

ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA

MONDAY, DECEMBER 7, 2015 – 9:00 A.M.

OCP COUNCIL CHAMBERS

- 1. Noting Members Present**
- 2. Declaration of Conflict**
- 3. Approval of Agenda**
- 4. President's Opening Remarks**
 - 4.1 Briefing Note - President's Report to Council Appendix 1
 - 4.2 Briefing Note - September 2015 Council Meeting Evaluation Appendix 2
- 5. Approval of Minutes of Previous Meeting**
 - 5.1 Minutes of September 2015 Council Meeting Appendix 3
- 6. Notice of Motions Intended to be Introduced**
- 7. Motions, Notice of Which Had Previously Been Given**
- 8. Inquiries**
- 9. Matters Arising from Previous Meetings**
 - 9.1 Registrar's Report to Council Appendix 4
 - Transparency
 - Vaccines
 - Narcotic Use and Misuse in Ontario
 - Physician Assisted Dying
 - Bill 119 – Health Information Protection Act
 - Federation of Health Regulatory Colleges of Ontario Update
 - National Association of Pharmacy Regulatory Authorities Update
 - University of Waterloo
 - University of Toronto, Faculty Status Report
 - Drugs: Oversight, Safety and Supply Conference (OHA)
 - Ontario Branch – CSHP

- Pharmacy Examining Board of Canada Update
- Ontario Pharmacists Association
- Appointment of Inspectors
- Strategic Priorities – Progress Update (*includes presentation by Hospital and Specialized Practice*)

- 9.2 Briefing Note – Code of Ethics Task Force (Feedback on proposed Code of Ethics Appendix 5
- 9.3 Briefing Note – Code of Ethics Task Force (Mandatory Declaration)..... Appendix 6
- 9.4 Briefing Note – Executive Committee (Approval of By-law Amendments) . Appendix 7
- 9.5A Preamble to Briefing Note on Pharmacy Ownership..... Appendix 8
- 9.5B Briefing Note – Executive Committee (Pharmacy Ownership) Appendix 9
- 9.6 Briefing Note – Executive Committee (Evaluating Good Character of Shareholders of Pharmacy Corporations)Appendix 10

10. Discussion and Decision

None

11. For Information

None

12. Other Matters

- 12.1 Presentation by CAMH – Program Structure and Services
Time: 1:15 – 1:45 p.m.

13. Unfinished Business

14. Motion of Adjournment

As a courtesy to other Council Members, you are requested to please turn off your cell phones/pagers/blackberries and other hand-held devices that may cause disruption during the Council Meeting. There are breaks scheduled throughout the day in order to allow members the opportunity to retrieve and respond to messages.

Thank you.



COUNCIL BRIEFING NOTE

MEETING DATE: December 2015

FOR DECISION

FOR INFORMATION

X

INITIATED BY: Esmail Merani, President

TOPIC: President's Report to December 2015 Council

ISSUE: As set out in the Governance Manual, the President is required to submit a report of activities at each Council meeting.

BACKGROUND: I respectfully submit a report on my activities since the September 2015 Council Meeting. In addition to regular meetings and phone calls with the Registrar and the Vice President, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period. Where applicable, meetings have been categorized into general topics or groups.

Other Stakeholder Meetings:

November 3rd – Attendance at the Ottawa Carleton Pharmacists Association meeting - outlined the activities of OCP over the past year.

College Meetings:

October 9th – Call with Past President Mark Scanlon re Registrar's Evaluation

October 13th – Call with Registrar Marshall Moleschi – various updates

November 11th – Conference call with Past President Mark Scanlon and Registrar Marshall Moleschi re Annual Evaluation feedback following September Council

November 16th – Call with Registrar Marshall Moleschi re Executive Committee Meeting Agenda

November 23rd – Executive Committee Meeting

November 30th – Finance and Audit Committee Meeting



COUNCIL BRIEFING NOTE
MEETING DATE: December 2015

FOR DECISION	FOR INFORMATION	X
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INITIATED BY: Esmail Merani, President

TOPIC: September 2015 Council Evaluation Report to December 2015 Council

ISSUE: As set out in the Governance Manual, after each Council meeting, Council performs an evaluation of the effectiveness of the meeting and provides suggestions for improvement.

BACKGROUND: At the September 2015 Council meeting, we again provided Council members with the opportunity to provide their feedback via electronic survey. A summary of the input is being provided to Council for information.

1. Governance philosophy Council and staff work collaboratively, each in distinct roles, to carry out self-regulation of the pharmacy profession in the interest of the public and in the context of our mission statement and legislated mandate. How would you evaluate the meeting overall?

Answer Options	Always	Frequently	Often	Occasionally	Never	Response Count
1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP	8	2	1	0	0	11
2. Members were well prepared to participate effectively in discussion and decision making	3	8	0	0	0	11
3. In accordance with the governance philosophy, Council worked interdependently with staff	9	2	0	0	0	11
4. There was effective use of time	6	2	2	1	0	11
5. There was an appropriate level of discussion of issues	4	4	2	1	0	11
6. The discussion was focused, clear, concise, and on topic	2	6	2	1	0	11

2. Did the meeting further the public interest?

YES = 10 = 90.91%

NO = 1 = 0.09%

3. Identify the issue for which you felt the discussion and decision-making process worked best, and why.

- Registrar as lobbyist – backgrounder helpful. Discussion focused.
- Discussion surrounding our strategic plan and financials.

4. Identify the issue(s) for which you have felt the discussion and decision-making process was not effective, and why. Note any areas where the distinction between governance and operations was unclear

- Pre54 charter issue - although important to some, relevance to public interest not really clear. Question of timing as well, as regulation change had already gone forward to government.
- The in-camera session was not focused on the reason for the session, and the discussion went outside of the purpose and mandate.
- Debate around pre-1954 charter Unclear as to why this has become an urgent issue when previous Councils must have addressed already.
- The area of pre 54 charter, the discussion should have stopped immediately once conflict of interest was brought up; the meeting was not efficiently run.
- We need to have a crash course in Rogers Rules (David Windross teaches one) in order to adequately manage contentious issues like the charter 54 discussion. The discussion would have taken another direction had all council members understood the proper format - especially around motions. the president should have been more involved in the management of some outspoken members.

5. Using the Code of Conduct and Procedures for Council and Committee Members as your guide, in general, how satisfied are you with Council members' ability to demonstrate the principles of accountability, respect, integrity and openness?

Answer Choices	Responses
Completely Satisfied	5
Mostly Satisfied	4
Neither Satisfied Nor Dissatisfied	2
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	11

6. Suggestions for improvement and General Comments (name of respondent - optional)

- The slate of council members wishing to speak within a discussion needs to be better delineated. The order was not followed. Perhaps better use could be made of the VP for this purpose. 2. The president seemed to want to delve into the discussions rather than chair them. Mark and Tracy didn't seem to do this, unless their opinion was requested.
- New Council members seemed to be well-oriented and comfortable contributing to the discussion - orientation and buddy system is working! Christine Donaldson
- Productive meeting. Sylvia Moustacalis
- there were moments of members being disrespectful to each other
- please give us the rogers rules course by David Windross as to be better able to voice our opinions and not get so railroaded by the members who do understand it and use it to their advantage Laura Weyland

Respectfully submitted,

Esmail Merani, President



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF COUNCIL
SEPTEMBER 17 AND 18, 2015**

Draft

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THURSDAY, SEPTEMBER 17, 2015 – 9:01 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

Elected Members

District H Dr. Regis Vaillancourt, Ottawa
District H Ms. Christine Donaldson, Windsor
District K Dr. Esmail Merani, Carleton Place
District K Mr. Mark F. Scanlon, Peterborough
District L Ms. Jillian Grocholsky, Fonthill
District L Dr. Michael Nashat, Brampton
District L Mr. Farid Wassef, Stouffville - **Regrets**
District M Mr. Fayez Kosa, Toronto
District M Mr. Don Organ, Toronto
District M Ms. Laura Weyland, Toronto
District N Mr. Gerry Cook, London
District N Mr. Chris Leung, Windsor
District N Dr. Karen Riley, Sarnia
District P Mr. Jon MacDonald, Sault Ste. Marie
District P Mr. Douglas Stewart, Sudbury
District T Ms. Michelle Filo, Sudbury
District TH Mr. Goran Petrovic, Kitchener

Dr. Heather Boon, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora
Mr. Ronald Farrell, Sundridge
Mr. Javaid Khan, Markham
Mr. John Laframboise, Ottawa
Mr. Lewis Lederman, Ottawa
Mr. Aladdin Mohaghegh, Toronto
Ms. Sylvia Moustacalis, Toronto
Mr. Shahid Rashdi, Mississauga
Ms. Joy Sommerfreund, London

Staff present

Ms. Connie Campbell, Director, Finance and Administration
Ms. Susan James, Director, Competence
Mr. Marshall Moleschi, Registrar
Ms. Ushma Rajdev, Council and Executive Liaison
Ms. Anne Resnick, Deputy Registrar/Director, Conduct

Invited Guest

Mr. Richard Steniecke, Partner, Steinecke Maciura LeBlanc

1. Noting Members Present

Member attendance was noted.

2 Declaration of Conflict

There were no conflicts declared.

3. Approval of Agenda

It was moved and seconded that the Agenda be approved. CARRIED.

4. President's Opening Remarks

4.1 Briefing Note - President's Report to Council

Mr. Scanlon referred to his report which summarized his activities since the previous Council meeting. These included attending various committee meetings at the College and various phone calls and meetings with the Registrar and the Vice President. Referencing the Governance Manual, Mr. Scanlon advised that meeting attendance was required to be recorded and reported annually and that this information was attached to his report.

For the benefit of Council members not in attendance at the previous evening's Council Reception, President Scanlon provided a brief summary of Ms. Denise Cole's (Assistant Deputy Minister, Health Human Resources Strategy Division) remarks at that event.

He welcomed new members, Mr. Gerry Cook and Dr. Karen Riley from District N to the Council table. Also welcomed was recently appointed public member, Mr. Ronald Farrell (Sundridge). All new members were requested to briefly introduce themselves to Council. Returning members from District H, Dr. Regis Vaillancourt and Ms. Christine Donaldson, and Mr. Chris Leung from District N, were also welcomed back to the Council table. Council further noted for information

the reappointment of Ms. Joy Sommerfreund (Public member from London) and the resignation by Ms. Katie Mahoney (Public member from Mississauga) on September 8, 2015.

4.2 Briefing Note - June 2015 Council Meeting Evaluation

Mr. Scanlon referred Council members to the June 2015 Council meeting evaluation and noted that although the number of respondents had dropped, the feedback on the whole had been positive. Council members were encouraged to continue to provide feedback which will serve to ensure efficiency and enhance Council members' participation at these meetings.

5. Annual Council Member Orientation and Committee Chair Training

Next, Mr. Scanlon introduced Mr. Richard Steinecke and invited him to conduct this education session. He noted that Mr. Steinecke was recently recognized by CLEAR, the Council on Licensure, Enforcement and Regulation, for his outstanding contribution to the enhancement of professional regulation and was being awarded the 2015 Regulatory Excellence Award.

The Annual Council Member Orientation and Committee Chair Training occurred from 9:16 a.m. to 11:17 a.m. Mr. Steinecke presented the session, provided clarification and answered questions from floor.

6. Approval of Minutes of Previous Meeting

6.1 Minutes of June 2015 Council Meeting

It was moved and seconded that the Minutes of the June 2015 meeting be approved. CARRIED. (Abstentions: Ms. Al-Zand, Mr. Farrell and Mr. Kosa).

7. Notice of Motions Intended to be Introduced

7.1 Motion re Pre-54 Charter Provisions

The Registrar noted that a motion had been received regarding proposed amendments to the Regulation to the Drug and Pharmacies Regulation Act (DPRA) and the pharmacy ownership provisions of the legislation.

President Scanlon suggested the motion be dealt with later in the agenda - under "Other Matters" - in order to allow Council to proceed with the elections.

Following a brief discussion (whether proxy votes could be allowed for members who could not be present during this discussion; a suggestion to delay the discussion until the following Council meeting), the mover of the motion (Mr. Lederman) acceded to dealing with this matter under "Other Matters" the following day.

8. Motions, Notice of Which Had Previously Been Given

8.1 Briefing Note – Lobbyist Registration

At the Council meeting in June, the Registrar announced his registration with the Ontario government's new "Lobbyist Registration System". This prompted discussion by Council and a motion was moved for Council to receive further information on the matter at the September meeting. Mr. Moleschi provided detailed information on the lobbyist registration system, including the definitions of the various types of lobbyists, the benefits and risks of registering or not as a lobbyist and what this means for the College.

Following discussion on this issue, and upon hearing a general approval through the discussion by Council, President Scanlon stated that it did not appear that a vote needed to be obtained in the matter and that the College would continue with the direction as originally proposed i.e. for the Registrar to be registered as an in-house lobbyist for the purposes of demonstrating, and improving, the College's transparency and public accountability obligations.

9. Inquiries

There were none.

10. Registrar's Report on Election of Members to Council

Mr. Moleschi reported that elections were held in Districts H and N and his Report on Elections was received for information by Council.

11. Elections Committee Report No. 1

**A motion to receive the Elections Committee Report was moved and seconded.
CARRIED.**

Mr. Scanlon, Chair of the Elections Committee, presented the report to Council. He advised that the Elections Committee was appointed at the June 2015 Council meeting and the Committee met on August 27, 2015, and subsequently via conference calls and email to put together the slate of members being presented in the Report. He advised that the slate was based on preferences indicated by the Council members and that during the elections process, in addition to the slate being presented, names could be withdrawn or members nominated from the floor.

Council members also noted for information that after the election of President, Vice President, Executive Committee and Committee Chairs had been conducted, Council would continue with the remainder of the items on the agenda and that upon adjournment later that afternoon, the Nominating Committee, together with the new Chairs of the Statutory and Standing Committees, would convene to discuss the appointments. The finalized slate would be presented to Council for approval the following day.

12. Appointment of Tellers

Ms. Campbell and Ms. Resnick were appointed as tellers for the upcoming Council elections.

13. Election of President

It was noted that there was one candidate (Dr. Merani) nominated for the position of President. No further nominations were received from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Dr. Merani was declared President for the 2015/2016 term after which he delivered brief remarks to Council.

14. Election of Vice President

Council noted that there was one candidate (Dr. Vaillancourt) for the position of Vice President. No further nominations were received from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Dr. Vaillancourt was declared Vice President of the College for the 2015/2016 term and he delivered brief remarks to Council.

15. Past President Award

On behalf of Council, Past President Scanlon was recognized and presented with gifts by President Merani.

16. Appointment of Nominating Committee

It was moved and seconded that Mr. Scanlon and Ms. Sommerfreund, together with newly elected President, Dr. Merani and Vice President Dr. Vaillancourt, be appointed to serve on the Nominating Committee. The motion CARRIED.

17. Election of Executive Committee Members

Elections were held for the elected members on the Executive Committee. Council noted that Ms. Donaldson and Dr. Nashat had expressed an interest in serving on the Executive Committee. No further nominations were received from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

The President invited both candidates to briefly address Council. Ms. Donaldson spoke first, followed by Dr. Nashat. In his address, Dr. Nashat advised Council of one of his employers, whose business had some advocacy component and that this could be perceived to be in conflict with the mandate of the College. Council members discussed the matter, including

seeking further clarification from Dr. Nashat on his role at the said organization. Mr. Moleschi also provided some clarification on the matter, noting that the Governance Manual, which was adopted by Council in 2014, provides clarification on the issue of conflict.

Hearing no further discussion, an election was held and Ms. Donaldson was elected to serve on the Executive Committee.

Council next noted that Ms. Al-Zand, Ms. Bracken, Ms. Moustacalis and Ms. Sommerfreund had all expressed an interest in serving on the Executive Committee. No further nominations were received from the floor. **A motion to close the nominations was moved and seconded. The motion CARRIED.** All four candidates provided brief remarks to Council and an election was held for the three appointed member positions. Ms. Bracken, Ms. Moustacalis and Ms. Sommerfreund were elected to serve on the Executive Committee.

18. Election of Committee Chairs

Accreditation Committee

There were two candidates, Mr. Kosa and Dr. Vaillancourt, nominated for the position of Chair of the Accreditation Committee. Mr. Kosa withdrew his name. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Dr. Vaillancourt was declared Chair of the Accreditation Committee.

Communications Committee

Council noted that the Election Committee considered that since the duties of the Patient Relations and Communication Committees had similar mandates, it would be prudent to combine the activities into a single committee. Under legislation, the Patient Relations is a Statutory Committee. In addition to its statutory obligations, the committee is “to provide guidance to Council on matters concerning patient relations”. Communications Committee is a standing committee of the College with a mandate to “provide direction to Council, through the Executive committee, on all matters supporting public education and outreach, including but not limited to raising awareness of the value of both the profession and the College”. Accordingly, no election was held for the Communications Committee.

Discipline Committee

The President noted that Mr. Lederman and Mr. Stewart had been nominated for the position of Chair of the Discipline Committee. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Following remarks by both candidates, an election was held and Mr. Stewart was declared Chair of the Discipline Committee.

Finance and Audit Committee

The President next noted that Mr. Khan had been nominated for the position of Chair of the Finance and Audit Committee. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Mr. Khan was declared Chair of the Finance and Audit Committee.

Fitness to Practise Committee

Council noted that Mr. Kosa and Mr. Scanlon were nominated for the position of Chair of the Fitness to Practise Committee. Mr. Kosa withdrew his name. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Mr. Scanlon was declared Chair of the Fitness to Practise Committee.

