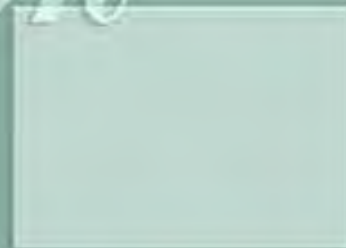
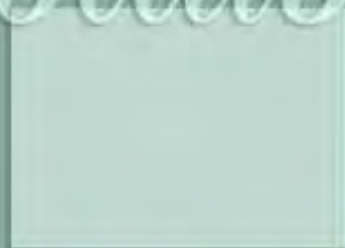


Annual Report

2005-2006



Collaboration



**ONTARIO
COLLEGE OF
PHARMACISTS**



*Providing the Public with
Quality Pharmaceutical
Service and Care*



COLLABORATION

Members

Health Care Providers

Public

Patients

Staff

Government

Faculty

Working Together



Message from the President and the Registrar

As the public gains a better understanding of the role the pharmacist plays in health care, consumers are increasingly embracing the knowledge and expert advice they have grown to expect, as they walk through the doors of more than 3,000 pharmacies in Ontario.

Members of our profession are often described as caregiver, communicator, decision-maker, teacher, lifelong learner, leader and manager, and even researcher. As an integral member of the health care team, pharmacists ensure the best treatment for their patients, the procurement and supply of medicines, and the provision of pharmaceutical care services.

The need for continuum of care has never been more evident, and pharmacists are rising to the challenge. By establishing a supportive relationship with health care providers and patients, developing an evidence-based care plan for pharmacologic therapy and being accessible for ongoing individualized follow-up, their expertise is increasingly being sought to monitor patient health outcomes.

Over the past year, the College has worked side-by-side with other health care organizations, professions and providers, government and faculty, on several critical initiatives to support our mandate to deliver high quality service to Ontario's public. We

have been on the front line of change promoting interprofessional collaboration to advance pharmaceutical care and public protection.

In the next few pages you will learn of initiatives undertaken this past year, through responsible and transparent regulation, to help pharmacists continue to grow and meet the challenges

of expanded responsibilities in this ever-changing healthcare landscape. We are committed to continuous improvement of both policy and process, to optimizing the role of pharmacists, and offering solutions for improved patient care through such initiatives as medication consultations.

Looking ahead, this College will actively encourage the role of the pharmacist in primary care and with interprofessional teams.



"As Council President of the College this year, I witnessed a passionate commitment to public protection, through the collaborative work of each and every Committee and Working Group. As our profession continues to anticipate public needs, it is so inspiring to see pharmacists rise to the challenge and be recognized for the value they offer to inter-professional health care teams."

Shelley McKinney
Shelley McKinney, *President*



"This year, I was pleased and honoured to serve on the Executive Committee of the Federation of Health Regulatory Colleges of Ontario (FHRCO). The review and revision of the Regulated Health Professions Act and the Minister's referrals respecting the regulation of several new professions- including pharmacy technicians to HPRAC, has formed the basis of much work and excitement within the regulatory environment this year. My involvement with this Executive Committee has put the College in a better position of understanding, participation and consultation on these exciting initiatives."

Deanna Williams
Deanna Williams, *Registrar*

15



District 15, Gregory Purchase
Thunder Bay

14



District 14, James Desautels
Stulbury

Electoral Districts and Members of Council

Hospital Members



District 16, Albert Chalet
Toronto



District 17, Shelley McKinney
President
Pickering

Dean, Faculty of Pharmacy



Wayne Hindmarsh, Ph.D., FCSFS
Dean, Leslie Dan Faculty of Pharmacy
University of Toronto

13



District 11, Dave Mallan
Woodix

11

Public Members



Joinal Abidin
Toronto



Thomas Baulie
Collingwood



Morley Bercovitch
Windsor Beach



Susan Burton-Bowler
Brampton



Andrea Chin
Toronto

Elected Members



District 7, Tracy Wiersma
Troy



District 1, Joseph Hanna
Oran



District 2, Elaine Allen
Hartford



District 13, Donald (Dan) Stringer
Eastford



District 5, George Phillips
Troy



District 3, Remi Ojo
Scarsborough



District 4, Tracey Phillips
Troy



District 6, Fayez Kosa
Middletown



District 9, Lamy Boggio
(Past President)
Wat Colborne



District 8, Iris Krawchenko
Eastford



District 12, Peter Gdyczynski
Branford



District 10, Gerry Cook
Vice President
London

Public Members



Babek Ebrahimpzadeh
Woodbridge



Salvatore Gueriero
Troy



John Maynard
Put Rowan



David McDonald
Whitby



Gita Parikh
Linton



Krishanthy Shu
Troy

Strategic Plan

2006 to 2008

At a strategic planning retreat held in early March, Council agreed on five key strategic directions to guide College activity over the next three years. These directions, supported by rationales and outcomes, were commended to the College management team to develop action plans with assigned responsibilities and timelines.

The 2006 Strategic Plan was considered and approved by Council at its June meeting (see our website for the detailed plan). The plan continues to serve staff 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)

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.



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

* Served portion of the term

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:
SHELLEY MCKINNEY

VICE PRESIDENT:
GERRY COOK

PAST PRESIDENT:
LARRY BOGGIO

Dan Stringer

Public Members:

Tom Baulke
Morley Bercovitch
Susan Burton-Bowler
*Krisanthy Shu
*Salvatore Guerriero

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.



