



Ontario College
of Pharmacists

Putting patients first since 1871



2020 *Annual Report*

Trusted to lead. Inspired to serve. Driven to protect.



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Celebrating 150 years of putting patients first

The year 2021 is the Ontario College of Pharmacists' sesquicentennial, marking 150 years as the registering and regulating body for the profession of pharmacy in Ontario. And while a great deal has changed in the pharmacy profession since 1871, one constant has remained—our focus on putting patients first.

Until 1953, the College was both the regulating body for the profession and had responsibility for the education and training of generations of Ontario pharmacists, laying the foundation for the evolution of the profession in the second half of the 20th century and beyond. When the College transferred teaching functions to the University of Toronto's Faculty of Pharmacy, we focused our mandate on serving and protecting the public and holding Ontario's pharmacists—and eventually pharmacy technicians—accountable to the established legislation, Standards of Practice, Code of Ethics and policies and guidelines relevant to pharmacy practice. Part of that role includes ensuring that community and hospital pharmacies within the province meet certain standards for operation and are accredited by the College.

There is much to be proud of as we celebrate this milestone, thanks to the dedication and commitment through the years of College staff, leadership, Board and Committee members, pharmacy professionals, government and other stakeholders within the broader healthcare system who have helped develop a regulatory framework here in Ontario that is respected around the world.

We embrace the next 150 years of continuing to build trust and confidence in the profession of pharmacy, and of putting patients first in all that we do together.



It is my pleasure to introduce the 2020 Annual Report for the Ontario College of Pharmacists. The report is an important way that we are able to provide a picture of the College's activities and achievements over the past year in advancing the College's fiduciary duties and Board-defined strategic priorities.

The COVID-19 pandemic has impacted, and continues to impact, every single thing we do as pharmacists and pharmacy technicians. From adapting the ways we communicate with our patients, to adjusting to extensive infection prevention and control measures, to expanding the services available at our pharmacies, and to preparing for the next major push for vaccination, pharmacy professionals have had to evolve their practice faster than ever. And so I want to say 'thank you', first and foremost, to each and every registrant who demonstrated, more than ever, their commitment to their patients' health and safety.

The pandemic has also affected how the College does its work. However, as you will see in this report, we are committed to being a responsive regulator and have continued to advance our mission and our vision, adopted new opportunities and, as always, have put forward a collaborative approach to working with the profession, our partners and the public.

This year was the culmination of our work to incorporate a revised By-Law reflecting the

governance renewal strategy agreed upon in 2018. These changes were important efforts to support the strengthening of public trust in the ability of the College to regulate the profession in the public interest, as well as reflect best regulatory governance practices.

The Board also reaffirmed our Strategic Framework until at least 2022, recognizing that the priorities, which were informed through extensive stakeholder input and engagement, remain relevant to the profession and the regulatory environment, while also providing the College with flexibility to respond to emerging issues and opportunities.

The year 2021 represents the College's 150th anniversary. While this type of milestone can be an opportunity for reflection, it is equally a push to look to the future. We must remain committed to our vision, mission and values—which, as you will see, also guide the content in this year's annual report. We regulate to serve the public, we believe in being a leader in driving quality and safety in pharmacy care, and we are steadfast in committing to accountability, integrity and transparency. This work, and all of the work of the past 150 years, is due to the contributions and dedication of registrants, pharmacy and health

system partners, the Board and Committees, College staff and, of course, the public to whom we are accountable.

We know that 2021 will continue to present challenges and opportunities. Our Board is committed to continuing to put patients first through effective and accountable regulation of pharmacy professionals as they provide safe and quality care to their patients, exploring how we can contribute to good patient outcomes through health system collaboration and, most critically, protecting and serving patients who have placed their trust in us.

As Board members, we are honoured and privileged to fulfill our duty as a trusted regulator driven to serve and protect the public interest in everything we do. Our annual report is one of the ways we are able to convey to you how seriously we take that commitment.

Sincerely,

A stylized, handwritten signature in black ink, appearing to read 'Billy Cheung'.

Billy Cheung
Chair, OCP Board of Directors



For decades to come, the world will remember 2020 as the year a worldwide pandemic changed our lives in ways we could never have imagined before COVID-19 appeared. The virus defined the year, forcing us to rethink the way we live, work and interact with each other.

And while many Ontarians were able to work or study from home, pharmacies and other essential services adapted to remain open. Masking and

physical distancing became part of the experience, and it was encouraging to see how community pharmacies were among the first to embrace these and other public health measures as a way to keep patients safe and to enhance confidence and trust in the profession.

Here at the College—despite the pandemic—we were able to advance many of the College's key initiatives and strategic priorities, accomplishments I am pleased to share in this year's annual report. We responded quickly within our mandate to support registrants as they met the challenges of a constantly evolving situation, and the way in which pharmacies and pharmacy professionals innovated to continue providing safe, accessible care is one of the positive things I will remember about 2020 in years to come.

But, really, pharmacy has a long history of adapting and innovating. And since 1871, the College has been part of that journey as Ontario's pharmacy regulator. Together, we have shaped pharmacy care, strengthening safety and quality by defining standards and

polices. We have leveraged our collective experience to enhance oversight of professionals and of both community and hospital pharmacies. And we have kept a laser focus on our mandate of serving and protecting the public interest.

That's why I am proud that in 2021 we are celebrating our sesquicentennial, marking 150 years of putting patients first.

This is an important milestone, to be sure, though I believe it's less about reflecting on the past. Instead I see this as an opportunity to envision the future, and to begin working on how, together, we can better serve and protect the public over the coming years.

We are already on the path toward better harnessing the power of data to help registrants and their teams focus their efforts when developing continuous quality improvement initiatives and identifying opportunities that will have a positive impact on patient safety and health outcomes.

I see how technology is transforming pharmacy care, and understanding how to integrate advances through the lens of safety and quality will become more important than ever. Enhancing accountability, for both the College and the profession, will remain a priority going forward. So too will be

continued emphasis on forging collaboration across the entire healthcare system.

And as the scope of practice for pharmacy professionals grows, so will the need for the College to help registrants implement changes safely and with confidence. The government has recognized that pharmacists have the qualifications to play a larger role as members of a patient's healthcare team, and we will be here to give them the support to practice safely, ethically and in accordance with the Standards of Practice, Code of Ethics and current clinical resources.

Putting patients first is a collaborative effort, and I want to acknowledge the ongoing commitment of pharmacists and pharmacy technicians, College staff, Board and Committee members, and the many health system partners and stakeholders that are part of helping us serve and protect the public interest. I remain inspired by the shared passion for fulfilling that mandate, something I am confident can endure and drive the profession for the next 150 years.

Sincerely,

Nancy Lum-Wilson
CEO and Registrar

STRATEGIC FRAMEWORK *and Priorities*

Our Strategic Plans are grounded in our public-protection mandate and include Board-defined strategic priorities intended to guide the activities of the College and the resource decisions required to advance those priorities.

The Strategic Plan was developed with extensive input from various stakeholders including registrants, the government and the public. In September 2020, the Board reaffirmed the priorities expressed within the existing multi-year Strategic Framework and deferred strategic planning activities through to 2022 or 2023.

2019-2022/2023



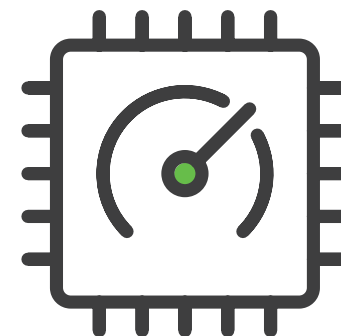


College Objects

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).

Introducing the College Performance Measurement Framework



The College was pleased to have been amongst a group of regulators actively engaged in the development of the Ontario Ministry of Health's new College Performance Measurement Framework (CPMF), designed to strengthen the accountability and oversight of regulatory colleges by ensuring they are meeting their fiduciary duties and serving the public interest, and at the same time helping colleges improve their performance. As of March 31, 2021, all Ontario healthcare regulators are reporting on a number of indicators that are part of the CPMF.

The CPMF reinforces the College's approach to fulfilling its mandate of serving and protecting the public interest through the collection, analysis and transparent reporting of data—with the goal of using that data to continually improve our performance as an accountable health regulator. In fact, starting in 2021, the College is aligning its Performance Scorecard to the domains within the CPMF to create a consistent, standardized approach to reporting our performance.

The CPMF measures the College's work in a number of domains, including governance, system partnerships, information management, regulatory policies, suitability to practice, and overall measurement and

reporting on regulatory program activities such as those related to quality assurance, registrant competency and conduct processes. The information collected and reported in the inaugural report, which has been published online, will inform future iterations of the framework and promote a better understanding of the activities of all of the health regulatory colleges in the province.

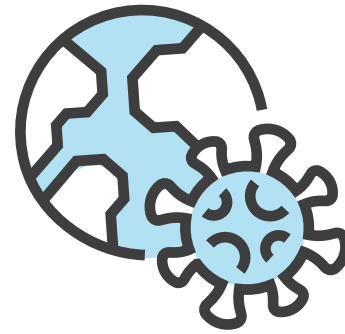
Going forward, the College will be evolving the annual report to effectively complement the CPMF. We expect that future editions of the annual report will continue to focus on the ways the College is meeting its legislated mandate, its objects and its Board-defined strategic priorities, while the CPMF data will be reported in a parallel publication. As

the College transitions to the new format, we have published a separate document for 2020 that includes historic numbers for some of the data provided in this annual report to provide a transparent view of trends over the past several years.

