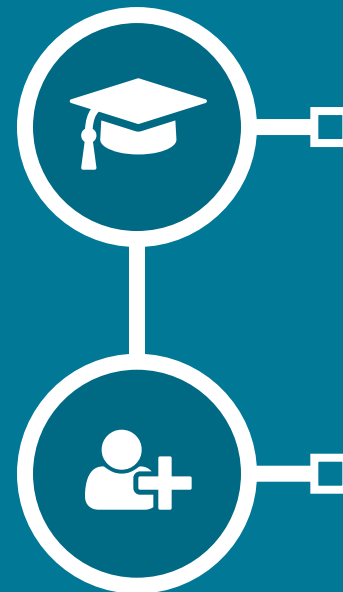
	2016	2017	2018	<b>2019</b>
Hospital and Other Healthcare Facilities	51%	57%	58%	<b>57%</b>
Community Pharmacy	33%	34%	34%	<b>34%</b>
No Workplace Recorded	14%	6%	5%	<b>5%</b>
Association/ Academia/ Government	1%	2%	2%	<b>2%</b>
Industry/ Other	1%	1%	1%	<b>1%</b>
Pharmacy Corp Office/ Professional Practice/ Clinic	0.4%	0.4%	0.4%	<b>0.3%</b>
Total	4,286	4,597	4,481	<b>5,052</b>

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

# REGISTERING QUALIFIED PROFESSIONALS

All pharmacists and pharmacy technicians in Ontario must be registered with the College. We confirm 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 pharmacy in Ontario.

NEW PHARMACIST AND PHARMACY TECHNICIAN REGISTRANTS BY YEAR		
	New Pharmacists	New Pharmacy Technicians
2016	996	501
2017	808	392
2018	958	333
<b>2019</b>	<b>835</b>	<b>337</b>
This data includes pharmacists and pharmacy technicians who re-registered with the College.		



**1,415**

pharmacy students and  
interns training in Ontario

**239**

of new pharmacist registrants and  
12 of new pharmacy technician  
registrants were registered by way  
of the Agreement on Internal Trade  
(AIT) after first becoming licensed in  
another Canadian province

### NEW PHARMACIST REGISTRANTS BY PLACE OF EDUCATION

	2016	2017	2018	<b>2019</b>
Ontario	388	285	408	<b>343</b>
Canada (outside Ontario)	58	52	67	<b>68</b>
USA	29	24	36	<b>33</b>
International	521	447	447	<b>391</b>

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



### JURISPRUDENCE EXAM

Successful completion of a current [jurisprudence exam](#) is an entry-to-practice requirement.



**1,355** *1,358 in 2018*  
candidates wrote the  
jurisprudence exam



## REGISTRATION COMMITTEE

If an applicant does not meet specific requirements to register with the College, their application is referred to a panel of the Registration Committee for individual consideration.



# 147

Requests considered by Panels of the Registration Committee

2018	2017	2016
163	201	182

Of the requests to the Registration Committee:



**130**  
fully granted

2018	2017	2016
132	190	168



**5**  
partially granted

2018	2017	2016
13	6	11



**3**  
deferred

2018	2017	2016
10	1	2



**2**  
withdrawn

2018	2017	2016
3	2	0



**7**  
denied

2018	2017	2016
4	2	1



# 1

2018	2017	2016
0	0	1

Appeal to the Health Professions Appeal and Review Board (HPARB) related to decisions of a panel of the Registration Committee (appeal still in progress)

## PRACTICE-BASED REGISTRATION REQUIREMENT

Practice Assessment of Competency at Entry (PACE) is a practice-based registration requirement for all pharmacist candidates. Structured Practical Training (SPT) is practice-based registration requirement for all pharmacy technician candidates.



