

# OPTIMAL CARE

Ontario College of Pharmacists

## Annual Report

2006-2007



# MISSION STATEMENT

**The mission of the Ontario College of Pharmacists is to regulate the practice of pharmacy, through the participation of the public and the profession, in accordance with standards of practice which ensure that pharmacists provide the public with quality pharmaceutical service and care.**



# Message from the President and the Registrar

The last year has been as always, one full of challenges and opportunities for the College and for the profession.

With pharmacy largely focused on the Transparent Drug System for Patient's Act (Bill 102), another very significant bill passed in June, although with less notice or fanfare. Bill 171, or the Health Systems



Improvement Act (HSIA) is a large, complex piece of legislation addressing multiple existing acts as well as new proposals. Of particular interest to our College and its members are the amendments to the Regulated Health Professions Act which will, among other things give effect to the regulation of Pharmacy Technicians as a new profession in Ontario. The College was very pleased that the HSIA also includes long awaited amendments to the Drug and Pharmacies Regulation Act which will enhance the College's ability to effectively regulate the practice of pharmacy in the public interest. The proposed amendments to the DRPA, many of which have been approved by this College's Council over the years, will address the areas of "disconnect" that arose when the Health Disciplines Act was split into two separate pieces of legislation each dealing separately with the pharmacist as health professional and the pharmacy or place of practice.

The new legislation also introduces several new

health professions and corresponding Colleges whom we will look forward to welcoming as new members of the Federation of Health Regulatory Colleges of Ontario. The College anticipates welcoming its own new profession, pharmacy technicians as members of

the Ontario College of Pharmacists in 2010 and began this year, a review of our electoral districts to ensure that the election processes to Council will be in place to accommodate pharmacy technician representation at the table beginning in 2010.

These and other initiatives have emphasized the government's support for inter-professional integration and collaboration- initiatives long supported by this College and by the pharmacy profession. This focus on providing a continuum of care for the people of Ontario will mean that the right professional is performing the right service, at the right time, for patients.

This College is thrilled to be at the forefront of such patient-based care. In the year ahead, we look forward to fully utilizing our skills and competencies as experts in medication management, working side-by-side with our partners - to provide optimum health care in this province.

***"This was a very exciting year for Pharmacy. As President of The College, I witnessed national trends which saw pharmacists assume a more involved role in the prescribing process and legislative changes which recognized pharmacy technicians as new health care professionals. These advances will ensure pharmacists have the opportunity to assume a more advanced role in the total health care of their patients."***

Gerry Cook, *President*

***"We were very pleased with the McGuinty government's launch of MedsCheck this summer, a brand new service offering all Ontarians who take three or more medications the opportunity for a "free" consultation with a pharmacist to review their medications once a year. Government's funding of this service recognizes the value that pharmacists, with their unique body of expertise in medication management, bring to improving the health of the public of Ontario."***

Deanna Williams, *Registrar*

# Electoral Districts and Members of Council

15



**District 15, Gregory W. Purchase**  
President

14



**District 14, James H. Hunsicker**  
President

## Hospital Members



**District 16, David H. Nelson**  
Chairman



**District 17, Shirley Wilkey**  
Past President  
President

## Dean, Faculty of Pharmacy



**Wayne H. Hefner, Ph.D., PCSIS**  
Dean, College of Pharmacy  
Department of Leadership

13



**District 13, David L. Van der Nul**  
President

11

## Public Members



**James H. Hunsicker**  
President



**Thomas E. Smith**  
Chairman



**David L. Van der Nul**  
President



**Andrew Chan**  
President



**Robert G. Hunsicker**  
President

# Elected Members



District 7, Tara Westring  
Councilor



District 1, Joseph Harris  
Councilor



District 2, Elaine Allen  
Councilor



District 11, David Dier  
Councilor



District 3, Steve Johnson  
Councilor



District 4, Nancy Wilson  
Councilor



District 5, George Phillips  
Councilor



District 6, Raymond Mott  
Councilor



District 8, Bernice Hume  
Councilor



District 9, Hilary Kowalski  
Councilor



District 10, Peter Goryunov  
Vice President  
Councilor



District 12, Gerald Goh  
President  
Councilor

Please contact the Ontario College of Pharmacists if you would like to communicate with a Member of Council.

# Public Members



Sakonee Gathers  
Councilor



David Hoff  
Councilor



David McLaughlin  
Councilor



Alan Pech  
Councilor



Kimberly Shi  
Councilor



Photo Not Available  
Councilor

# Strategic Plan

## 2006 to 2008

At a strategic planning retreat held in March 2006, Council agreed on five key strategic directions to guide College activity over the next three years.

These directions, supported by rationales, outcomes, and action plans with assigned responsibilities and timelines, serve as the foundation for College decisions respecting its activities, including human and financial resource allocation and budgeting.

The Strategic Plan is monitored at every Executive Committee meeting and progress is reported to Council quarterly.

### **Strategic Direction #1**

**Maximize the role of the pharmacist and optimize patient medication safety**

### **Strategic Direction #2**

**Promote the value of the profession to the following groups: public, government, health care professionals, and to educate members on the role of the College and the value of self regulation**

### **Strategic Direction #3**

**Regulate and integrate Pharmacy Technicians**

### **Strategic Direction #4**

**Continue to Maintain and Build Effective Relationships with Key Stakeholders**

### **Strategic Direction #5**

**Continue to Effectively Meet Core Mandate of Self Regulation through Ongoing Evaluation and Improvement of Programs (in a fiscally responsible manner)**

# MOVING FORWARD TOGETHER...

# Committees of the College

## STATUTORY COMMITTEES

‡ Public members of Council are members who have been appointed to Council by the Lieutenant Governor in Council.  
NCCM=Non Council Committee Member

The **Executive Committee** has executive powers delegated by Council or conferred upon by the Act. It deals with matters requiring immediate attention between meetings of Council. The Executive Committee also has a significant coordination function. It receives and studies reports from all Committees except Discipline (which reports directly to Council) before forwarding them to Council for action.