**VIEW THE
SUPPLEMENTARY DATA**

**READ THE COLLEGE'S
CPMF ON OUR WEBSITE**

Responding to a global pandemic



When COVID-19 first disrupted all of our lives in March 2020, the entire health system became strained by a rapidly evolving crisis of historic proportions. The pharmacy profession was confronted with challenges that included the availability of personal protective equipment, drug shortages, and public health restrictions, as well as important changes resulting from legislative and regulatory amendments from both federal and provincial governments that were introduced to help pharmacy tackle the growing pandemic.

Still, as an essential service, pharmacies rose to the challenge and remained open to provide patients with timely access to healthcare. For the College, this meant responding to evolving public health expectations and system priorities by supporting registrants and maintaining our commitment to our mandate during an unprecedented crisis.

The College pivoted and adopted a number of flexible operational activities that allowed us to carry on our important work while adapting to public health measures designed to keep patients, registrants, and staff safe. These included:

- Amending regulations to enable timely access to care
- Developing, informing and updating practice guidance and policies

- Addressing barriers to effective continuity of care
- Monitoring and responding to inquiries and emerging priorities
- Increasing the frequency of communications with registrants to share important legislative and regulatory updates, guidance, and resources to help keep them up-to-date on the most current information available
- Switching to virtual formats for operational and practice assessments, discipline hearings and the majority of investigations
- Transitioning to a computer-based Jurisprudence exam from the previous paper-based format
- Conducting virtual Board and Committee meetings

- Utilizing our well-established teleworking infrastructure to enable College staff to continue working remotely

Through it all, the College welcomed the invaluable collaboration of health system partners, pharmacy stakeholders including associations, government and registrants in supporting the profession and advancing our public protection mandate through a challenging year. We know that this work will continue in 2021, and that the COVID-19 pandemic has shaped—or reshaped—how many may view the role of pharmacy in an integrated healthcare system that must be nimble and responsive to such public health crises. The College remains committed to working collaboratively with all stakeholders to respond to new challenges that arise.

Who are Ontario's pharmacy professionals and where do they practice?



16,906 pharmacists

5,194 pharmacy technicians

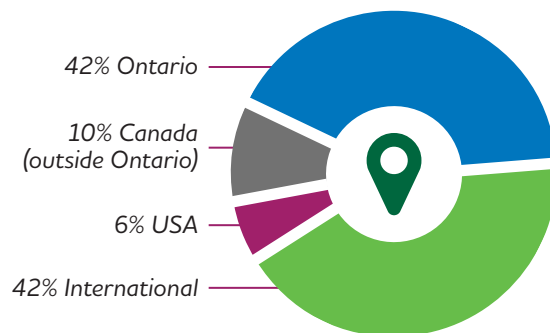
58% of pharmacists are female

11% of pharmacy technicians are male

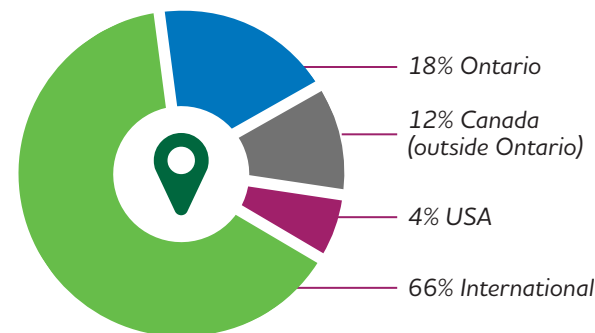
44 average age of pharmacists

40 average age of pharmacy technicians

Place of education for all pharmacists in 2020



Place of education for new pharmacist registrants in 2020



New registrants in 2020



414 new pharmacist registrants*

268 new pharmacy technician registrants*

1,633

pharmacy students and interns currently training in Ontario



175

new pharmacist registrants and new pharmacy technician registrants registered

by way of the Agreement on Internal Trade (AIT) after first becoming licensed in another Canadian province

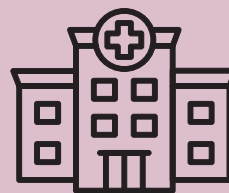




4,682 *accredited community pharmacies*

81 community pharmacies providing sterile compounding

1,746 community pharmacies providing methadone maintenance treatment



235 *accredited hospital pharmacies*

122 hospital pharmacies providing sterile compounding

5 *drug preparation premises*



Community Pharmacy Ownership

238 *small chains*

(3 to 19 pharmacies owned by a single corporation)

60 *banner* and **72** *franchise*

874 *large chains*

(20+ pharmacies owned by a single corporation)

20 *banner* and **0** *franchise*

3,570 *independently owned*

(1-2 pharmacies owned by a single corporation)

1,519 *banner* and **602** *franchise*



Place of Practice

	Pharmacist	Pharmacy technician
Community pharmacy	68%	34%
Hospital and other healthcare facilities	16%	58%
No workplace recorded	10%	6%
Association/academia/government	2%	1%
Industry/other	3%	1%
Pharmacy corporate office/ professional practice/clinic	1%	0%

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

REGULATING PHARMACY PRACTICE

*to Serve the Interests,
Health and Well-Being
of the Public*

Mission



Maintaining the standards of the profession



One of the College's key roles is to ensure that pharmacies are operating safely and that pharmacy professionals continue to maintain their skills throughout their careers. We continually evaluate opportunities for quality improvement in our assessment and quality assurance programs in order to enhance our processes and support the public's trust in their pharmacy care.

Highlights

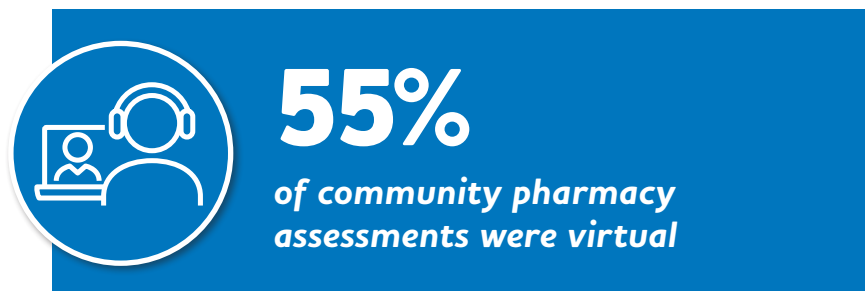
- Shifted to a remote assessment model, in order to comply with necessary safety measures to prevent the spread of COVID-19, with the majority of operational and practice assessments taking place through virtual meeting formats. College advisors continued to thoroughly assess pharmacies and registrants against all established relevant standards and used identical criteria as an on-site assessment.
- Continued our work to incorporate a risk-based approach to operational and practice assessments, including implementation of a weighting strategy for community pharmacist practice assessments that enables the College to focus on areas that optimize patient care outcomes.
- Piloted practice assessments for pharmacists working in hospital and other healthcare facilities.
- Completed foundational work to prepare for the launch of a knowledge assessment for pharmacists in 2022.
- Established operational processes to support the implementation of the revised registration and quality assurance regulations to incorporate pharmacy technicians under the quality assurance umbrella, once they are approved by government.
- In the coming year, the official rollout of practice assessments for pharmacists working in hospital and other healthcare facilities will commence, after a successful pilot phase in 2020. Additionally, we will apply the risk-based weighting strategy to operational assessments of community and hospital pharmacies.

Pharmacy Assessments

Only pharmacies that have been assessed and have met specified criteria are authorized to operate in the province. The College regulates three types of pharmacies: community pharmacies, hospital pharmacies and drug preparation premises (DPP).

Community Pharmacies

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



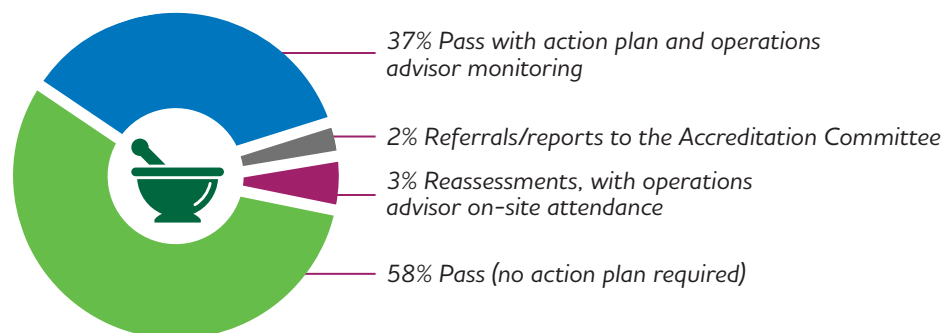
*As a result of a focus on high-risk pharmacies, the implementation of non-sterile compounding standards and use of remote technology.

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.

Types of Community Pharmacy Assessments

Routine	262
Change in ownership	155
New openings (first visit)	174
New openings (call back after six months)	144
Relocations	43
Re-assessments ordered by operations advisor	31
Re-assessments ordered by the Accreditation Committee	8
Total	817

Community Pharmacy Assessment Outcomes








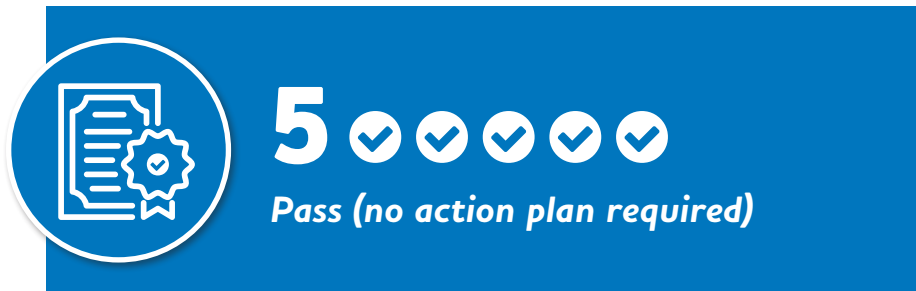
Hospital Pharmacies

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

Types of Hospital Pharmacy Assessments

	Routine	135
	New opening	3
	Relocation	1

Hospital Pharmacy Assessment Outcomes



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.