REMI OJO (CHAIR)

Iris Krawchenko

Public Members:

Morley Bercovitch

Krishanthy Shu

*Salvatore Guerriero

NCCM:

Roger Ball

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 as well as considering 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)

Gerry Cook

Public Members:

Morley Bercovitch

Gitu Parikh

NCCM:

Gurjit Husson

*Andrea Chun

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.



PETER GDYCZYNSKI (CHAIR)

- Larry Boggio
- James Delsaut
- Joseph Hanna
- Fayez Kosa
- Dave Malian
- George Phillips
- *Greg Purchase
- Public Members:*
- Joinal Abdin
- Tom Baulke
- Susan Burton-Bowler
- Babek Ebrahimzadeh
- John Maynard
- Gitu Parikh
- Michael Schoales
- * Andrea Chun
- *Aladdin Mogaghegh
- NCCM:*
- Bill Bartle
- Eric Botines
- Stephen Clement
- Jim Gay
- Sam Hirsch
- Bill Mann
- Mark Scanlon

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.

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



ALBERT CHAIET (CHAIR)

- Tracey Phillips
- Public Members:*
- Joinal Abdin
- Salvatore Guerriero
- NCCM:*
- Marie Ogilvie-Stent

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. This year, there were no applications to the Victim Compensation Fund and therefore there was no activity in this program area during the 2005-2006 Council year.



TOM BAULKE (CHAIR – PUBLIC MEMBER)

- James Delsaut
- Fayez Kosa
- Public Members:*
- John Maynard
- Krishanthy Shu
- *Babek Ebrahimzadeh
- NCCM:*
- Amit Harilall

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 ensure continued competence and to encourage continuing professional development of registered pharmacists.



MORLEY BERCOVITCH (CHAIR)
– PUBLIC MEMBER)

Larry Boggio (*CHAIR)

Albert Chaiet

Public Members:

Joinal Abdin

Gitu Parikh

*Aladdin Mohaghegh

NCCM:

Christine Donaldson

Reza Farmand

Lilly Ing

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.



ELAINE AKERS (CHAIR)

Dave Malian

Tracey Phillips

Public Members:

Babek Ebrahimzadeh

Salvatore Guerriero

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)

Gerry Cook

Shelley McKinney

Dan Stringer

Public Member:

Susan Burton–Bowler

NCCM:

Jeannette Wang

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 STRINGER (CHAIR)

Larry Boggio

Gerry Cook

Remi Ojo

Public Members:

Thomas Baulke

John Maynard

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.



LARRY BOGGIO (CHAIR)

James Delsaut

Shelley McKinney

Public Members:

Susan Burton–Bowler

John Maynard

Krishanthu Shu

*Joinal Abdin

NCCM:

Stephen Clement

Bonnie Hauser

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



ELAINE AKERS (CHAIR)

Joseph Hanna
Wayne Hindmarsh
Remi Ojo
Public Members:
Morley Bercovitch
Gitu Parikh
NCCM:
Steve Balestrini
Bonnie Bokma
Tim Fleming
Angela Grimminck
Yvonne McRobbie
Bonnie Miller
Fiona Smith

Standards of Practice Working Group



ALBERT CHAIET (CHAIR)

Elaine Akers
Joseph Hanna
Tracey Phillips
Public Member:
Susan Burton-Bowler
NCCM:
Zubin Austin
Leslie Braden
Lynda Chilibeck
Midge Monaghan
Stephanie Tsao-Kocher

Task Force on Optimizing the Pharmacist's Role



IRIS KRAWCHENKO (CHAIR)

Gerry Cook
Wayne Hindmarsh
Shelley McKinney
NCCM:
Stephen Flexman
Antony Gagnon
Mark Kearney
Paul Murphy
Carmine Stumpo
Marita Zaffiro

Working Group on Certification Examinations for Pharmacy Technicians



ALBERT CHAIET (CHAIR)

Peter Gdyczynski
Joseph Hanna
George Phillips
NCCM:
Susanna Downey
Angela Grimminck
Julie Koehne
Ming Lee
Esther Marshall
Christine Vanderspiegel
Simon Wong

Structured Practical Training

(dissolved June 2006)



PETER GDYCYNSKI (CHAIR)

James Delsaut
Tracy Wiersema
Public Member:
Salvatore Guerriero
NCCM:
Andrew Chabursky
Leslie Lavack
Lee Trtnik

Year in Review

Enhancing Public Understanding and Awareness

POINT OF CARE PUBLIC EDUCATION PROGRAM

In support of its long term commitment to public education, the College continued to promote the role and value of the pharmacist through in-store promotional material that reinforced the messages of the television commercial. Public opinion research was undertaken to provide ongoing measurement of results against the original objectives. Planning then began, to develop the objectives and messages of the next evolution of the public awareness campaign, through a second television commercial to be launched in the fall of 2006.

COLLEGE AMENDS PUBLIC REGISTER BYLAW

Consistent with the emerging practice of greater transparency of regulatory processes and member information, Council approved amendments to the

register and filing of information bylaw. Previously, the College bylaw had limited public information on members to what was prescribed in Sec. 23 of the Code. The Code however, prescribed *only the minimum required* (and that which is public), whereas the new bylaw captures the philosophy that *all information contained on the Register will be public*, unless specified otherwise.

FEDERATION OF HEALTH REGULATORY COLLEGES OF ONTARIO

The College, in collaboration with the 20 other regulatory health colleges that make up the Federation, launched a public radio campaign called “*It’s Not A Game*” in 2005, followed by a second commercial in 2006. The campaign’s objective was to reinforce the important role regulation plays in providing safe, competent and ethical health care. Ongoing evaluation and measurement of this campaign will inform future collaboration among the Colleges, on shared public education matters.