*PRESIDENT:* GERRY COOK  
*VICE PRESIDENT:* PETER GDYCZYNSKI  
*PAST PRESIDENT:* SHELLEY MCKINNEY  
Tracy Wiersema  
*Public Members:*  
Tom Baulke  
Bob Ebrahimzadeh  
Krishanthu Shu

The **Accreditation Committee** is a statutory committee that considers matters relating to the operation of pharmacies in Ontario. These matters include operational requirements, ownership, supervision and the distribution of drugs in the pharmacy. The Committee also reviews issues relating to pharmacy inspections

conducted by field staff where the pharmacy has failed to comply with the requirements for maintenance, record keeping, and ownership.



SHELLEY MCKINNEY (CHAIR)

Fayez Kosa  
*Public Members:*  
Tessa Benn-Ireland  
Margaret Irwin  
Krishanthu Shu  
*NCCM:*  
Larry Boggio  
Leslie Braden

The **Complaints Committee** is a statutory committee that investigates complaints received by the College about its members. In each case, the Committee assesses the facts presented and the particular member's response and considers any practice improvement measures implemented by the member. The Committee then makes a decision guided by the equal goals of assuring the public's safety and educating the member.



TRACY WIERSEMA (CHAIR)

Greg Purchase

*Public Members:*

Tessa Benn-Ireland

Margaret Irwin

Gitu Parikh

*NCCM:*

Gurjit Husson

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The **Discipline Committee** hears allegations of professional misconduct as defined by the Regulation, or incompetence against a member referred by Council, the Executive Committee or the Complaints Committee. Panels of the Discipline Committee are chosen to hear matters. If a panel finds a member guilty of professional misconduct, it has the authority to revoke, suspend or limit a member's registration, impose a fine, or reprimand the member. The Discipline Committee is the only Committee which has the power to cancel or suspend a Certificate of Registration.



DAVE MALIAN (CHAIR)

James Delsaut

Peter Gdyczynski

Sherif Guorgui

Joseph Hanna

Bonnie Hauser

Doris Nessim

George Phillips

*Public Members:*

Joinal Abdin

Tom Baulke

Andrea Chun

Bob Ebrahimzadeh

Sal Guerriero

David Hoff

Aladdin Mohaghegh

Gitu Parikh

*NCCM:*

Roger Ball

Albert Chaiet

Steve Clement

Jim Gay

Bill Mann

Mark Scanlon

Jeanette Schindler

Zita Semeniuk

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The **Elections Committee** is charged with seeking candidates for the offices of President and Vice-President and inviting expressions of interest in sitting on and chairing Committees from all members of Council and from non-Council members of the College who have expressed an interest in serving on Committees. The Committee also investigates any dispute relating to the election of a member to the Council and any matter relating to the disqualification of a member of the Council.

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Panels of the **Fitness to Practice Committee** hear incapacity matters referred by the Executive Committee.



GREG PURCHASE (CHAIR)

Tracey Phillips

*Public Members:*

Joinal Abdin

David Hoff

*NCCM:*

Albert Chaiet

The **Patient Relations Committee's** legislative requirements are to develop and monitor a Sexual Abuse Prevention Plan and maintain a Victim Compensation Fund, including an information package and application forms, for victims of sexual abuse by pharmacists. Although there were no applications to the Victim Compensation Fund this year, the Committee compiled a comprehensive inventory of College activity that relates to patient relations, for reporting to Council and the Ministry.



TOM BAULKE (CHAIR- PUBLIC MEMBER)

Elaine Akers

Fayez Kosa

*Public Members:*

Andrea Chun

Krishanthu Shu

*NCCM:*

Anil Patel

The **Quality Assurance Committee** is responsible for developing and maintaining the College's Quality Assurance Program. The Quality Assurance Program includes such components as continuing education, a two-part register, a minimum practice requirement and a practice review process. The goal of the Quality Assurance Program is to support continued competence and to encourage continuing professional development of registered pharmacists.



TRACEY PHILLIPS (CHAIR)

Sherif Guorgui

*Public Members:*

Sal Guerriero

Aladdin Mohaghegh

Gitu Parikh

*NCCM:*

Christine Donaldson

Lilly Ing

Remi Ojo

The **Registration Committee** reviews the eligibility of applicants for registration and establishes the conditions and qualifications by which the College issues Certificates of Registration. The Registrar must issue a Certificate of Registration to every applicant who qualifies under the Act and Regulation, and refer anyone who does not qualify to the Registration Committee. The Registration Committee has the power to exempt an applicant from any admission requirement.



DAVE MALIAN (CHAIR)

Joseph Hanna

Iris Krawchenko

*Public Members:*

Bob Ebrahimzadeh

Sal Guerriero

*NCCM:*

Roger Ball

*Dean:*

Wayne Hindmarsh

## STANDING COMMITTEES

The **Communications Committee** provides direction and guidance to Council, through the Executive Committee, on all matters supporting public education and outreach.



JAMES DELSAUT (CHAIR)  
Peter Gdyczynski  
George Phillips  
Donald (Dan) Stringer  
*Public Members:*  
Tessa Benn-Ireland  
Andrea Chun  
Aladdin Mohaghegh  
*NCCM:*  
Lesia Babiak

The **Finance Committee** controls the financial and physical assets of the College. It supervises the financial affairs of the College. It recommends to Council fees to be paid by members.



DONALD (DAN) STRINGER (CHAIR)  
Elaine Akers  
James Delsaut  
*Public Members:*  
Joinal Abdin  
Tom Baulke

The **Professional Practice Committee** provides direction and guidance on all matters pertaining to pharmacy practice, ethics and electronic transfer of patient information, and communicates policy directives to members accordingly. It is responsible for the development and ongoing review of standards of practice of the profession.



BONNIE HAUSER (CHAIR)  
Elaine Akers  
Shelley McKinney  
*Public Members:*  
David Hoff  
Aladdin Mohaghegh  
*NCCM:*  
Larry Boggio  
Steve Clement  
Sherry Peister

## SPECIAL COMMITTEES

From time to time, Council appoints special committees to do specific tasks. Membership for special committees is frequently drawn from non-Council members who have a particular interest in the subject being studied. Below is a listing of current special committees.