*Largely as a result of work to comply with the new standards for sterile compounding and requirements around narcotic reconciliation.

Drug Preparation Premises

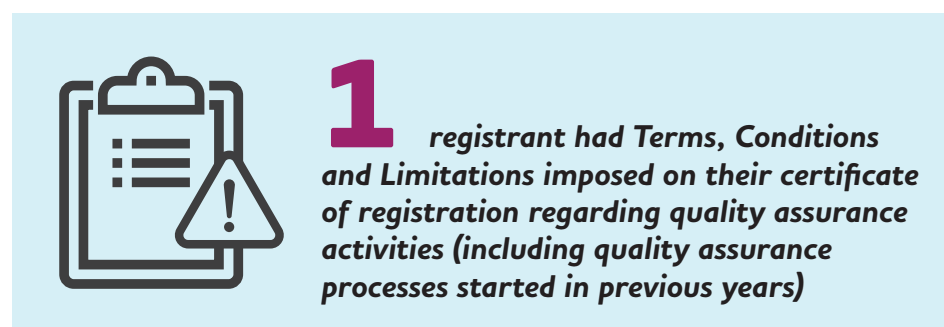
Learn more about how we [authorize and assess drug preparation premises \(DPPs\)](#).



6 DPP assessments completed

Quality Assurance Program

The [Quality Assurance program](#) helps to ensure the continuing competency of pharmacists and pharmacy technicians. It includes requirements for a learning portfolio, self-assessment and practice assessment. 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](#).



Practice Assessments

Learn more about how we [assess pharmacists in community practice](#) to validate their practice and identify opportunities for improvement (starting in 2016). In 2019, we introduced assessments for pharmacy technicians working in community and hospital settings. In 2020, we commenced a pilot phase for pharmacists in hospital and other healthcare facilities.

Community pharmacist assessments

These assessments are guided by [specific assessment criteria](#) focusing on patient assessment, decision-making, documentation and communication and education. Due to COVID-19, practice assessments were suspended for five months and resumed August 1, 2020.

511

**routine community
pharmacist assessments**

460 passed with self-directed learning

51 required additional coaching and reassessment

7 passed the second assessment

41 currently in progress or deferred

2 require a quality assurance peer assessment

1 other (resigned, moved to Part B, moved)



TOP 5 STRENGTHS

1. Communication and education: provides information within scope
2. Communication and education: communicates verbally in a manner appropriate for the audience
3. Communication and education: ensures audience understanding
4. Decision making: implements decision
5. Communication and education: communicates in writing in a manner appropriate for the audience



TOP 5 AREAS FOR IMPROVEMENT

1. Documentation: documents information in patient profile
2. Documentation: documents decisions made, rationale and follow up
3. Decision making: monitors outcome of decision making to ensure it continues to be the best option for patient
4. Patient assessment: gathers relevant information through dialogue with patient
5. Documentation: documents communication with patients/ healthcare team

Community pharmacy technician assessments

These assessments are guided by [specific assessment criteria](#) focusing on patient care support activities, collaboration and decision making, documentation, and communication and education. As quality assurance regulations have not yet been approved, these assessments are voluntary for pharmacy technicians. Note that due to COVID-19, practice assessments were suspended for five months and resumed August 1, 2020.

153

routine community pharmacy technician assessments

136 passed with self-directed learning

17 required additional coaching and reassessment

2 passed the second assessment

15 currently in progress or deferred

0 require a quality assurance peer assessment

0 other (resigned, moved to Part B, moved)



TOP 5 STRENGTHS

1. Collaboration and decision making: Identifies issues and opportunities to optimize patient care
2. Communication and education: provides information in a manner to ensure audience understanding
3. Communication and education: communicates verbally in a manner appropriate for the audience
4. Communication and education: provides information within scope
5. Collaboration and decision making: resolves issues



TOP 5 AREAS FOR IMPROVEMENT

1. Documentation: documents information gathered or verified
2. Documentation: documents relevant supporting information for activities and decisions
3. Patient care support activities: gathers relevant information from appropriate sources
4. Patient care support activities: prepares product according to approved processes
5. Collaboration and decision making: refers to pharmacist if patient assessment, clinical analysis or therapeutic knowledge is needed

Hospital pharmacy technician assessments

These assessments are guided by [specific assessment criteria](#) focusing on patient care support activities, collaboration and decision making, documentation, and communication and education. As quality assurance regulations have not yet been approved, these assessments are voluntary for pharmacy technicians. Note that due to COVID-19, practice assessments were suspended for five months and resumed August 1, 2020.

106

routine hospital pharmacy technician assessments

ALL passed with self-directed learning



Read the [College Performance Measure Framework \(CPMF\)](#) for more information about how we ensure registrants are competent to practice



TOP 5 STRENGTHS

1. Communication and education: provides information within scope
2. Patient care support activities: gathers relevant information from appropriate sources
3. Patient care support activities: ensures product is technically accurate
4. Patient care support activities: prepares product according to approved processes
5. Collaboration and decision making: refers to pharmacist if patient assessment, clinical analysis or therapeutic knowledge is needed



TOP 5 AREAS FOR IMPROVEMENT

1. Documentation: documents relevant supporting information for activities and decisions
2. Documentation: documents information gathered or verified
3. Collaboration and decision making: identifies issues and opportunities to optimize patient care
4. Communication and education: provides information in a manner that ensures audience understanding
5. Communication and education: communicates verbally in a manner that is appropriate for the audience

Registering qualified professionals

The College ensures that only those applicants who have successfully met the registration requirements, and demonstrated the required knowledge, skills and abilities, are granted the right to practice in Ontario.

Highlights

- Accelerated the transition of the Jurisprudence Exam to a computer-based test from a paper-based one, with options for completing the exam at testing centres or via remote proctoring.
- Initiated regulations to enable an emergency registration process to ensure that qualified pharmacy professionals are available to support care for Ontario's patients during provincially-declared emergencies.
- Prepared for implementation of new regulations related to registration and quality assurance processes.

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.



149

total requests considered



138
fully granted



1
partially granted



4
deferred



4
withdrawn



2
denied



Jurisprudence Exam

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



731

candidates wrote the jurisprudence exam



94% *passed*



Practice-Based Registration Requirements

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



190

candidates attempted PACE

154

were successful on their first attempt



274

candidates commenced SPT

261 *have*

completed SPT, with remainder continuing into 2021

Addressing concerns

Part of the College's mandate to serve and protect the public is to investigate and resolve complaints or concerns about pharmacy professionals. 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](#).

Highlights

- Shifted all panels, committee meetings, pre-hearing conferences and hearings to fully remote proceedings starting in April. This included the identification of new tools and processes to ensure that these proceedings were effective, efficient and fair.
- Continued development of in-house legal team to provide increased internal legal support and assume more responsibility for disciplinary prosecutions.
- Increased promotion of the Ontario Pharmacy Health Program for registrants experiencing mental health or substance use challenges, with particular attention to the impact of the COVID-pandemic on their professional and personal lives.

Complaints and Reports

The Inquiries, Complaints and Reports Committee (ICRC) oversees all investigations into a pharmacy professional's conduct, competence, or capacity, including complaints, Registrar's investigations 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.



485 complaints opened



93 reports opened

Complaints and Registrar's Investigations by Theme

Theme	Formal Complaints	Registrar's Investigations
Billing	8%	16%
Boundary Violations; Sexual Abuse; Sexual Harassment	0	5%
Business Practices	12%	8%
Charges	0	3%
Confidentiality	7%	2%
Communication/Service	38%	2%
Dispensing	29%	24%
Expanded Scope	1%	0
Failure to Fulfill a College Requirement	0	3%
Findings	0	2%
Narcotics/Controlled Drugs	0	12%
Non-Practice related	1%	1%
Other Conduct Behavior	2%	9%
Record Keeping/ Documentation	0	8%
Supervision/Training	1%	0
Therapeutics	0	0
Unauthorized Practice	1%	5%



Note: Some complaints and investigations fall under multiple categories.

Formal Complaint: A concern filed with the College in writing or another acceptable form, regarding the conduct or actions of a pharmacy professional.

Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment.

Inquiries, Complaints and Reports

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

452 formal complaints brought forward to the ICRC in 2020*

331 formal complaints disposed of by the ICRC*

121 formal complaints proceeded to the ICRC and are still pending*

84 formal complaints withdrawn by the Registrar at the request of a complainant

64 formal complaints and Registrar's Investigations disposed of by the ICRC as a referral of allegations to the Discipline Committee



156 completed Registrar's investigations brought forward to the ICRC for disposition*

93 requests for approval of the Registrar's appointment of an investigator



The maximum amount of time (in working days) in which 9 of 10 complaints and investigations are disposed of, with only 1 out of the 10 taking longer:

371 for formal complaints

744 for Registrar's investigations

*Files where the ICRC has reviewed and rendered an outcome, regardless of whether the decision has been issued yet.

Distribution of ICRC Outcomes by Theme

Theme	Number of ICRC Decisions								
	Take no action	Provides advice or recommendations	Provides advice or recommendations and orders a specific continuing education or remediation program	Issues an oral caution	Issues an oral caution and orders a specific continuing education or remediation program	Orders a specific continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Take any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws
Billing	17	15	4	2	6	0	1	35	0
Communication / Service	142	78	4	0	22	0	0	1	0
Dispensing	85	86	30	12	64	0	0	10	0
Expanded Scope	2	4	1	1	2	0	0	0	0
Therapeutics	3	7	1	0	1	0	0	0	0
Charges	3	0	0	0	0	0	0	2	0
Confidentiality	14	18	3	0	6	0	0	0	0
Failure to Fulfill a College Requirement	0	2	0	0	1	0	0	4	0
Findings	2	0	0	0	0	0	1	2	0
Narcotics / Controlled Drugs	7	9	0	0	8	0	0	7	0
Supervision / Training	4	1	0	0	0	0	0	6	0
Record Keeping / Documentation	2	2	2	2	4	0	1	7	0
Boundary Violations; Sexual Abuse; Sexual Harassment	1	2	0	1	0	0	0	6	0
Unauthorized Practice	5	3	0	0	4	0	1	5	0
Other Conduct / Behaviour	13	4	3	0	2	0	1	10	0
Non-Practice related	2	3	1	0	1	0	0	0	0
Business Practices	27	19	1	0	3	0	1	5	0

Note: Some complaints and investigations fall under multiple categories.