Setting and Maintaining Member Standards

ACCESS TO FAIR REGISTRATION PROCESSES FOR PHARMACISTS

The College implemented an orientation seminar to better prepare International Pharmacy candidates for success in Structured Practical Training (SPT) as well as an advanced preceptor workshop to build intercultural awareness and communication. The Registration Committee also approved new Preceptor and Site Criteria to ensure students and interns have an optimal training experience.

FLUENCY

When a new fluency test was introduced, the College recognized the need to assess the impact of iTOEFL (internet based *Test of English as a Foreign Language*). To this end, the College initiated discussions with NAPRA and other provincial pharmacy regulators, and looks forward to meeting in the fall to collaboratively set national standards.

INTERNATIONAL PHARMACY GRADUATE (IPG) PROGRAM

The IPG program, a collaborative effort between the College, the Leslie Dan Faculty of Pharmacy and the Ministry of Training, Colleges and Universities, was developed to bridge education for internationally educated pharmacists, support their integration into Canadian pharmacy practice and help them meet the entry-to-practice requirements. During the year, the IPG Advisory Committee, comprised of College and Faculty representatives as well as other stakeholders, reviewed enhancements to the IPG Program. A pilot satellite program was conducted in Ottawa and an Enhanced Language Training (ELT) Program, funded by the government was designed to offer free support to candidates to help them meet the fluency requirements of the IPG Program and licensure.

CHANGES TO LEARNING PORTFOLIO PROGRAM

Following an evaluation of the existing Professional Profile and Learning Portfolio materials in 2004, new portfolio tools, including a user’s manual was created. The evaluation was initiated as part of the College’s continuous quality improvement and included member feedback gained through the evaluation. The new tools were designed to address member

concerns related to technology use. Members now have permanent access to the materials and can easily maintain their portfolio electronically.

Regulation of Pharmacy Technicians

The College is moving forward to prepare for technician regulation with a concurrent and comprehensive approach to expanding the role of pharmacists, to offer even greater service and value to Ontario's public.

A stakeholder survey and focus groups were conducted to solicit input from pharmacists, pharmacy technicians and employers, to inform decisions impacting the regulation of this class of pharmacy professional. The College collaborated with various stakeholders across the country, to support the development of national education outcomes for technician programs.

The College also initiated discussions with such organizations as the Pharmacy Examining Board of Canada and the Canadian Council of Accreditation of Pharmacy programs, to explore the feasibility of developing national accreditation standards and an entry-to-practice examination.

Guiding the Profession

TASK FORCE ON OPTIMIZING THE PHARMACIST'S ROLE

Part of the mandate of The Task Force on Optimizing the Pharmacist's Role (established in the fall of 2003) was to promote consistent and safe delivery of medication reviews. To this end, the *Framework to Support Comprehensive Medication Consultation Services* was

developed for the purpose of guiding pharmacists who provide medication consultation services in their practice, as well as those wishing to provide such services to their patients.

SCHEDULING STATUS CHANGE – PSEUDOEPHEDRINE

Following the circulation of a member advisory notice of upcoming drug schedule changes for pseudoephedrine and ephedrine, the Canadian Federation of Independent Grocers challenged the College's right to send the notice and to enforce the scheduling changes recommended by the National Drug Scheduling Advisory Committee (NDSAC). The challenge was heard by the Ontario Superior Court of Justice in August but the decision was reserved. The College is hopeful that it will be able to continue its long standing history of referencing NDSAC schedules in Ontario.

GUIDELINES TO COMPOUNDING PREPARATIONS

Council adopted new *Guidelines to Compounding Preparations* which complement the Standards of Practice and assist pharmacists in the safe dispensing of compounded medication, ensuring clear provenance of ingredients and dispensing processes. There was recognition that compounding is an essential part of pharmacy practice and these revised guidelines reflect the knowledge required to prepare a safe and appropriate product.

STANDARDS FOR PHARMACISTS PROVIDING SERVICES TO LICENSED LONG-TERM CARE FACILITIES

A review of pharmacy services in long-term care settings was identified as an issue during the

2003 strategic planning session. In discussing this issue, Council noted that services in long-term care present a special challenge for pharmacists caring for patients in an institution that is subject to inspection, as opposed to ambulatory patients who are most commonly seen in community pharmacies. New standards were developed after extensive stakeholder and member consultation to clarify the expectations of service in the following areas: (1) clinical services; (2) prescription record management; (3) drug destruction; and (4) pharmacy level requirements.

POLICY FOR DISPENSING METHADONE

Recognizing that the dispensing of methadone is unique with respect to certain aspects of patient care, as well as the nature of collaboration with other health care providers, Council approved a new policy for dispensing methadone. The policy applies to all dispensing of methadone, and clarifies the training requirements, definition of institutions, and the notion of “clear provenance” in all documentation procedures.

POLICY FOR THE USE OF CENTRAL FILL IN ONTARIO

Centralized filling of prescriptions is a business process or service provided by a central fill pharmacy to prepare and package prescriptions for another retail (or local) pharmacy to dispense to the patient. The compounding and dispensing of a prescription to a patient is regulated by the College and Council was in agreement that centralized filling of prescriptions must meet all existing requirements, including privacy and the confidentiality of personal health information. Council passed a policy which includes principles, definitions, responsibilities of each pharmacy, as well as the requirement for a policy and procedures manual.