### Pharmacy Technicians Working Group



BONNIE HAUSER (CHAIR)

Elaine Akers  
Gerry Cook  
Wayne Hindmarsh  
Doris Nessim  
Greg Purchase  
*Public Members:*  
Joinal Abdin  
Bob Ebrahimzadeh  
*NCCM:*  
Bonnie Bokma  
Tim Fleming  
Catherine Graham  
Angela Grimminck  
Catherine Schuster

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### **Standards of Practice Working Group**



DONALD (DAN) STRINGER (CHAIR)  
Bonnie Hauser  
Shelley McKinney  
*Public Members:*  
Tessa Benn-Ireland  
*NCCM*  
Zubin Austin  
Leslie Braden  
Zita Semeniuk  
Stephanie Tsao-Kocher

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### **Task Force on Optimizing the Pharmacist's Role**



SHELLEY MCKINNEY (CHAIR)

Gerry Cook  
Wayne Hindmarsh  
Iris Krawchenko  
*NCCM*  
Stephen Flexman  
Antony Gagnon  
Mark Kearney  
Paul Murphy  
Carmine Stumpo  
Marita Zaffiro

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### **Working Group on Certification Examinations for Pharmacy Technicians**



PETER GDYCZYNSKI (CHAIR)  
Joseph Hanna  
*NCCM*  
Marissa Coruzzi  
Angela Grimminck  
Julie Koehne  
Ming Lee  
Mark Scanlon  
Marsha Van Groningen  
Christine Vanderspiegel  
Simon Wong



# Year in Review



## Enhancing Public Understanding and Awareness

### POINT OF CARE - PUBLIC EDUCATION PROGRAM

This year, the College designed a new television commercial that illustrates the value of seeking pharmacists' advice when medication isn't working as it should. The new commercial, targeted to women aged 35-49, builds on the message that pharmacists are the reliable authority on medication information and effectiveness, and introduces the role a pharmacist plays working with physicians as an integral member of the health team.

The media strategy was adjusted to increase frequency of reach to the target market, select profile-targeted programming and stretch the budget with purchase efficiencies. The first flight of the new commercial aired from September to November 2006, and the second flight began early January and ran until the end of February, 2007.

Public opinion polling conducted on behalf of the

College indicates that our message is becoming more compelling and relevant as government and consumers struggle with access to care challenges.

Research also suggested that positive attitudes about pharmacists are much higher among people who reside in rural markets.

To support the messages in the commercial, counter stickers were designed and distributed to all pharmacies in the province. Additionally, copies of the commercial were distributed to over 50 health care partners and stakeholders.

### **LAUNCH OF EXPANDED PUBLIC REGISTER**

The College implemented amendments to the public register in the fall of 2006, expanding the information provided to the public about pharmacists and pharmacies. This project was in response to current trends in professional regulation and underscores the College's commitment to transparency and accountability of administrative processes and member information.

### **REGULATORY CHANGE 2006/2007**

As outlined in previous Annual Reports, the College has been active for many years in proposing regulatory changes that would enhance our ability to effectively govern the pharmacy profession in the public interest. This year, the College was pleased that many of those changes were passed into legislation.

Bill 171 – the Health Systems Improvement Act, passed into law in June 2007. This omnibus bill includes, among other amendments, changes to the *Drug and*

*Pharmacies Regulation Act* (DPRA), the *Regulated Health Professions Act*, and the *Pharmacy Act* that reflect various amendments the College has brought forward for the Ministry's consideration.

The amendments provide for these progressive changes:

- Pharmacists may accept out-of-province prescriptions provided they are from a prescriber licensed to practice in a Canadian jurisdiction.
- The legislative framework is now in place to regulate Pharmacy Technicians as members of the College – the elements leading to regulation are in process with the first pharmacy technician member expected in 2010.
- The College now has the right to take extraordinary action to protect the public through immediate suspension of a member's registration or a pharmacy's certificate of accreditation.
- Members will now be required to report findings of professional negligence and malpractice to the College (in addition to current requirements regarding criminal offences).

### **REGULATION OF PHARMACY TECHNICIANS**

The College has been moving forward to prepare for technician regulation, in anticipation of the legislative changes that were introduced in Bill 171. In the past year, considerable progress has been made on all aspects of entry-to-practice requirements including educational outcomes, accreditation, examination, and bridging programs.

Two technicians have been appointed as Council observers, until by-laws are in place to allow for the election of pharmacy technician repre-

sentatives as full voting members of Council.

The College has been collaborating with the Pharmacy Examining Board of Canada to undertake the development and pilot of a national entry-to-practice examination for the assessment and certification of the competence of Pharmacy Technicians by 2009.

We have also worked with the Canadian Council of Accreditation of Pharmacy Programs, to develop a national certification process for institutions offering pharmacy technician education programs, and based on the national education outcomes document which was approved this year.

In addition, focus groups were held around the province to determine the knowledge and skill gaps which will need to be addressed in the bridging program for regulation of technicians.

## **BUILDING THE PROFESSION : Optimizing the Pharmacist's Role in the Public Interest**

### **MEMBER CODE OF ETHICS REVISED**

The previously proposed *Code of Ethics* (Schedule A of the College by-laws) was ratified and came into effect at the end of 2006. The revised code applies to all members, including pharmacists, registered pharmacy students, interns, and registered pharmacy technicians (pending regulation in 2010).

Both the *Standards of Practice* and *Code of Ethics* recognize that pharmacists have a right to refuse to fill prescriptions for moral or religious reasons, and in certain situations where the professional judgment of the pharmacist is used. The revised Code of Ethics states that where services are refused, however, alternative arrangements are expected to be made. Discontinuation of services without reasonable cause or failure to comply with legislation may constitute Professional Misconduct

### **MEDICATION CONSULTATION**

After extensive circulation and consultation, the *Framework to Support Comprehensive Medication Consultation Services* received final approval. This initiative supports and guides pharmacists who currently provide medication consultation services in their practice and those who are looking towards providing such services to their patients. This document will continue to evolve to support the ever-expanding role pharmacists take on within collaborative practice.

### **BEST POSSIBLE MEDICATION HISTORY GUIDELINES FOR MEDICATION RECONCILIATION**

In alignment with the College's objective to maximize the role of the pharmacist and optimize patient medication safety, the Task Force on Optimizing the Pharmacist's Role developed guidelines for determining the best possible medication history to facilitate medication reconciliation.

Medication reconciliation is an important step in not only improving the

safety of patients, but also in optimizing their health outcomes. *A Best Possible Medication History* was endorsed by both the Institute for Safe Medication Practices Canada (ISMP Canada) and the “Safer Healthcare Now” programs as being a vital step in medication reconciliation, defined as “a formal process of obtaining a complete and accurate list of each patient’s current home medications – including name, dosage, frequency and route – and comparing the physician’s admission, transfer and/or discharge orders to that list. . . . .”