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.

9 requests pending from 2019 

42 new requests for review received in 2020 

24 from registrants

17 from complainants


1 from both


10 requests withdrawn 

0 requests denied 

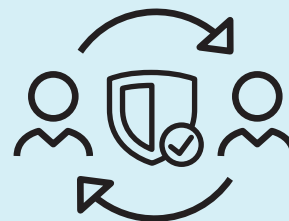
25 decisions received 

22 upheld 

3 referred back to ICRC 

3 requests for judicial review of an HPARB decision or the outcome of a Registrar's Investigation 

Compliance Monitoring



180

registrants actively monitored for fulfilling remedial training requirements following an investigation



39

registrants actively monitored for compliance with remediation related to a discipline order



5

registrants actively monitored for compliance while fulfilling orders from the Fitness to Practise committee

Discipline

If there are concerns that a registrant 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.

Discipline Hearings

45 registrants with
allegations referred to discipline



38 total active hearings*



31 uncontested

+ **2** partially contested

+ **5** contested

62 total discipline hearing days



39 registrants about whom
decisions were made (including motions)



497 days: maximum amount of time (in working days) in which 9 of 10 uncontested hearings are disposed of, with only 1 out of the 10 taking longer^

*Some hearings will continue into 2021

^Number of working days (excluding weekends and statutory holidays) from referral to the Discipline Committee to the decision being issued.

Distribution of Discipline Finding by Type

Sexual abuse	0
Incompetence	0
Fail to maintain Standard	29
Improper use of a controlled act	1
Conduct unbecoming	2
Dishonourable, disgraceful, unprofessional	38
Offence conviction	6
Contravene certificate restrictions	8
Findings in another jurisdiction	0
Breach of orders and/or undertaking	7
Falsifying records	16
False or misleading document	31
Contravene relevant Acts	36
Proprietary Misconduct	0
Failure to keep appropriate records	10

Note: Some discipline cases have multiple findings.

Discipline Orders By Type

Revocation	3
Suspension	22
Terms, Conditions and Limitations on a Certificate of Registration	22
Reprimand and Undertaking	5
Reprimand	24

Note: Some discipline cases have multiple orders i.e. reprimand and suspension



Read the College Performance Measurement Framework (CPMF) for more information about how we respond to concerns about pharmacy professionals

Discipline Decisions

List of discipline case summaries for 2020.
(refer to [Appendix A](#)).

Daniel Hanna
(OCP #210352)

Murray Salomon
(OCP #67393)

Salam Abdul
(OCP #217373)

Maged Ghobrial
(OCP #613350)

Sinan Hadi
(OCP #608706)

Tom McAnulty
(OCP #203604)

Deina Bebawy
(OCP #613610)

Nabil Aziz
(OCP #611074)

Brian White
(OCP #77976)

Jared Peters
(OCP #620560)

Mohamed Al-Sakaff
(OCP #609763)

Maria Musitano
(OCP #108758)

George Politis
(OCP #68632)

Ashit Shihora
(OCP #109452)

Hussain (Azouz) Al-Yasery
(OCP #607011)

Abadir Nasr
(OCP #218265)

Ewa Polak
(OCP #207848)

Tiffany Czilli
(OCP #606992)

Thi Vuong
(OCP #90913)

Nermin Iskandar
(OCP #603693)

Donghyun Kim
(OCP #625722)

Mourcos Shenouda
(OCP #612220)

Shabuddin Syed
(OCP #614650)

Yong Lin
(OCP #217337)

Kaushil Shah
(OCP #612689)

Shaukatali Mangalji
(OCP #65757)

Mura Al Hasan
(OCP #604660)

Nisha Groodoyal
(OCP #606825)

Edward Essa
(OCP #58521)

Farhang Fakoori
(OCP #604635)

Harpreet Saini
(OCP #614740)

Member “Z”

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 practice process](#).

**24***active health inquiries***3***referrals to the Fitness to Practise Committee***2***findings of incapacity***10***resulted in pharmacy professionals no longer being investigated as the process was concluded or the pharmacy professional ceased to practice***11***pharmacy professionals continue to be investigated*

Focusing on shared accountability with the Community Practice Environment Initiative

*Safe patient care is everyone's business, and ensuring safety and quality in pharmacy at all times is a shared accountability. In 2020, the College initiated a **Community Practice Environment Initiative** aimed at understanding confirmed and potential barriers to the provision of consistently safe and high quality care in community pharmacy through thoughtful, respectful and meaningful collaboration and engagement with pharmacy stakeholders.*

An important milestone in this work was the development of principles of shared accountability to guide specific strategies to further strengthen the quality and safety of pharmacy care. The principles are intended to support, promote and communicate accountabilities within existing standards and the Code of Ethics, be informed with input from various stakeholders, express the behaviours and attitudes expected of professionals and those who operate and own community pharmacies, and be aligned with a right-touch, risk-based and outcomes-focused regulatory framework and our public interest mandate.

Highlights



- Engaged a multi-disciplinary Advisory Group comprised of patients, pharmacists, pharmacy technicians, owners/operators and professional associations to inform, influence, contribute to and guide the development of the shared accountability for community pharmacy and their subsequent implementation throughout the province.
- Worked with a professional market research firm to facilitate virtual focus groups with patients and with registrants to understand their insights and perspectives about their experiences in community pharmacy, including prior to and during the COVID-19 pandemic, and opportunities to improve the experience and overall care provided to patients.
- Distributed a survey to registrants, informed by focus groups feedback themes, which generated more than 1,800 responses, providing further insights into the perspectives, attitudes and opinions of Ontario's pharmacy professionals.
- Developed **shared accountability principles**, using insights from registrants and patients and the collaborative input of the Advisory Group, which were ultimately approved by the Board in late 2020.
- In 2021, the College and Advisory Group will continue to collaborate in the next phase of the initiative focused on implementation of the principles in all community pharmacies across the province including public and professional awareness and education.

Rigorous policy process sets practice expectations for the profession



The College publishes practice policies and guidelines to advise registrants of OCP's expectations and to provide direction regarding their practice. Practice policies outline the College's expectations relating to pharmacy professionals' conduct, while re-affirming the values, principles and duties of the pharmacy profession. In addition to providing guidance to the profession, policies serve as a benchmark against which the conduct of the individual pharmacist is evaluated.

Highlights

Strategic
Priority
3

- The College applied the robust [policy review process](#) and updated several policies and guidelines including:
 - [Administering a Substance by Injection or Inhalation](#)
 - [Performing a Procedure on Tissues Below the Dermis](#)
 - [Initiating, Adapting and Renewing Prescriptions](#)
- Utilized a rigorous process, including reviewing information from other jurisdictions, consulting with stakeholders and measuring outcomes.
- Board approval for public consultation on two new policies—Virtual Care and Cross-Jurisdictional Pharmacy Services—is expected in 2021.



Vision

*Driving Quality and
Safe Pharmacy Care*

**AND IMPROVED
PATIENT OUTCOMES**

Expanding pharmacist scope of practice with regulatory changes



In December 2020 the provincial government passed regulations which the College amended, following an extensive consultation process, at the request of the Minister of Health to expand the scope of practice of Ontario's pharmacists. These regulations now enable pharmacists to administer flu vaccine to children as young as two years old and renew prescriptions in quantities up to one year's supply. Additional regulatory amendments that would authorize pharmacists to administer certain substances by injection and/or inhalation for purposes that are in addition to patient education and demonstration as well as to prescribe for certain minor ailments were approved by the Board in June 2020 and submitted to government. The College was pleased to have utilized its systems-focused approach to the development of regulation amendments to expand the scope of pharmacists as important members of a patient's healthcare team, once approved by government.

Highlights



- Submitted draft regulations to government that, once approved, would allow pharmacists to prescribe for certain minor ailments. The College took a systems-approach to the development of these draft regulations that involved seeking input from and actively involving multiple stakeholders including patients, registrants, physicians, other healthcare regulators, professional associations and a multi-disciplinary Minor Ailments Advisory Group.
- We also engaged the profession and the public through a series of focus groups, professional consultants, the Citizen Advisory Group which helps bring the patient voice and perspective to healthcare regulation in Ontario, and regular open consultation processes—reflecting a commitment to engaging the profession, the health system and patients in the College's work.
- Announced the Board's approval for all Part A pharmacists to be required to complete mandatory orientation on the minor ailments regulatory requirements and practice expectations. Development began on an orientation module and support materials that will be shared with registrants once the government authorizes pharmacists to prescribe for certain minor ailments.
- Developed new website [tools and resources](#) to help registrants expand their scope of practice safely and with confidence. Website content will be updated as new expanded scope activities are authorized by government.

Harnessing data to inform outcomes-focused quality improvements



Finding opportunities to improve the delivery of patient care involves examining data and information to inform areas for quality improvement. And having access to relevant data may help registrants and their teams focus their efforts when developing continuous quality improvement initiatives that can lead to better health outcomes.