**229** *188 in 2018*  
candidates attempted PACE



**197** *163 in 2018*  
of the candidates completed PACE  
successfully on their first attempt



**32** *25 in 2018*  
of the candidates required development  
and training before a second attempt at  
completing PACE

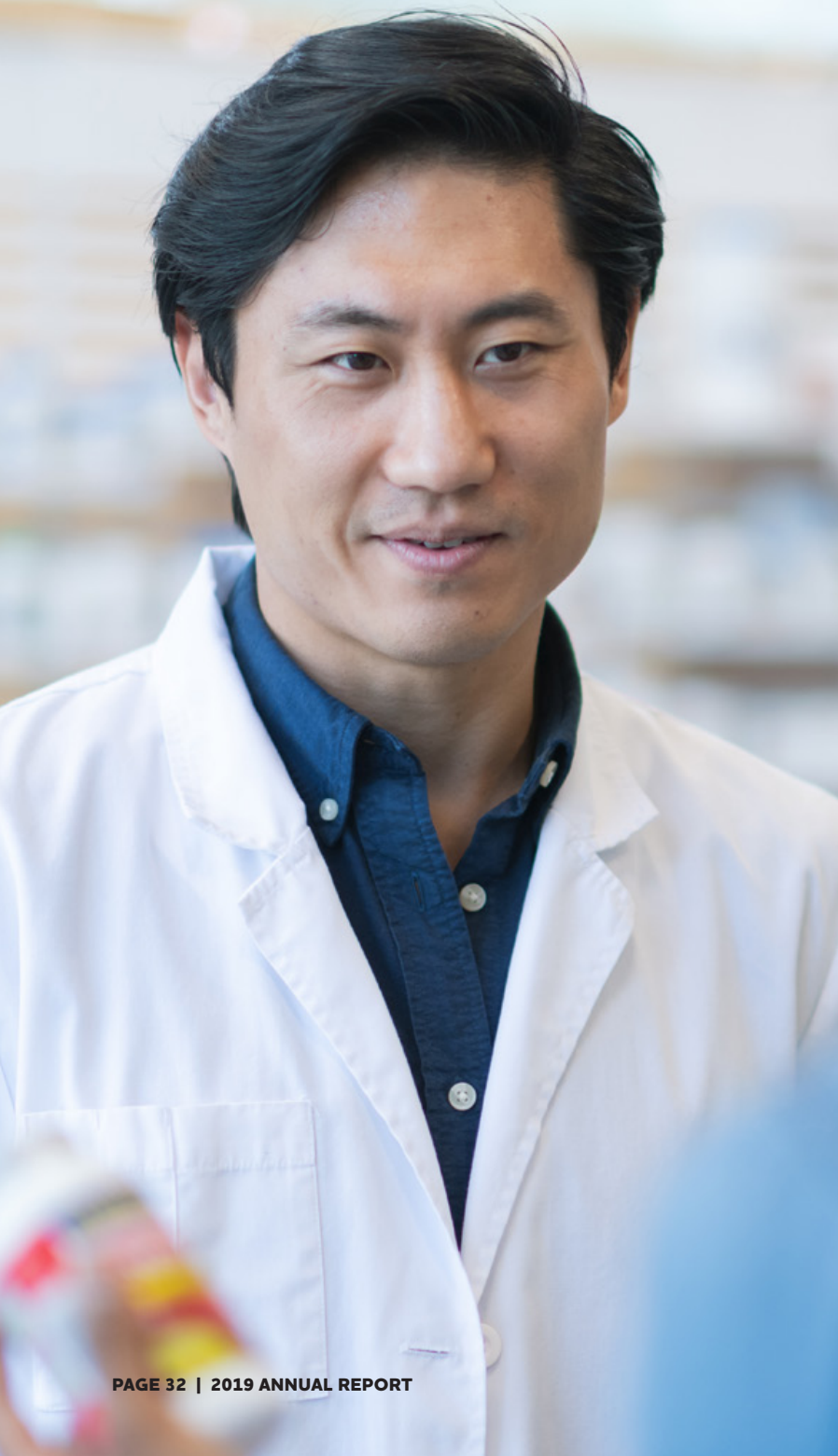
In 2018, PACE became the practice-based registration requirement for all pharmacy students and interns after a phase in period over 2016 and 2017.



**369**  
candidates commenced SPT



**235**  
candidates have completed  
SPT, with the remainder  
continuing into 2020



# SUPPORTING EXCELLENCE *IN PATIENT CARE*

The College supports quality, safe and ethical practice by providing relevant guidance, resources and policies, and responding to general practice questions from pharmacy professionals and the public.



**3,085**

2018	2017	2016
3,151	3,881	3,900

calls and emails related  
to practice matters



**68%**

2018	2017	2016
73%	81%	88%

of calls and emails were  
related to community practice



**23%**

2018	2017
25%	19%

of inquiries came  
from the public

## TOP 5 PRACTICE QUESTIONS FROM PHARMACY PROFESSIONALS

1. Pharmacist scope of practice (particularly injections)
2. Dispensing of controlled substances (particularly opioid agonist therapy) and naloxone
3. Compounding
4. Pharmacy technician scope of practice
5. Prescription requirements (e.g. validity of a prescription, prescriber scope, electronic authentication, transmission method)

## TOP 5 PRACTICE QUESTIONS FROM THE PUBLIC

1. Rules/laws about prescription dispensing (e.g. quantity/generic substitution)
2. Professional and dispensing fees and prescription pricing
3. Pharmacist scope of practice (such as verifying what they can and cannot do)
4. Lack of effective communication from the pharmacy team
5. Challenges with filling or transferring a prescription

**4****factsheets updated  
this year****183****external program listings  
to support continuing  
education****22****online Practice Tools with  
resources to support  
quality practice**

# MAINTAINING THE STANDARDS OF THE PROFESSION

Through quality assurance activities, we validate that all pharmacy professionals retain their skills and competence throughout their careers and maintain the ethical and practice standards of the profession.

Pharmacists in Part A of the public register can provide patient care. Pharmacists in Part B of the public register do not provide patient care. Learn more about the [Two Part Register](#).