Inquiries, Complaints and Reports Committee (ICRC)

Council members noted that Mr. Cook and Ms. Weyland had been nominated to serve as Chair of the ICRC. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Following remarks by both candidates, an election was held and Ms. Weyland was declared Chair of the Inquiries, Complaints and Reports Committee.

Patient Relations Committee

Council members noted that Mr. Khan and Ms. Sommerfreund had been nominated to serve as Chair of the Patient Relations Committee. Hearing no further nominations from the floor, **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Following remarks by both candidates, an election was held and Ms. Sommerfreund was declared Chair of the Patient Relations Committee.

Professional Practice Committee

Mr. Kosa, Mr. Leung and Dr. Nashat were nominated to serve as Chair of the Professional Practice Committee. Mr. Kosa withdrew his name. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Following remarks by candidates, an election was held. The tellers announced that the vote resulted in a tie. Both Mr. Leung and Dr. Nashat agreed to assume the position of co-chairs of the Professional Practice Committee.

Quality Assurance Committee

Mr. MacDonald was nominated to serve as Chair of the Quality Assurance Committee. Mr. Kosa declared his candidacy to run for Chair. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Following remarks by both candidates, an election was held and Mr. MacDonald was declared Chair of the Quality Assurance Committee.

Registration Committee

Ms. Donaldson and Mr. Kosa were nominated to serve as Chair of the Registration Committee. Mr. Kosa withdrew his name. There were no further nominations from the floor and **a motion to close the nominations was moved and seconded. The motion CARRIED.**

Ms. Donaldson was declared Chair of the Registration Committee.

Motion respecting destruction of ballots

A motion to destroy the ballots was moved and seconded. The motion CARRIED.

Adjournment

At 2:40 p.m. the President declared the meeting adjourned and advised Council members that the Nominating Committee and the newly elected Chairs would now meet to discuss the appointment of members to the Statutory and Standing Committees.

FRIDAY, SEPTEMBER 18, 2015 – 9:05 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

Elected Members

District H Dr. Regis Vaillancourt, Ottawa
District H Ms. Christine Donaldson, Windsor
District K Dr. Esmail Merani, Carleton Place
District K Mr. Mark F. Scanlon, Peterborough
District L Ms. Jillian Grocholsky, Fonthill
District L Dr. Michael Nashat, Brampton
District L Mr. Farid Wassef, Stouffville
District M Mr. Fayez Kosa, Toronto
District M Mr. Don Organ, Toronto
District M Ms. Laura Weyland, Toronto
District N Mr. Gerry Cook, London - **Regrets**
District N Mr. Chris Leung, Windsor
District N Dr. Karen Riley, Sarnia
District P Mr. Jon MacDonald, Sault Ste. Marie
District P Mr. Douglas Stewart, Sudbury - **Regrets**
District T Ms. Michelle Filo, Sudbury
District TH Mr. Goran Petrovic, Kitchener

Dr. Heather Boon, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto - **Regrets**
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo - **Regrets**

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora
Mr. Ronald Farrell, Sundridge
Mr. Javaid Khan, Markham
Mr. John Laframboise, Ottawa
Mr. Lewis Lederman, Ottawa
Mr. Aladdin Mohaghegh, Toronto – **Regrets**
Ms. Sylvia Moustacalis, Toronto
Mr. Shahid Rashdi, Mississauga
Ms. Joy Sommerfreund, London

Staff present

Ms. Connie Campbell, Director, Finance and Administration
Ms. Susan James, Director, Competence
Mr. Marshall Moleschi, Registrar
Ms. Ushma Rajdev, Council and Executive Liaison
Ms. Anne Resnick, Deputy Registrar/Director, Conduct

19. Matters Arising from Previous Meetings

19.1 Briefing Note - Registrar's Report to Council

Mr. Moleschi highlighted the salient points from his report and responded to questions from the floor.

Regarding *Bill 21 Safeguarding Health Care Integrity Act/Drug and Pharmacies Regulation Act (DPRA)*, Mr. Moleschi reported that the College had submitted to the Ministry of Health and Long-Term Care for final consideration and proclamation, the amendments to the regulation to the DPRA which, among others, adds provisions for the inspection of pharmacies within public and private hospitals.

Registrar Moleschi also reported that the College was closely monitoring the situation relating to the recent US Food and Drug Administration advisory warning of issues relating to certain syringes which had the potential for reduced drug potency of certain medications that have been prepared in advance and stored in those particular syringes. He advised that the College will be establishing a small working group of practitioners with specific expertise to review current standards and provide recommendations or guidance to enhance safe practice.

Council noted for information that the Government of Canada recently announced federal funding (nearly \$13 million over five years) to increase the number of annual pharmacy inspections carried out by Health Canada with a goal of reducing opportunities for the diversion of controlled drugs for illegal sale and use.

The Registrar also advised that the Ministry of Health and Long-Term Care is expected to propose various amendments to the *Regulated Health Professions Act (RHPA)* that would emphasise a commitment to public transparency. He added that the vision of the Ministry is that Ontario's health professional regulatory colleges will be "Open by Default" and to this end, the Ministry proposes: making more information available, making the decision-making process more open and accountable, making the regulatory framework drive a culture of transparency and making information easier to understand.

In March 2015, following Council's consideration and approval of amendments to the by-law regarding information to be placed on the public register, it was noted that criteria and processes for determining relevance to suitability to practice were required. The College committed to communicating this information once it was established. A comprehensive review of the existing by-law and legislation was undertaken and a tool and framework have now been developed to be used as a guide in determining the risk the member's conduct poses to the public, and the corresponding action required. Over the coming year, training and orientation will

be provided to all committees that will use the tool and framework with general information provided on the College website.

Next, the Registrar reported that the Ministry had announced, the previous day, its intention to introduce legislation that, if passed, would improve privacy, accountability and transparency in the health care system with new measures that put patients first. The *Health Information Protection Act* would amend existing legislation to protect the personal health information of patients. Some of these changes would include: making it mandatory to report privacy breaches, as defined in regulation, to the Information and Privacy Commissioner and to relevant regulatory colleges; strengthening the process to prosecute offences under the Personal Health Information Protection Act by removing the requirement that prosecutions must be commenced within six months of when the alleged offence occurred and doubling the maximum fines for offences from \$50,000 to \$100,000 for individuals and from \$250,000 to \$500,000 for organizations.

In February 2015, the Supreme Court of Canada unanimously struck down the Criminal Code prohibition against physician-assisted dying. The court gave federal and provincial governments 12 months to respond to the ruling. In response to this ruling, Ontario has launched a public consultation on the implementation of physician-assisted dying. Registrar Moleschi reported that together with Deputy Registrar Resnick, he had recently met with the College of Physicians and Surgeons on Ontario to discuss this matter since many of this College's members may be impacted by any decisions that are made.

Registrar Moleschi reported that in early 2015, nine health regulatory Colleges formed the Clinic Regulation Working Group to jointly explore the regulation of clinics in Ontario in order to strengthen protection of the public interest. The Working Group established parameters for clinic regulation, reviewed research about regulatory options, and discussed alternative models for clinic regulation in Ontario. More information on this initiative will be provided to Council as the work proceeds.

Mr. Moleschi then reported on some of the recent changes he made to the organizational structure at the College. These changes were aimed at meeting the expectations outlined in the College's Strategic Plan approved by Council in June 2015. Accordingly, Ms. Susan James has assumed the newly created role of Director, Competence. She will be charged with rationalizing the competence measurement and assessment functions of the College including hospital practice assessments, community practice assessments, member competence at registration and ongoing member competence. She will also retain her responsibility for directing the Projects team.

Ms. Anne Resnick's position was retitled to Deputy Registrar/Director, Conduct. In this capacity, she will assume a more prominent role in representing the College with external stakeholders on behalf of the Registrar. As well, she will continue to provide guidance and direction to the I&R department which will now include the accreditation adjudication processes.

Next, Ms. Campbell was invited to provide a brief overview of the College's Operational Plan. Council members were referred to the changed framework for reporting which essentially now demonstrates the noteworthy accomplishments for the quarter rather than goals and the means by which to achieve them. This new way of reporting will enable Council to better monitor the progress of the goals and priorities set by Council in March 2015.

Next, Ms. Winkelbauer, Manager, Continuing Competency Program, was invited to provide an overview of her program area. The presentation took place between 9:52 a.m. and 10:30 a.m. during which she provided clarification and responded to questions from the floor.

20. For Decision

20.1 Briefing Note – Code of Ethics Task Force

A motion to receive the Briefing Note from the Code of Ethics Task Force was moved and seconded. CARRIED.

The Chair, Mr. Scanlon, provided some background. Council heard that the last substantive update to the Code was in 1996. In the past 10 years, changes were required in several areas which necessitated a review and update of the Code. These include the integration of regulated technicians into the workforce and an expanded scope for pharmacists. As well, the issue of alleged chemotherapy under dosing and an increasing focus on accountability and transparency, highlighted areas where more comprehensive resources could be useful.

Council noted that following the establishment of the Task Force in December 2014, and as reported at previous Council meetings, a project consultant was contracted, a needs assessment was conducted and a comprehensive review of leading Codes within Canada and internationally was undertaken. Draft documents were then prepared and presented to multiple stakeholder groups with representation from a variety of practice settings and perspectives and the final draft documents were now being presented to Council for approval for posting for public consultation. This comprehensive Code supports core ethical principles in healthcare with standards to guide members on how to meet ethical expectations in practice. Mr. Scanlon added that no new expectations had been brought forward however the document more explicitly conveyed those expectations already communicated through legislation, Standards of Practice, College policies and guidelines.

Since this was not a document that required a certain number of days for consultation, the Task Force recommended a 45-day public consultation to ensure sufficient time to review feedback, with a final draft to be presented to Council in December 2015.

Discussion on specific situations which could pose an ethical dilemma for a member ensued and it was clarified that the document outlines for the members and the public, the core ethical principles in healthcare that dictate a healthcare professional's ethical duty to patients and society. The document further supports these principles with standards that indicate how a member is expected to fulfil his/her ethical responsibilities.

It was moved and seconded that Council approve the proposed draft for a 45-day public consultation period. Council members voted in favour of the motion. Mr. Kosa voted against the motion. There were no abstentions. The motion **CARRIED.**

20.3 Briefing Note – Finance and Audit Committee

A motion to receive the Briefing Note from the Finance and Audit Committee was moved and seconded. CARRIED.

Mr. Khan, Chair of the Finance and Audit Committee, presented the Briefing Note to Council. The document outlined the operating and capital budget for 2016 and the corresponding fee structure. The budget supports the Strategic Framework developed by Council in March 2015 and the Operational Plan presented to Council in June 2015. The Framework affirms transparency, accountability and excellence as values and codifies Patients First, Effective Communication and Continuous Quality Improvement as strategic initiatives.

Council noted that the 2016 budget is a balanced budget and reflects the necessary revenue and respective expenses to support the strategic priorities identified in the Operational Plan. While there are no changes to member fees; the budget proposes changes to fees for Registration and Community Pharmacy applications and renewals, as well as fees for application, issuance and renewal of Certificates of Accreditation for Hospital Pharmacies.

Council noted that the proposed DPRA Regulation amendments will provide the College with the authority to license and inspect pharmacies within Ontario's clinics or hospitals. This requires supporting by-law amendments to include fees for the issuance and renewal. The proposed fees for hospital pharmacies were set to recover costs directly attributed to the hospital inspection program and include a flat rate for hospital pharmacy accreditation, regardless of the number of beds in the hospital or services provided.

Together with Ms. Campbell, Director of Finance and Administration, Mr. Khan responded to questions from the floor and provided clarification where necessary.

Following discussion, **a motion to approve the 2016 Operating and Capital Budget and corresponding fee structure was moved and seconded. CARRIED.**

20.4 Briefing Note – Finance and Audit Committee

A motion to receive the Briefing Note from the Finance and Audit Committee was moved and seconded. CARRIED.

Mr. Khan advised that the Finance and Audit Committee had recommended the reappointment of Clarke Henning LLP Chartered Accountants as Auditors for the College for the 2015 fiscal year. The auditors were selected following an external review in 2014 of the auditing and financial services.

A motion to approve the appointment of Clarke Henning LLP as Auditors for 2015 was moved and seconded. CARRIED.

20.2 Briefing Note – Executive Committee

A motion to receive the Briefing Note from the Executive Committee was moved and seconded. CARRIED.

As previously indicated, the proposed 2016 Operating and Capital budget includes changes to fees for member registration, community pharmacy applications and renewals, and introduces fees for application, issuance and renewal of Certificates of Accreditation for hospital pharmacies.

Furthermore, as part of the College's ongoing commitment to transparency and enhanced public reporting, a full review of the College's public register was undertaken in preparation for development of a re-designed register. As a result of the review, by-law amendments were deemed necessary to provide authority for the collection and posting of additional information on members and pharmacies. In addition, the proposed Drug and Pharmacies Regulation Act (DPRA) Regulation amendments approved by Council and submitted to government earlier this year require supporting changes to the by-laws to ensure consistency and clarity of references to hospital and community pharmacies.

Council noted that under legislation, changes to specific by-laws require consultation prior to its enactment. It was noted that the proposed by-law provisions will be posted for a 60-day public consultation and feedback received will be considered at the next Council meeting.

A motion to approve the by-law amendments for consultation was moved and seconded. Council members voted in favour of the motion. Mr. Kosa abstained. There were no negative votes. CARRIED.

21. For Information

21.1 Briefing Note – Statutory and Standing Committee Reports

President Merani next advised Council that as required in the Regulated Health Professions Act and the College by-laws, all statutory committees are required to submit an annual report to Council. He added that the reports were provided for information only and that none of the material in the reports was new but essentially a re-cap of what had occurred and reported during the previous Council year.

22. Other Matters

22.1 Approval of Appointments to Statutory and Standing Committees

The President referred Council to the Committee appointments list distributed earlier in the day and thanked the Nominating Committee and the newly-elected Chairs of the statutory and standing committees, who had met the previous afternoon, for their work in this appointment process. **A motion to approve the appointments to the Statutory and Standing Committees was moved and seconded. CARRIED.**

7.1 Motion re Pre-54 Charter Provisions

At the Chair's invitation, Mr. Lederman addressed Council regarding his motion. Essentially, the motion is three-fold in that it recommends an amendment to the Regulation to the Drug and Pharmacies Regulation Act, specifically to address the scrutiny of the conduct of shareholders under section 8; the second part of the motion proposes an amendment to the shareholding requirement under section 142 of the Drug and Pharmacies Regulation Act and the third part refers to the appointment of a Steering Group to collect feedback on proposed amendments.

Mr. Organ spoke in favour of changes that would remove restrictions on pharmacy ownership, especially in light of the other provisions that the College has which can hold non-pharmacy corporate directors accountable.

Hearing a lot of questions on the intent and purpose of the motion, Mr. Moleschi and Ms. Campbell were requested to provide clarity respecting the proposed amendments to the Regulation and to the Act. As a result, discussion ensued on the significance of the pre-1954 and post-1954 corporations operating pharmacies and what potential conflicts may exist for members of Council, who may be shareholders or directors of corporations, debating the issue. Ms. Al-Zand suggested that the issue of conflict be dealt with first.

Discussion then followed regarding competition, the existence of a two-tier system, accountability issues, public protection mandate and artificial restrictions. Ms. Al-Zand again recommended that the issue of conflict be dealt with prior to discussing the matter further. She suggested that as a public member, declarations of conflicts would enable her to put things in perspective prior to voting on the matter.

A suggestion was then made to split the motion and deal with the individual portions of the motion and following lengthy debate, **it was moved and seconded that the motion be tabled until the following meeting and that background information be available to help inform discussion and debate.** Council members voted unanimously in favour of the motion.
CARRIED.

23. Unfinished Business

None.

24. Registrar's Annual Performance Appraisal

President Merani advised that the Governance Manual sets out the role of the Registrar as well as how the Registrar's performance is to be evaluated by Council as a whole.

Council members were invited by past president (Mr. Scanlon) to provide feedback on the Registrar's performance over the past year. This feedback has now been collated for final approval by Council. Since this issue pertained to a personnel matter, and accordingly met the requirements for having an in-camera session under section 7 of the Health Professions Procedural Code, **it was moved and seconded that Council do now, at 2:48 p.m., move in-camera in order to discuss the Registrar's annual performance appraisal. CARRIED.**

All staff members and observers were requested to leave the Council Chamber during the discussion of this agenda item.

It was moved and seconded that at 3:15 p.m., Council end the closed meeting discussion and return to the public meeting. CARRIED.

Motion respecting Circulation of Minutes

A motion to approve the circulation of the draft minutes of this Council Meeting to Council members was moved and seconded. The motion CARRIED.

25. Motion of Adjournment

It was moved and seconded that the Council meeting be adjourned at 3:20 p.m. and to reconvene on Monday December 7, 2015, or at the call of the President. The motion CARRIED.

**Ushma Rajdev
Council and Executive Liaison**

**Esmail Merani
President**

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COUNCIL BRIEFING NOTE

MEETING DATE: December 2015

FOR DECISION	X	FOR INFORMATION	X
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INITIATED BY: Marshall Moleschi, CEO and Registrar

TOPIC: Report to December 2015 Council

ISSUE: As set out in the Governance Manual, Council holds the Registrar accountable for the operational performance of the organization. As well, the Registrar is responsible for reviewing the effectiveness of the College in achieving its public interest mandate and the implementation of the Council's strategic plan and directional policies. As such, the Registrar is expected to report on these activities at every Council meeting.