This advance is particularly important for patients moving between health care settings, such as community and institution, and those receiving care from different providers.

### **PHARMACY COUNCIL**

The College was asked to serve, in an ex-officio status on the Pharmacy Council, which was established to advise the Minister of Health and Long-Term Care on pharmacy-related policy. Some members of the College’s Task Force on Optimizing the Pharmacist’s Role were also appointed to serve on the Pharmacy Council.

Pharmacy Council considered the collaboration between the College and ISMP that resulted in the above-mentioned *Best Possible Medication History* as the MedsCheck Program developed. This government program, a free consultation service, was initially launched in the spring of 2007 for all ODB recipients and then expanded in the summer of 2007 to include all Ontarians taking three or more medications. This initiative marked the first ever government funding of cognitive services of phar-

macists, and was a significant step forward for the profession. The College commended the program and acknowledged that the Ontario government was the first in Canada to recognize this value through its commitment of \$50 million for pharmacy professional services.

### **INTERPROFESSIONAL CARE**

The Registrar was invited by the Ministry of Health and Long-Term Care and Ministry of Training, Colleges and Universities, to sit as a member of the Inter-professional Care Steering Committee, which created the *Blueprint for Advancing Inter-Professional Care* in spring, 2007.

### **POLICY ON DIRECTIVES & DELEGATION OF CONTROLLED ACTS**

In response to ongoing feedback and concerns from regulated health professions and health agencies, The Federation of Health Regulatory Colleges of Ontario (FHRCO) commissioned a multi-professional working group to address professional practice and patient safety issues arising out of the use of orders, medical directives and delegation in health care settings across Ontario. Throughout this project, the College worked with other healthcare stakeholders to develop the *Inter-professional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario*. This tool is to assist regulated health care professionals in meeting their statutory and professional obligations in situations where the applicable legisla-

tion does not authorize the health care professional to perform a controlled or particular act.

In response, the Ontario College of Pharmacists approved and adopted a policy on delegation and directives effective Oct. 1, 2007, for pharmacists wishing to implement directives or delegation in their workplace.

### **MODEL MEDICAL DIRECTIVE**

In response to learnings from emergency and disaster situations such as SARS and Hurricane Katrina, a model medical directive entitled “*Renewal Order for Refilling a Prescription during a Pandemic*” was developed. This directive allows patients on chronic medications to have their prescriptions renewed and their treatment continued during a declared influenza pandemic or emergency, in situations where the prescriber is not readily available.

The model gives pharmacists a tool to use when participating in pandemic planning in their own communities. Pharmacists can review the directive with prescribers, consider patient and community needs, and determine what is appropriate for each patient population and practice. The directive is a signed order from a physician or RN (EC) authorizing the pharmacist to renew and dispense under the authority of the medical directive.

### **INSTITUTE FOR SAFE MEDICATION PRACTICES CANADA**

As the College focuses on maximizing the role of the pharmacist and optimizing patient medication safety, we have

formalized collaboration with the Institute for Safe Medication Practices Canada (ISMP), for the purpose of advancing safe medication practices within the larger scope of patient safety.

Specifically, staff will work with ISMP to develop tools and refine safe pharmacy practices that reduce the potential for medication-related adverse events by:

- Raising awareness of issues related to medication safety
- Identifying and addressing system issues related to medication safety in pharmacy practice based on best research evidence
- Providing tools, information and education pertaining to safe medication practices

Together, we will promote the optimization of medication use systems, provide recommendations to key stakeholders for changes required to improve patient safety, and provide timely information to pharmacists in issues related to medication safety.

### **PERSONAL PROFESSIONAL LIABILITY INSURANCE**

The role of pharmacists in an evolving health care system brings about great opportunity and along with the opportunities, comes some potential risk; translating into risks for the public.

To address this potential for risk, the College amended its general operating bylaw pertaining to Membership, making it mandatory for all interns and Pharmacists actively engaged in patient care to maintain Personal Professional Liability Insurance as a condition of

licensure effective January 1, 2008. Mandating professional liability insurance further fulfils the College's public protection mandate by ensuring that members of the public who are harmed as a result of a medical misadventure involving a pharmacist/intern will have access to financial compensation through insurance.

This move aligned the College with more than half of the regulatory colleges in Ontario that already require their members to maintain professional liability insurance.

### **REVISED RULES OF PROCEDURE OF THE DISCIPLINE COMMITTEE ENDORSED**

Revised *Rules of Procedure of the Discipline Committee* took effect on January 1, 2007. The revisions were designed to update processes taking modern technology into account and will better support the pre-hearing conference process, establish appropriate filing timelines to minimize delays of proceedings and include mechanisms to ensure transparency of proceedings in all settings.

### **LANGUAGE PROFICIENCY REQUIREMENTS REVIEW**

A comprehensive review of language proficiency requirements was recently undertaken by NAPRA, the National Association of Pharmacy Regulatory Authorities, in collaboration with other regulatory authorities and the College, to set common standards for proficiency requirements which would support labour mobility through the Mutual Recognition Agreement. These lan-

guage proficiency requirements were endorsed by Council, and implemented January 1, 2007.

### **POLICY RESPECTING THE DISTRIBUTION OF MEDICATION SAMPLES BY ONTARIO PHARMACISTS**

Following a recommendation of the Coroner regarding the clear provenance of drugs, a further review of the College's *Sample Policy* occurred, resulting in the following amendment to the definition in the policy:

"A medication sample is defined as a trial package of medication distributed to the pharmacist without cost. It is the responsibility of the pharmacy manager to ensure that there is clear documentation regarding the origin and distribution trail (provenance) of the sample so that he/she is able to fulfill the obligation to ensure the integrity of the medication dispensed, and that it is of acceptable standard and quality."

### **GUIDELINES FOR PRESCRIPTIONS TRANSMITTED TO PHARMACISTS BY FAX OR IN DIGITIZED IMAGE FILES**

Projects are underway in Canada that seek to introduce electronic prescribing (e-prescribing) in community settings. E-prescribing systems offer advantages such as the reduction of medication discrepancies and errors as well as an increase in accuracy and efficiency of data entry. Vendors continue to offer computer-based solutions to prescribers that provide most of the advantages of e-prescriptions but that rely on computer-generated facsimiles (faxes) or

digitized image files to transmit the prescription to the pharmacy.