NUMBER OF PHARMACISTS IN PART A AND B OF THE PUBLIC REGISTER		
	Pharmacists in Part A	Pharmacists in Part B
2016	14,824	891
2017	15,192	911
2018	15,692	959
<b>2019</b>	<b>16,020</b>	<b>1,000</b>



# 99

**Pharmacy technician assessments in community pharmacy**

Outcome of all assessments was pass



# 192

**Pharmacy technician assessments in hospital pharmacy**

Outcome of all assessments was pass



# 1

**Registrants referred to the Inquiries, Complaints and Reports Committee by the Quality Assurance Committee**



# 4

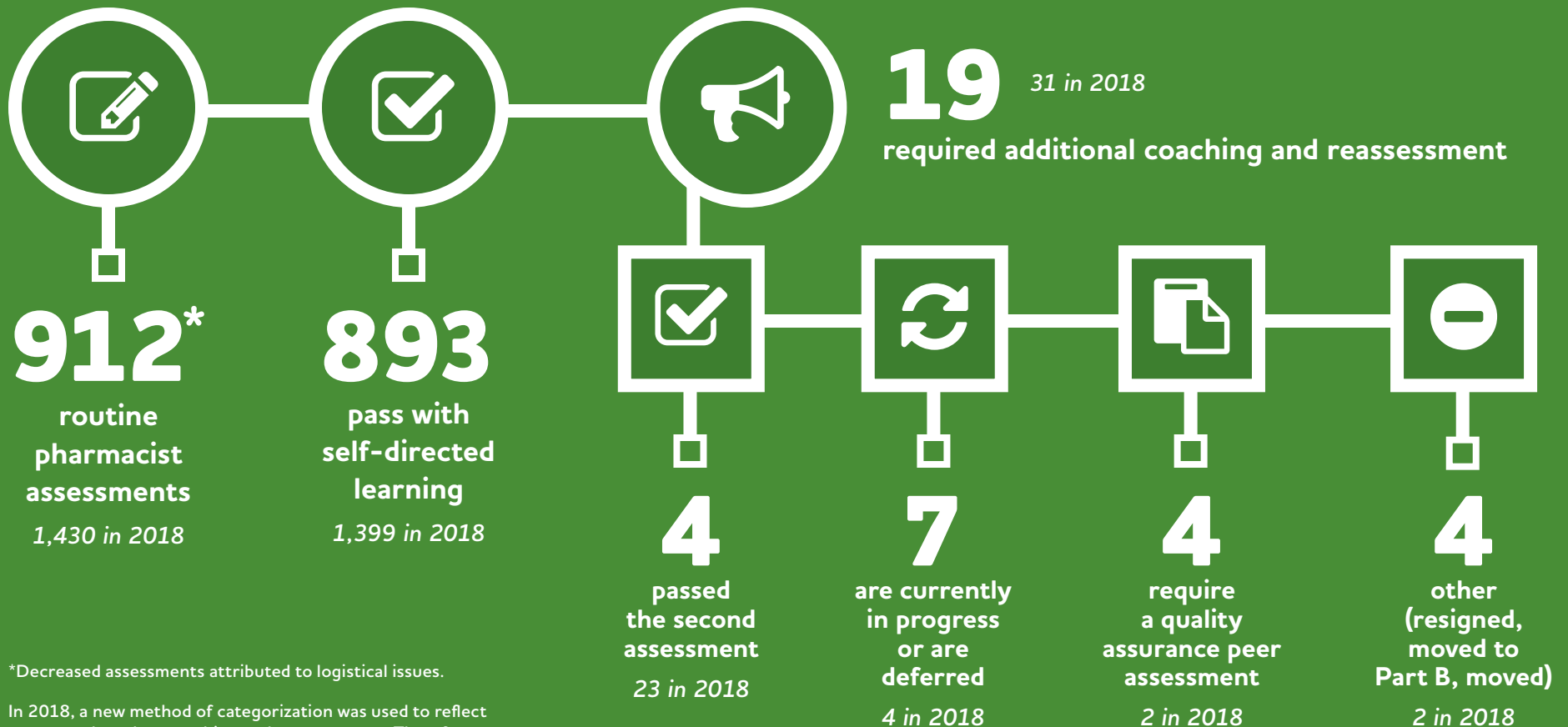
**Registrants with Terms, Conditions and Limitations on their certificate of registration regarding quality assurance activities (including quality assurance processes started in previous years)**



## COMMUNITY PHARMACIST AND PHARMACY TECHNICIAN PRACTICE ASSESSMENTS

Learn more about how we [assess pharmacists in community practice](#) to validate their practice and identify opportunities for improvement. In 2019, we introduced [assessments for pharmacy technicians](#) working in community and hospital settings.

### OUTCOMES OF COMMUNITY PHARMACIST PRACTICE ASSESSMENTS



\*Decreased assessments attributed to logistical issues.

In 2018, a new method of categorization was used to reflect outcomes based on coaching and reassessment. Therefore, outcomes from past years are not included.

# ASSESSING PHARMACIES



## Community Pharmacies

Learn more about how we [accredit](#) and [assess community pharmacies in Ontario](#).