INFECTION CONTROL GUIDELINES

Guidelines for Infection Control were created for both acute and community health care settings, and distributed to all pharmacists in Ontario. The document provides specific, detailed infection control procedures to be followed by health care workers in the event of an emergency outbreak of febrile respiratory illness or influenza like illness, as well as general infection control guidelines for daily use.

Professional Collaboration

HEALTH CANADA CONSULTATIONS

The College was involved in consultation with Health Canada regarding the electronic transmissions of prescriptions from practitioners to pharmacists. Council supported the development and implementation of common standards Canada-wide, and the engagement of stakeholders in that process. In addition the College was invited to participate in national consultations aimed at protecting Canada’s drug supply, as well as a multi-stakeholder consultation on Protecting an Adequate Supply of Safe and Affordable Drugs for Canadians.

ONTARIO DRUG BENEFIT PROGRAM REVIEW

The Drug System Secretariat undertook a review of the prescription drug system in Ontario with a view to recommending strategies to build a system that contributes to positive health outcomes and meets the needs and priorities of the people of Ontario. The Ministry of Health and Long-Term Care was advised that the College supported this concept and believes that pharmacists can help fill existing care gaps within the current health care system through

province-wide implementation of collaborative practice models.

PROPOSED REGULATORY CHANGES

The College made recommendations to government for proposed changes to the Drug and Pharmacies Regulation Act (DPRA) including: strengthening the College's enforcement powers, ensuring that all pharmacists take reasonable measures to make certain that drugs being dispensed are authentic; ensuring that wholesalers deliver drugs only to accredited pharmacies, and providing the clearer authority to the College to act swiftly to close a pharmacy where evidence suggests continued operation places the public in imminent and inherent danger.

These amendments, in addition to the amendments previously submitted by the College which addressed the areas of "disconnect" that exist between the Regulated Health Professions Act (RHPA), the Pharmacy Act and the DPRA, will enable the College to more effectively govern the profession in the public interest.

In response to an invitation from the Health Professions Regulatory Advisory Council (HPRAC) to provide input on experience with the RHPA, the College forwarded its own submission and also contributed to the submission made by the Federation of Health Regulatory College's of Ontario (FHRCO). The recommendations in both submissions were aimed at strengthening the existing framework.

On April 27, 2006, HPRAC submitted its report and recommendations to the Minister of Health and Long-Term Care, recommending changes to the RHPA and proposing the regulation of several new health professions. The College was pleased to see that the amendments to the DPRA, and our proposal to formally regulate pharmacy technicians were included; as was

the addition of a object for all colleges to promote inter-professional collaboration between health professions and their colleges.

In December 2005, the College proposed amendments to DIDFA and DPRA regarding the posting of the "usual and customary fee" and the provision of receipts under DIDFA, as well as amendments to the advertising regulations made under both the Pharmacy Act and the DPRA.

In addition, to avoid future challenges to the College's authority to rely on the NDSAC scheduling recommendations, changes were proposed to more clearly articulate the College's authority to schedule by reference.

MUTUAL RECOGNITION AGREEMENT REVIEWED

In keeping with the provision that the 2000 Mutual Recognition Agreement (MRA) for Pharmacies be reviewed every three years, NAPRA (National Association of Pharmacy Regulatory Authorities) asked all signatories to provide their input. The College's response to NAPRA indicated that the MRA was generally working well for new Canadian and US pharmacy graduates, but that there continued to be issues for internationally trained pharmacists (particularly with respect to fluency and structured practical training). The College reiterated its willingness to participate in discussions to determine training and education requirements with a view to subsequently achieving harmonization of these requirements across all provinces.

POINT OF CARE

“

**This symbol identifies
accredited pharmacies that are
part of a regulated profession
governed by the Ontario College of Pharmacists**



”

DISCIPLINE CASE SUMMARIES, 2005/2006

Member Name	Summary of Reasons
-------------	--------------------

Reason for Discipline: Non-supervision of pharmacy

Auyeung	Staff dispensed medication in pharmacist's absence
Katz	Designated Manager allowed pharmacy to stay open, and unregulated staff to prepare/process prescriptions (but not dispense) for three hours absent a pharmacist; a drug requiring pharmacist intervention was also improperly sold in the absence of a pharmacist
Turk	Designated Manager allowed pharmacy to stay open on two separate dates, and unregulated staff to dispense prescriptions (including narcotics) absent a pharmacist

Reason for Discipline: Breaches of standards of practice

Hallok	Dispensing pharmacist filled numerous prescriptions too early, and failed to document any circumstances that might have justified doing so, putting patients at risk of accumulating dangerous amounts of medications
Lipana	Failed to document dispensing error or advise patient to seek medical attention; did not follow proper dispensing procedure and breached patient confidentiality, by allowing another customer to deliver corrected medication directly from another pharmacy to the patient, without pharmacist intervention

Reason for Discipline: Pharmacy Operation

Sharma/Torbram	Numerous inspections and re-inspections revealed that the member & her pharmacy did not document dialogue with patients, made extensive labelling errors, and failed to maintain records of narcotic inventories
Wasef	Owner and Designated Manager operated internet pharmacy, dispensing on basis of foreign prescriptions co-signed by an Ontario physician without a valid patient/physician relationship; breaches of recordkeeping requirements and website policies
Huang	A health supplement store owned by the member sold prescription drugs without a prescription, and was used to receive prescriptions and dispense medications processed at the member's pharmacy; the pharmacy violated the College's website policy by outlining this unlawful arrangement