Guidelines were developed to assure that best practices regarding authenticity of prescriber, as well as security of transmission, have been upheld whenever prescriptions are received from such systems. Throughout this project, discussions with the College of Physicians and Surgeons of Ontario indicated support for the use of technology by physicians while recognizing the need for pharmacists and physicians to work together in order to ensure the security and confidentiality of personal health information.

The College's *Fax Policy*, a separate though related entity, was also updated to maintain the original intent of providing guidance on faxing written prescriptions, taking into consideration the requirements of the above-mentioned guidelines.

### **OPIATE PRESCRIBING STUDY**

Under a grant from the Canadian Patient Safety Institute, four health care providers came together for the purpose of improving patient safety and reducing the risk of opioid overdose and misuse.

Our College collaborated with the College of Physicians and Surgeons, the Centre for Addiction and Mental Health, and the College of Nurses of Ontario, to develop a simulation model "toolkit" to be used for the education of the province's pharmacists, nurses and physicians, on safe opioid management.

The work began with focus groups with the three health professions, followed by each conducting random surveys of their membership on this issue.

Workshops will be held in February of 2008, to produce the basis of this toolkit, which will allow health care providers to learn together about opiate management and thereby reduce risk to patient safety.

### **METHADONE INSPECTIONS UNDER "SPECIAL DELEGATION EXEMPTION"**

Following the issuance of a new delegation exemption permitting pharmacists to transfer custody of daily prepared doses of methadone to a physician or the physician's delegate for custody and administration to patients, Health Canada required an assessment of this new model, specifically, compliance with an Expectations Memorandum provided to physicians.

An assessment tool was developed jointly with the College of Physicians and Surgeons of Ontario, and provided the basis for a review of the office practices of all 21 Ontario sites where the new exemption was being utilized for the provision of methadone maintenance. College inspectors were appointed as assessors, and submitted written reports including recommendations, following each attendance.

This project directly supports the recommendations of the Health Professions Regulatory Advisory Council, and is considered by the College to be a milestone demonstrating a true inter-professional approach to regulation and patient-focussed care.

## DISCIPLINE CASE SUMMARIES, 2006/2007

Member Name	Summary of Reasons
<b>Reason for Discipline: Unapproved medications etc.</b>	
Robert Sommerhalder; Optimum Compounding Pharmacy; Direct Compounding Pharmacy (Richmond Hill)	Member resigned from College, charges stayed; in parallel criminal proceedings, one pharmacy pleaded guilty and paid a fine of \$300,000, other charges withdrawn Importing and dispensing unapproved Sildenafil, misleadingly labelled as Viagra etc., mostly to out-of-Canada patients without an Ontario prescription; breaches of OCP internet policy
Jack [Mark] Rosenhek	As owner and Designated Manager, purchasing and dispensing medications unapproved for sale in Canada & bearing a fictitious DIN; sale of prescription-only medications without a prescription; recordkeeping deficiencies
Richard Mitchell	Dispensing a medication unapproved for sale in Canada & bearing a fictitious DIN, record-keeping deficiencies
Abadir Nasr	Purchasing and dispensing medications unapproved for sale in Canada (counterfeit and unapproved Norvasc), mislabelling generic medications etc.
<b>Reason for Discipline: Dishonest Conduct</b>	
Roshdy Boshara	Falsely billing to Trilium Drug Program for medications neither ordered nor received by the patient.
<b>Reason for Discipline: Pharmacy Operational Issues</b>	
Abimbola Kabiawu	Persisting over a number of inspections & despite member's undertaking to rectify: dispensing & labelling errors (including narcotics); unsigned hardcopies; recordkeeping and filing deficiencies; expired drugs in stock; dispensing pursuant to forged prescriptions
Gilbert Rose; Old Park Pharmacy (Toronto)	Persisting over a number of inspections & despite member's undertaking to rectify: dispensing and labelling discrepancies, trimmed fax prescriptions, failure to keep records & recordkeeping deficiencies, failure to intervene & dispensing repeatedly further to forged prescription, breach of OCP policy regarding dispensing to US patients on basis of "co-signed" prescriptions, improper storage of scheduled drugs, pharmacy operational deficiencies, failure to instruct employees to grant College staff access to the pharmacy as required by the statutes
Marlien Aziz	Allowing another pharmacist to practise while suspended, operating a pharmacy without the supervision of a pharmacist, falsely signing as the dispensing pharmacist

<b>Suspension</b>	<b>Portion of Suspension Remitted</b>	<b>Remediation</b>	<b>Other Terms/Conditions/Limitations</b>	<b>Costs or Fines</b>
N/A	N/A	N/A	N/A	N/A
4 months	2 months	JP, LL, Applied Ethics	Restrictions against managing a pharmacy for one year.	\$10,000
2 months	1 month	JP, LL, Applied Ethics	N/A	\$2,000
12 months	2 months	JP, LL, PPL, APL	Restrictions for five years against owning or managing a pharmacy or being a narcotic signer or working at a pharmacy owned by a family member	\$12,500
6 months	1 month	JP, LL	Restriction for three years against managing a pharmacy. Restriction for three years against owning a pharmacy, or working at a pharmacy owned by a family member (the member has filed an appeal against this portion of the penalty)	\$25,000
3 months	1 month	JP, LL, PPL, APL	Restrictions requiring her to practice only under supervision initially, and against managing a pharmacy for 12 months (or until the remediation is completed)	\$6,500
3 months	2 months	JP, LL, APL, AC	Restrictions such that if he has not completed the remediation within 16 months his certificate is suspended until he does complete the remediation	\$20,000
3 months	2 months	N/A	Restricted for one year from owning or managing a pharmacy; restricted indefinitely from practising pharmacy with the other member	\$3,500

**continued**

## DISCIPLINE CASE SUMMARIES, 2006/2007

Member Name	Summary of Reasons
<b>Reason for Discipline: Methadone</b>	
Susan Wong; Pharmacy on King	Owner and director of pharmacy that dispensed methadone to clinics rather than directly to patients, contrary to legislation and OCP policy and "cease & desist" letter; recordkeeping and labelling deficiencies
<b>Reason for Discipline: Breach of TCL or standards</b>	
John Ellis	Failure to complete remediation ordered in previous discipline proceedings
Edward Essa	Dispensing narcotics without proper authorization, recordkeeping deficiencies, errors
Majid [Mark] Haditaghi	Dispensing error, creating and providing to the College misleading records regarding the error
<b>Reason for Discipline: Practising while suspended</b>	
Nagy Riad	Practising while suspended further to previous disciplinary proceedings, criminal conviction for making a false statement to obtain a passport
<b>Reason for Discipline: Acquittals/Stays of Proceedings</b>	
No name.	Charges of unauthorized billing stayed, as delay and the death of a witness had made it impossible for the member to receive a fair hearing.
No name.	Charges of sexual harassment dismissed, as the complainant had ceased cooperating with the prosecution.