BACKGROUND: I respectfully submit a report on the activities since the September 2015 Council Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the President and the Vice President, summarized below are some of the meetings I attended and matters that I dealt with on behalf of the College during the reporting period.

Ministry/Legislative Initiatives

Transparency and Openness Strategy for Health Regulatory Colleges

The Health Human Resources Strategy Division at the Ministry of Health and Long-Term Care established a transparency strategy which aims to build on existing efforts to enhance and standardize measures adopted by health regulatory colleges to increase their transparency practices in support of the *Patients First: The Action Plan for Health Care*.

In an effort to advance this Strategy, the ministry established the Transparency Working Group (TWG), comprised of representatives of the ministry, colleges and from the wider health system, as well as members of the public, to advise and assist the ministry in shaping and implementing the transparency Strategy.

In mid-October, the ministry shared further information about expectations and composition of this working group. As reported at the last Council meeting, the vision of the ministry is that Ontario's health professional regulatory colleges will be **Open by Default** – Colleges will be trusted sources of credible, relevant and timely information about regulated health professionals for the public.

To this end, the ministry proposes: making more information available, making the decision-making process more open and accountable, making the regulatory framework drive a culture of transparency and making information easier to understand.

The transparency Strategy (and its working groups) will require alignment and coordination with other initiatives aimed at modernization of our health regulatory framework. All colleges will have the opportunity to have representatives on working groups (such as the Transparency Working Group [our College being represented by Ms. Resnick], the Sexual Abuse Task Force Working Group and a Working Group to propose amendments to the Regulated Health Professions Act [RHPA]), and will report to a Health Regulatory Modernization Advisory Table (HRMAT). The ministry will work with college Councils to implement guidelines, standards, recommendations consistently across all colleges.

Vaccines

Together with Deputy Registrar Ms. Resnick, we attended a meeting of the Pharmacy Travel Vaccines Working Group to further discuss to the potential administration of certain travel vaccines by pharmacists.

As well, on October 26, 2015, the annual Universal Influenza immunization Program (UIIP) was launched. As an alternative to an injection in the arm, a nasal spray flu vaccine will also be available for certain patients. There are approximately 2,500 pharmacies across Ontario that are participating in the 2015-2016 UIIP.

Narcotic Use and Misuse in Ontario

In October, the Ministry of Health and Long-Term Care held a round table discussion on Narcotics Use/Misuse in Ontario where stakeholders were invited to share information about work planned or underway in their respective organizations and to share with the group the experiences and perspectives in:

- Challenges related to narcotic use and misuse,
- Lessons learned from past attempts to address these issues, and
- Opportunities to move forward with a coordinated and cohesive approach to address these issues.

Some of the themes that emerged and which will have an impact on the pharmacy professionals include: education for service providers as well as patients, roles and responsibilities, scope of practice, collaboration among professions and continuity of care.

As well, we were invited by the College of Physicians and Surgeons of Ontario to attend a meeting to discuss specifics relating to the current approach to narcotics management including referrals from the Narcotics Monitoring System to regulatory bodies and system approaches to inappropriate prescribing. More information on this issue will be forthcoming in the coming months.

Physician Assisted Dying

In response to the Supreme Court of Canada's (SCC) decision on physician-assisted dying (PAD) in *Carter v. Canada*, the Government of Ontario is working to develop and assess options for a provincial approach to PAD. This approach will be informed by advice received by the provincial-territorial (P/T) Expert Advisory Group (EAG) on PAD as well as online public consultations and discussions with stakeholders. In the context of Ontario's approach to PAD, we were invited to attend a meeting and receive a briefing on: (a) background and context for action; (b) Ontario's approach to PAD and updates on activities; and (c) PAD alignment with palliative/end-of-life activities. Our input was also sought on key policy and implementation questions.

Bill 119 "Health Information Protection Act"

As previously reported, in September 2015, Minister Hoskins introduced "The Health Information Protection Act, 2015" in the Ontario legislature. If passed, Bill 119 will make a number of amendments to the Personal Health Information Protection Act, 2004, (PHIPA), the Regulated Health Professions Act, 1991, Drug Interchangeability and Dispensing Fee Act and the Narcotics Safety and Awareness Act, 2010. These amendments are intended to strengthen the protection of health information privacy, and increase transparency and accountability in Ontario's health care system.

The Bill, which is currently in second reading in the legislature, can be read in its entirety at:
http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=3438

Stakeholder Relations

I met with ministry staff (Jesse Rosenberg, Director of Policy, Shannon Zimmerman and Derrick Araneda, Policy Advisors) who recently assumed responsibility for files relating to health regulatory colleges, to discuss the various ongoing issues as described above.

The College continues to communicate with the ministry, Minister's Office and Premier's Office in an effort to ensure Council members are re-appointed in a timely manner as well as urging the government to appoint much needed additional members.

Inter-Professional Relationships

Federation of Health Regulatory Colleges of Ontario (FHRCO) Update

Over the last quarter, FHRCO has met several times and has dealt with various initiatives that impact the health colleges in Ontario. In December, another major FHRCO endeavor will be accomplished – the production of video segments for Council member training. These will be available for use by FHRCO member Colleges online as part of their orientation or ongoing education programs.

The FHRCO Board of Directors met in October 26, 2015. Highlights include:

- Receipt of a report from the MOHLTC Transparency Working following first meeting of RHPA College members of the TWG
- Meeting with the Health Professions Appeal and Review Board (HPARB) Chair and Registrar to get an overview of HPARB processes
- Sharing best practices amongst the membership on transparency process and progress among FHRCO Colleges
- Notification that FHRCO is applying to be included in the Ontario Lobbyist Registry.

Presentations/Other Stakeholder Meetings

National Association of Pharmacy Regulatory Authorities (NAPRA) Update

The NAPRA Board of Directors Meeting was held November 6 and 7 in Fredericton, New Brunswick. OCP representative, Ms. Tracy Wiersema, attended the meeting and has provided a memorandum (attached) for Council's information. Past President Mark Scanlon was also in attendance as an observer, and as noted in the President's Report, he will be representing the College on the Board commencing April 2016.

NAPRA's priorities for the next year continue to align with several priorities identified for the College by Council and we will continue to monitor and participate at the Board and Registrars' tables (CPRC). The Annual Report for 2014-2015 is also attached for Council's information.

University of Waterloo

In October, I met with Dr. Edwards and his staff to see a demonstration of the 5 in 5 project developed at the School of Pharmacy. The tool is meant to help both pharmacists and pharmacy technicians better understand their scope of practice and how to move forward with delivering professional services to patients.

University of Toronto

Attached for Council's information is a status report from Dr. Zubin Austin, Leslie Dan Faculty of Pharmacy, regarding the "Collaborative Project to Advance the Practice of Pharmacy" now completing its third year. This project represents a partnership between the University of Toronto (U of T) and the College, and is designed to support the profession of pharmacy in enhancing the quality of care and services provided to patients.

OHA – Drugs: Oversight, Safety and Supply Conference

In November, I was invited to present at a conference of the OHA (Ontario Hospital Association). The event was designed to provide an update on key initiatives and was an opportunity to share best practices and network with other professionals in hospital practice. I provided an update from the College on

- Amendments to the *Drugs and Pharmacy Regulations Act* (DPRA)
- Status and key findings from Hospital baseline assessments of pharmacy practices and medication management systems
- NAPRA Standards
- System gaps and priority setting

Ontario Branch – Canadian Society of Hospital Pharmacists

My presentation to this group included an update of hospital pharmacy assessments and certification for pharmacists and pharmacy technicians in sterile compounding. In addition, I provided an update on the proposed Code of Ethics and “*Moving the Mountain*”.

Pharmacy Examining Board of Canada (PEBC)

Attached for Council’s information is the mid-year update from their 2015 Board Meeting held in October.

Ontario Pharmacists Association (OPA)

I continue to hold regular meetings with Mr. Darby, CEO, OPA to discuss issues of mutual interest. As well, on December 8th, the College’s Executive Committee will be meeting with some of the OPA Board Members to discuss key initiatives for the upcoming year.

Leaders in Pharmacy

In November, I had the privilege to attend a roundtable presentation and discussion focused on the value of strong partnership during changing times. Discussion centred on the need to encourage pharmacists and pharmacy technicians to become more confident in their own knowledge, skills and abilities and look at patient needs and make effective decisions. As well, the need to work collaboratively with other healthcare professionals in order to address these patient needs.

Operational Plan Update

A key part of the Registrar’s performance is to regularly provide an update to Council on the College’s Operational Plan. The program activities and intended outcomes support the priorities outlined in the Strategic Framework developed by Council in March 2015.

As reported by the I&R staff in September, that area underwent a pilot implementation of the Model for Improvement for the complaints process. The review spanned from intake to disposition and resulted in increased efficiency through re-designing and adopting new business processes. In September, College staff at all levels participated in an introduction to the Model, otherwise known as PDSA, and over the next year, will commence implementing process improvements in their own areas with a view to increasing efficiencies and thus contributing to the strategic initiative of Continuous Quality Improvement (CQI).

Also notable for this quarter is the new video for the public that was produced in collaboration with the Communications Committee, called “[Trust in the Care Your Pharmacist Provides](#).” The video is designed to help patients feel confident and comfortable in the valuable services pharmacists and pharmacy technicians are qualified and authorized to deliver.

Attached for Council's information, and as required under by bylaws, is a memorandum on the Appointment of Inspectors.

This reporting activity also includes regular program updates/presentations from the program managers. At this December Council meeting, I will invite Ms. Judy Chong, Manager, Hospital and Other Health Care Facilities, to present to Council.

Date: November 9, 2015

To: Executive Committee

From: Tracy Wiersema, OCP Representative on NAPRA

RE: NAPRA Board of Directors Meeting November 6 and 7, 2015
Fredericton, New Brunswick

The Board approved the recommendations of the Committee on Pharmacy Compounding:

- comments to be submitted to USP regarding the proposed changes to USP 797 based on the input generated by the ad hoc Committee on Pharmacy Compounding;
- the NACPP be the committee involved in the development and review of the Model Standards of Pharmacy Compounding for Non-sterile Preparations;
- the ad hoc Committee on Pharmacy Compounding be disbanded after the completion of the release of the Model Standards for Pharmacy Compounding of Non-hazardous and Hazardous Sterile Preparations; and
- the Board of Directors support the staggered release date for the Model Standards for Pharmacy Compounding of Non-hazardous Preparations (late November 2015) and the Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations (February 2016, following the publication of USP 800).

Provided with an update on the consultation undertaken for the PPMS Supplemental Requirements document. The review of the comments will continue in the next few months with the assistance of the working group members and the consultant who wrote the document. It is anticipated that the views of CPRC will be sought on a few issues. An amended draft PPMS supplemental document will be ready for the Board's review at the next meeting. A recommendation for a revised date of implementation will also be provided

Approval of Strategic plan (2016-2017)

Key Result Area #1: National Drug Schedules (NDS)

Strategic Objective: Complete NDS model review

Key Result Area #2: Foundation Document: Non sterile compounding standards

Strategic Objective: Prepare and publish model standards for non sterile compounded preparations

Key Result Area #3: Foundation Document: Model standards of practice for pharmacists

Strategic Objective: Review and update model standards of practice for pharmacists

Key Result Area #4: Proactive Influence and Leadership

Strategic Objective: Continue to raise stakeholder awareness of NAPRA's role, strengthen relationships, and increase NAPRA's influence towards quality patient care and safety

Review of proposed budgetary implications and timelines to implement above strategies.

The percentage of increase of the 2016 members' fees at 2.5% based on policy.

The Board approved the 2016 budget.

Naloxone access – NAPRA approved a statement to be provided to Health Canada that supported greater access to naloxone for the treatment of opioid overdose. Encouragement of Health Canada to support manufacturers to bring formulations that are more conducive to self-administration to Canada, as seen in other countries, will also be communicated. Discussion on an examination of the role of the pharmacist with respect to naloxone was also discussed.

Physician assisted dying – the role of the pharmacist and pharmacy technicians will be further examined by a working group of CPRC.

Agreement to undertake a review of the by-laws to expand the eligibility of directors beyond just pharmacists (i.e. Pharmacy technicians, public members).

NAPRA members provided a summary of the key priorities being focused on in their own jurisdictions.

Retiring registrars Susan Wedlake (Nova Scotia) and Ron Guse (Manitoba) were recognized for their contributions over the past several years.



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ANNUAL REPORT 2014-2015

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NAPRA BOARD OF DIRECTORS

April 2015

Ottawa, Ontario



Photo: Miv Photography

From left to right

Front row:

Michelle Wyand, Erin Clarke, Bob Nakagawa, Debbie McCulloch, Tracy Wiersema, Carole Bouchard,
Commander Sylvain Grenier, Anjali Acharya, Angela MacDougall

Back row:

Debra Willcox, Manon Lambert, Barbara Harvey, Sam Lanctin, Kyle MacNair, Marshall Moleschi, Craig Connolly,
Bob Craigie, Ronald Guse, Greg Eberhart, Margot Priddle, Isabelle Tremblay, Susan Wedlake

Absent:

Fiona Charbonneau, Linda Hensman, Ray Joubert and Samantha Van Genne

NAPRA COMMITTEES 2014-2015

Executive Committee

Chair: Craig Connolly

The Executive Committee supports the Board of Directors in various capacities including decisions regarding the drug placement on the National Drug Schedules, review of financial variance reports, advise on the preparation of operational plans and budgets, and to review policy or other issues when required and provide recommendations to the Board.

International Pharmacy Graduates (IPG) Steering Committee

Chair: Debbie McCulloch

The International Pharmacy Graduates (IPG) Project Steering Committee acts as the decision-making body for major issues, and all deliverables related to the IPG project. The Committee provides leadership and vision to guide the project through the development and implementation stages.

National Committee on Regulated Pharmacy Technicians (NCRPT)

Chair: Linda Hensman

The Committee was created to address, review and make recommendations to NAPRA regarding issues related to regulated pharmacy technicians.

National Drug Scheduling Advisory Committee (NDSAC)

Chair: Dr. Carlo Marra

The Committee was established to advise the provincial/territorial pharmacy regulatory authorities on matters relating to the placement of drugs within a three schedule/four category national model. NDSAC members are mandated to serve in the public interest, aiming to promote optimal pharmacotherapy while recognizing the role and responsibility of the patient in health care.

Audit Committee

Chair: Bob Craigie

The Committee was established to assist the Board in fulfilling its responsibilities for financial accountability to the Members.

Council of Pharmacy Registrars of Canada (CPRC)

Chair: Susan Wedlake

The Council of Pharmacy Registrars of Canada (CPRC) has separate defined roles within their capacity as a Board Committee and within their capacity as a group of Registrars. For example as a Board committee CPRC provides advice to the Board, identifies national issues, recommends policy and acts as a liaison between PRAs and NAPRA. As a group of Registrars, CPRC coordinates provincial/territorial operational collaboration, participates in stakeholder engagements (e.g. with government) and acts as a forum for discussion of inter-provincial/territorial issues.

International Pharmacy Graduates (IPG) Advisory Working Group

Chair: Anick Minville

The International Pharmacy Graduates (IPG) Project Advisory Working Group provides advice, expert guidance and constructive input to the Project Management team to ensure that the registration processes, assessment tools and project database are effective, efficient and as comprehensive as possible.

National Drug Schedules Review Steering Committee

Chair: Tracy Wiersema

The Board created an *ad hoc* committee to steer the National Drug Schedules Review Project.

National Advisory Committee on Pharmacy Practice (NACPP)

Chair: Craig Connolly

The Committee was created to ensure that the National Model Licensing program and its components as well as the *Mobility Agreement for Canadian Pharmacists (MACP)* maintain their relevancy as pharmacy practice evolves, and to advise NAPRA on matters pertaining to pharmacy practice at the national level.

Nominating Committee

Chair: Tracy Wiersema

The Committee was created to coordinate the process of the annual election of Directors for the Board of Directors.

NAPRA COMMITTEES 2014-2015 (continued)

External Appointments

The following individuals are appointed to sit as the association's representative on professional committees, advisory committees, working groups or boards.