Reason for Discipline: Dishonest Conduct

Krezlewicz	Falsely dispensed in a co-worker's name a prescription medication for her own use, and billed the drug to the co-worker's insurance plan
Maser	Obtained a prescription for medication for a close relative in the name of a physician without obtaining proper authorization from him
Paggos	Reprocessed a dispensing transaction without adequately reviewing it, resulting in a dispensing error; modified the date of the transaction on pharmacy records to secure insurance coverage, and failed to keep cross-referenced records
Salek	Opened a pharmacy and dispensed prescription medication on the basis of the computer records of the pharmacy that had previously occupied that space, without having purchased the former pharmacy's computer or prescription records

Suspension	Portion of Suspension Remitted	Remediation	Other Terms/Conditions/Limitations	Costs or Fines
2 months	1 month	JP, LL	N/A	\$2,000
1 month	1 month	JP, LL	N/A	\$5,500
0 months	0 months	JP, LL	Cannot be DM for 3 years	\$10,000
2 months	1 month	API, AIT	N/A	\$2,000
2 months	1 month	JP, LL, OPA, Comm	N/A	\$2,000
2 months	1 month	PPL, JP, LL	Restrictions against being a DM, and requirement to be supervised by another pharmacist until the remediation is completed successfully, plus an unannounced inspection of the pharmacy at her expense	\$2,500
3 months	1 month	PP, LLec	N/A	\$2,500
3 months	1 month	JP, LLec	Four unannounced inspections of pharmacy at his expense	\$10,000 (currently under appeal)
2 months	1 month	JP, LL	N/A	\$1,000
2 months	1 month	JP, Ethics Course	N/A	\$3,500
2 months	1 month	JP, OPA	N/A	\$3,500
3 months	2 months	JP, LL	N/A	\$8,000

continued

DISCIPLINE CASE SUMMARIES, 2005/2006

Member Name	Summary of Reasons
Reason for Discipline: Criminal Conviction	
Agudoawu	Convicted of trafficking narcotics
Lewandowski	Criminal conviction for fraud over \$5,000 (over \$34,000, over 7 years), for fraudulently billing insurers for medications not dispensed to patients; also dispensed reduced quantities of medication without patient authorization
Reason for Discipline: Other	
McElwain	Breach of terms, conditions or limitations on his certificate of registration, in that he failed to successfully complete remediation ordered as a result of a previous disciplinary proceeding
Sherk	Administered an injection to a patient; improper disposal of a needle; returned medications to stock
Reason for Discipline: Acquittals/Stays of Proceedings	
No Name	Alleged unauthorized dispensing & billing - stayed for delay
No Name	Alleged sexual harassment of pharmacy technician - finding of "not guilty" after full hearing

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
AI = Advanced Interviewing techniques
LL = Law lessons
LLec = Law lectures

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
OPA = "Confronting Medication Errors," including "Understanding the Issues and Dealing With Incidents" and "Taking Action to Improve Patient Safety" offered by the Ontario Pharmacists' Association
COMM = Implementing Effective Communication Strategies offered by Mediated Solutions.

Suspension	Portion of Suspension Remitted	Remediation	Other Terms/Conditions/Limitations	Costs or Fines
Revocation	N/A	N/A	N/A	N/A
6 Months	1 month	JP	Continued counselling by his treating healthcare professionals, 4 year restriction on owning or profiting from a pharmacy or being a DM	\$7,500
1 month	0 months	N/A	To complete remediation previously ordered (PPL, LL, OPA) If he fails to complete the remediation within the stipulated period, his certificate of registration to be suspended until he successfully completes	\$1,500
1 Month	1 month	JP, LL	N/A	No

Cases Closed at Discipline 2005-2006



Financial Statements

A U D I T O R S ' R E P O R T



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

We have audited the statement of financial position of the **Ontario College of Pharmacists** as at December 31, 2005 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Hilborn Ellibrant CPA
Chartered Accountants

Toronto, Ontario
January 27, 2006

Statement of Financial Position

December 31, 2005

	2005	2004
	\$	\$
ASSETS		
Current Assets		
Cash	2,649,231	2,237,225
Accounts receivable	22,390	10,283
Prepaid expenses	273,061	193,195
	2,944,682	2,440,703
Capital assets (note 4)	3,607,624	3,655,873
	6,552,306	6,096,576
LIABILITIES		
Current Liabilities		
Accounts payable and accrued liabilities	809,497	812,454
NET ASSETS		
Net assets invested in capital assets	3,607,624	3,655,873
Unrestricted net assets	2,135,185	1,628,249
	5,742,809	5,284,122
	6,552,306	6,096,576

Approved on behalf of the Council:


President


Chair of Finance Committee

Statement of Operations

Year ended December 31, 2005

	Budget		2005	2004
	2005	2005		
	\$	\$	\$	\$
Revenues	(note 2)			
Pharmacist fees	4,859,338	5,052,213	4,893,126	
Pharmacy fees	2,217,000	2,291,475	2,214,775	
Registration fees and income	513,250	704,260	589,714	
Investment	61,500	121,100	86,287	
Sundry	194,371	301,796	250,751	
	7,845,459	8,470,844	8,034,653	
Expenses (schedule)				
Council and committees	1,947,940	2,124,873	1,793,035	
Administration	5,663,191	5,410,508	5,029,709	
Property	202,928	126,592	53,917	
Niagara Apothecary	31,400	21,232	26,479	
	7,845,459	7,683,205	6,903,140	
Excess of revenues over expenses from operations for year, before depreciation	-	787,639	1,131,513	
Depreciation	-	328,952	384,264	
Excess of revenues over expenses for year	-	458,687	747,249	