**\* NOTE: full reasons can be found on the College website under "Investigations & Resolutions."**

**AND NOTE: the penalty always includes a "reprimand" which is administered in public, but only after the final decision and full reasons have been issued.**

### **Remediation at Canadian Pharmacy Skills Program, offered through the Leslie Dan Faculty of Pharmacy at the University of Toronto**

**PPL** = Basic Professional Practice Laboratories  
**APL** = Advanced Professional Practice Laboratories

**AC** = Advanced Communication Skills  
**LL** = Law lessons

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#### **OTHER:**

**JP** = Jurisprudence seminar and examination offered by the Ontario College of Pharmacists

**Ethics Course** = Ethics course offered by Dr. Zubin Austin, Leslie Dan Faculty of Pharmacy at the University of Toronto

<b>Suspension</b>	<b>Portion of Suspension Remitted</b>	<b>Remediation</b>	<b>Other Terms/Conditions/Limitations</b>	<b>Costs or Fines</b>
3 months	1 month	PPL, APL, Methadone Maintenance Treatment Course (CAMH)	N/A	\$10,000 (member) \$25,000 (pharmacy)
3 months	0	PPL, APL, LL (as previously ordered)	Certificate of Registration suspended until all remediation completed	\$3,500
3 months	1 month	JP, LL	N/A	\$10,000
3 months	2 months	JP, LL, Applied Ethics	Restrictions against managing a pharmacy for 6 months	\$7,500
revocation	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

# Summarized Financial Statements

## **AUDITORS' REPORT ON SUMMARIZED FINANCIAL STATEMENTS**

To the Council of the **Ontario College of Pharmacists**

The accompanying summarized statement of financial position, statement of operations and statement of changes in net assets are derived from the complete financial statements of the **Ontario College of Pharmacists** as at December 31, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated January 30, 2007. The fair summarization of the complete financial statements is the responsibility of the College's management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the College's financial position and results of operations, reference should be made to the related complete financial statements.

  
Chartered Accountants

Toronto, Ontario  
January 30, 2007

## Summarized Statement of Financial Position

December 31, 2006

	2006	2005
	\$	\$
<b>ASSETS</b>		
Current Assets		
Cash and cash equivalents	3,163,621	2,649,231
Accounts receivable	26,689	22,390
Prepaid expenses	269,942	273,061
	3,460,252	2,944,682
Capital assets	3,507,480	3,607,624
	6,967,732	6,552,306
<b>LIABILITIES</b>		
Current Liabilities		
Accounts payable and accrued liabilities	994,808	809,497
<b>NET ASSETS</b>		
Net assets invested in capital assets	3,507,480	3,607,624
Unrestricted net assets	2,465,444	2,135,185
	5,972,924	5,742,809
	6,967,732	6,552,306

## Summarized Statement of Operations

Year ended December 31, 2006

	Budget		
	2006	2006	2005
	\$	\$	\$
<b>Revenues</b>			
Pharmacist fees	5,336,513	5,437,814	5,052,213
Pharmacy fees	2,445,728	2,505,586	2,291,475
Registration fees and income	590,775	669,628	704,260
Certified pharmacy technician fees	302,500	406,227	284,053
Investment	80,000	216,812	121,100
	8,755,516	9,236,067	8,453,101
<b>Expenses</b>			
Council and committees	2,411,140	2,644,209	2,146,105
Administration	6,064,607	5,856,435	5,392,765
Property	279,769	197,470	126,592
	8,755,516	8,698,114	7,665,462
Excess of revenues over expenses from operations for year, before depreciation	-	537,953	787,639
Depreciation	-	307,838	328,952
Excess of revenues over expenses for year	-	230,115	458,687

## Summarized Statement of Changes in Net Assets

Year ended December 31, 2006

	Invested in		2006	2005
	Capital Assets	Unrestricted		
	\$	\$	\$	\$
Balance, beginning of year	3,607,624	2,135,185	5,742,809	5,284,122
Excess (deficiency) of revenues over expenses for year	(307,838)	537,953	230,115	458,687
Investment in capital assets	207,694	(207,694)	-	-
Balance, end of year	3,507,480	2,465,444	5,972,924	5,742,809

**Complete audited financial statements available from the College upon request**

# PROGRAM STATISTICS

## Registration

- 328** requests were considered by Panels of the Registration Committee, with the majority of these requests related to fluency and structured practical training
- 228** were granted registration either partially or completely
- 3** were denied
- 7** were deferred
- 0** requests were appealed to the Health Professions Appeal and Review Board
- 1** outstanding appeal withdrawn by the appellant

## Quality Assurance

### Five Practice Review Sessions

Sept., 06	<b>27</b> new candidates
Nov. 06	<b>44</b> new candidates
Feb. 07	<b>51</b> new candidates
Mar. 07	<b>53</b> new candidates
May 07	<b>52</b> new candidates
Total New:	<b>227</b> candidates

- 34** reassessment candidates
- 2** B-A assessments
- 0** Registration candidate
- 2** Referral

**Total in all for Year: 265 candidates**

### Outcome for first time randomly selected candidates (n=227)

**82.8%** were successful in meeting the standard in all 4 areas (i.e. Gathering information, Patient management/follow-up, Clinical Knowledge, and Communication)

**91.2 %** successfully entered into the self-directed category (met standard in all categories or fell below in only gathering information or patient management /follow-up)