**Blueprint for Pharmacy Steering Committee
(Canadian Pharmacists Association)**

- Carole Bouchard

**.pharmacy generic Top Level Domain (gTLD)
Governance Committee (National Association
of Boards of Pharmacy)**

- Ronald Guse

**Canadian Network of Agencies for Regulation
*(formerly the Canadian Network of National Association
of Regulators)***

- Carole Bouchard

**National Council on Prescription Drug Misuse
(Canadian Council on Substance Abuse)**

- Debbie McCulloch

**Canadian Patient Safety Institute (NAPRA is a
Voting Member)**

- Carole Bouchard

**Standards Collaborative Strategic Committee
(Canada Health Infoway)**

- Commander Sylvain Grenier

**Canada Council for Accreditation of Pharmacy
Programs**

- Marshall Moleschi

**AFPC Canadian Experiential Education Project
Steering Committee**

- Margot Priddle

Thank you to all committee volunteers who served in 2014-2015

Anjli Acharya • Dr. Thomas Bailey • Heather Baker • Bertrand Bolduc • Dr. Ratna Bose • Dr. Murray Brown • Fiona Charbonneau • Heather Christ • Craig Connolly • Dale Cooney • Bob Craigie • Drena Dunford • Greg Eberhart • Jeanne Eriksen • Moshtagh Hassan Fadaie • Commander Sylvain Grenier • Ronald Guse • Barbara Harvey • Melanie Healey • Linda Hensman • Sandi Hutton • Susan James • Dr. Melanie Johnson • Ray Joubert • Dr. Deborah Kelly • Manon Lambert • Sam Lanctin • Doreen Leong • Susan Lessard-Friesen • Kyle MacNair • Dr. Carlo Marra • Debbie McCulloch • Kathy McInnes • Kim McIntosh • Judith McPhee • Gary Meek • Tim Mickleborough • Anick Minville • Marshall Moleschi • Bob Nakagawa • Marie-Claude Poulin • Margot Priddle • Dr. John Pugsley • Anne Resnick • Joan Sayer • Sue Sampson • Suzanne Solven • Kendra Townsend • Samantha Van Genne • Sheryl-Ann Wasson • Susan Wedlake • Tracy Wiersema • Debra Willcox • Michelle Wyand • Bev Zwicker

MESSAGE FROM THE PRESIDENT



Tracy Wiersema
Photo: Miv Photography

Objectively, a year is a long period time and it is not unrealistic to accomplish a number of activities within that timeframe however big or small. However, a year in the role of leading the National Association of Pharmacy Regulatory Authorities' (NAPRA) Board of Directors is in fact anything but long. My time passed so quickly and with so much activity that I likened myself to a runner in a competition: at times I sprinted, while at others I jogged and then at other points I recognized that my work, and that of the Board, should be approached like a marathon. I constantly adjusted the pace depending on the circumstances. But now, with my term completed, I crossed the metaphorical finish line and I cannot help but feel an incredible sense of accomplishment.

I was fortunate to participate in a wide range of meetings to interact with our colleagues in pharmacy both within Canada and beyond. I appreciated the opportunities to meet with other national association representatives such as from The Pharmacy Examining Board of Canada, the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, and the National Association of Boards of Pharmacy. During these meetings I presented the point of view or experience of Canada's pharmacy regulators. I was also provided with the chance to see NAPRA's role in the pharmacy profession through the eyes of others. I valued the interactions and experience gained when I met with other health professionals during events such as the Canadian Patient Safety Institute's Patient Safety Education Roundtable and the Council on Leisure, Enforcement and Regulation conference. And I was pleased to help forge a new relationship on behalf of NAPRA with our participation in the inaugural meeting between ourselves, the Canadian Council of Registered Nurse Regulators and the Federation of Medical Regulatory Authorities of Canada. In the future, I believe that our respective associations can collaborate on common areas of interest and present a unified voice to our health professional colleagues and representatives of government.

The year was also marked by the completion or continuation of a number of important activities for the association. NAPRA reached out to Health Canada throughout the year to express concern regarding the issue of drug safety and quality with respect to drug recalls and ongoing national drug shortages. In addition, NAPRA communicated with and offered its expertise to the federal department of health with its review of the *Controlled Drugs and Substances Act*. The Board continued to monitor the progress of our newest programs: the National Pharmacy Technician Bridging Education Program™ and the Pharmacists Gateway Canada for international pharmacists program, the latter of which was officially launched in November 2014. The Board also supported an extensive undertaking to develop new model standards for pharmacy compounding for non-hazardous and hazardous sterile preparations. Although this process was longer than anticipated, I believe that the end result will reflect the hard work of the committee, the subject matter experts and the contributions of stakeholders. Administratively, the Board completed a successful revision to the model for membership fees. In my opinion, this demonstrated a maturity on the part of the organization where all Members worked together in a respectful and progressive manner to focus on the long-term financial health of the organization. In addition, the Board completed a mini strategic planning exercise to set priorities for 2016-2017. By way of this exercise, the next President and their successor will have clearly defined goals and direction for the Board's activities during this time period.

Chairing the meetings of such a passionate and knowledgeable group was, at times, intimidating. But at no point did I feel like I was left to fulfill my duties as President entirely on my own. I want to thank Carole Bouchard, her staff at the NAPRA office, the Executive Committee members and the entire Board of Directors for the support I received during my term. As NAPRA celebrates its 20th anniversary in 2015, I am pleased to have played my part in its history and I have every confidence that NAPRA will continue its vital role in pharmacy regulation in Canada for another 20 years, and beyond.

A handwritten signature in black ink, appearing to read 'Tracy Wiersema', with a stylized flourish at the end.

President

MESSAGE FROM THE EXECUTIVE DIRECTOR

The preparation of this message increases in difficulty with each passing year. It is not for lack of items to include, more to the point there is an abundance of activities to present in the annual report. That said, when I look back on our list of accomplishments for the past year, I am reminded of how much we continue to undertake for our members. It is only with patience and thoughtful actions that we succeeded and ultimately the outcomes are the rewards all members share. To that end, there were two main activities that required a significant amount of our resources to successfully move through all the necessary steps toward completion this year: the launch of the Pharmacists Gateway Canada and the development of the model standards for pharmacy compounding of non-hazardous and hazardous sterile preparations.



Carole Bouchard
Photo: Miv Photography

After nearly four years of development, the Pharmacists Gateway Canada for international pharmacists (“the Gateway”) moved into a critical phase requiring numerous small and large details to be finalized prior to its official launch. This included a project pilot phase involving both potential international pharmacy graduate (IPG) candidates and our partners. The official launch at the NAPRA Board of Directors meeting occurred on November 9, 2014 and the Gateway became a (new) NAPRA core program. In general, the complex and challenging journey proved worthwhile in the end. As an organization, we continue to learn from our day-to-day experiences and constantly strive to make the program stronger for all involved. I am very pleased with the success of the program to date. I believe that the foundation for continued success was laid when we made decisions to ensure that “quality” remained paramount even when the decisions taken meant a slight prolongation of the project timeline.

At the same time as the Gateway was nearing completion, NAPRA embarked on the development of the model standards for pharmacy compounding of non-hazardous and hazardous sterile preparations. The effort to prepare the two documents was a much larger task than expected for the ad hoc committee and the national office staff when the project began. The compounding documents present a level of detail that introduces a significant divergence from our previous publication *Guidelines to Pharmacy Compounding*. Early in the development process, it was acknowledged that in order to produce documents of significant value for provincial/territorial regulators and their registrants, it was necessary to adjust the timeline to incorporate additional checks and balances needed to ensure effective and realistic standards documents. To that end, we thank all the contributors from across Canada and from many different areas of health care for their contributions to the preparation of the materials. I am confident that the standards documents, approved by the Board and to be published later in the year, will provide a good basis for pharmacy compounding activities.

NAPRA continued to move forward in a number of other areas including its outreach to the federal government and other national pharmacy associations. Guided by the Board, NAPRA prepared and delivered comments to Health Canada on a number of pharmacy-related topics such as the review of the *Controlled Drugs and Substances Act* and drug shortages reporting. While maintaining communication with other national pharmacy associations on various matters, our interactions with a few organizations stand out: NAPRA was involved with the National Advisory Council on Prescription Drug Misuse, the Association of Faculties of Pharmacy of Canada (AFPC) Canadian Experiential Education Project and the National Association of Boards of Pharmacy (NABP) .pharmacy domain initiative. Furthermore, NAPRA embarked on a new relationship with the physician and nurse regulator national associations. It is hoped that together, the three regulatory bodies will be able to exchange valuable information and determine areas for collaboration on mutual issues of interest.

(continued on next page)

MESSAGE FROM THE EXECUTIVE DIRECTOR (cont.)

NAPRA's National Advisory Committee on Pharmacy Practice discussed the extensive list of NAPRA's foundation documents and formulated recommendations for consideration by the Board for future activities. This is a difficult task when faced the full suite of foundation documents that are all deemed important and necessary to update but cannot be revised at the same time. NAPRA's additional core programs – the National Drug Schedules and the National Pharmacy Technician Bridging Program™ – continued operations with updates and modifications when necessary.

Internally, NAPRA underwent a few changes to its staff complement. I would like to thank Mr. Lance Miller, Ms. Jeanne Franche, Ms. Louise Travill and Ms. Lynn Rush for all their contributions to NAPRA and wish them every success for future endeavours both professionally and personally. I would also like to extend my thanks to President Tracy Wiersema, members of the Executive Committee, all Board members and the staff at the NAPRA office. I appreciate and value the expertise each person brings, individually and collectively, to better our organization.

2015 marks the 20th anniversary of the association. NAPRA is an organization with a brief but important history. There are a number of significant accomplishments to celebrate that the organization's members – past and present – can be immensely proud of. It is also fitting then that during this milestone anniversary year, the Board of Directors will be asked to reflect and envision the road ahead for the organization. In recognition of the large projects that are still on the table for the national office staff to complete, the Board will set its strategic goals for a shorter timeframe: two years (2016-2017). This compressed timeline will prompt the Board to concentrate their thoughts on focused, achievable goals. It is no easy task, but I am certain that the revised strategic plan will position NAPRA to continue its leadership role in the regulation of pharmacy practice in Canada.



Carole Bouchard
Executive Director

AUDITOR'S REPORT AND AUDITED FINANCIAL STATEMENTS

Independent Auditor's Report

**To: The Members of the
National Association of Pharmacy Regulatory Authorities**

We have audited the accompanying financial statements of the National Association of Pharmacy Regulatory Authorities, which comprise of the financial position as at December 31, 2014 and statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the National Association of Pharmacy Regulatory Authorities as at December 31, 2014 and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



**CHARTERED ACCOUNTANTS
LICENSED PUBLIC ACCOUNTANTS**

OTTAWA, Ontario
April 13, 2015

STATEMENT OF FINANCIAL POSITION

As at December 31, 2014
(See Accompanying Notes to the Financial Statements)

	2014	2013
ASSETS	\$	\$
CURRENT ASSETS		
Cash		
General	183,823	254,913
ESDC/HRSDC Project - IPG	-	139,216
ESDC/HRSDC Project - Bridging	-	2,994
Short-term investments (Note 4)	1,016,389	696,585
Accounts receivable	3,363	40,007
Accrued interest receivable	7,795	6,429
Prepaid expenses	9,372	2,985
	<u>1,220,742</u>	<u>1,143,129</u>
CAPITAL ASSETS (Note 3)	<u>5,195</u>	<u>4,992</u>
	1,225,937	1,148,121
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	20,789	36,719
Deferred contribution (Note 5)	-	198,805
	<u>20,789</u>	<u>235,524</u>
COMMITMENTS (Note 9)		
CONTINGENCY (Note 10)		
NET ASSETS		
Invested in capital assets	5,195	4,992
Internally restricted operating reserve	600,000	550,000
Internally restricted special project reserve	69,973	69,973
Unrestricted assets	529,980	287,632
	<u>1,205,148</u>	<u>912,597</u>
	1,225,937	1,148,121

STATEMENT OF OPERATIONS

For the year ended December 31, 2014
(See Accompanying Notes to the Financial Statements)

	2014		2013
	Actual \$	Budget \$ (Note 8) Unaudited	Actual \$
REVENUE			
IPG Self assessment tools	1,575	65,981	-
IPG Gateway application	221,585	340,313	-
ESDC/HRSDC Project - IPG (Schedule 1)	653,335	-	1,028,692
ESDC/HRSDC Project - Bridging Program	-	-	289,490
Membership fees	660,372	660,371	644,266
NDSAC Review fees (Schedule 2)	157,045	91,535	88,850
Licensing fees - Bridging Program	131,848	144,000	28,432
Interest income	13,241	5,500	11,826
Miscellaneous	741	-	-
	<u>1,839,715</u>	<u>1,307,700</u>	<u>2,091,556</u>
EXPENSE			
NDSAC Licensing Program (Schedule 2)	75,324	69,811	-
IPG Self assessment tools	-	28,396	-
IPG Gateway	21,656	67,134	-
Information Technology Services	33,990	74,700	-
ESDC/HRSDC Project - IPG (Schedule 1)	653,332	-	1,028,692
ESDC/HRSDC Project - Bridging Program	-	-	289,490
Bridging Program	80,683	117,139	-
Amortization	2,330	3,696	19,752
Compensation and benefits	480,656	588,178	362,626
Meetings	37,797	58,446	60,424
Professional fees	66,501	126,636	151,539
Rent and equipment maintenance (Note 7)	50,966	98,812	55,887
Office and administration (Note 7)	22,943	34,584	24,567
Travel	20,983	34,680	26,592
	<u>1,547,164</u>	<u>1,302,212</u>	<u>2,019,569</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	292,551	<u>5,488</u>	71,987
NET ASSETS - beginning of year	<u>912,597</u>		<u>840,610</u>
NET ASSETS - end of year	<u>1,205,148</u>		<u>912,597</u>

STATEMENT OF CHANGES IN NET ASSETS

*For the year ended December 31, 2014
(See Accompanying Notes to the Financial Statements)*

	<u>Internally Restricted</u>			Invested in Capital Assets \$	<u>Total</u>	
	Special Project Reserve \$	Operating Reserve \$	Unrestricted \$		2014 \$	2013 \$
BALANCE - beginning of year	69,973	550,000	287,632	4,992	912,597	840,610
Transfer (see Note below)	-	50,000	(52,533)	2,533	-	-
Excess of revenue over expense (expense over revenue)	-	-	294,881	(2,330)	292,551	71,987
BALANCE - end of year	<u>69,973</u>	<u>600,000</u>	<u>529,980</u>	<u>5,195</u>	<u>1,205,148</u>	<u>912,597</u>

NOTE: During the year \$50,000 was transferred to the Operating Reserve from Unrestricted Assets as directed by the Board of Directors.

STATEMENT OF CASH FLOWS

For the year ended December 31, 2014
(See Accompanying Notes to the Financial Statements)

	2014	2013
	\$	\$
CASH FLOWS FROM (USED IN) OPERATING ACTIVITIES		
Excess of revenue over expense for the year	292,551	71,987
Item not affecting cash: Amortization	2,330	25,114
	294,881	97,101
Net change in operating items:		
Accounts receivable	36,644	3,113
Accrued interest receivable	(1,366)	521
Prepaid expenses	(6,387)	1,318
Accounts payable and accrued liabilities	(15,930)	(27,496)
Deferred contributions	(198,805)	(71,235)
	109,037	3,322
CASH FLOWS FROM (USED IN) INVESTING ACTIVITIES		
Purchase of capital assets	(2,533)	(4,306)
Decrease (increase) in short-term investments	(319,804)	8,415
	(322,337)	4,109
(DECREASE) INCREASE IN CASH FOR THE YEAR	(213,300)	7,431
CASH - beginning of year	397,123	389,692
CASH - end of year	183,823	397,123
Cash is comprised of:		
Petty cash	200	200
General bank accounts	183,623	254,713
IPG Project bank account	-	139,216
Bridging bank account	-	2,994
	183,823	397,123

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2014

1. PURPOSE OF THE ORGANIZATION

The National Association of Pharmacy Regulatory Authorities (the “Association”) was incorporated January 12, 1996 and is regulated under the *Not-For-Profit Corporation’s Act* as a not-for-profit organization. The Association represents pharmacy provincial and territorial regulatory bodies as well as the Canadian Forces Pharmacy Services, whose mandates are the protection of the public. Its members regulate the practice of pharmacy and operation of pharmacies in their respective jurisdictions in Canada. The Association is exempt from income tax in Canada as a not-for-profit entity under Section 149(1)(L) of the *Income Tax Act (Canada)*.

2. ACCOUNTING POLICIES

Basis for Accounting

The Association’s statements are prepared in accordance with Canadian accounting standards for not-for-profit organizations, using the accrual method of accounting.

Revenue Recognition

Contributions

The Association follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Restricted contributions related to the purchase of project capital assets are initially deferred and recognized as revenue on the same basis as the amortization expense related to the acquired capital assets.

The Association has five continuing significant revenue streams:

Review fees are recognized as revenue in the period in which payment is received.

Interest and investment income is included as earned under the accrual method.

Membership fees are recognized as revenue in the year to which they relate. Amounts received in advance are restricted as deferred contributions.

Project grants and contributions are recognized as revenue when the monies are received by the Association and all of the associated expenses have been incurred.

Licensing fees, enrollment fees and tools usage are recognized as revenue when received under various terms of agreement.

Internally Restricted Reserves

Operating Reserve

The operating reserve was established under a Board Executive Expectations Policy/Finance Planning to maintain operating reserves for annual budgeted operating expenses.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2014

2. ACCOUNTING POLICIES - CONT'D

Special Project Reserve

The special project reserve was established under a Board Executive Expectations Policy/Finance Planning to maintain special project and other special purpose reserves.

Short-term Investments

Short-term investments are recorded at fair value based on broker stated values. For investments without stated trading values amounts are valued at original cost.

Capital Assets

Capital assets are recorded at cost and are being amortized over their estimated useful lives as follows:

Furniture and equipment	20%	Declining balance
Computer equipment and software	50%	Declining balance

Use of Estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations 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 expenditures during the year. Significant areas where estimates are used include accrued liabilities, estimated useful life of capital assets, deferred contributions and contingent liabilities. Actual results could differ from those estimates.