**4,566**

accredited community pharmacies in Ontario

2018	2017	2016
4,446	4,327	4,150



**1,683**

of those community pharmacies provide methadone maintenance treatment

2018	2017	2016
1,399	1,258	1,063

## COMMUNITY PHARMACY BY TYPE OF OWNERSHIP



**269**

small chains (3 to 19 pharmacies owned by a single corporation)

Of those:

Banner	Franchise
70	71



**853**

large chains (20+ pharmacies owned by a single corporation)

Of those:

Banner	Franchise
18	0



**3,444**

independently owned (1-2 pharmacies owned by a single corporation)

Of those:

Banner	Franchise
1,288	598

**Banner:** Pharmacies that are affiliated with a central office where they use a recognized name and may participate in centralized buying, marketing, professional programs, etc.

**Franchise:** Pharmacy is owned by franchisee who enters a business relationship with a company (franchisor) for the legal usage of the franchisor's name and products.

### TYPES OF COMMUNITY PHARMACY ASSESSMENTS BY YEAR

	2016	2017	2018	<b>2019</b>
Routine	1,686	1,543	963	<b>977</b>
Change in ownership	168	346	190	<b>194</b>
New openings (first visit)	180	208	178	<b>280</b>
New openings (call back after six months)	202	181	173	<b>235</b>
Relocations	50	27	32	<b>50</b>
Re-assessments ordered by operations advisor	51	41	46	<b>50</b>
Re-assessments ordered by the Accreditation Committee	13	9	9	<b>13</b>
Total	2,350	2,355	1,591	<b>1,799</b>

### COMMUNITY PHARMACY ASSESSMENT OUTCOMES BY YEAR

	2016	2017	2018	<b>2019</b>
Pass (no action plan required)	81%	82%	77%	<b>67%</b>
Pass with action plan and operations advisor monitoring	16%	15%	20%	<b>27%</b>
Reassessments, with operations advisor on-site attendance	2%	2%	2%	<b>4%</b>
Referrals/reports to the Accreditation Committee	1%	1%	1%	<b>2%</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 operations advisors to ensure processes are in place to mitigate risk.

Referrals or reports to the Accreditation Committee are made where there are patient safety or other significant concerns about the pharmacy's operations.

There was one assessment in 2019 where accreditation was denied.



## Hospital Pharmacies

Learn more about how we [accredit and assess hospital pharmacies](#). The College gained official oversight of hospital pharmacies in August 2016.



**235**

accredited  
hospital  
pharmacies  
in Ontario

2018	2017
231	229



**121**

hospital  
pharmacies  
providing  
sterile  
compounding

2018	2017
121	136



**191**

routine hospital  
assessments

2018	2017
165	165

**20%**

had an outcome  
of pass

**80%**

had an outcome of pass with action plan,  
largely as a result of work to comply with the  
new standards for sterile compounding



## Drug Preparation Premises

Learn more about how we [authorize and assess drug preparation premises](#).



**7**

drug preparation  
premises in Ontario

2018	2017	2016
7	5	5

# ADDRESSING CONCERNS

## Complaints and Reports

Anyone – a member of the public, a patient or a healthcare professional – can [report information or file a complaint](#). The College also receives information through [mandatory reports](#) and [self-reports](#).

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 the outcome of the investigation.

NUMBER OF REPORTS AND COMPLAINTS OPENED BY YEAR		
	Complaints	Reports
2016	276	94
2017	341	110
2018	541	118
<b>2019</b>	<b>548</b>	<b>125</b>



## Decisions of the ICRC

The ICRC has a number of options when deciding on the outcome of a complaint or report – read more about [the complaints process](#).



# 139

pharmacy professionals actively monitored while fulfilling remedial training requirements



### TOP COMPLAINT ISSUES REVIEWED BY THE ICRC BY YEAR

	2016	2017	2018	<b>2019</b>
Conduct/Behaviour	40%	38%	44%	<b>47%</b>
Dispensing	38%	38%	28%	<b>35%</b>
Unauthorized Practice	5%	8%	12%	<b>1%</b>
Billing	9%	7%	6%	<b>4%</b>
Confidentiality	5%	4%	5%	<b>6%</b>
Other	2%	4%	5%	<b>6%</b>
Sexual Abuse/Sexual Harassment/ Boundary Violation	1%	1%	0.5%	<b>1%</b>
Numbers may not add up to 100 due to rounding.				

**Other** includes supervision and training, documentation, narcotic and controlled drugs, non-practice related and therapeutics (such as not identifying a drug interaction).

The ICRC reviewed 500 unique complaints in 2019. Some complaints fall under multiple categories.

### TOP REPORT ISSUES REVIEWED BY THE ICRC BY YEAR

	2016	2017	2018	<b>2019</b>
Billing	15%	13%	13%	<b>18%</b>
Conduct/Behaviour	9%	11%	13%	<b>12%</b>
Failure to Fulfill a College Requirement	6%	11%	12%	<b>5%</b>
Recordkeeping/Documentation	11%	10%	11%	<b>8%</b>
Charges and Findings	10%	5%	11%	<b>8%</b>
Dispensing	16%	16%	10%	<b>15%</b>
Unauthorized Practice	11%	10%	9%	<b>7%</b>
Narcotics/Controlled Drugs	13%	12%	8%	<b>13%</b>
Other	6%	8%	7%	<b>7%</b>
Sexual Abuse/Sexual Harassment/ Boundary Violation	3%	4%	5%	<b>6%</b>
Numbers may not add up to 100 due to rounding.				