**8.8%** required peer guided education.

### Outcome by Graduation Date

Years since Graduation	Number of Pharmacists	Number who entered peer-guided learning	Percentage who entered peer-guided learning of age group's total
0-5 (exempt)	0	N/A	N/A
6-15	62	1	1.6%
16-25	59	4	6.8%
More than 25	88	14	15.9%
Unknown	18	1	5.6%

**continued**

# PROGRAM STATISTICS

## Outcome by Place of Practice

Years since Graduation	Number of Pharmacists	Number who entered peer-guided learning	Percentage who entered peer-guided learning of age group's total
Community	163	15	9.2%
Hospital/Clinical	36	3	8.3%
Other	9	1	11.1%
Unknown	19	1	5.3%

## Outcome by Location of Graduation

Years since Graduation	Number of Pharmacists	Number who entered peer-guided learning	Percentage who entered peer-guided learning of age group's total
Ontario	102	7	6.9%
Canada ( <i>other than Ontario and USA</i> )	58	4	6.9%
International	49	8	16.3%
Unknown	18	1	5.6%

Please note the category "Unknown" indicated above relates to the absence of demographic information being provided on the self-assessment survey.

## Fitness to Practise (2006-2007 and September 1, 2007)

3 referrals were made to the Fitness to Practise Committee (compared to 5 last year).

No matters were heard before a panel, as there were 3 findings of incapacity by the Committee by way of Consent Orders. The Committee has a policy to proceed by way of such consent orders instead of a hearing, where appropriate.

These 3 members had signed contracts with the Professionals Health Program (PHP) for case management and monitoring. The members signed agreements with the College, such that their compliance with the PHP became a term, condition or limitation on their certificates of registration.

Two of the consent orders related to substance dependence disorders, and the other related to a psychiatric disorder.

There are currently a total of 17 members enrolled with the PHP as a term, condition or limitation on their Certificate of Registration.

# PROGRAM STATISTICS

## Accreditation

Number of new cases referred to Accreditation in 2005–2006 . . . . .	24
Concluded . . . . .	52
Reinspections at cost ordered . . . . .	18
Other types of inspections ordered . . . . .	0
Referrals to Discipline Committee . . . . .	0
Referrals to Executive Committee . . . . .	0
Deferred until more information could be gathered . . . . .	9
<b>Total decisions made by the Accreditation Committee . . . . .</b>	<b>79</b>

## Complaints

	Oct. 1/2005 to Sept. 30/2006	Oct. 1/2006 to Sept. 30/2007
<b>Complaints Reviewed</b>	126 matters (170 members)	158 matters (215 members)
<b>Referrals to Discipline</b>	6 (6 members) <i>Unauthorized dispensing, billing irregularities, dispensing errors, fraud</i>	9 (6 referrals of the same member) <i>Dispensing errors and professional service</i>
<b>Health Professions Appeal and Review Board (HPARB)</b>	5 matters reviewed by HPARB; of these 5: - 1 was withdrawn, - 3 were upheld, and - 1 was refused on the grounds that the request for review was deemed frivolous and vexatious.	5 matters reviewed by HPARB; of these 5: - 2 were withdrawn, - 1 was upheld, - 1 was overturned, and - 1 is still pending.

# STATISTICS

## Number of Pharmacies by Voting Districts

as of December 31, 2006

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
<b>Total</b>	294	276	218	195	180	343	320	263	99	140	141	197	177	116	90	3,049

## Number of Pharmacists by Voting Districts

as of December 31, 2006

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Out of Province	Total
Female	487	327	318	372	257	560	519	355	123	174	207	240	205	134	110	555	681	318	5,942
Male	399	371	302	276	226	481	426	360	140	210	238	276	237	158	127	140	192	212	4,771
<b>Total</b>	886	698	620	648	483	1,041	945	715	263	384	445	516	442	292	237	695	873	530	10,713

## Number of Pharmacists by Employment Type (by voting district)

as of December 31, 2006

Voting District	Community & Hospital	Academia & Government	Industry & other Professionals	Administration & Associations	Retired & Unemployed	Total
1-15 Community Practice in Ontario	7,320	119	353	93	737	8,622
16-17 Hospital Practice in Ontario	1,520	18	9	5	9	1,561
In other Province	130	8	31	3	40	212
In the United States	93	12	40	0	53	198
In other Countries	54	10	22	3	31	120
<b>Total</b>	9,117	167	455	104	870	10,713
Total in Ontario	8,840	137	362	98	746	10,183
Total outside Ontario	277	30	93	6	124	530
<b>Total</b>	9,117	167	455	104	870	10,713

Pharmacists in Part A of the Register: 10,083

Pharmacists in Part B of the Register: 630

## Deletions from the Register - 2006

	Female	Male	Total
Cancellations	9	10	19
Deceased	8	14	22
Resigned	73	74	147
Revoked	0	1	1
Suspended	2	5	7
<b>Total</b>	92	104	196