3. CAPITAL ASSETS

	Cost	Accumulated Amortization	Net Book Value	
			2014	2013
	\$	\$	\$	\$
Furniture and equipment	11,441	7,621	3,820	4,416
Computer equipment and software	111,416	110,041	1,375	576
	<u>122,857</u>	<u>117,662</u>	<u>5,195</u>	<u>4,992</u>

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2014

4. SHORT-TERM INVESTMENTS

Short-term investments are comprised of a high interest savings account and guaranteed investment certificates, interest payable annually, at annual interest rates ranging from 1.15% to 1.85% as follows:

	\$
High interest savings account - 1.25%	281,389
30-day cashable, 1.15% matures January 26, 2015	50,000
One year, 1.65%, matures January 26, 2015	75,000
One year, 1.41%, matures March 10, 2015	50,000
One year, 1.41%, matures March 10, 2015	100,000
30-day cashable, 1.15%, matures March 12, 2015	50,000
One year, 1.55%, matures March 20, 2015	50,000
30-day cashable, 1.15%, matures March 23, 2015	50,000
30-day cashable, 1.15%, matures March 31, 2015	50,000
One year, 1.46%, matures April 23, 2015	50,000
One year, 1.40%, matures April 23, 2015	60,000
One year, 1.85%, matures May 19, 2015	50,000
30-day cashable, 1.15%, matures July 30, 2015	50,000
30-day cashable, 1.15%, matures July 30, 2015	<u>50,000</u>
	<u>1,016,389</u>

5. DEFERRED CONTRIBUTIONS

	Opening Balance	Decrease	Increase	Ending Balance	
				2014	2013
	\$	\$	\$	\$	\$
NDSAC Fees	44,870	(44,870)	-	-	44,870
Membership Fees	1,142	(1,142)	-	-	1,142
ESDC/HRSDC - IPG	152,793	(152,793)	-	-	152,793
	198,805	(198,805)	-	-	198,805

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2014

6. FINANCIAL INSTRUMENTS

The financial instruments consist of cash, short-term investments, accounts receivable and accounts payable, accrued interest receivable and accrued liabilities, all which are carried at amortized cost.

The Association's financial instruments consist of cash, accounts receivable, short-term investments, accounts payable and accrued liabilities.

The Association initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The Association subsequently measures all its financial assets and financial liabilities at amortized cost, except for investments in equity instruments and fixed income that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in the statement of operations in the period incurred.

Financial assets measured at amortized cost include cash and accounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Impairment

At the end of each reporting period, the Association assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the Association, including but not limited to the following events:

significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; or bankruptcy or other financial re-organization proceedings.

When there is an indication of impairment, the Association determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset.

When the Association identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the asset to the highest of the following:

- a) the present value of the cash flows expected to be generated by holding the asset discounted using a current market rate of interest appropriate to the asset;
- b) the amount that could be realized by selling the asset at the statement of financial position date; and
- c) the amount the Association expects to realize by exercising its rights to any collateral held to secure repayment of the asset net of all costs necessary to exercise those rights.

The carrying amount of the asset is reduced directly or through the use of an allowance account. The amount of the reduction is recognized as an impairment loss in the statement of operations.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2014

6. FINANCIAL INSTRUMENTS - CONT'D

When the extent of impairment of a previously written-down asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, directly or by adjusting the allowance account. The amount of the reversal is recognized in the statement of operations in the period the reversal occurs.

Transaction Costs

Transaction costs are recognized in the statement of operations in the period incurred, except for financial instruments that will be subsequently measured at amortized cost. Transaction costs associated with the acquisition and disposal of fixed income investments are capitalized and are included in the acquisition costs or reduce proceeds on disposal. Investment management fees are expensed as incurred.

Interest Rate Risk

The Association is exposed to interest rate risk on investments in fixed income instruments. This exposure may have an effect on earnings in future periods as marketplace rates may be different than current rates. This risk is reduced due to maturities on fixed income investments being one year or less or cashable after a 30-day period. In the opinion of management the interest rate risk exposure to the Association is low and is not material.

Liquidity Risk

Liquidity risk is the risk that the Association cannot repay its obligations when they become due to its creditors or will encounter difficulty in raising funds to meet commitments associated with its financial instruments. The Association reduces its exposure to liquidity risk by ensuring that it documents when authorized payments become due. In the opinion of management the liquidity risk exposure to the Association is low and is not material.

7. ALLOCATED EXPENSES

Expenses allocated to the ESDC/HRSDC Project - IPG on a pro-rata basis are insurance, rent and telephone totaling \$11,876 for the year (2013 - \$47,657).

8. BUDGET FIGURES

The budget figures are unaudited and are as provided by the Association's management as approved in November, 2013.

9. LEASE COMMITMENTS

The Association has entered into an operating lease for office space which expires in September, 2015. Approximate future minimum lease payments for the next year is as follows:

	\$
2015	22,302

The Association pays, as additional payments, its share of realty taxes and operating costs.

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2014

10. CONTINGENT LIABILITIES

In previous years audit reports, our note referred to claims made against a number of defendants including the Association and others for damages. One of the claims has been successfully resolved with a final release from the plaintiff. The Association's view, which is supported by legal counsel, is that the remaining claim will likely not be successful because of the *Limitations Act*.

11. PRIOR YEARS' COMPARATIVE FIGURES

Certain of the prior years' actual amounts have been reclassified to conform to this years' presentation.

12. STATEMENT OF OPERATIONS

Certain expenses for the NDSAC Licensing Program are included in expense categories in the Statement of Operations. These expenses are Compensation and Benefits, Office and Administration and Travel.

SCHEDULE 1

ESDC/HRSDC PROJECT - IPG

REVENUE AND EXPENSE

For the year ended December 31, 2014

	2014	2013
	\$	\$
REVENUE		
Project revenue	653,335	1,028,692
EXPENSE		
Amortization - project capital assets	-	5,362
Compensation and benefits	267,899	216,396
Insurance	797	2,127
Equipment maintenance	37,639	58,074
Meetings	-	3,368
Other	205	141
Professional fees	310,594	677,070
Rent	23,437	35,364
Sundry	5,863	6,576
Supplies	5,608	3,769
Travel	1,293	20,445
	653,335	1,028,692
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	-	-

SCHEDULE 2

NDSAC

REVENUE OVER EXPENSE

For the year ended December 31, 2014

	2014	2013
	\$	\$
REVENUE		
Review fees	157,045	88,850
	<hr/>	<hr/>
EXPENSE		
Compensation and benefits	21,414	18,135
Meetings	8,105	3,841
Professional fees	42,350	16,640
Sundry	234	151
Travel	24,788	15,384
	<hr/>	<hr/>
	96,891	54,151
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR		
	<hr/> <hr/>	<hr/> <hr/>
	60,154	34,699

NAPRA MEMBER CONTACT INFORMATION

Alberta College of Pharmacists
Suite 1200, 10303 Jasper Ave NW
Edmonton, AB T5J 3N6
www.pharmacists.ab.ca

Canadian Armed Forces Pharmacy Services
Directorate of Medical Policy & Standards
1745 Alta Vista Drive, Room 207
Ottawa, ON K1A 0K6

College of Pharmacists of British Columbia
200-1765 West 8th Avenue
Vancouver, BC V6J 5C6
www.bcpharmacists.org

College of Pharmacists of Manitoba
200 Taché Ave
Winnipeg, MB R2H 1A7
www.cphm.ca

Government of the Northwest Territories
Health Professional Licensing
Department of Health and Social Services
8th Floor, Centre Square Tower
PO Box 1320
Yellowknife, NT X1A 2L9
www.hss.gov.nt.ca/professional-licensing

Government of Nunavut
Department of Health and Social Services
Professional Practice Unit
P.O. Box 390
Kugluktuk, Nunavut X0B 0E0
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Halifax, NS B3J 2G1
www.nspharmacists.ca

Ontario College of Pharmacists
483 Huron St
Toronto, ON M5R 2R4
www.ocpinfo.com

Ordre des pharmaciens du Québec
266 rue Notre-Dame O bureau 301
Montréal, QC H2Y 1T6
www.opq.org

Prince Edward Island Pharmacy Board
South Shore Professional Building
Trans Canada Highway
PO Box 89
Crappaud, PE C0A 1J0
www.pepharmacists.ca

Saskatchewan College of Pharmacy Professionals
(formerly Saskatchewan College of Pharmacists)
700-2010 Pasqua St
Regina, SK S4S 7B9
www.saskpharm.ca

Community Services - Government of Yukon
(formerly Yukon Consumer Services)
PO Box 2703 C-5
Whitehorse, YK Y1A 2C6
www.community.gov.yk.ca/pharmacists

**Collaborative Project to Advance the Practice of Pharmacy
Ontario College of Pharmacists and the University of Toronto**

Status Report #3: December 2015

Executive Summary

This project represents a partnership between the University of Toronto (U of T) and the Ontario College of Pharmacists (OCP), designed to support the profession of pharmacy in enhancing the quality of care and services provided to patients. Using an evidence-based research and development process, the focus of this project is on providing educational supports to address barriers to provision of quality patient care.

The project is now completing its third year. In year one, systematic research was undertaken to identify barriers and facilitators to support quality care delivery. These findings informed development – in year two – of a pilot workshop to test and validate educational content and subsequent development of a curricular plan for a series of e-learning modules designed to empower practitioners to enhance their practice. As part of this process, U of T worked closely with OCP in design and delivery of training workshops to support College Practice Advisors in adopting new roles and responsibilities to engage with pharmacists to foster skills development and improve patient care. Currently in year three of this project, a total of 6 educational e-learning modules have now been developed and made available to the profession and to Practice Advisors for use during their pharmacy visits. Monthly reporting to OCP of uptake of these modules has been implemented and we are gratified by the broad provincial, national, and international interest in our work. In addition a series of live workshops have been developed and delivered across Ontario, co-facilitated by U of T and OCP, focused on clinical decision making in complex situations. To date nine workshops have been delivered at various events and conferences reaching approximately 1400 pharmacists. Research in year three has also resulted in completion and submission for peer review to the Canadian Pharmacists' Journal (CPJ) two research manuscripts – one focused on understanding “trust” in pharmacist-physician relationships and the other focused on describing pharmacists clinical reasoning processes in ethically complex situations.

Going forward in year four and five of this project, we will continue our plan to develop and launch an additional 3 - 4 on-line educational modules to complete the curriculum plan, and we will continue to revise and deliver face-to-face workshops across Ontario through existing continuing education events. Already, four workshops have been confirmed for the first quarter of 2016. Research will continue to examine critical issues around pharmacists' self-confidence and their management of interprofessional conflict/disagreement.

We are grateful for the support of the College in these projects and look forward to continuing this collaboration to achieve our mutual goal of helping to empower pharmacists to enhance their practice.

1. Activities Undertaken:

Title	Description	Objective	Status
Workshops for OCP Staff	Workshops to support Practice Advisors and Registration Staff in their day-to-day work	To support OCP staff in developing new skills and enhanced confidence in working with members of the profession to enhance the quality of practice	2-day workshop (March 31/April1) for standardization of assessment rubrics with Practice Advisors 1-day workshop (December 9) with Registration Advisors
Joint OCP-U of T “Decisions Decisions” Workshops	Interactive, case-based workshop to support reflection and improvement around clinical decision making in complex situations (in total, approximately 1400 pharmacists have attended these workshops)	To enhance the quality of clinical decision making in ambiguous situations and to introduce pharmacists to Practice Advisor roles	<i>9 workshops delivered:</i> MTPA (March 2015) CPhA (May 2015) OPA (3 workshops – Sept-Nov) Independent Pharmacists (Sept) Shoppers Drug Mart (Oct 2015) Costco (Oct 2015) CE Coordinators (Oct 2015)
Development of three new modules for Optimizing Patient Care on-line education series (total of 6 modules now available at www.optimizingpatientcare.ca)	Three professionally-produced e-learning modules to support enhanced patient care	To address barriers identified through our research to practice change and empower pharmacists to manage challenging practice situations	Module 4: <i>How can I manage workflow in my busy community pharmacy to provide optimal patient-focused care?</i> Module 5: <i>What will the Doctor think?: Managing relationships with physicians</i> Module 6: <i>“What can you do for me?”: Managing relationships with patients</i> These modules, in addition to Module 1 (Clinical Decision Making), Module 2 (Expanded Scope Roles) and Module 3 (Documentation) have been viewed by over 4000 people

			from across Canada, the US, the UK, New Zealand, and Australia, and around the world since their release in May 2015.
Research and Publications	On-going research to examine barriers and facilitators to optimal patient care delivery by pharmacists	To develop the evidence base for educational module development	2 manuscripts produced and submitted for peer-review to CPJ 1 student (Brenna Whyte) successfully defended her MSc thesis: "A qualitative investigation into decision making patterns of community pharmacists"

2. Description of new e-learning modules developed:

How Can I Manage Workflow in My Busy Community Pharmacy to Provide Optimal, Patient-Focused Care? challenges the audience to rethink how pharmacy services can be delivered to maximize patient outcomes, highlights different approaches to workflow, and showcases different ways to utilize pharmacy assistants, technicians, and/or students to optimize patient-focused care.

What Will the Doctor Think? Managing Relationships with Physicians identifies strategies that can be used to mitigate tensions and build solid relationships between pharmacists and physicians, and promotes a collaborative approach to caring for shared patients.

“What Can You Do For Me?” Managing Relationships with Patients identifies the difference between customers and patients, provides new methods to manage patient expectations, and offers examples to enhance dialogue between pharmacists and patients about the expanding scope of practice and the role of the pharmacist in the healthcare team.

3. Plan for 2016:

a. Continue development of new on-line e-learning modules in collaboration with OCP Practice Advisors

Topics include: Coaching Pharmacy Staff to Embrace Change, Marketing New Services, Alignment with Practice Standards/Code of Ethics

b. Continuation of research program to identify barriers and facilitators to practice change

Topics include: “First few years project” to identify shifts in attitudes and behaviours in the early years of practice and research examining IPG students’ knowledge, skills and attitudes related to patient-focused care

c. Continue deliver of “Decisions Decisions” workshop across Ontario (4 sessions confirmed in first quarter of 2016)

N E W S

L E T T E R

PEBC UPDATE

Vol. 19 No. 2 November 2015



2015 Mid-Year Board Meeting Summary

The Pharmacy Examining Board of Canada held its 2015 Mid-Year Board Meeting on October 24, 2015 in Toronto. Three standing committees met over two days preceding this meeting. In addition, Media Training and Board Development Sessions were held. The following are highlights of issues addressed and recommendations made by the Board. For further information, you may contact Board appointees, the President, Catherine Schuster, or the Registrar-Treasurer, Dr. John Pugsley.

Update on Pharmacy Technician Certification Examinations

The following tables summarize the Pharmacy Technician Examinations that were administered from Fall 2009 to Spring 2015.

PHARMACY TECHNICIAN QUALIFYING EXAMINATION

Table 1 Summary of Number of Candidates Taking the Pharmacy Technician Qualifying Examination - Part I (MCQ) for Twelve Administrations

Sitting	Winter 2015	Summer 2014	Winter 2014	Summer 2013	Winter 2013	Summer 2012	Winter 2012	Summer 2011	Winter 2011
Number of candidates	1045	1349	1305	1212	1111	1050	861	728	407

Sitting	Summer 2010	Winter 2010 (Pilot #2)	Summer 2009 (Pilot #1)
Number of candidates	362	168	153

Table 2 Summary of Number of Candidates Taking the Pharmacy Technician Qualifying Examination - Part II (OSPE) for Twelve Administrations

Sitting	Winter 2015	Summer 2014	Winter 2014	Summer 2013	Winter 2013	Summer 2012	Winter 2012	Summer 2011	Winter 2011
Number of candidates	1199	1280	1239	1161	1095	962	775	693	357

Sitting	Summer 2010	Winter 2010 (Pilot #2)	Summer 2009 (Pilot #1)
Number of candidates	325	168	154

Number of Pharmacy Technicians Registered with PEBC: 6903 for twelve administrations.

In addition, the PT Summer Qualifying Examination was held on September 12-13, 2015. A total of 954 candidates took Part I (MCQ) at the following centres: Vancouver (140), Kelowna (57), Edmonton (99), Calgary (105), Saskatoon (37), Winnipeg (36), Hamilton (30), London (66), Ottawa (64), Waterloo (31), Toronto (222), Halifax (46) and St. Johns (21).

A total of 981 took Part II (OSPE) at the following centres: Vancouver (156), Kelowna (73), Edmonton (125), Calgary (115), Saskatoon (35), Winnipeg (26), London (71), Ottawa (76), Toronto (197), Waterloo (78), and St. Johns (29).

PHARMACY TECHNICIAN EVALUATING EXAMINATION

Table 3 Summary of Number of Candidates Taking the Pharmacy Technician Evaluating Examination for Twelve Administrations

Sitting	Spring 2015	Fall 2014	Spring 2014	Fall 2013	Spring 2013	Fall 2012	Spring 2012	Fall 2011	Spring 2011	Fall 2010	Spring 2010	Fall 2009
Number of candidates	293	367	325	451	504	417	445	1032	661	505	574	297

PT Evaluating Examination – October

In addition, the PT Evaluating Examination will be held in October, PEBC received 162 applications from the following provinces: British Columbia (8), Alberta (15) Saskatchewan (54), Manitoba (19), Ontario (10), Nova Scotia (21), New Brunswick (26) and NFLD (9).

Citizenship and Immigration Canada Federal Skilled Worker Program

In January 2015, foreign skilled workers started to have access to the new Express Entry process – a new electronic application management system. Express Entry is a new way for Citizenship and Immigration Canada (CIC) to manage economic immigration applications online, which results in faster processing times. Express Entry will also make it easier for candidates to secure a job before they arrive, by facilitating matches with Canadian employers. In 2013, Citizenship and Immigration Canada (CIC) Federal Skilled Worker Program (FSWP) designated PEBC as the credential assessment agency for the pharmacy profession in Canada for pharmacists applying under the FSWP program. The issues identified with this new entry system are that there is no longer a designated needed professions list and there are no caps placed on individual professions. From January 2015 to September 2015, PEBC has issued close to 500 Educational Credential Assessment Reports. PEBC is working with other stakeholders that were previously part of the Blueprint for Pharmacy Steering Committee to address the issue of the increasing number of international pharmacy graduates seeking to be certified by PEBC and the impact on pharmacy human resources.