The key is to use data that is reliable and meaningful to help registrants implement quality improvements in their own practice. This is an important part of the College's commitment to accountability and transparency, to supporting safe quality care, and to fulfilling our mandate of serving and protecting the public.

Continuous quality improvement is a core component of outcomes-focused regulation, which aims to achieve broad objectives rather than to create prescriptive rules. By consistently using data as a way to raise the bar for patient safety and better health outcomes, both the College and pharmacy professionals are enabled to make informed, evidence-based decisions that ultimately enhance trust in the quality of pharmacy care Ontarians receive.

In 2020, the College introduced interactive online tools to publicly share data from our [Assurance and Improvement in Medication Safety \(AIMS\) program](#) and [Quality Indicators](#) initiative, using regional and provincial data to show where there are opportunities

for improvement. This is in addition to local data that registrants are encouraged to use when developing continuous quality improvement plans in their own pharmacies. The College only has access to de-identified aggregate data for the purpose of supporting shared learning and system-based improvements across the province—we do not have access to information related to a specific pharmacy or pharmacy professional.

The AIMS and Quality Indicators data will be updated regularly, and the College is currently exploring ways to enhance the way specific learnings and practice insights can best be developed and shared.

Learn more about these initiatives and what we've achieved in 2020 on the next two pages.

AIMS: Reducing the risk of patient harm associated with medication incidents



The AIMS (Assurance and Improvement in Medication Safety) Program is a standardized program that supports continuous quality improvement and puts in place a mandatory, consistent standard for medication safety for all community pharmacies in the province. Its goal: to improve medication safety and improve patient safety.

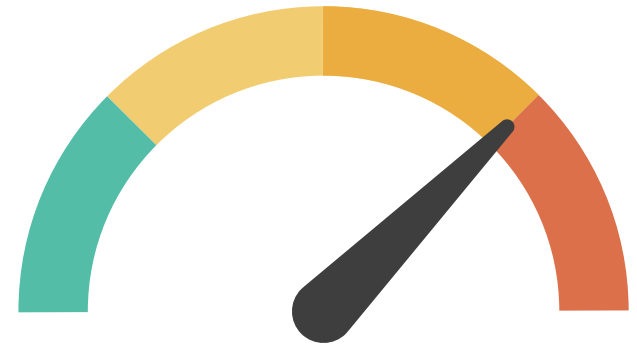
AIMS is the largest program of its kind in Canada, and the College is committed to supporting community pharmacies as they record and analyze medication incidents and near misses as a way to identify solutions that prevent them from recurring. The aggregate and de-identified data collected through the program will help the College—together with our health system partners—identify trends and develop solutions and recommendations that will assist pharmacy professionals in reducing the risk of patient harm caused by medication incidents.

Highlights



- Launched the Pharmacy Safety Self-Assessment, an informative quality improvement tool that assists the pharmacy in proactively identifying areas for improved safety and that measures the pharmacy's efforts to enhance patient safety over time.
- Implemented 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.
- Publicly shared an [online tool](#) that allows pharmacy teams and other stakeholders to view the aggregate, de-identified medication incident and near miss data on some of the event recording fields that are available through the AIMS program.
- Registrants are encouraged to use the tool alongside information and data from their own practice to better identify opportunities for improving medication and patient safety.
- Developed a public reporting framework that shows the College's approach to sharing data and the connection between how local quality improvement indicators are linked to provincial quality improvement indicators and subsequently broader provincial and system outcome indicators.
- Work continues in 2021 to support registrant engagement with the AIMS program and AIMS Pharmapod platform, and to increase awareness of the value of AIMS as a medication safety program that improves patient safety.

Using Quality Indicators to enhance pharmacy patient outcomes



To better understand the impact of pharmacy care on patient outcomes, the College, in partnership with Health Quality Ontario (HQO), established the first set of [quality indicators for community pharmacy](#) in Canada. These indicators provide the public with a clearer picture of the overall quality of pharmacy care in Ontario and support quality improvement efforts by pharmacy professionals and the College.

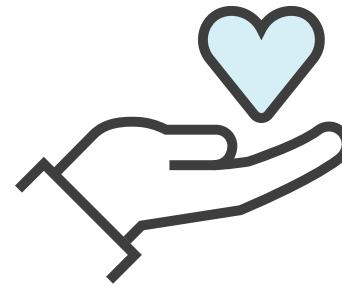
An interactive tool that reports provincial and regional data from the first three Quality Indicators on appropriateness of dispensed medications, medication-related hospital visits, and transitions of care was posted on the College website in November 2020. Registrants are encouraged to use the tool alongside information and data from their own practice to better understand the quality of care they provide. The College is committed to transparently sharing this aggregate de-identified data to support shared learning and system-based improvements across the province.

Highlights



- Reported data from the first three Quality Indicators on appropriateness of dispensed medications, medication-related hospital visits, and transitions of care, using an interactive [online tool](#).
- Validated the Patient/Caregiver-Reported Experience Measures, developed in 2019, to confirm the indicators measure areas of pharmacy care that are important and relevant to patients and caregivers. In 2021, these measures will be examined with experts in collecting information from patients and those who own, operate and practice within a community pharmacy to develop a data collection plan.
- Measuring the experience of pharmacy professionals is an important part of the Quality Indicators for Pharmacy initiative, and is being furthered by the development of shared accountability principles as part of the [Community Practice Environment Initiative](#). The principles, which were endorsed by the Board in December 2020 and will be shared widely in 2021, provide a foundation to support the development of provider experience measures in community pharmacy. Provider experience indicators will be developed by a working group consisting of pharmacy professionals and experts in indicator development throughout 2021.

Supporting best practices and safety 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. In 2020, we focused on supporting pharmacy professionals to adapt practice in response to the COVID-19 pandemic, while continuing to provide safe and quality care to patients. In addition, we provided new resources to support implementation of the non-sterile compounding standards, which is an important way pharmacy professionals can protect patients, increase patient safety and protect pharmacy personnel.

Highlights

- Developed, informed and updated practice guidance and policies to address questions from registrants and emerging issues in practice related to COVID-19.
- Addressed barriers to practice through collaboration with stakeholders and advancing regulatory amendments to enable continuity of care for patients throughout the pandemic.
- Extended the deadlines for Phase 2 and 3 implementation of the [NAPRA Standards for Compounding of Non-Sterile Preparations](#) in recognition of the need for pharmacy professionals to focus on continuity of care and minimize public risk due to the COVID-19 pandemic.
- Focused on providing resources to support implementation of the non-sterile compounding standards, including checklists, FAQs, articles and a webinar in community and hospital pharmacy.
- Continued to engage with sterile compounding facilities to ensure that patients are protected and risks are mitigated.
- Provided ongoing support to registrants to apply best practices in medication safety and meet the requirements of the AIMS Program.
- Participated in multiple partnership and strategic tables with healthcare system stakeholders to support system-wide activities to reduce the risk of opioid-related harms, in alignment with our [Opioid Strategy for Pharmacy](#).
- Developed a drug preparation premises (DPP) framework in response to queries regarding the College's oversight of DPPs, with input from a broad group of stakeholders including DPP customers, DPPs, and Health Canada. The document provides greater clarity on the College's oversight and expectations of DPPs.





2,930

*calls and
emails related to
practice matters*



25%

*of inquiries came
from the public*



21

*online practice tools
on the OCP website*



24

*guidance documents
updated, 20 of which
were due to COVID-19*



TOP 5 INQUIRIES FROM PHARMACY PROFESSIONALS

1. COVID-19 related questions
2. Pharmacist scope of practice (example: injection-related questions)
3. Compounding
4. Dispensing of controlled substances (example: opioid agonist therapy)
5. Prescription requirements (e.g. validity of a prescription, prescriber scope, electronic authentication, transmission method, transfers)



TOP 5 INQUIRIES FROM THE PUBLIC

1. Professional and dispensing fees and prescription pricing
2. Rules/laws about prescription dispensing (e.g. quantity/generic substitution)
3. Pharmacist scope of practice (such as verifying what they can and cannot do)
4. Lack of effective communication from the pharmacy team
5. COVID-19 related questions

Developing Indigenous Cultural Competency to enhance care for patients



The Board of Directors has [committed to cultivating Indigenous cultural competency](#) amongst non-Indigenous Directors, College staff and registrants. Our approach to this commitment reflects the importance of working in collaboration with Indigenous communities to improve pharmacy care and patient outcomes.

Highlights



- Published articles that shared opportunities to enhance care for Indigenous patients and communities with registrants, in alignment with the Board's [2019 commitment](#) to address the disparities in healthcare and health outcomes for Indigenous peoples in Ontario.
- Worked to identify and prioritize deliverables for 2021 that focus on education, training, and awareness among OCP registrants, staff and Board/Committee members.
- Continued to start each meeting of the Board of Directors with a land acknowledgement, including welcoming an Indigenous guest speaker to deliver the acknowledgement and provide remarks.
- Reached out to other regulatory colleges in Canada to understand how they are approaching their own work to contribute to reconciliation and Indigenous cultural competency and how we could learn from their efforts. These insights have contributed to our priorities for 2021.
- In the coming year, we will focus on building a foundation of Indigenous cultural competency among Board and Committee members and staff by providing education, training and awareness. As we do, we will work with pharmacy and health system partners as well as our Indigenous communities in this important work.
- Sharing resources with registrants will continue to be a priority to support them in improving the care they provide to Indigenous communities.



DEMONSTRATING

*Accountability, Integrity
and Transparency*

Values

Strengthening public confidence through governance renewal



In 2020, the College Board of Directors ratified a new By-Law that enabled [changes to the governance structure](#) of the College, with the goal of strengthening public confidence, reflecting emerging best practices in regulatory governance and taking a leadership role in evolving the sector.