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

The ICRC reviewed 123 unique reports in 2019. Some reports fall under multiple categories.

If the pharmacy professional receives an oral caution and/or is required to complete a specified continuing education or remediation program (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.

Occasionally, in appropriate circumstances, a pharmacy professional may voluntarily enter into an agreement or undertaking with 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.

### DECISIONS OF THE ICRC BY YEAR

	2016	2017	2018	<b>2019</b>
Take No Action	37%	33%	35%	<b>41%</b>
Advice/Recommendations	30%	32%	33%	<b>28%</b>
Oral Caution + Remedial Training	11%	13%	12%	<b>13%</b>
Referral to Discipline	10%	9%	11%	<b>11%</b>
Advice/Recommendations + Remedial Training	5%	4%	6%	<b>6%</b>
Oral Caution	3%	3%	2%	<b>2%</b>
Ratification of ADR Settlement Agreement	3%	3%	1%	<b>0%</b>
Take No Action with Undertaking to Restrict Practice/Resign*	N/A	2%	0.5%	<b>0.3%</b>
Oral Caution + Remedial Training with Undertaking to Restrict Practice/Resign**	N/A	N/A	0.2%	<b>0%</b>
Frivolous and Vexatious	0%	1%	0%	<b>0.2%</b>
Remedial Training	0%	0%	0%	<b>0%</b>
Referral to Health Inquiry Panel	1%	0%	0%	<b>0%</b>
Total Decisions	401	349	421	<b>504</b>

Data indicates the number of decisions issued, not the number of files reviewed. Numbers may not add up to 100 due to rounding.

\*Prior to 2017, was reported as take no action. \*\*Prior to 2018, was reported as part of oral caution + remedial training

## HEALTH PROFESSIONALS 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.

**2** 

requests pending from 2018

**42** 

new requests for review in 2019

2018	2017	2016
31	15	16

**12** by pharmacy professional and **30** by complainant

**29** 

decisions received

2018	2017	2016
16	17	29

**20** 

upheld

2018	2017	2016
11	11	17

**5** 

withdrawn

2018	2017	2016
2	0	7

**3** 

referred back to ICRC

2018	2017	2016
3	4	3

**1** 

appeal denied

2018	2017	2016
0	0	2

**1** 

request for judicial review





## 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.



# 31

**discipline  
hearings held\***

2018	2017	2016
31	33	23

\*some hearings will  
continue into 2020



# 55

**discipline  
hearing days**

2018	2017	2016
31	44	33



# 48

**pharmacy  
professionals  
referred to  
discipline**

2018	2017	2016
34	28	41



# 41

**pharmacy  
professionals  
about whom  
decisions were made  
(including motions)**

2018	2017	2016
38	34	31



# 35

**pharmacy  
professionals  
actively monitored  
for compliance with  
discipline orders**

2018	2017	2016
37	37	30



## DISCIPLINE COMMITTEE FINDINGS OF PROVEN CASES



# 26

findings of failure to  
meet standards of  
practice

2016	20
2017	30
2018	24



# 8

findings of failure  
to keep appropriate  
records

2016	7
2017	12
2018	7



# 10

findings of issuing  
false or misleading  
accounts

2016	8
2017	7
2018	6



# 1

finding of proprietary  
misconduct

2016	0
2017	0
2018	1



# 1

finding of sexual abuse

2016	0
2017	2
2018	0

Note: There were 36 written decisions made in 2019. Some discipline cases have multiple findings. The remainder of hearings are either yet to be decided or the decision was released in 2020.

## DISCIPLINE DECISIONS

List of discipline case summaries for 2019. Case summaries can be accessed in [Appendix A](#).

**Abdelaziz Maharem**  
(OCP #212352)

**Boules Awad**  
(OCP #604940)

**Michael Yamasaki**  
(OCP #72141)

**Mohamed Khandwalla**  
(OCP #608621)

**Elizabeth Wright**  
(OCP #105686)

**Anthony Evans**  
(OCP #9857)

**2549363 Ontario Inc.,  
c.o.b. as FYP Pharmacy**  
(Accreditation #306094),  
**and David Bedggood**  
OCP #82791), sole director of  
2549363 Ontario Inc., and the  
designated manager of  
FYP Pharmacy