Feasibility Study on Computerized Testing

In 2013, PEBC conducted a feasibility study on the use of computerized testing in the delivery of PEBC multiple choice examinations. The PEBC Board of Directors is supportive, in principle, of moving forward with computerized testing and further exploration of costs for administering written examinations via computers. This past year, further work was conducted to explore the length of testing time needed for the Pharmacist Qualifying Examination Part I (MCQ). This work will allow PEBC to assess how many candidates can be accommodated across Canada on a given day. PEBC is currently working on an RFP for computerized testing vendors in Canada to assess site capacity and administration costs as part of a business case analysis. Apart from putting a traditional paper and pencil examination in a computer testing delivery format, use of computer-based testing can include alternate testing formats and the use of visual formats that cannot be used in a paper and pencil examination.

PEBC Strategic Plan 2015-2018

As part of the 2015-2018 Strategic Plan, PEBC continues to explore the use of electronic drug information references in OSCE/OSPE stations, as well as electronic assessor scoring in the OSCE/OSPE examinations.

PEBC has been part of a Research Steering Committee with the Blueprint for Pharmacy Steering Committee that oversaw a needs assessment on specialty practice in Canada. At the Mid-Year Meeting, the Board of Directors considered the Needs Assessment of Specialization in Pharmacy in Canada Report. At the 2016 Annual Board meeting, Board Directors will give further consideration to this report, including the need to conduct a business case analysis.

PEBC has recently developed an orientation video for the Pharmacist Evaluating Examination which can be found on the PEBC website.

Practice Analysis Study

PEBC recently conducted a practice analysis study to validate the updated 2014 *Professional Competencies for Canadian Pharmacists at Entry to Practice* and *Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* developed by the National Association of Pharmacy Regulatory Authorities (NAPRA) and to determine the relative importance of the competencies for testing purposes.

A Practice Analysis Task Force representing key stakeholder groups oversaw the practice analysis. This study included Focus Panels, pretest pilot, and a large-scale on-line survey of pharmacists and regulated pharmacy technician practitioners. These surveys conducted reflected the practice of 1996 pharmacists and 1124 licensed pharmacy technicians from across Canada.

The results of the study were used to develop revised test specifications and test content outlines for the Pharmacist and Pharmacy Technician Qualifying Examination blueprints, including both the written and OSCE/OSPE examinations. The results of the analysis will also ensure that these examinations continue to measure the most important activities of pharmacists and pharmacy technicians entering practice. PEBC plans to implement the new blueprints in 2016.

Accommodating Candidates in the OSCE

Since 2010, PEBC has been experiencing increased numbers of International Pharmacy Graduates (IPGs) applying for document evaluation and moving forward to take the Pharmacist Qualifying Examination- Part II (OSCE). In 2014, 1829 IPGs applied for document evaluation, compared to 1178 in 2009, which represents a 55% increase. For the May 2015 Qualifying Examination, PEBC needed to accommodate 1893 candidates across Canada compared to 1602 in 2014, 1422 in 2013 and 1271 in 2012 {49% increase from 2012 to 2015}. This was accomplished with the addition of OSCE tracks at most centres and development of new sites. PEBC is unable to handle unlimited numbers of candidates at our examination centres across Canada. PEBC is concerned that such high numbers will compromise the integrity of the examination administration.

At the Mid-Year Board meeting, the Committee on Examinations recommended that a cap be placed on the number of candidates that will be permitted to take the Pharmacist Qualifying Examination- Part II (OSCE). The Board of Directors approved a cap of 3000 for 2016 with spaces reserved for Canadian graduates. The cap will allow over 2000 IPGs to take the Pharmacist Qualifying Examination- Part II (OSCE) in 2016. Other strategies to handle this situation are currently being explored.

Board Appointments

Recent appointments to the Board since the close of the Annual Board Meeting:
L'Ordre des Pharmaciens du Québec – Philippe Lepicier

Board Meetings

The next Annual Board Meeting will be held on February 27, 2016, with Committee Meetings preceding.

Date: November 4, 2015
To: Executive Committee
From: Marshall Moleschi, CEO & Registrar
RE: Appointment of Inspectors

In accordance with Article 10.5 of the College's By-law No. 2, please be advised that the following individuals are currently appointed as Inspectors* for the College pursuant to section 148(1) of the Drug and Pharmacies Regulation Act:

Heather Arnott
Anita Arzoomanian
Nicole Balan
Lisa Craig
Judy Chong
Lap Kei Chan
Peter Gdyczynski
Maryan Gemus
Andrew Hui
Gurjit Husson
Lilly Ing
Susan James
Ming Lee
David Malian
Shelina Manji
Jane McKaig
Marshall Moleschi
Ijeoma Onyegbula
Tina Perlman
Marina Pinder
Greg Purchase
Jessie Reid
Kristin Reid
Anne Resnick
Ruth Schunk
Lisa Simpson
Nadia Sutcliffe
Melody Wardell
Melanie Zabawa

* "Inspectors" as referenced under the DPRA, are also referred to as Practice Advisors in the field and by the College.



Strategic Priorities 2015 - 2018

Progress Update – December 2015

Mission

The Ontario College of Pharmacists regulates pharmacy to ensure that the public receives quality services and care.

Vision

Lead the advancement of pharmacy to optimize health and wellness through patient-centred care.

Values

Transparency – Accountability - Excellence

Key to Impact of Strategic Initiatives: PF = Patients First, EC = Effective Communication, CQI = Continuous Quality Improvement

Outcomes/KPI	Activity	Strategic Initiatives Focus			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Fair and objective assessment framework.	Refine assessment tools and activities. <u>Premises:</u> Current authority and others i.e. long-term care, family health teams. <u>Members:</u> Pharmacists - at entry, in practice, (site based and standardized). Pharm techs – as above.	High	Med	High	<ul style="list-style-type: none"> Community Pharmacy assessment format further refined; established new procedure/guidelines for sharing assessment expectations to increase readiness. Reached 500 members mark in Pilot of Member practice assessment. Standard setting for the entry to practice assessment tool completed; applicants within pilot now receiving individualized profiles of competency gaps for targeted training. 	<ul style="list-style-type: none"> Completed 1,000 member assessments to date Assessment process further refined following shadowing by managers and peers to identify best practices. “Ideal assessment” framework concept conceived to promote consistency and efficiency Assessment framework for RPhTs commenced
A decision-making framework that is consistently applied across the organization.	Utilize risk tools for use at adjudicative committees. Develop informed and objective decision-makers – training/legal support. Define and mine data to support decisions. Develop or acquire analytic and technical expertise.	Low	Low	High	<ul style="list-style-type: none"> “Relevance to Suitability to Practice and Ownership” framework developed and in testing to determine effectiveness for consistent decisions. Public Register redesign project resulted in drafting of by-law amendments; expectations for enhanced navigation and search functionality to improve access and transparency finalized. Knowledge Management division of duties defined and structure established to maximize value from analytic, technical and monitoring resources. Narcotic Monitoring data analyzed to identify public risk and opportunities for education. Organizational restructuring complete consolidating competence related programs under a single umbrella. College provided input to external stakeholders (CIHI and HPDB) to improve data quality on the demographic, geographic, educational and employment information about pharmacy profession. 	<ul style="list-style-type: none"> 2015 CIHI data submission analysed and refined to better reflect pharmacists’ profiles prior to submission Launched the Model for Improvement (CQI initiative) with all staff and have engaged 5 departments (about 50% of staff) to develop CQI initiatives which include data analysis and reporting. Conducted ‘usability testing’ with members of the public to ensure proposed changes to the public register will deliver the desired outcome of easier access and clearing understanding of information Relevance to Suitability to Practice and Ownership process posted on website and communicated to members through various communication vehicles CQI initiatives in I&R resulted in a reduction of time to process Intakes, number of complaints being investigated and costs associated with holding pre-hearing conferences as well as efficiencies in streaming matters to the ADR process Code of Ethics was presented to the ICRC in September at the Committee’s Orientation to inform decision making. Risk Assessment Framework for assessing conduct in relation to a member’s suitability to practise is being used consistently when deciding on whether or not to post charges and or findings.
A defined Professional Development Framework that incorporates coaching, remediation and monitoring.	Raise awareness of Standards of Practice and Code of Ethics. Develop and refine tools and resources that apply to all members. Develop specific tools and resources that apply to identified applicants/ members/premises. Develop model for coaching and remediation/monitoring.	Med	High	Med	<ul style="list-style-type: none"> Training undertaken by Community Practice Advisors on effective coaching techniques to promote Standards of Practice. Guidance documents for operational and community pharmacy assessments finalized for posting to website and pre-circulation in advance of site visit. Code of Ethics updated for consideration by Council. Review of existing OCP remediation processes and environmental scan of practices in other regulatory bodies completed. 	<ul style="list-style-type: none"> Completed evaluation of education courses utilized to address education gaps at entry to practice Public consultation for updated Code of Ethics completed. Guidance documents for operational and community pharmacy assessments posted on the website and communicated to all members through a variety of communication vehicles

Key to Impact of Strategic Initiatives: PF = Patients First, EC = Effective Communication, CQI = Continuous Quality Improvement

Outcomes/KPI	Activity	Strategic Initiatives Focus			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Pharmacists consistently practicing to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	Med	High	Med	<p><i>Items marked with * apply equally to pharmacists, technicians and pharmacies; items reflecting a ** apply to both pharmacist and technicians.</i></p> <ul style="list-style-type: none"> Community Practice Advisors providing coaching and guidance at practice assessments to promote Standards of Practice. *Training of sub-set of Community Practice Advisors on conducting assessments on pharmacies that specialize in compounding completed. Coaching now based on current guidelines, consistent with hospital assessment criteria. Practitioners suitable to act as preceptors or mentors for members who require remediation of certain areas of their practice identified. In collaboration with UofT a video was developed to demonstrate approaches for pharmacists to practice to full scope titled “Managing relationships with patients”. **Comprehensive education and communication strategy for new members developed for the new Code of Ethics. **Enhanced search functionality added to OCP website CE listings. **External College presentation (Moving the Mountain) outlining expectations on Standards of Practice and Code of Ethics presented to two additional corporate groups. As part of the new SPT program, 70 new assessors trained to date to use the new assessment tool which allows for individualized feedback and training if necessary. **Two more learning modules related to Jurisprudence completed and posted to the website – RHPA/Pharmacy Act and FDA. College provided advice to Pharmacy Travel Vaccine WG on key considerations and steps required to permit travel vaccines to be administered to patients in community pharmacies. 	<ul style="list-style-type: none"> Practice Consultants provide guidance to members on a wide variety of practice topics such as methadone dispensing, scope of practice and professional judgement. An average of 350 calls and emails are fielded each month Decision Making workshop & introduction of Practice Assessments delivered to 9 different groups of members at various conferences reaching approximately 1300 members. Assessments of all 101 pharmacies that provide sterile compounding services have been conducted Practice assessment guidance documents for community pharmacists under development “Trust in the Care Your Pharmacist Provides” video completed and posted on the College website with ongoing promotion to the public, primarily through social media channels

Key to Impact of Strategic Initiatives: PF = Patients First, EC = Effective Communication, CQI = Continuous Quality Improvement

Outcomes/KPI	Activity	Strategic Initiatives Focus			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Pharmacy Technicians consistently practising to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	Med	High	Med	<i>Items identified above with an * or ** apply equally to Pharmacy Technicians.</i>	<ul style="list-style-type: none"> Development of practice assessment criteria for RPhTs commenced Presentation to CCAPP programs reaching 400 technician students revised and new schedule started for 2015/16 school year Meeting of coordinators from all CCAPP PT education programs hosted at OCP to promote awareness of expectations for graduates
Pharmacies meeting Standards of Operation and consistently providing an environment to support pharmacy professionals practising to established expectations including the Standards of Practice and Code of Ethics.	Educate and reinforce to the “controllers of the pharmacies” their obligations. Develop and communicate Standards of Operation.	Med	Med	Med	<i>Items identified with an * apply equally to Pharmacies.</i> <ul style="list-style-type: none"> Community Practice Advisors conducting operational pharmacy assessments as well as member assessments. As of July 948 pharmacies assessed using revised assessment approach. 150 baseline assessments for Hospital Pharmacies complete. Results of findings to date submitted to the Ministry to support the passage of the amended regulations under the DPRA. Independent expert engaged to clarify expectations in development and use of PPMS in advance of 2016 implementation. 	<ul style="list-style-type: none"> Practice Advisors completed over 1400 pharmacy operational assessments year to date, focused on reinforcing standards for pharmacies and members. 98% of baseline hospital assessments completed Report on progress and findings delivered to the Ministry to support cabinet approval of the DPRA Regulations.
Pharmacy Team: Pharmacy services are organized to empower pharmacists and pharmacy technicians to practice to their full scope. Pharmacists and pharmacy technicians maximize their respective roles.	Gather data to determine the degree to which pharmacies are meeting expectations and understand the barriers. Educate members through videos, sharing best practices. OCP to encourage and support experimental models that integrate technicians in practice.	Med	High	High	<ul style="list-style-type: none"> Community Pharmacy assessment report gathering data regarding member practice and integration of technicians. A video that illustrates the benefits and options for the integration of pharmacy technicians into community pharmacy practice was developed and communicated to the profession. Two College presentations delivered at the first OPA Pharmacy Technician conference in Ottawa – one on Understanding Professional Responsibility and the other on Scope of Practice for Pharmacy Technicians. Workshop evaluations were positive. 	

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Outcomes/KPI	Activity	Strategic Initiatives Focus			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Health Care Team: Pharmacists and pharmacy technicians exercise their responsibility within the patient’s professional team.	<p>Develop and provide guidance to members on how they can educate and collaborate with other health care professions.</p> <p>Develop guidance on expectations at transitions of care.</p> <p>Gather information from patients on their understanding of the pharmacy services role in health care team.</p>	High	High	Med	<ul style="list-style-type: none"> In collaboration with UofT a video was developed to demonstrate approaches for developing relationships with physicians titled “What would the doctor think”. College invited to participate on a Steering Committee for a Comprehensive Drug Profile Strategy initiated by Ministry of Health. College provided advice to Pharmacy Travel Vaccine WG on key considerations and steps required to permit travel vaccines to be administered to patients in community pharmacies. Colleges of Nurses, Naturopathic Doctors and MOH engaged in consultation about overlapping scopes and impact on access and quality of care for patients. 	<ul style="list-style-type: none"> Criteria in hospital assessment promote inter-professional collaboration. Assessments reinforce pharmacists working collaboratively with other healthcare professionals in performing medication reconciliation on admission, transfer and discharge as well as pharmacists providing education on drug products and therapies to healthcare professionals and other health-system personal. Staff have engaged Cancer Care Ontario (CCO) in consultation regarding findings and recommendations from hospital assessments on multi disciplinary delivery of quality care for patients



COUNCIL BRIEFING NOTE

MEETING DATE: December 2015

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Code of Ethics Task Force

TOPIC: Feedback on Proposed Code of Ethics

ISSUE: Approval of the Code of Ethics with changes incorporated following consultation

BACKGROUND: Following Council's consideration and approval for consultation in September, the proposed Code of Ethics was posted on the College website with a deadline for response of November 7, 2015.

Amendments to the Code of Ethics (the Code) were required because the last significant update to the Code happened 20 years ago, and pharmacy practice has evolved significantly over the past two decades. The proposed Code more appropriately addresses current practice and clearly establishes the standards of ethical conduct for pharmacists and pharmacy technicians in Ontario, regardless of their practice setting.

The proposed Code is a comprehensive document that outlines the core ethical principles that dictate a healthcare professional's ethical duty to patients and society. The document supports these principles with standards that indicate how a practitioner is expected to fulfil their ethical responsibilities.

Consultation Feedback

The consultation resulted in 35 responses (31 from members, 2 from public and 2 from organization). The majority of responses were in support of the proposed code. General themes of the feedback are as follows:

1. Comprehensiveness

- Standards are detailed and provide more clarity in describing the various principles and outlining expectations for both pharmacists and pharmacy technicians however there is concern that the length of the Code may make it difficult to navigate.

2. Conscientious Objection

- The Code should not allow for conscientious objection as health care professionals are expected to provide care according to patient's wishes and in their best interest and not impose their personal beliefs on patients.
- The Code should not require the pharmacy professional to refer a patient where refusal to provide a service is based on moral or religious grounds
 - Health care providers themselves have rights (Freedom of Conscience) and referral for a service requires the provider to participate in the service and infringes the provider's rights.
 - There appeared to be misunderstanding regarding aspects of the conscientious objection standard that resulted in concerns with the lack of transparency and complexity posed by conveying a conscientious objection to the manager and not the patient.

3. Quality medications to patients

- Not all treatment decisions, drugs or health related products will have evidence-based information and sometimes a practitioner's experience or best practice may be the only evidence available.
- Members trust that the manufacturing standards of safe and proven sources ensure the safety and quality of products manufactured.
- Comments suggested that an argument can always be made that a potential benefit can be realized for any product or service, even if it is only a placebo effect, and the term "potential" should be removed.