Highlights

Strategic
Priority
2

- Hosted the first election under the new By-Law and governance structure, reducing the size of the Board, therefore creating parity between the number of elected and public Board members, and using an enhanced qualification and screening process to ensure the Board is competency-based.
- Constituted committees as per the By-Law approved in 2020 to enable the separation of Board and Statutory Committees (with the exception of the Discipline Committee)
- Appointed Lay Committee Appointees in order to enhance the public voice on committees, as well as to reduce the significant demand on the nine government-appointed public members
- Completed changes to nomenclature, including the adoption of the term Board (instead of Council), and initiated a shift to referring to pharmacy professionals as registrants rather than members in order to more accurately convey the College's role and relationship to those we govern in the public interest.

Informing and engaging registrants, patients and stakeholders

Keeping patients and stakeholders informed and engaged is a primary area of focus for the College, and an integral part of our mandate to serve and protect the public interest.

As the regulator of pharmacy in Ontario, the College is committed to keeping registrants informed about important guidance, regulatory changes and emerging issues that can affect their practice, and involving them in the development of draft standards, regulations, policies and guidance that are intended to outline professional expectations.

The College strives to provide patients and the public with relevant and useful information about pharmacies and pharmacy professionals to help them make informed decisions about their care. We do this through the [Find a Pharmacy/Find a Pharmacy Professional tool](#) on the College website—also known as the Public Register—as well as through sharing insights into what patients can expect at the pharmacy and how the College works to serve and protect their interests.

In addition, members of the public and other key stakeholders, such as healthcare providers, associations, other regulatory Colleges, and government are regularly invited to provide feedback on key College initiatives and draft documents to enhance trust in the College and the profession of pharmacy.

Taking a systems approach to engagement

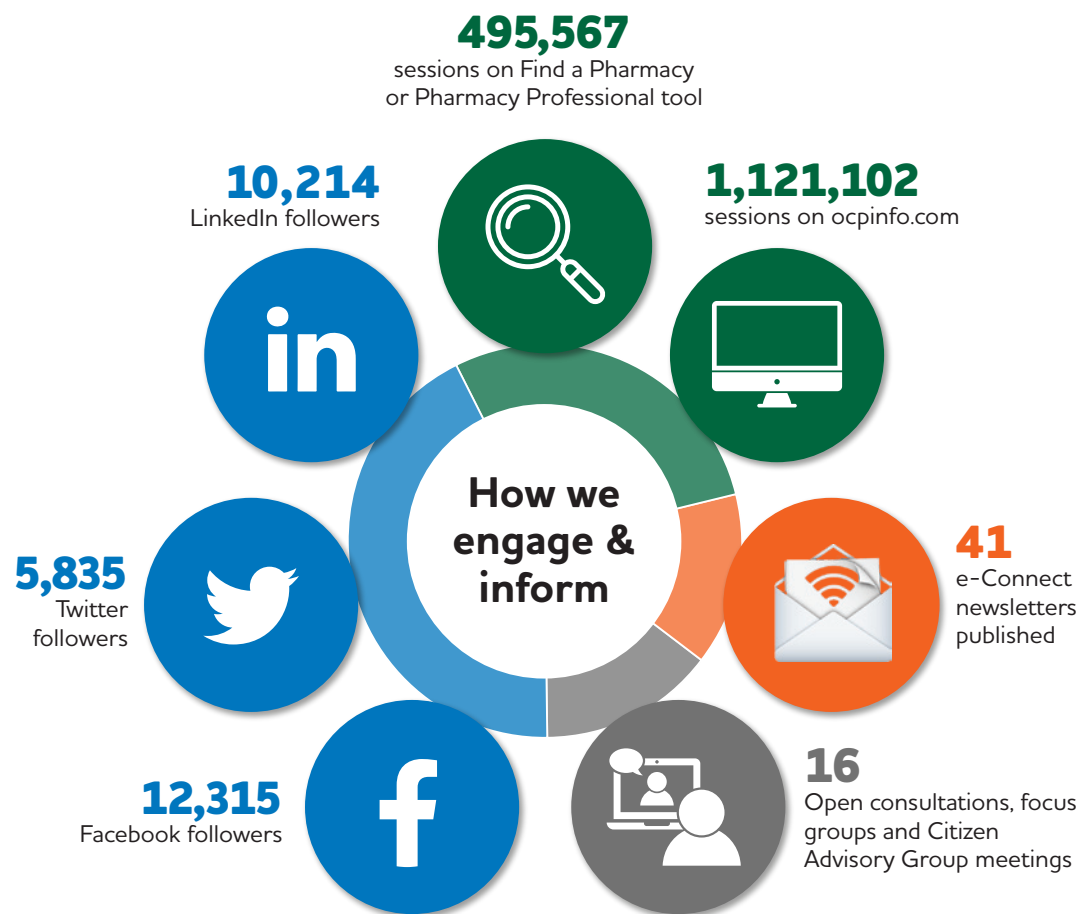


Highlights

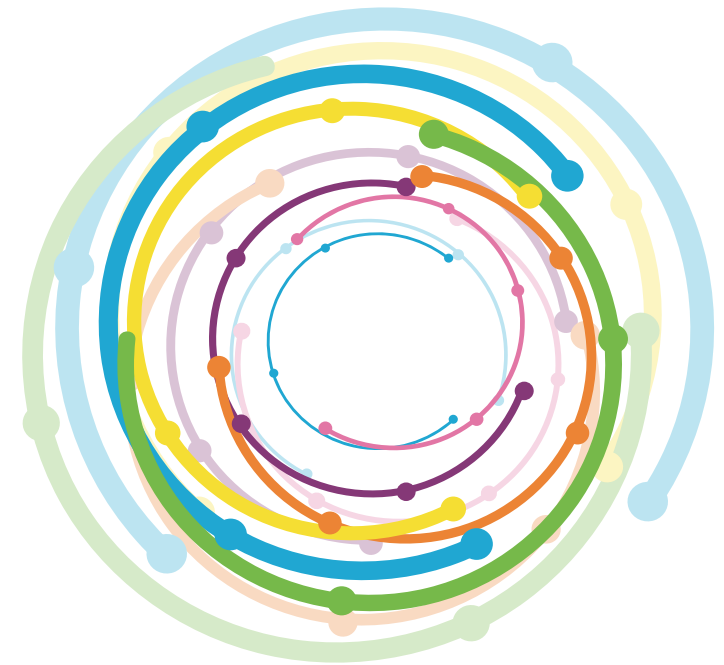
Strategic
Priority
2

- Continued to engage with stakeholders through open consultations around revisions to College By-Laws, Minor Ailments and Emergency Assignment Registration Certificates, gathering important feedback that helped shape draft regulations and support successful implementation.
- Used focus groups to gather valuable stakeholder insights about the Community Practice Environment and the development of Shared Accountability Principles that will be introduced in 2021.
- Continued to engage with the Citizen Advisory Group, which helps bring the patient voice and perspective to healthcare regulation in Ontario, on the development of College key initiatives.
- Emphasized patient engagement through focus groups and involvement in key College initiatives, as well as through ongoing education and awareness campaigns to reinforce OCP's mandate.
- Conducted a full review of the Public Register to determine enhancements for 2021 that will support the public's access to relevant and timely information that will support decisions regarding their care by pharmacy professionals.
- Focused on using digital channels such as the OCP website, social media and e-Connect to share timely and relevant information related to COVID-19 with registrants, stakeholders and members of the public.

Engagement by the Numbers



A commitment to combating racism and discrimination



The Ontario College of Pharmacists recognizes and honours the inherent worth and dignity of all human beings and we believe that there is no room in our society for racism and discrimination in any form—whether an overt act of hate and violence or a covert act of micro-aggression.

In 2020, Ontarians were reminded of the hurt, anguish, anger and frustration felt by victims of racism, discrimination and violence in our communities. We acknowledge that racism and discrimination exist in our society and in our healthcare system and that it must not be tolerated.

We must do our part as an employer, a regulator, and a health profession to speak up when we see injustice, to advocate for the equal rights of all members of the community, and to commit to removing barriers that prevent this.

The [Code of Ethics](#) of the profession articulates the principles of beneficence and non-maleficence, fidelity and respect. As such, every pharmacy professional

commits to upholding the principle of Respect for Persons/Justice, our “dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat every patient fairly and equitably.”

In 2020, the College advanced a number of activities to promote Indigenous cultural competency amongst staff, Board and registrants ([see update page 39](#)) and committed to working collaboratively with our academic programs to better understand how pharmacy students reflect Ontario's patient population.

In 2021, this work will continue. As well, the College will be collaborating with the Health Profession Regulators of Ontario working

group to address anti-BIPOC racism and discrimination. We will continue to focus on collecting and analyzing data to help identify solutions while identifying new ways to encourage, and remove potential barriers to, participation of those from racialized and diverse communities in College activities such as working/advisory groups and consultations.

We all must continue to listen, reflect and act on how we can contribute to the elimination of social injustice, from anti-Black and anti-Indigenous racism and racism in all its forms, to discrimination against vulnerable populations and those with diverse identities.

2020 BOARD SCORECARD

In 2019, the Board of Directors introduced a performance scorecard to monitor trends, risks and activities and to report its progress against the priorities defined in the Strategic Framework. The scorecard is produced on a quarterly basis and released at each Board meeting as part of the College's overall organization update.

The scorecard is a valuable accountability and quality improvement tool for the College and contributes to our commitment to openly report 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.