**Ahmad Abdullah**  
(OCP #214485)

**Colin Peters**  
(OCP #607131)

**Shohreh Torabi**  
(OCP #204608)

**Sameh Sadek**  
(OCP #610938)

**Ashit Shihora**  
(OCP #109452)

**Rita Jurkuvenas**  
(OCP #52086)

**Yale Pan**  
(OCP #201472)

**Diep Nguyen**  
(OCP #98949)

**Kimberly MacPhee**  
(OCP #206688)

**Ashley Asselstine**  
(OCP #618495)

**Mounir Atia**  
(OCP #202892)

**Luigi Di Pierdomenico**  
(OCP #604718)

**Stephen Shier**  
(OCP #79936)

**John-Paul Federico**  
(OCP #218925)

**Charles Rak**  
(OCP #212504)

**John Hopkins**  
(OCP #24368)

**Jason Newman**  
(OCP #214873)

**Xiao Ning (Sean) Xu**  
(OCP #609448)

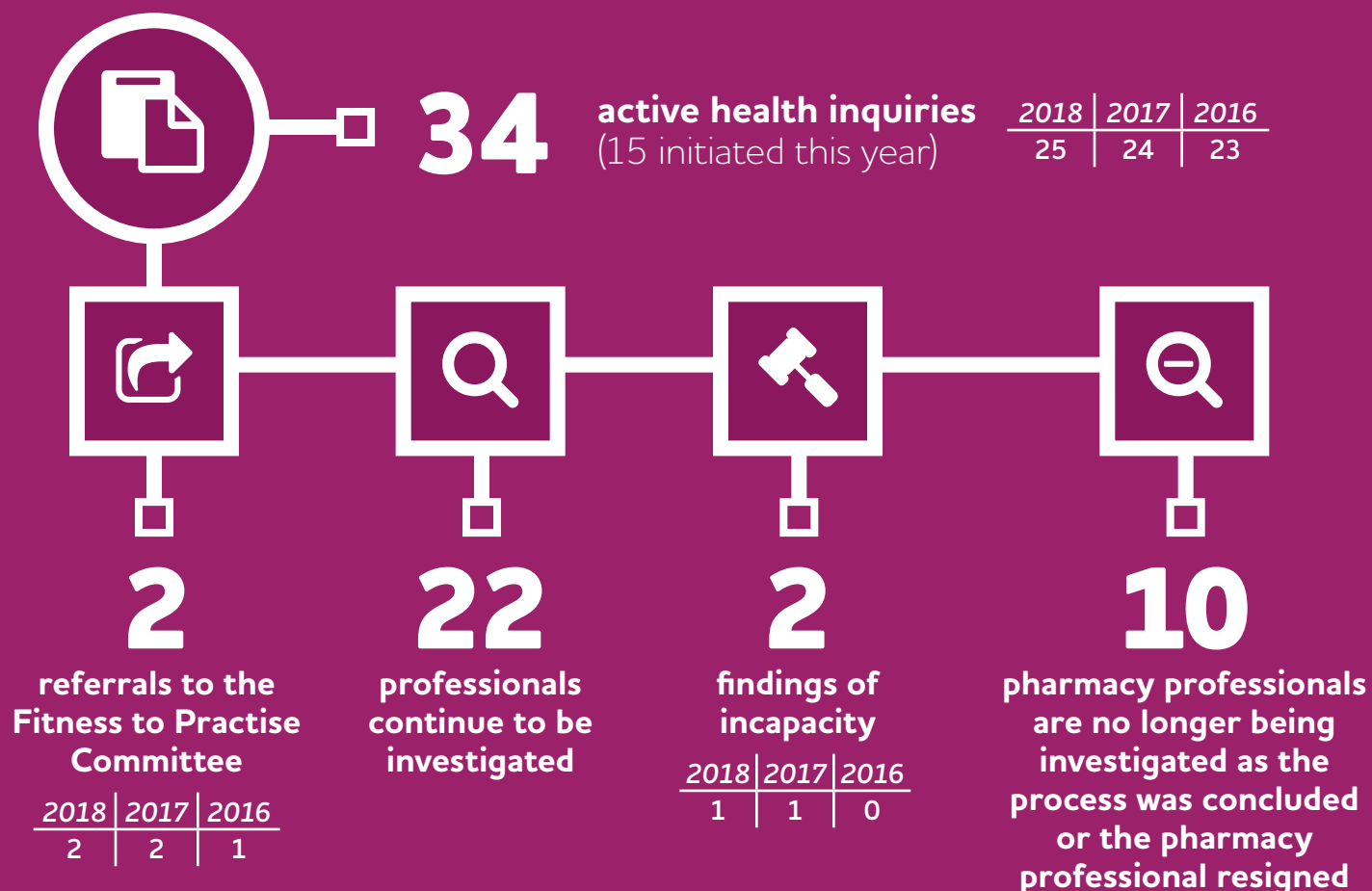
**Adewale Aderinto**  
(OCP #606964)

**Allen Kula**  
(OCP #28479)



## 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. Learn more about the [fitness to practise process](#).





# COUNCIL MEMBERS FOR 2019-2020

*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.*

Elected Council Members are listed below according to district. PM indicates a public member appointed by the Lieutenant-Governor-in-Council. U of T indicates the Dean of the Leslie Dan Faculty of Pharmacy, University of Toronto. U of W indicates the Hallman Director, School of Pharmacy, University of Waterloo