Statement of Changes in Net Assets

Year ended December 31, 2005

	Invested in		2005	2004
	Capital Assets	Unrestricted		
	\$	\$	\$	\$
Balance, beginning of year	3,655,873	1,628,249	5,284,122	4,536,873
Excess (deficiency) of revenues over expenses for year	(328,952)	787,639	458,687	747,249
Investment in capital assets	280,703	(280,703)	-	-
Balance, end of year	3,607,624	2,135,185	5,742,809	5,284,122

Statement of Cash Flows

Year ended December 31, 2005

	2005	2004
	\$	\$
Cash flows from operating activities		
Excess of revenues over expenses for year	458,687	747,249
Depreciation	328,952	384,264
Changes in non-cash working capital		
Increase in accounts receivable	(12,107)	(118)
Increase in prepaid expenses	(79,866)	(24,728)
Increase (decrease) in accounts payable and accrued liabilities	(2,957)	59,847
	692,709	1,166,514
Cash flows from investing activities		
Additions to capital assets	(280,703)	(134,139)
Net increase in cash during year	412,006	1,032,375
Cash, beginning of year	2,237,225	1,204,850
Cash, end of year	2,649,231	2,237,225
	2005	2004
	\$	\$
Supplementary Disclosure of Cash Flow Information		
Interest paid	4,696	6,314
Income taxes paid (note 3(c))	-	-

Schedule of Expenses

Year ended December 31, 2005

	Budget		
	2005	2005	2004
	\$	\$	\$
Council and Committees	(note 2)		
Council	105,000	115,533	87,256
District/Regional	16,400	4,600	43,291
Committees			
Accreditation	36,000	33,026	20,934
Communication	325,000	334,619	311,284
Complaints	25,000	40,103	16,081
Discipline	225,000	441,961	273,093
Executive	90,000	156,457	70,034
Finance	3,500	3,917	2,925
Fitness to practice (note 5(f))	123,600	87,840	177,385
Patient relations	5,000	33	28
Pharmacy technician regulation	135,000	67,991	29,002
Professional practice	36,000	90,857	69,297
Quality assurance	488,500	460,486	440,290
Registration	114,440	83,178	69,259
Structural practical training	189,500	145,727	151,840
Special	30,000	58,545	31,036
	1,947,940	2,124,873	1,793,035
Administration			
Personnel	4,323,391	4,187,682	3,806,472
General			
Association fees	10,000	9,366	2,934
Audit	10,000	9,750	12,500
Bank charges	58,000	55,493	42,963
Consulting general	75,000	39,964	75,724
Continuing education initiatives	12,100	9,241	4,534
Courier and delivery	9,600	10,578	12,698
Donations, contributions and grants (note 5(g))	130,000	126,248	128,329
Election expenses	12,000	9,956	6,496
Equipment leasing and maintenance	247,150	222,354	213,517
Examinations, certificates and registrations	56,400	33,172	18,784
Interest on capital lease	4,700	4,696	6,314
Investigation	-	-	1,778
Legal	25,000	31,440	78,436
Insurance - errors and omissions	83,000	86,184	79,218
Pharmacy technician	61,500	58,987	37,178
Postage	64,000	67,653	53,209

(continued)

Schedule of Expenses (continued)

Year ended December 31, 2005

	Budget		
	2005	2005	2004
	\$	\$	\$
	(note 2)		
Annual Report and Pharmacy Connection	100,000	77,504	80,234
Subscriptions and publications	13,000	10,263	8,882
Supplies and stationery	65,950	50,759	58,096
Telephone	90,900	91,185	102,339
Travel and conferences	211,500	218,033	199,074
	5,663,191	5,410,508	5,029,709
Property			
Building improvements	41,570	35,746	10,603
Insurance	37,600	30,534	27,368
Maintenance and repairs	82,050	76,330	71,697
Taxes	63,500	44,580	22,257
Utilities	43,208	41,317	32,840
	267,928	228,507	164,765
Rental income	57,500	80,484	93,857
Management fees	7,500	21,431	16,991
	202,928	126,592	53,917
Niagara Apothecary			
Salaries and administration	38,400	36,266	34,851
Insurance	4,500	4,273	4,174
Utilities	4,500	4,337	3,711
Building improvements and maintenance	2,000	989	1,009
Publicity	1,000	901	255
Miscellaneous	1,500	886	604
Cost of sales	8,000	8,840	9,332
	59,900	56,492	53,936
Sales, grants and donations	28,500	35,260	27,457
	31,400	21,232	26,479

Notes to Financial Statements

December 31, 2005

1. Description of Organization

The Ontario College of Pharmacists ("College") was incorporated as a non-share capital corporation in 1871 under the laws of Ontario. The College is the licensing and regulatory body for pharmacy in Ontario under the authority of the Pharmacy Act, 1993. The College administers various related statutes and is one of twenty-one Health Colleges established under the Regulated Health Professions Act to regulate health professions in Ontario.

2. Financial Statement Presentation

The budgeted figures are presented for comparison purposes only and are not audited.