Quarterly Scorecard - OCP Board - Q4 2020

No.	Strategic Plan Alignment			Quarterly Scorecard - OCP Board of Directors - Q4 2020		2020					Annual Target	Pandemic Impact
	SP1	SP2	SP3	2019 Actual	Key Performance Indicators and Milestones	Q1	Q2	Q3	Q4	YTD		
Governance and Strategic Measures												
1		✓	✓	n/a	*2020/2021 Board elected under new governance framework				7-Dec	n/a	8/10/20	11/10/20
2		✓	✓	n/a	*2020/2021 Committees operating under new governance framework				7-Dec	n/a	12/1/20	2/1/21
3	✓	✓	✓	n/a	*Proactive Risk Register Developed for 2021				7-Dec	n/a	12/30/20	
Regulatory Measures												
4		✓		26%	% of Complaints disposed of within 150 days		cumulative measure (YTD)			23%	32%	
5		✓		103/396	Number of complaints disposed within 150 days / total number disposed		cumulative measure (YTD)			117 /505	172 / 536	
6		✓		37%	% of Registrar's Inquiries disposed of within 365 days		cumulative measure (YTD)			33%	42%	46%
7		✓		38 / 102	Number of Registrar's Inquires disposed within 365 days / total number disposed		cumulative measure (YTD)			55 / 165	56 / 134	62 / 134
8		✓		87%	% HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)		cumulative measure (YTD)			88% (22/25)	75%	
9		✓		84%	% of decisions for uncontested hearings issued within 60 days (total # decisions/total # hearings)		cumulative measure (YTD)			88% (24/30)	72%	
10	✓			46%	% of Community pharmacies active on AIMS platform		cumulative measure (YTD)			44%	60%	monitor
11	✓	✓		n/a	*AIMS in hospital - Implementation plan developed		HOLD	move to 2021		n/a	12/30/20	2021
12	✓			n/a	*College resources in place to enable registrant uptake of expanded scope.				31-Dec	n/a	9/1/20	
13	✓			n/a	*Evaluate the New Practice Assessment Model		HOLD	move to 2021		n/a	12/30/20	2021
Stakeholder, Transparency and Reputational Measures												
14	✓	✓	✓	n/a	*Review and refine public register to conform to new transparency framework				27-Oct	n/a	9/30/20	11/30/20
15		✓		n/a	*Implement the Indigenous Cultural Competency Initiative				7-Dec	n/a	12/4/20	
Financial and Operational Performance Measures												
16			✓	60%	% Engagement drivers, organizational culture (subset)		Conducted in July			71%	70%	see #22
17	✓	✓	✓	0.81%	% variance of operating annual budget to year end actuals		Annual Report January 2021			-3.3%	within 5%	see #23
18			✓	n/a	*Implement a Talent Management Strategy to support succession planning			move to 2021		n/a	6/30/20	10/9/20
19		✓	✓	n/a	*Discipline Costs Recovery - Investigation costs incorporated		22-Jun			n/a	7/10/20	
Pandemic Measures												
20		✓	✓	n/a	*Accelerated Board and Committee Remuneration & Expenses Model/Policy/Framework	n/a	15-May			n/a	n/a	6/1/20
21		✓		n/a	*Implement computer based testing for Jurisprudence exam	n/a		8-Oct		n/a	6/1/21	11/30/20
22			✓	n/a	Measure employee engagement during pandemic - supplement to indicator #16		Conducted in July			85%	n/a	70%
23	✓	✓	✓	n/a	% variance of actual to revised financial forecast - supplement to indicator #17		Annual Report January 2021			-1.8%	n/a	monitor
24		✓		n/a	% of Conduct Intakes related to pandemic	7% (52/744)	30% (137/454)	8% (28/352)	7% (27/377)	13%	n/a	monitor
25	✓			n/a	% of Practice Inquiries related to pandemic	21% (207/987)	39% (286/733)	7% (43/615)	7% (42/595)	20%	n/a	monitor
26		✓		n/a	Total # of notifications or pharmacy operational changes related to pandemic	620	569	26	15	1,231	n/a	monitor
27	✓			n/a	Number of Practice guidance documents revised or developed due to pandemic	5	15	3	1	24	n/a	monitor
28	✓	✓		n/a	*Discipline Committee direction, training and capacity in virtual proceedings completed		6-May			n/a	n/a	5/6/20
SP Ref. (Strategic Alignment)												
SP1: Enhance system and patient outcomes through collaboration & optimization of current scope of practice												
SP2: Strengthen trust and confidence in the College's role as a patients-first regulator												
SP3: Enhance capacity to address emerging opportunities & advance quality & safe pharmacy practice & regulatory excellence												
19-Feb-21	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 Board - Q4 2020

Revised: Sept 9, 2020

Scorecard Measure	Indicator or Milestone Definition	Performance
#1 2020/2021 Board elected under new governance framework	Part of the Governance Reform project, elections of members under the new governance framework is complete.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#2 2020/2021 Committees operating under new governance framework	Part of the Governance Reform project, all committees are oriented and operating under the new governance framework.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#3 Proactive Risk Register Developed for 2021	As part of governance reform, the current process of staff presenting a retrospective risk report to the Board annually will be replaced with a proactive Risk Register with prioritized risks, along with impacts, mitigation strategies and success measures presented for Board consideration at the start of each year.	<div>On Track</div> <div>Potential Risk</div> <div>Risk/Roadblock</div>
#4 % Complaints disposed within 150 days	The % of complaints compliant with the statutory requirement to dispose of complaints (including s. 75.1c Investigator appointments + complaints where Investigator is not required) within 150 days. 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>29% or more</div> <div>24% – 28%</div> <div>23% 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 Inquiries 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>39% or more</div> <div>32% – 38%</div> <div>31% or less</div>
#7 Number of Registrar's Inquiries disposed within 365 days/total number disposed	This indicator illustrates the volumes of Registrar's Inquiries 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>65% or more</div> <div>54% – 64%</div> <div>53% or less</div>

Quarterly Scorecard - OCP Board - Q4 2020

Revised: Sept 9, 2020

Scorecard Measure	Indicator or Milestone Definition	Performance
#10 % of Community pharmacies active on AIMS platform	This indicator measures the % of community pharmacies who are actively recording incidents and near misses on the AIMS (Assurance & Improvement in Medication Safety) platform out of the pharmacies who have agreed to participate.	% performance is: <div> <div></div> 54% or more <div></div> 45% - 53% <div></div> 44% or less </div>
#11 AIMS in hospital – Implementation plan developed	Part of the AIMS in hospitals project, this milestone marks the completion of the implementation plan.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#12 College resources in place to enable registrant uptake of expanded scope	Part of the Expanded Scope of Practice project, this milestone marks the readiness of resources needed to support the registrants' implementation of expanded scope.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#13 Evaluate the New Practice Assessment Model	This milestone evaluates the new practice assessment model to recommended improvements identified in the 2019 evaluation report.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#14 Review and refine public register to conform to new transparency framework	This milestone confirms completion of a comprehensive review and recommendation for proposed information, display and functionality amendments to the Public Register in keeping with the Transparency Framework and AGRE transparency principles.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#15 Implement the Indigenous Cultural Competency Initiative	This milestone marks the completion of the first phase of the Indigenous Cultural Competency initiative including the development of recommendations to define the organization's Commitment to Act and ongoing implementation of education experiences for Board, staff and registrants.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#16 % Engagement drivers, organizational culture (subset)	A pulse employee engagement survey will be conducted by an external 3 rd party in June. The indicator that will be focused on is Organizational Culture. Results from this survey will be available in July 2020. The target is set at the industry benchmark.	% performance is: <div> <div></div> 63% or more <div></div> 52% - 62% <div></div> 51% or less </div>
#17 % 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: <div> <div></div> 5.5% or less <div></div> 5.6% - 6.3% <div></div> 6.4% or more </div>
#18 Implement a Talent Management Strategy to support succession planning	The focus will be to ensure that we have the right talent in the right place at the right time. This will therefore focus on performance improvement, succession planning, and individual development.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#19 Discipline Costs Recovery – Investigation costs incorporated	Part of the Discipline Cost Recovery Model project, this milestone reflects the incorporation of investigation costs into bills of cost for recovery collection orders.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>

Revised: Sept 9, 2020

#20 Accelerated Board and Committee Remuneration & Expenses Model/Policy/Framework	Part of the governance reform project, this milestone reflects the accelerated full implementation of the remuneration framework from Sept 2020 to March 2020.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#21 Implement computer based testing for Jurisprudence exam	This milestone marks the implementation of PC based remote testing to adhere to social distancing guidelines	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>
#22 Measure employee engagement during pandemic – supplement to indicator #16	This will measure how we are continuing to engage employees through the pandemic. We are aiming for a 70% score.	
#23 % variance of actual to revised financial forecast – supplement to indicator #17	This is a measure of the variance of actual operating expenses against a revised financial forecast.	
#24 % of Conduct Intakes related to pandemic	This indicator measures the impact of the pandemic on the volume of intakes received.	
#25 % of Practice Inquiries related to pandemic	This indicator measures the impact of the pandemic on the volume of inquiries received by Pharmacy Practice.	
#26 Total # of notifications of pharmacy operational changes related to pandemic	This indicator shows the total number of notifications to the College of pandemic related changes to pharmacy operations (changes are closures & changes in business hours).	
#27 Number of Practice guidance documents revised or developed due to pandemic	This indicator shows the number of practice guidance documents that were developed or required revisions to support practice during to the pandemic (includes Policies, Guidelines, and Fact Sheets, Practice Tools, Position Statements, Resources and Guidance documents).	
#28 Discipline Committee direction, training and capacity in virtual proceedings completed	This milestone marks the readiness for DC proceedings moving to a virtual platform.	<div> <div></div> On Track <div></div> Potential Risk <div></div> Risk/Roadblock </div>



The College is overseen by a Board of Directors of elected pharmacists and pharmacy technicians, government-appointed members of the public, and the Deans of the province's two schools of pharmacy. The Board's primary goal is to ensure that the interests of the public are protected and maintained. The Board is the policy-making group and provides leadership and guidance for the profession in delivering pharmacy services to the public.