4. Human resources

- Requirements will vary between pharmacies and will be influenced by factors that may or may not be visible by professional staff.
- Prediction of workflow volume, anticipation of patient needs and calculation of the requisite staffing is an inexact science and makes ensuring sufficient resources at all times challenging.
- The term "appropriate" is subjective and therefore difficult to measure, evaluate and assess.
- Determination of the appropriate authority may be difficult since in some instances it may be an internal authority (e.g. to a corporation) and in others it may be an external authority (e.g. regulatory college or police).
- Balance of operational needs and human resource requirements may not be as well understood at the staff level as they are by owners or managers and misunderstandings might generate frustration among staff members.

5. Miscellaneous

- Some of the standards in the Code are not be feasible for all pharmacy professionals for reasons such as operational or business realities, practice environment, or access to resources and that more aspirational language such as "endeavour", and "where possible" should be included.
- Many standards as written would not be applicable in non-traditional practice environments (e.g. education and research) where there is not a direct patient relationship and therefore the Code would not be equally applicable to all members of the College.
- Questions regarding how the College will enforce breaches of the standards in the Code by members and non-member owners.

The feedback received has been reviewed and considered by the Task Force. Some of the responses to the consultation on the Code reflect member opposition based on the perspective of potential personal and business impact as well as a misinterpretation of the intent of some standards. The College will provide further education to pharmacy professionals to support their understanding of the Code.

Based on the feedback received the Task Force is not proposing substantive revisions to the intent of the principles or standards in the Code. Minor revisions to address miscellaneous housekeeping issues and to clarify the intent of some standards have been proposed (see Appendix A).

RECOMMENDATION: That Council approve the proposed Code of Ethics with changes incorporated following consultation.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

One of the objects of the Ontario College of Pharmacists (OCP, the College), as outlined in the *Regulated Health Professions Act, Schedule 2, Health Professions Procedural Code* is to “develop, establish and maintain standards of professional ethics for members” of the profession.

The role and purpose of OCP’s Code of Ethics is to clearly articulate the ethical principles and standards which guide the practice of pharmacists and pharmacy technicians in fulfilling the College’s mandate to serve and protect the public by putting patients first.

Specifically, OCP's Code of Ethics supports the College in fulfilling its mandate by:

- Clearly articulating the ethical principles and standards by which pharmacists and pharmacy technicians are guided and under which they are accountable
- Serving as a resource for education, self-evaluation and peer review
- Serving as an educational resource for the public outlining the ethical obligations of the profession
- Providing a benchmark for monitoring and addressing the conduct of pharmacists and pharmacy technicians

Who does the Code of Ethics Apply to?

The Code of Ethics applies to all members of the College, in accordance with their scope of practice, including registered pharmacists, pharmacy students, interns and pharmacy technicians. The Code of Ethics is also relevant to all those who aspire to be members of the College.

The Code of Ethics is applicable in all pharmacy practice, education and research environments including non-traditional practice settings which may not involve a healthcare professional/patient relationship.

[All members are responsible for applying the Code of Ethics requirements in the context of their own specific professional working environments.](#)

Compliance with the Code of Ethics

[The Standards listed in OCP’s Code of Ethics are not intended to provide an exhaustive or definitive list of ethical behaviours and attitudes required of members. Members do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code.](#)

The College holds members accountable for adhering to the Code of Ethics and will inquire into allegations of a breach of the Code of Ethics and take appropriate action(s) in relation to the severity of the breach.

The Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the other(s). It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

All members of the College are required to affirm their understanding of and commitment to OCP's Code of Ethics by signing the Declaration of Commitment.

Understanding the Professional Role and Commitment of Healthcare Professionals

The most important feature or characteristic that distinguishes a healthcare professional from another type of professional is that: *healthcare professionals are committed, first and foremost, to the direct benefit of their patients and only secondarily to making a profit.* Pharmacists and pharmacy technicians are healthcare professionals.

What does being a healthcare professional require of pharmacists and pharmacy technicians?

In choosing to become a pharmacist or pharmacy technician we acknowledge our understanding and commitment to the professional role, recognizing it is not about us – our own personal or business interests – it is about the patient.

We appreciate that our patients are vulnerable and may often be limited by personal and circumstantial factors which enhance and reinforce this vulnerability and that inherent within the healthcare professional/patient relationship there is an imbalance of power with the healthcare professional holding that power.

Patients trust that as healthcare professionals we will respect and protect their vulnerability and maintain professional boundaries within the healthcare professional/patient relationship as we use our knowledge, skills and abilities to make decisions that enhance their health and well-being.

Where does this obligation come from?

When we become a regulated healthcare professional we implicitly enter into what is commonly referred to as a “*social contract with society*”.

This contract requires that we keep our promise to act in the best interest of our patients and place their well-being first and foremost. It requires that we recognize and remember that we have not simply chosen a profession but also a vocation, committing ourselves to help and benefit those entrusted to our care in a spirit of altruism, goodwill, sincerity and integrity.

In exchange for our promise society agrees to provide our profession with the autonomy to govern ourselves as a self-regulating profession with all the privileges and statuses afforded regulated healthcare professionals.

Ethical Principles that Govern Healthcare Practice

In fulfilling our professional promise to our patients and to society, healthcare professionals are guided by the following ethical principles of healthcare:

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to *serve* and protect the best interests of our patients establishes the fact that our primary role and function as healthcare professionals is to benefit [our patients](#). We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

Non maleficence (do no harm, and prevent harm from occurring):

The second foundational principle that guides our commitment to *serve* and *protect* the best interests of our patients addresses the reality that as we strive to benefit our patients we must be diligent in our efforts to do no harm and, whenever possible, prevent harm from occurring.

Respect for Persons/Justice:

The third foundational principle merges the principles of “Respect for Persons” and “Justice” which collectively guide our understanding of how we ought to treat our patients. Respect for persons acknowledges that all persons, as a result of their intrinsic humanity, are worthy of our respect, compassion and consideration. We demonstrate this when we respect our patients’ vulnerability, autonomy and right to be self-governing decision-makers in their own healthcare. The principle of “Justice” requires that we fulfill our ethical obligation to treat all patients fairly and equitably.

Accountability (Fidelity):

The fourth and final foundational principle directly ties us to our professional promise to be responsible fiduciaries of the public trust ensuring that we keep our promise to our patients and society to always and invariably act in their best interests and not our own. It is this principle that holds us accountable, not just for our own actions and behaviours, but for those of our colleagues as well.

Code of Ethics and Standards of Application

The Ontario College of Pharmacists Code of Ethics is founded on the core ethical principles of healthcare: beneficence, non-maleficence, respect for persons/justice and accountability (fidelity).

Code requirements are articulated in the form of guiding ethical principles, general statements of application and standards that specify the behaviours and attitudes that are required of all members of the College as regulated healthcare professionals.

1. Principle of Beneficence

The ethical principle of “Beneficence” refers to the healthcare professional’s obligation to actively and positively serve and benefit the patient and society.

Application

Pharmacists and Pharmacy Technicians serve and benefit the patient and society's best interests.

Standards

- 1.1 Members ensure that their primary focus at all times is the well-being and best interests of the patient.
- 1.2 Members utilize their knowledge, skills and judgment to actively make decisions that provide patient-centred care and optimize health outcomes for patients.
- 1.3 Members apply therapeutic judgment in order to assess the appropriateness of current or proposed medication therapy given individual patient circumstances.
- 1.4 Members seek information and ask questions of patients or their advocate to ascertain if the current or proposed medication provides the most appropriate therapy for the patient.
- 1.5 Members ensure that they consider relevant factors such as; age, mental capacity, lifestyle and living circumstances of the patient and adapt and tailor provision of care accordingly.
- 1.6 Members provide patients with the relevant and sufficient information they need in order to make more informed decisions about their healthcare.
- 1.7 Members ensure that information provided to patients is current, ~~evidence-based and consistent with the standards of practice of the profession and consistent with the standards of practice of the profession and best available evidence.~~
- 1.8 Members consider and take steps, when possible, to address factors that may be preventing or deterring patients from obtaining the pharmacy care or services required or from achieving the best possible health outcome.
- 1.9 Members prioritize care and services ~~to and~~ provide adequate time to ensure that ~~higher risk~~ complex patients receive the care they need.
- 1.10 Members participate in consultation, communication and documentation with colleagues or other healthcare professionals to facilitate quality patient care.
- 1.11 Members make every reasonable effort to provide quality cost-effective pharmacy care and services to patients and society.
- 1.12 Members participate as appropriate and viable in public education programs that promote health and wellness and disease prevention.
- 1.13 Members strive to contribute to the development of the profession by participating in the education and mentoring of pharmacy students and interns, pharmacists and pharmacy technicians.
- 1.14 Members, within their roles and expertise, ~~strive to advance pharmacy knowledge and practice by conducting~~, participating in or promoting appropriate research practices ~~that advance pharmacy knowledge and practice.~~
- 1.15 Members ensure that when conducting and/or participating in research initiatives they are scientifically and ethically approved by a research ethics board that meets current ethical research standards.
- 1.16 Members strive to facilitate positive change in the healthcare system by actively participating in healthcare policy review and development as it applies to the practice of pharmacy.

2. Principle of Non Maleficence

The ethical principle of "Non Maleficence" refers to the healthcare professional's obligation to protect their patients and society from harm.

Application

Pharmacists and Pharmacy Technicians refrain from participating in behaviours that may harm patients or society and whenever possible prevent harm from occurring.

Standards

- 2.1 Members refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.
- 2.2 Members practice only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient's needs.
- 2.3 Members disclose medical errors and "near misses" and share information appropriately to manage risk of future occurrences.
- 2.4 Members act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.
- 2.5 Members challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.
- 2.6 Members provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Members ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.
- 2.8 Members provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Members respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Members ensure that the healthcare professional/patient relationship is not exploited by the member for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Members do not under any circumstances participate in sexual behaviour including, but not limited to:
 - i. Sexual intercourse or other forms of sexual relations between the member and the patient;
 - ii. Touching of a sexual nature, of the patient by the member; or
 - iii. Behaviour or remarks of a sexual nature, by the member towards the patient.
- 2.12 Members do not under any circumstances participate in any form of harassment including, but not limited to:
 - i. Bullying or intimidating;
 - ii. Offensive jokes or innuendos;
 - iii. Displaying or circulating offensive images or materials; or
 - iv. Offensive or intimidating communications (phone calls, emails, text messages, etc.).
- 2.13 Members must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
 - i. their conscientious objection is conveyed to the pharmacy manager, not the patient that the member does not directly convey their conscientious objection to the patient;
 - ii. that the member participates in a system designed to respect the patient's right to receive products and services requested;

ii.iii. [that](#) there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.

2.14 Members may only consider ending the professional/patient relationship when the member has met the following conditions:

- i. In his/her judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
- ii. Considers the condition of the patient;
- iii. Considers the availability of alternative services; and
- iv. Provides the patient with notice and sufficient opportunity to arrange alternate services.

2.15 Members assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.

2.16 Members in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.

2.17 Members maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of pharmacy and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.

2.18 Members raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.

2.19 Members assign tasks only to those individuals who are competent and trained to do them.

2.20 Members ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

The ethical principle of Respect for Persons/Justice refers to the healthcare professional's [dual](#) obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.

Application

Pharmacists and Pharmacy Technicians respect their patients as self-governing decision-makers in their healthcare and treat all patients fairly and equitably.

Standards

- 3.1 Members recognize and respect the vulnerability of patients.
- 3.2 Members respect and value the autonomy and dignity of patients.
- 3.3 Members practice patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Members listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.
- 3.5 Members respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.

- 3.6 Members respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the [individual-patient](#) or the public.
- 3.7 Members seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Members respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Members respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Members obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.
- 3.11 Members respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Members recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Members recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Members ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.
- 3.15 Members recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Members provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Members advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

The ethical principle of Accountability (Fidelity) refers to the healthcare professional's fiduciary duty to be a responsible and faithful custodian of the public trust.

Application

Pharmacists and Pharmacy Technicians maintain the public trust by ensuring that they act in the best interest of their patients and society.

In order to fulfill their fiduciary duty to maintain the public trust:

- A. Members practice within their scope of practice, in accordance with their Code of Ethics, Standards of Practice and all relevant legislation, policies and guidelines and only when competent to do so.
- B. Members refrain from participating in unethical business practices.

C. Members avoid conflict of interest.

Standards

A. General Responsibilities

- 4.1 Members abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.
- 4.2 Members conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.
- ~~4.3 Members do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code and therefore permissible.~~
- 4.44.3 Members ensure that they only practice when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.54.4 Members assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.64.5 Members do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.74.6 Members ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.84.7 Members maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.94.8 Members understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.104.9 Members must be diligent in identifying and responding to red flag situations that present in practice.
- 4.114.10 Members report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.124.11 Members take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.134.12 Members do not practice under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.
- 4.144.13 Members participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.154.14 Members ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.
- 4.164.15 Members participate co-operate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abides by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.174.16 Members recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each member individually and the profession as a whole.

B. Participate in Ethical Business Practices

- 4.184.17 Members recognize that their patient's best interests must always override their own interests or the interests of the business which the member owns, has a financial interest in or is employed by.

- 4.194.18 Members only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.204.19 Members will not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.214.20 Members do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.224.21 Members will not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.234.22 Members are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations, ~~or~~ service suppliers, and public or private payers related to the practice of the profession and to the operation of the pharmacy.
- 4.244.23 Members are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.254.24 Members do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.
- 4.264.25 Members do not participate in any practice that involves falsifying patient health records or member practice records.
- 4.274.26 Members must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

~~The standards listed below are not intended to provide an exhaustive or definitive list of potential areas of concern.~~ Members need to proceed with caution and conscientiously exercise professional judgment in dealing with conflict of interest situations which they may encounter in practice but which are not explicitly addressed below.

- 4.284.27 Members avoid situations that are or may reasonably be perceived to construe a conflict of interest.
- 4.294.28 Members avoid dual relationships and other situations which may present a conflict of interest and potentially affect the member's ability to be impartial and unbiased in their decision-making.
- 4.304.29 Members declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.314.30 Members involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.324.31 Members enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.334.32 Members do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.344.33 Members do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.354.34 Members ensure that they do not participate in referral programs with other members or with members of other healthcare professions for the expressed purpose of benefiting financially.

| 4.364.35 Members limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

DRAFT



COUNCIL BRIEFING NOTE
MEETING DATE: December 2015

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Code of Ethics Task Force,

TOPIC: Mandatory Declaration

ISSUE: Initial steps for implementation of the Code of Ethics.

BACKGROUND: Following Council's final approval of the Code of Ethics the College will develop an implementation and evaluation plan to operationalize the Code and ensure members are well informed.

The work of the Task Force concluded after the final meeting in November 2015 where the group completed all of the deliverables outlined in the Terms of Reference. As part of the concluding work, the Task Force approved a plan for implementation and evaluation (including communication and education) as well as anticipated timelines.

To operationalize the Code, the College will focus on developing and creating educational modules to support members' understanding of the Principles and Standards in the Code. A multi-pronged communication plan will be developed that further clarifies the intent of the Code. The College will continually evaluate the application of the Code and impact of the educational modules.

The Code will form a foundational document outlining ethical expectations of all members. The Code will be used by the College to guide the development of new or revised programs, policies and guidelines, and will be shared with pharmacy stakeholders to ensure that foundational elements like curriculum and operational standards are appropriately aligned with these important concepts.

Consultation on the Code provided valuable feedback highlighting areas where additional clarity regarding the intent of specific Standards would be beneficial. These areas will be included in the materials incorporated into the education modules and communication plan:

- Rationale for the College's position on conscientious objection;
- Intent of the Code;
- Applicability of the Code to all members regardless of practice site;
- Expectations for ethical operation, including human resource issues.

ANALYSIS: The expectation of the College is that members will review and apply the Principles and Standards in the Code of Ethics. The initial step in operationalizing the Code is ensuring that all members have read and understood the Code. This confirmation is recommended in 2017, following release of educational materials designed to support members understanding of the Code,

RECOMMENDATION: That Council approve the requirement for all members to declare in 2017 that they have read and understood the Code of Ethics.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):



COUNCIL BRIEFING NOTE

MEETING DATE: December 2015

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Approval of By-law Amendments

ISSUE: By-law Amendments to Fees, Public Register and miscellaneous housekeeping issues

BACKGROUND: As per subsection 94 (2) of the Health Professions Procedure Code, proposed By-law amendments related to information to be posted to the public register as well as to fees must be circulated to members prior to approval by Council. Proposed changes were posted to the College website to solicit feedback from the public, members and other stakeholders following the September Council meeting.

The College received 77 responses through the public consultation webpage with the majority from pharmacists in both the community and hospital sector. Four institutional submissions were received including the Ontario Hospital Association (OHA), a Local Health Integration Network (LHIN) representing 25 hospitals in the North East region, the Ontario Pharmacists Association (OPA), and the Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP-OB).

The majority of individual submissions relate to fees with most writers expressing disagreement with the proposed fee structure for hospital accreditation. A summary of comments:

Hospital Accreditation Fees – new fees

- Flat fee structure does not take into account the size of the organizations, clinical complexity, operational budget, services offered, or number of staff.
- Fees are high relative to community pharmacies; hospitals are not-for-profit and yet are expected to pay five times the amount of a retail pharmacy. Cost for pharmacy oversight should be shared equally between hospital and community pharmacy. Same fee for all.
- Fees structure should take into account multi-site hospital – same policies apply to all.
- The Ministry should pay hospital fees.