3. Significant Accounting Policies

a) Capital assets

Capital assets are recorded at acquisition cost. Depreciation is provided for based on the estimated useful life of the assets as follows:

Buildings	- 4% declining balance
Furniture and equipment	- 15% declining balance
Computer equipment	- straight-line over 3 years
Computer software	- straight-line over 2 years
Customized computer software	- 30% declining balance

b) Revenue recognition

Membership fees are recognized as revenue in the period to which the membership relates. The membership year coincides with that of the fiscal year of the College, being January 1 to December 31.

c) Income taxes

As a not-for-profit professional membership corporation, the College is not liable for income taxes.

d) Financial instruments

The College's financial instruments consist of cash, accounts receivable and accounts payable and accrued liabilities. The fair values of these financial instruments approximate their carrying values, unless otherwise noted. It is management's opinion that the College is not exposed to significant interest rate, currency or credit risks arising from these financial instruments.

Notes to Financial Statements (continued)

December 31, 2005

e) Management estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates.

4. Capital Assets

	Cost	Accumulated Depreciation	2005 Net Book Value	2004 Net Book Value
	\$	\$	\$	\$
Land	363,134	-	363,134	363,134
Buildings	4,045,288	1,308,119	2,737,169	2,752,697
Furniture and equipment	906,838	660,632	246,206	202,140
Computer equipment and software	2,230,862	1,969,747	261,115	337,902
	7,546,122	3,938,498	3,607,624	3,655,873

5. Commitments and Contingencies

- a) The College has agreed to maintain and operate the Niagara Apothecary to March 16, 2010.
- b) The College is presently involved in a legal dispute, the outcome of which is not determinable at this time. Management believes the claim is without merit. The amount of any contingent loss cannot be reasonably estimated. Any settlement resulting from the resolution of this contingency will be accounted for as a charge to income in the period in which settlement occurs.
- c) The College sponsors a defined benefit pension plan. The actuarial valuation, performed as at December 31, 2002, disclosed a surplus calculated on the going concern basis of \$21,548. No contributions have been made by the College in fiscal 2003 through 2005 as the College has been utilizing the surplus of the plan.

The most recent actuarial valuation, performed as at December 31, 2005, disclosed an unfunded actuarial liability calculated on the going-concern basis of \$51,151, a solvency deficiency of \$102,340 as calculated on the solvency basis and a solvency deficiency of \$79,386 as calculated on the adjusted solvency basis. As a result of the valuation, the College is required, effective January 2006, to commence funding contributions in connection with the unfunded actuarial

Notes to Financial Statements (continued)

December 31, 2005

liability and the solvency deficiencies at annual amounts of \$5,124 and \$17,724, respectively, over the periods ending December 2020 and December 2010, respectively.

The next valuation is required to be performed not later than December 31, 2006.

During fiscal 2005, the College recognized pension expense in the amount of \$30,000.

The College, recognizing the actuarial liability as calculated on a going-concern basis, has accrued an amount of \$34,100 as at December 31, 2005 in respect of the unfunded actuarial liability calculated on the going-concern basis of \$51,151 as at December 31, 2005.

d) The College sponsors a defined contribution pension plan for its employees. The contribution required by the College is a function of qualified employees' annual earnings. The expense recognized by the College during the year was \$173,744 (2004 - \$153,707).

e) The College is committed to operating leases for office equipment and automobiles as follows:

2006	\$161,785
2007	147,672
2008	126,388
2009	111,785
2010	<u>43,908</u>
	<u><u>\$591,538</u></u>

f) The College contracts the Professions Health Program (PHP) services of the Ontario Medical Association (OMA) to monitor members deemed to be incapacitated in accordance with the provisions of the legislation. Members are monitored over a period of time, depending on the nature of their incapacity. During fiscal 2005, the College expended \$53,350 towards the monitoring of identified members. The remaining commitment of the College is as follows:

2006	\$ 58,200
2007	58,200
2008	58,200
2009	48,500
2010	<u>4,850</u>
	<u><u>\$227,950</u></u>

Notes to Financial Statements (continued)

December 31, 2005

g) The College, pursuant to an agreement with the Governing Council of the University of Toronto, has pledged \$500,000 to the University to create an endowment fund in support of a Professorship in Pharmacy Practice. The College has also agreed to provide bridge financing in the amount of \$82,000 to support the Professorship while the endowment fund is built up. During fiscal 2005, the College expended \$100,000 (2004 - \$100,000) towards the endowment fund and \$17,000 (2004 - \$22,000) towards the bridge financing. The remaining commitment of the College is as follows:

2006	\$112,000
2007	<u>106,000</u>
	<u>\$218,000</u>

h) The College has available to it a banking facility in the amount of \$1,500,000 bearing interest at prime, subject to certain terms and conditions. At December 31, 2005, the banking facility has not been drawn upon.

PROGRAM STATISTICS

Accreditation

Number of new cases referred to Accreditation: 2005–2006	46
Concluded	55
Reinspections at cost ordered	45
Other types of inspections ordered	4
Referrals to Discipline Committee	4
Referrals to Executive Committee	2
Deferred until more information could be gathered	17
Total decisions made by the Accreditation Committee	117

Quality Assurance

5 Peer Review Sessions conducted for 239 pharmacists (an increase of 34% over last year)

In addition, the College also assessed:

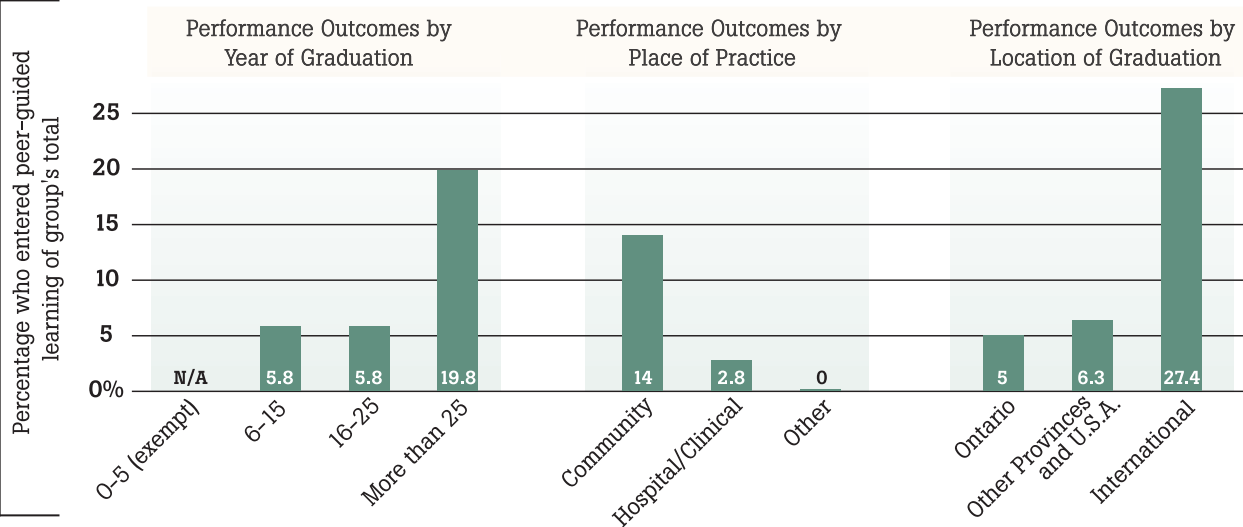
26	Pharmacists requiring re-assessment (of Peer Review)
4	Pharmacists wishing to move from Part B to Part A of the register
1	Registration referral
1	Referral / Other

Total : 271 Pharmacists underwent Practice Review

Performance Outcomes:

First time randomly selected candidates (n=239)

- (80.3%) were successful in meeting the standard in all 4 areas (i.e. Gathering information, Patient management/follow-up, Clinical Knowledge, and Communication)
- (89.1%) successfully entered into the self-directed category (met standard in all categories or fell below in only gathering information or patient management /follow-up)
- (10.9%) required peer guided education.



Registration

328	requests were considered by Panels of the Registration Committee, with the majority of these requests related to fluency and structured practical training
229	were granted registration either partially or completely
10	were denied
25	were deferred
2	decisions were appealed to the Health Professions Appeal and Review Board
1	was later withdrawn by the appellant
1	has not been heard yet

Fitness to Practise (2005–2006 and at September 1, 2006)

5 referrals were made to the Fitness to Practise Committee (compared to 3 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 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

The resolution of the two other referrals are pending.

The three consent orders related to a generalized anxiety disorder, a substance dependence disorder, and a substance abuse and mood disorder.

There was also a consent order regarding 1 other member, who had enrolled with the PHP following a relapse and a breach of an order made at a previous Fitness to Practise Committee hearing.

There are currently a total of 15 members enrolled with the PHP as a term, condition or limitation on their Certificate of Registration.

Patient Relations

The Patient Relations Committee continued to meet its legislative requirements to develop and monitor a Sexual Abuse Prevention Program and Victim Compensation Fund. However, there were no applications to the Fund to report on this year.

MEMBER & PHARMACY STATISTICS

Number of Pharmacies by Voting Districts

as of December 31, 2005

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total
Total	297	266	217	196	178	338	305	253	97	135	138	186	166	113	84	2,951

Number of Pharmacists by Voting Districts

as of December 31, 2005

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Out of Province	Total
Female	456	317	319	374	270	529	490	338	121	156	196	213	193	126	101	532	646	326	5,703
Male	386	366	290	284	273	487	411	347	131	214	217	256	213	151	121	129	183	235	4,694
Total	842	683	609	658	543	1016	901	685	252	370	413	469	406	277	222	661	829	561	10,397

Number of Pharmacists by Employment Type (by voting district)

as of December 31, 2005

Voting District	Community & Hospital	Academia & Government	Industry & other Professionals	Administration & Associations	Retired & Unemployed	Total
1-15 Community Practice in Ontario	7,152	117	356	97	624	8,346
16-17 Hospital Practice in Ontario	1,455	17	7	5	6	1,490
In other Province	219	19	59	4	56	357
In the United States	56	7	25	2	38	128
In other Countries	29	7	8	3	29	76
Total in Ontario	8,607	134	363	102	630	9,836
Total outside Ontario	304	33	92	9	123	561
Total	8,911	167	455	111	753	10,397
Pharmacists in Part A of the Register: 9,751		Pharmacists in Part B of the Register: 646				

Deletions from the Register - 2005

	Female	Male	Total
Resignations	72	51	123
Suspensions	2	3	5
Cancellations	17	13	30
Deceased	3	10	13
Total	94	77	171

Additions to the Register - 2005

	Female	Male	Total
University of Toronto	119	45	164
Other Provinces	64	32	96
United States	16	13	29
Other Countries	106	90	196
Total New Registrants	305	180	485
Reinstatements	3	3	6
Total	308	183	491

Registered Students and Interns - 2005

	Female	Male	Total
University of Toronto	348	122	470
Other Provinces	25	15	40
Total	373	137	510
International	231	118	349
United States	26	21	47
Total	257	139	396

2005 Pharmacy Statistics

Openings	117
Closings	39
Sales	174
Relocations	58
Reinspections	61



COLLABORATION



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