H Nadia Facca

H Regis Vaillancourt

K Tracey Phillips

K Mark Scanlon

L Billy Cheung  
(Vice President)

L James Morrison

L Siva Sivapalan

M Mike Hannalah

M Kyro Maseh

M Laura Weyland  
(President)

N Tom Kontio

N Karen Rily

N Leigh Smith

P Rachelle Rocha

T Connie Beck

TH Goran Petrovic

PM Kathy Al-Zand

PM David Breukelman

PM Tammy Cotie

PM Christine Henderson

PM Azeem Khan

PM Elnora Magboo

PM Sylvia Moustacalis

PM Dan Stapleton

PM Gene Szabo

U of T Lisa Dolovich

U of W Dave Edwards

# COMMITTEE APPOINTMENTS FOR 2019-2020

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

### ELECTED MEMBERS:

Regis Vaillancourt (Chair)  
Goran Petrovic

### PUBLIC MEMBERS:

Elnora Magboo  
Gene Szabo

### NON-COUNCIL MEMBERS:

Sameh Bolos  
Nadia Filippetto  
Chintan Patel  
Tracy Wiersema  
Ali Zohouri

### STAFF RESOURCE:

Katryna Spadafore

## DISCIPLINE

### ELECTED MEMBERS:

Connie Beck  
Billy Cheung  
Nadia Facca  
Tom Kontio  
Kyro Maseh  
James Morrison  
Karen Riley  
Mark Scanlon  
Siva Sivapalan  
Leigh Smith  
Laura Weyland

### PUBLIC MEMBERS

Christine Henderson (Chair)  
Kathy Al-Zand

David Breukelman  
Tammy Cotie  
Azeem Khan  
Sylvia Moustacalis  
Dan Stapleton

### NON-COUNCIL MEMBERS:

Chris Aljawhiri  
Jennifer Antunes  
Ramy Banooob  
Susan Blanchard  
Dina Dichek  
Jasmyn Gill  
Simmar Grewal  
Jillian Grocholsky  
Saliman Joyian  
Katherine Lee

Chris Leung  
Beth Li  
Sony Polouse

Jeannette Schindler  
Connie Sellors  
David Windross  
Cathy Xu

### STAFF RESOURCE:

Angela Bates

## EXECUTIVE

### ELECTED MEMBERS:

Laura Weyland, (Chair)  
Regis Vaillancourt  
Billy Cheung  
James Morrison  
Public Members:  
Kathy Al-Zand

Sylvia Moustacalis  
David Breukelman  
**STAFF RESOURCE:**  
Nancy Lum-Wilson

## FINANCE AND AUDIT

### ELECTED MEMBERS:

Billy Cheung  
Regis Vaillancourt  
Tom Kontio

### PUBLIC MEMBERS:

Dan Stapleton (Chair)  
David Breukelman

### STAFF RESOURCE:

Connie Campbell

## FITNESS TO PRACTISE

### ELECTED MEMBERS:

Karen Riley  
James Morrison (Chair)

### PUBLIC MEMBERS:

Kathy Al-Zand  
Azeem Khan

### NON-COUNCIL MEMBERS:

Dina Dichek  
Adrian Leung  
Fatema Salem  
Jeannette Schindler

### STAFF RESOURCE:

Genevieve Plummer

## INQUIRIES, COMPLAINTS AND REPORTS (ICRC)

### ELECTED MEMBERS:

Rachelle Rocha (Chair)

Connie Beck  
Lisa Dolovich  
Mike Hannalah  
Tom Kontio  
James Morrison  
Goran Petrovic  
Siva Sivapalan  
Leigh Smith  
Karen Riley

### PUBLIC MEMBERS:

Kathy Al-Zand  
David Breukelman  
Tammy Cotie  
Azeem Khan  
Elnora Magboo

Sylvia Moustacalis  
Dan Stapleton  
Gene Szabo

### NON-COUNCIL MEMBERS:

Elaine Akers  
Sameh Bolos  
Tanisha Campbell  
Nadia Filippetto  
Sajjad Giby  
Frank Hack  
Bonnie Hauser  
Wassim Houneini  
Mary Joy

Rachel Koehler  
Elizabeth Kozyra  
Chris Leung  
Jon MacDonald  
Kristen Madsen  
Dean Miller

Vyom Panditpautra  
Aska Patel  
Chintan Patel  
Meena Patel  
Sony Poulose  
Saheed Rashid  
Dan Stringer  
Frank Tee  
Tracy Wiersema  
Lisa-Kaye Williams  
Amanda Vernoooy  
Ali Zohouri