BOARD OF DIRECTORS 2020-2021

Pharmacist Directors

Douglas Brown
Billy Cheung (Chair)
Sara Ingram
James Morrison
Tracey Phillips
Mark Scanlon
Siva Sivapalan

Pharmacy Technician Directors

Goran Petrovic
Ruth-Ann Plaxton

Public Directors

Stephen N. Adams
David Breukelman
Tammy Cotie
Christine Henderson
Elnora Magboo
Rick Phillips
Gene Szabo
Devinder Walia
Rick Webster

Faculty of Pharmacy

Lisa Dolovich
Dean
Faculty of Pharmacy
University of Toronto

Andrea Edginton
Hallman Director
School of Pharmacy
University of Waterloo



COMMITTEE APPOINTMENTS FOR 2020-2021

Statutory and standing committees support the work of Council. Committees are made up of Elected Directors of the Board, government appointed Public Directors of the Board, Professional Committee Appointees who are members of the profession and Lay Committee Appointees who are members of the public. T = Technician H = Hospital HT = Hospital Technician

ACCREDITATION AND DRUG PREPARATION PREMISES

PUBLIC DIRECTORS

Elnora Magboo
Gene Szabo

PROFESSIONAL COMMITTEE APPOINTEES

H - Lori Chen
Agatha Dwilewicz
Nadia Fillippetto
Frank Hack
Chintan Patel
H - Regis Vaillancourt (Chair)
Tracy Wiersema

STAFF RESOURCE

Katryna Spadafore

DISCIPLINE

ELECTED DIRECTORS (ALL):

Doug Brown
Billy Cheung
H - Sara Ingram
James Morrison
HT - Goran Petrovic
Tracey Phillips
T - Ruth- Ann Plaxton
Mark Scanlon
Siva Sivapalan

PUBLIC DIRECTORS

Stephen Adams
David Breukelman
Tammy Cotie
Christine Henderson (Chair)
Rick Phillips
Devinder Walia
Rick Webster

PROFESSIONAL COMMITTEE APPOINTEES

Chris Aljawhiri
HT - Jennifer Antunes
Ramy Banoob
HT - Susan Blanchard
Dina Dichek
Jasmyn Gill
Jillian Grocholsky
Katherine Lee
Chris Leung
Beth Li
Karen Riley
Zahra Sadikali
Jeannette Schindler
Connie Sellors
Leigh Smith
Laura Weyland
David Windross
H - Cathy Xu

LAY COMMITTEE APPOINTEES

Dan Stapleton
Sylvia Moustacalis

STAFF RESOURCE

Angela Bates

EXECUTIVE

ELECTED DIRECTORS

Billy Cheung (Chair)
James Morrison
Siva Sivapalan

PUBLIC DIRECTORS

David Breukelman
Christine Henderson

STAFF RESOURCE

Nancy Lum-Wilson

FINANCE AND AUDIT ELECTED DIRECTORS

Tracey Phillips
Doug Brown
Siva Sivapalan

PUBLIC DIRECTORS

Stephen Adams
David Breukelman

LAY COMMITTEE APPOINTEES

Dan Stapleton (Chair)

STAFF RESOURCE

Connie Campbell

FITNESS TO PRACTISE

PUBLIC DIRECTORS

Devinder Walia
Stephen Adams

PROFESSIONAL COMMITTEE APPOINTEES

Dina Dichek
Jeannette Schindler
Jillian Grocholsky
Renee St. Jean
Andrea Fernandes

LAY COMMITTEE APPOINTEE

Kathy Al-Zand (Chair)

STAFF RESOURCE

Genevieve Plummer

GOVERNANCE

ELECTED DIRECTORS

Sara Ingram
James Morrison
Goran Petrovic

PUBLIC DIRECTOR

David Breukelman (Chair)

LAY COMMITTEE APPOINTEE

Dan Stapleton

STAFF RESOURCE

Connie Campbell

INQUIRIES, COMPLAINTS AND REPORTS

PUBLIC DIRECTORS

Stephen Adams
David Breukelman
Tammy Cotie
Rick Phillips
Elnora Magboo

Gene Szabo
Devinder Walia
Rick Webster

PROFESSIONAL COMMITTEE APPOINTEES

Elaine Akers
Derek Antwi
T - Tanisha Campbell

Nneka Ezurike
Sajjad Giby

Mike Hannalah
Bonnie Hauser

Wassim Houneini
H - Mary Joy

Saliman Joyian
T - Kristen Kennedy

Elizabeth Kozyra
HT - Kim Lamont

Chris Leung

Janet Leung

Jon MacDonald

Stephen MacInnis

H - Andrew Messiha

Dean Miller

Aska Patel

Chintan Patel

Ranvir Rai

H - Stephanie Rankin

Saheed Rashid

Rachelle Rocha (Chair)

Fatema Salem

Sachi Sharma

Kaivan Shah

Ian Stewart

Frank Tee

Tirath Thakkar

H - Nisha Varughese

Tracy Wiersema

Lisa-Kaye Williams

Amanda Vernooy

Cheryl Wong

Ali Zohouri

STAFF RESOURCE

Katryna Spadafore

PATIENT RELATIONS

PROFESSIONAL COMMITTEE APPOINTEES

Kshitij Mistry

Adam Silvertown

LAY COMMITTEE APPOINTEES

Kathy Al-Zand (Chair)

Courtney Grybowski

Melissa Sheldrick

STAFF RESOURCE

Todd Leach

QUALITY ASSURANCE

PUBLIC DIRECTORS

Tammy Cotie

Elnora Magboo

PROFESSIONAL COMMITTEE APPOINTEES

H - Shelley Dorazio

Mona Hamada

Deena Hamzawi

Eric Kam

Karen Riley (Chair)

Sarosh Tamboli

T - Mardi Teeple

STAFF RESOURCE

Susan James

REGISTRATION

PUBLIC DIRECTORS

Christine Henderson

Rick Webster

PROFESSIONAL COMMITTEE APPOINTEES

Andrea Fernandes

HT - Danielle Garceau

H - Jane Hilliard

Edward Odumodu

Mandip Sandhur

Dean

Lisa Dolovich and/or Andrea

Edginton

Ontario Pharm Tech

Program Rep

T - Angela Roach

LAY COMMITTEE APPOINTEE

Sylvia Moustacalis (Chair)

STAFF RESOURCE

Sandra Winkelbauer



2020 SUMMARY FINANCIAL STATEMENTS



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INDEPENDENT AUDITOR'S REPORT ON SUMMARY FINANCIAL STATEMENTS

To the Board of Directors of
Ontario College of Pharmacists

Opinion

The summary financial statements, which comprise the summary statement of financial position as at December 31, 2020, 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, 2020.

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 22, 2021.

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 22, 2021



Licensed Public Accountants

ONTARIO COLLEGE OF PHARMACISTS

SUMMARY STATEMENT OF FINANCIAL POSITION

As at December 31	2020	2019
Assets		
Current		
Cash	\$ 415,312	\$ 982,629
Short term investments	10,000,000	9,100,000
Accounts receivable and cost recoveries	384,877	416,384
Prepaid expenses	309,054	306,258
	11,109,243	10,805,271
Property and equipment	4,426,758	4,135,099
	\$ 15,536,001	\$ 14,940,370
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 1,733,785	\$ 1,693,464
Deferred revenue	5,149,147	4,863,588
	6,882,932	6,557,052
Net assets		
Internally restricted	8,650,000	8,350,000
Unrestricted	3,069	33,318
	8,653,069	8,383,318
	\$ 15,536,001	\$ 14,940,370

ONTARIO COLLEGE OF PHARMACISTS

SUMMARY STATEMENT OF CASH FLOWS

Year ended December 31	2020	2019
Operating activities		
Excess of revenues over expenses (expenses over revenues)	\$ 269,751	\$ (1,285,457)
Item not requiring a cash outlay - amortization	448,391	333,021
Changes in non-cash working capital balances	354,591	958,342
	1,072,733	5,906
Investing activities		
Redemption (purchase) of investments (net)	(900,000)	643,177
Purchase of property and equipment	(740,050)	(289,616)
	(1,640,050)	353,561
Change in cash during the year	(567,317)	359,467
Cash, beginning of year	982,629	623,162
Cash, end of year	\$ 415,312	\$ 982,629

ONTARIO COLLEGE OF PHARMACISTS

SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS

Year ended December 31	2020	2019
Revenues		
Registrant fees - Pharmacists	\$ 12,163,503	\$ 10,927,420
- Pharmacy technicians	2,530,400	2,211,758
Community pharmacy fees	5,949,870	5,487,893
Hospital pharmacy fees	1,037,679	954,894
Registration fees	502,661	782,700
Discipline cost recoveries	336,000	183,694
Investment income	190,539	330,836
	22,710,652	20,879,195
Expenses		
Board and committee expenses	593,477	775,889
Personnel	15,903,307	14,773,637
Regulatory programs	3,701,266	4,403,070
Operations	1,794,460	1,879,035
	21,992,510	21,831,631
Excess of revenues over expenses (expenses over revenues) from operations for the year before amortization	718,142	(952,436)
Amortization	448,391	333,021
Excess of revenues over expenses (expenses over revenues) for the year	269,751	(1,285,457)
Net assets - beginning of year	8,383,318	9,668,775
Net assets - end of year	\$ 8,653,069	\$ 8,383,318

ONTARIO COLLEGE OF PHARMACISTS NOTE TO THE SUMMARY FINANCIAL STATEMENTS

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

- a) 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;
- b) The information in the summary financial statements is in agreement with the related information in the complete financial statements;
- c) 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
- c) 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 boardofdirectors@ocpinfo.com

ocpinfo.com



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