## Registered Students and Interns - 2006

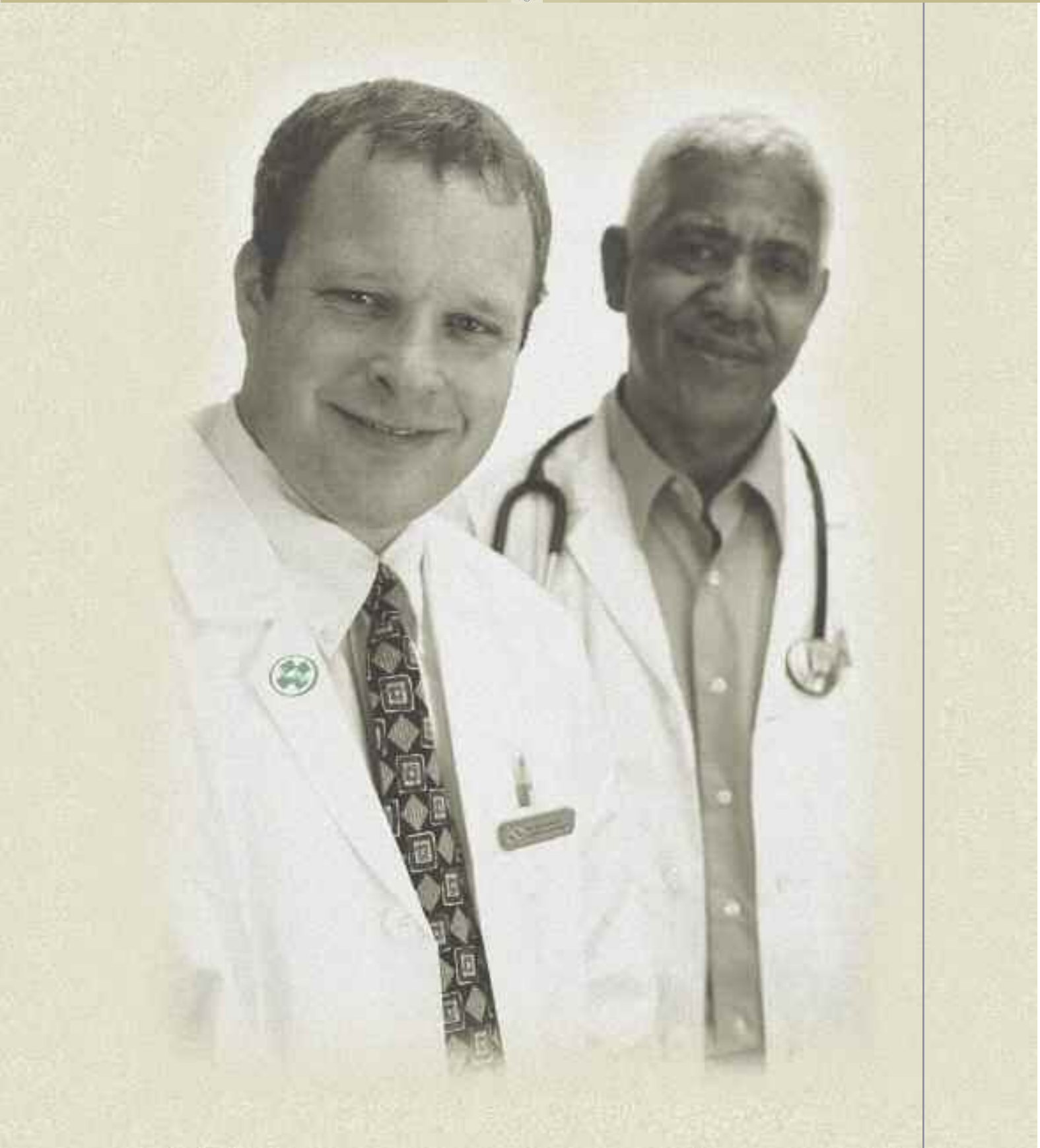
	Female	Male	Total
Ontario	623	265	888
Other Provinces	33	10	43
<b>Canada Total</b>	656	275	931
International	181	88	269
USA	35	25	60
<b>Other Countries Total</b>	216	113	329
<b>Grand Total</b>	872	388	1,260

## Additions to the Register - 2006

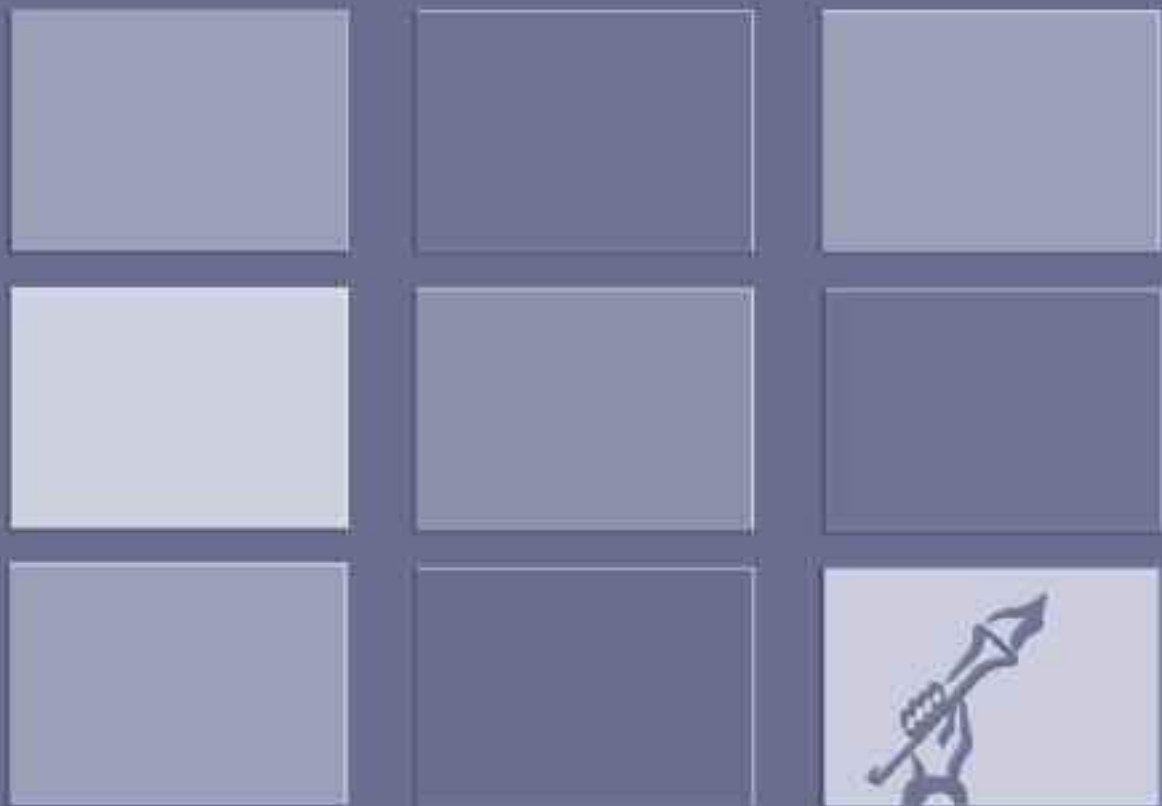
	Female	Male	Total
University of Toronto	125	49	174
Other Provinces	69	39	108
<b>Total in Canada</b>	194	88	282
United States	20	10	30
Other Countries	112	82	194
<b>Total Out of Country</b>	132	92	224
Reinstated	4	2	6
<b>Total New Registrants</b>	330	182	512

## 2006 Pharmacy Statistics

Openings	137
Closings	36
Sales	204
Relocations	54
Reinspections	42



# OPTIMAL CARE



ONTARIO COLLEGE OF PHARMACISTS  
483 Huron Street, Toronto, ON M5R 2R4