### STAFF RESOURCE:

Katryna Spadafore

## PATIENT RELATIONS

### ELECTED MEMBERS:

Nadia Facca  
Connie Beck

### PUBLIC MEMBERS:

Kathy Al-Zand (Chair)  
Azeem Khan  
Sylvia Moustacalis

### NON-COUNCIL MEMBERS:

Kshitij Mistry  
Adam Silvertown

### STAFF RESOURCE:

Todd Leach

## QUALITY ASSURANCE

### ELECTED MEMBERS:

Karen Riley (Chair)  
Tracey Phillips  
Leigh Smith

### PUBLIC MEMBERS:

Christine Henderson  
Elnora Magboo  
Sylvia Moustacalis

### NON-COUNCIL MEMBERS:

Shelley Dorazio  
Eric Kam  
Sarosh Tamboli  
Mardi Teeple

### STAFF RESOURCE:

Susan James

## REGISTRATION

### ELECTED MEMBERS:

Mike Hannalah  
Mark Scanlon

### PUBLIC MEMBERS:

Kathy Al-Zand  
Christine Henderson  
Sylvia Moustacalis (Chair)

### NON-COUNCIL MEMBERS:

Tammy Cassin  
Jane Hilliard  
Edward Odumodu  
Dean:

Dave Edwards  
Ontario Pharm Tech  
Program Rep:

Angela Roach

### STAFF RESOURCE:

Sandra Winkelbauer





# 2019 SUMMARY FINANCIAL STATEMENTS



## INDEPENDENT AUDITOR'S REPORT ON SUMMARY FINANCIAL STATEMENTS



D C Tinkham FCPA FCA CMC LPA  
 P J Brocklesby CPA CA LPA  
 M Y Tkachenko CPA CA  
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## 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, 2019, the summary statements of cash flows and 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, 2019.

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 23, 2020.

**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 23, 2020

Licensed Public Accountants

**SUMMARY STATEMENT OF FINANCIAL POSITION**

As at December 31	2019	2018
<b>Assets</b>		
Current		
Cash	\$ 982,629	\$ 623,162
Short term investments	9,100,000	9,743,177
Accounts receivable and cost recoveries	416,384	361,763
Prepaid expenses	306,258	287,320
	10,805,271	11,015,422
Property and equipment	4,135,099	4,178,504
	<b>\$ 14,940,370</b>	<b>\$ 15,193,926</b>
<b>Liabilities</b>		
Current		
Accounts payable and accrued liabilities	\$ 1,693,464	\$ 1,525,517
Deferred revenue	4,863,588	3,999,634
	6,557,052	5,525,151
<b>Net assets</b>		
Internally restricted	8,350,000	9,300,000
Unrestricted	33,318	368,775
	8,383,318	9,668,775
	<b>\$ 14,940,370</b>	<b>\$ 15,193,926</b>

**SUMMARY STATEMENT OF CASH FLOWS**

Year ended December 31	2019	2018
<b>Operating activities</b>		
Excess of revenues over expenses (expenses over revenues)	\$ (1,285,457)	\$ 30,997
Item not requiring a cash outlay - amortization	333,021	355,617
Changes in non-cash working capital balances	958,342	86,645
	<b>5,906</b>	<b>473,259</b>
<b>Investing activities</b>		
Redemption (purchase) of investments (net)	643,177	(357,842)
Purchase of property and equipment	(289,616)	(312,163)
	<b>353,561</b>	<b>(670,005)</b>
Change in cash during the year	<b>359,467</b>	<b>(196,746)</b>
Cash, beginning of year	<b>623,162</b>	<b>819,908</b>
Cash, end of year	<b>\$ 982,629</b>	<b>\$ 623,162</b>

**NOTE TO THE SUMMARY FINANCIAL STATEMENTS**

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

- The summary financial statements include a statement for each statement in the audited financial statements, except the statement of changes in net assets which has been combined with the statement of operations;
- The information in the summary financial statements is in agreement with the related information in the complete financial statements;
- Major subtotals, totals and comparative information from the audited financial statements are included. Certain comparative figures have been reclassified in the summary statement of operations and net assets to conform to the presentation adopted in the current year; 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)

**SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS**

Year ended December 31	2019	2018
<b>Revenues</b>		
Member fees - Pharmacists	\$ 10,927,420	\$ 9,661,716
- Pharmacy technicians	2,211,758	1,919,159
Community pharmacy fees	5,487,893	4,598,083
Hospital pharmacy fees	954,894	813,223
Registration fees and income	782,700	677,570
Investment income	330,836	303,049
Discipline cost recoveries	183,694	304,150
	<b>20,879,195</b>	<b>18,276,950</b>
<b>Expenses</b>		
Council and committee expenses	775,889	735,030
Personnel	14,773,637	12,824,726
Regulatory programs	4,403,070	2,613,725
Operations	1,879,035	1,716,855
	<b>21,831,631</b>	<b>17,890,336</b>
Excess of revenues over expenses (expenses over revenues) from operations for the year before amortization	<b>(952,436)</b>	<b>386,614</b>
Amortization	<b>333,021</b>	<b>355,617</b>
Excess of revenues over expenses (expenses over revenues) for the year	<b>(1,285,457)</b>	<b>30,997</b>
Net assets - beginning of year	<b>9,668,775</b>	<b>9,637,778</b>
Net assets - end of year	<b>\$ 8,383,318</b>	<b>\$ 9,668,775</b>

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



**Ontario College  
of Pharmacists**  
Putting patients first since 1871