Member Fees – no change in member fees, reduction of initial registration fees

- Fees are too high and additional activities should be funded directly by the government.
- Student/intern fees still a concern but this is a good start; reducing fees negatively affects value.
- Community pharmacists are working longer hours with less financial incentives (ODB).
- Flexible fees to accommodate Part B members, maternity leaves and part time employment.

Pharmacy Technician Fees – no change in member fees, reduction of initial registration fees

- Decrease in the registration fee is welcome.
- College should reimburse technicians who have already paid the higher entry cost.
- Fees are too high relative to salaries and compared to pharmacist salaries and fee amounts.

Register

- Listing other languages is problematic, English and French are official languages.
- Posting language is akin to advertising services; no independent assessment of proficiency.
- Clear and consistent framework required for Registrar's ability to disclose information.
- Posting of pharmacy inspections will reduce the trust in that pharmacy.
- College should post additional certifications achieved.

The institutional responses did provide suggestions for addressing the perceived high fees for hospital pharmacies. Many of the suggestions, reflected in the summary noted above, were assessed for feasibility. Some, such as having the Ministry pay the fees, are not within the control of the College. Others call for a complex model of assessing fees based on the number of beds, complexity of services, etc., such a model is inconsistent with the approach used in community pharmacy and generally in the regulatory arena. It is also not desirable from an administrative perspective and could lead to manipulation in reporting to minimize the cost impact to an institution. Another option put forward was to recalibrate the scale and oversight of the accreditation program for hospitals.

ANALYSIS: The overwhelming feedback relating to hospital accreditation fees prompted a review of the program approach and associated costs upon which the proposed fees were derived as the fees were established to recover costs.

The review, comparing the relative costs for inspection in community to hospital, indicated that:

- more complex pharmacy services are generally delivered in the hospital setting
- the size and scope of hospital practice in some locations requires a two-person inspection team
- more geographically dispersed locations results in greater travel time and cost per inspection, and
- program costs for hospital oversight (standards, inspection criteria, etc.) is similar to that of community pharmacy, however, costs are being recouped from a smaller population – 225 hospital pharmacies versus 4,000+ community pharmacies.

While these differences are justification for higher fees for hospital pharmacies, the program was further examined to find savings through a less aggressive timeline and more efficiency through alternative approaches to physical site visits of each location.

In response to the feedback, amendments to the proposed fees are recommended, with opening fees of \$4,000 (\$2,000 for application, \$2,000 for issuance) and renewal fees of \$3,500 as opposed the \$6,000 and \$5,000 as circulated. To coincide with the reduction in revenue, the program costs will be reduced through adjustments to the inspection schedule such that all hospital pharmacies will be targeted for inspection within a 24 month period.

No other changes are proposed for By-law #4 as circulated.

The By-law amendments relating to Hospital Pharmacy Accreditation will come into effect upon the proclamation of the amended Drug and Pharmacies Regulation Act Regulation.

RECOMMENDATION: That Council approve the amendments to the By-laws with changes incorporated following consultation - reflected as By-Law #4.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

PROPOSED BY-LAW AMENDMENTS

Existing Provision	Proposed Provision Circulated	Changes proposed post circulation
Article 14 PHARMACY TRANSACTION FEES		
14.1 Application Fee.		
<p>14.1.1 Subject to subparagraph 14.1.2, the application fee for a certificate of accreditation to establish and operate a pharmacy shall be \$250.00 plus applicable taxes.</p>	<p>14.1.1 Subject to subparagraph 14.1.2, the application fee for a certificate Certificate of Accreditation to establish and operate a pharmacy shall be \$250.00 plus applicable taxes, as follows:</p> <p>(a) on or before December 31, 2015, \$250.00 plus applicable taxes;</p> <p>(b) between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes;</p> <p>and</p> <p>(c) on and after the Effective Date:</p> <p>(i) \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or</p> <p>(ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	<p>(ii) \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>
14.2 Issuance Fee.		
<p>14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a certificate of accreditation to establish and operate a pharmacy shall be \$750.00 plus applicable taxes.</p>	<p>14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a certificate of Accreditation Certificate of Accreditation to establish and operate a pharmacy shall be \$750.00 plus applicable taxes.:</p> <p>(a) until the Effective Date, \$750.00 plus applicable taxes; and</p> <p>(b) on and after the Effective Date:</p> <p>(i) \$750.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and</p> <p>(ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	<p>(ii) \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>

Existing Provision	Proposed Provision Circulated	Changes proposed post circulation
<p>14.5 Renewal Fee. The fee for the renewal of a certificate of accreditation shall be \$860.00 plus applicable taxes, and shall be paid on or before May 10 of each year.</p>	<p>14.5 Renewal Fee. The fee for the renewal of a certificate of accreditation shall be \$860.00 plus applicable taxes, and Certificate of Accreditation shall be paid on or before May 10 of each year. and shall be in the amount of:</p> <p>(a) on or before December 31, 2015, \$860.00 plus applicable taxes;</p> <p>(b) between January 1, 2016 and the Effective Date, \$940.00 plus applicable taxes;</p> <p>and</p> <p>(c) on and after the Effective Date:</p> <p>(i) \$940.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and</p> <p>(ii) \$5000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	<p>(ii) \$3500.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>

Draft – November 25, 2015

ONTARIO COLLEGE OF PHARMACISTS – BY-LAW NO. 4

A by-law relating generally to the conduct of the affairs of the Ontario College of Pharmacists

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BE IT ENACTED as a by-law of the **ONTARIO COLLEGE OF PHARMACISTS** as follows:

**ARTICLE 1
INTERPRETATION**

1.1 Meaning of Words. In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:

- 1.1.1 “**Act**” means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, as amended;
- 1.1.2 “**Applicant**” means an applicant as defined in the *Drug and Pharmacies Regulation Act Regulations*;
- 1.1.3 “**By-Law**” or “**By-Laws**” means the By-Laws of the College, as the same may be amended from time to time;
- 1.1.4 “**Certificate of Accreditation**” means a certificate of accreditation issued to a pharmacy by the Registrar pursuant to the *Drug and Pharmacies Regulation Act*;
- 1.1.5 “**Certificate of Authorization**” means a certificate of authorization issued to a health profession corporation by the College;
- 1.1.6 “**Certificate of Registration**” means a Certificate of Registration issued to a Member by the Registrar pursuant to the Code;
- 1.1.7 “**Chair**” means, depending on the context, the Chair of a Statutory Committee or a standing Committee, or the person presiding at a meeting of the Council;
- 1.1.8 “**Code**” means the *Health Professions Procedural Code*, being Schedule 2 to the Act;
- 1.1.9 “**Code of Conduct**” means the Code of Conduct and Procedures for Council and Committee Members which is set out in Schedule B to this By-Law, as it may be amended from time to time;
- 1.1.10 “**Code of Ethics**” means the Code of Ethics which is set out in Schedule A to this By-Law as it may be amended from time to time;
- 1.1.11 “**College**” means the Ontario College of Pharmacists;
- 1.1.12 “**Committee**” or “**Committees**” means a Committee or Committees of the College, whether statutory, standing or special Committees;
- 1.1.13 “**Contact Person**” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the *Drug and Pharmacies Regulation Act*;
- 1.1.14 “**Council**” means the Council of the College;
- 1.1.15 “**Council member**” or “**member of the Council**” means a person who has been elected or appointed as a member of the Council;
- 1.1.16 “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;

- 1.1.17 “**Designated Manager**” means the manager designated by the Owner of a pharmacy as required by section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.18 “**Director of Competence**” means the person who, from time to time, holds the title of Director of Competence of the College;
- 1.1.19 “**Director of Finance and Administration**” means the person who, from time to time, holds the title of Director of Finance and Administration of the College;
- 1.1.20 “**District**” or “**Electoral District**” means an Electoral District as set out in Article 4;
- 1.1.21 “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4, as amended;
- 1.1.22 “**Drug and Pharmacies Regulation Act Regulations**” means the regulations made under the *Drug and Pharmacies Regulation Act*;
- 1.1.23 “**Drug Preparation Premises**” means drug preparation premises as defined in Part IX of the *Pharmacy Act Regulations*;
- 1.1.24 “**Effective Date**” means the date on which: (a) sections 1 to 5 of Schedule 2 of the *Safeguarding Health Care Integrity Act*, 2014, S.O. 2014, c. 14 are proclaimed in force; and (b) the College’s proposed regulation to replace O. Reg. 58/11 comes into effect;
- 1.1.25 “**Member**” means a member of the College;
- 1.1.26 “**Narcotic Signer**” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the *Controlled Drug and Substances Act* (Canada) or the regulations thereunder in order to obtain narcotics for the pharmacy;
- 1.1.27 “**Owner**” means an owner of a pharmacy as defined in the *Drug and Pharmacies Regulation Act Regulations*;
- 1.1.28 “**Pharmacy Act**” means the *Pharmacy Act, 1991*, S.O. 1991, c.36;
- 1.1.29 “**Pharmacy Act Regulations**” means the Regulations under the *Pharmacy Act*;
- 1.1.30 “**President**” and “**Vice-President**” mean, respectively, the persons who, from time to time, hold the titles of the President and the Vice-President of the College;
- 1.1.31 “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacist or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and the Canadian Association of Chain Drug Stores.
- 1.1.32 “**Register**” means the Register required to be kept pursuant to the Code;
- 1.1.33 “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;

- 1.1.34 “**Statutory Committees**” means the Committees listed in Section 10 of the Code as of the date of enactment of these By-Laws, and the Accreditation Committee as required under the *Pharmacy Act*.

ARTICLE 2 PROFESSIONAL LIABILITY INSURANCE

2.1 Insurance Requirements for a Certificate of Registration. A member who holds a Certificate of Registration as a Pharmacy Technician, Registered Pharmacy Student, Intern or Pharmacist listed in Part A of the Register, must maintain personal professional liability insurance as follows:

- 2.1.1 **Limit of Liability.** The policy of insurance must contain limits of a minimum of \$2,000,000 per claim or per occurrence and \$4,000,000 in the annual aggregate.
- 2.1.2 **Definition of Insured Services.** The definition of Insured Services under the policy must include all professional services in the practice of pharmacy as regulated by the College.
- 2.1.3 **Retroactive Date.** The policy must not contain a retroactive date and must provide for full prior acts protection.
- 2.1.4 **Extended Reporting Period (ERP).** If the policy is a “claims made” policy, it must contain an extended reporting period provision for a minimum of three years.
- 2.1.5 **Personal Professional Liability Insurance Coverage.** The policy must be issued in the name of the individual Member and provide that Member with mobility and coverage wherever in Ontario that Member practises.
- 2.1.6 **Legal Defence Payments.** Legal defence payments for regulatory proceedings or other legal proceedings potentially afforded by a personal professional liability policy must not erode the minimum limits of liability under the policy.

2.2 Evidence of Insurance. A Member shall, upon the request of the Registrar, provide proof of professional liability insurance in the required amounts and form, and a copy of the Member’s professional liability insurance policy.

ARTICLE 3 RESTRICTION ON COUNCIL MEMBERS

3.1 Restriction on Council Members. No member of the Council shall be an employee of the College.

ARTICLE 4 ELECTION OF COUNCIL MEMBERS

4.1 Electoral Districts K, L, M, N, P. The following Electoral Districts are established for the purpose of the election of members of Council who hold a Certificate of Registration as a Pharmacist:

- 4.1.1 Electoral District K (Eastern Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter K.
- 4.1.2 Electoral District L (Central Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter L.

- 4.1.3 Electoral District M (Toronto), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter M.
- 4.1.4 Electoral District N (Western Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter N.
- 4.1.5 Electoral District P (Northern Ontario), comprised of all addresses within the Canadian Postal Code boundaries whose postal code begins with the letter P.

4.2 Electoral District H. The following Electoral District is established for the purpose of the election of members of Council who hold a Certificate of Registration as a Pharmacist and whose place of practice for election purposes on June 1 immediately preceding the election, is in a hospital in Ontario that has been approved or licensed under a federal or provincial statute:

- 4.2.1 Electoral District H, comprised of the Province of Ontario.

4.3 Electoral District T. The following Electoral District is established for the purpose of the election of a member of Council who holds a Certificate of Registration as a Pharmacy Technician:

- 4.3.1 Electoral District T, comprised of the Province of Ontario.

4.4 Electoral District TH. The following Electoral District is established for the purpose of the election of a member of Council who holds a Certificate of Registration as a Pharmacy Technician and whose place of practice for election purposes on June 1 immediately preceding the election, is in a hospital in Ontario that has been approved or licensed under a federal or provincial statute:

- 4.4.1 Electoral District TH, comprised of the Province of Ontario.

4.5 Number of Members to be Elected

4.5.1 The number of members of Council to be elected is:

- (a) Three in each of Electoral Districts L, M, and N;
- (b) Two in each of Electoral Districts K and P;
- (c) Two in Electoral District H;
- (d) One in Electoral District T; and
- (e) One in Electoral District TH.

4.6 Voting Eligibility

4.6.1 Every Member who holds a valid Certificate of Registration as a Pharmacist or a Pharmacy Technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of members to the Council in the Electoral District in which his or her place of practice is located on June 1 immediately preceding the election.

4.6.2 A Member who holds a Certificate of Registration as a Pharmacist shall only be eligible to vote in one of Electoral Districts K, L, M, N, P and H and a Member who holds a Certificate of Registration as a Pharmacy Technician shall only be eligible to vote in one of Electoral Districts T or TH.

- 4.6.3 Neither a Registered Pharmacy Student nor an Intern is entitled to vote.
- 4.6.4 If, as of June 1 immediately preceding an election, a Member has no fixed place of practice, the Member may vote in the Electoral District in which he or she resides or, in the case of a Member who holds a Certificate of Registration as a Pharmacy Technician, in Electoral District T.
- 4.6.5 If, as of June 1 immediately preceding an election, a Member has a place of practice in more than one Electoral District, the Member shall declare to the Registrar which Electoral District is to be considered his or her place of practice for election purposes, and he or she may vote only in that Electoral District.
- 4.6.6 If the place of practice for election purposes of a Member is in a hospital in Ontario approved or licensed under a federal or provincial statute, he or she may only vote in Electoral District H (in the case of a Pharmacist) or Electoral District TH (in the case of a Pharmacy Technician).

4.7 Terms of Office

- 4.7.1 The term of office of a person elected to Council in 2010 in Electoral District M or Electoral District P shall be one (1) year, commencing at the first meeting of Council after the election.
- 4.7.2 The term of office of a person elected to Council in 2010 in Electoral District N or Electoral District H shall be two (2) years, commencing at the first meeting of Council after the election.
- 4.7.3 Subject to subparagraph 4.7.3.1, the term of office of a person elected to Council in 2010 in Electoral District K, Electoral District L, Electoral District T or Electoral District TH shall be three (3) years, commencing at the first meeting of Council after the election.
- 4.7.3.1 Should an election of members of Council for Electoral District T and Electoral District TH not be held on the first Wednesday in August 2010, the term of office of a person elected to Council in the first election held in those Electoral Districts shall commence at the first meeting of Council after the election and shall expire on the same date as the term of office of a person elected to Council in 2010 in Electoral District K or Electoral District L.
- 4.7.4 The term of office of a person elected to Council in an annual August election after 2010 shall be three (3) years, commencing at the first meeting of Council after the election.

4.8 Election Date

- 4.8.1 An election of members of Council for Electoral Districts N and H shall be held on the first Wednesday in August 2012 and every third year after that.
- 4.8.2 An election of members of Council for Electoral Districts K, L, T and TH shall be held on the first Wednesday in August 2013 and every third year after that.
- 4.8.3 An election of members of Council for Electoral Districts M and P shall be held on the first Wednesday in August 2014 and every third year after that.

4.9 Eligibility for Election

- 4.9.1 A Member who holds a valid Certificate of Registration as a Pharmacist or as a Pharmacy Technician is eligible for election to the Council in one of Electoral Districts K, L, M, N, P and H (in the case of a Pharmacist) or in one of Electoral Districts T and TH (in the case of a Pharmacy Technician) if, on June 1 immediately preceding the election:
- (a) in the case of a Member who proposes to run in Electoral Districts K, L, M, N, P or Electoral District T, the Electoral District in which the Member proposes to run is the Member's place of practice for election purposes, and is where the majority of his or her time in the practice of pharmacy is spent, or alternatively, is the location of the Member's permanent residence;
 - (b) in the case of a Member who proposes to run in Electoral District H or TH the majority of the Member's time in the practice of pharmacy is spent in a hospital in Ontario that has been approved or licensed under a federal or provincial statute, which is the Member's place of practice for election purposes;
 - (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
 - (d) the Member is not the subject of any disciplinary or incapacity proceeding;
 - (e) the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the election;
 - (f) the Member is not a Registered Pharmacy Student or Intern;
 - (g) the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation; and
 - (h) the Member is not an employee, officer or director of a Professional Advocacy Association, or, if the Member is such an employee, officer or director of a Professional Advocacy Association, the Member gives an undertaking to resign from such position upon being elected or acclaimed to the Council.

For greater certainty, nothing in this clause shall prevent a Member who serves on an association or organization to which he or she has been appointed by Council as a representative of the College, from running for election to Council.

- (i) the Member has not been disqualified from serving on Council or a committee within the six years immediately preceding the election;
- (j) the Member is not an adverse party in litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents;
- (k) the Member has not, in the opinion of the Elections Committee, engaged in conduct unbecoming a Council member; and
- (l) the Member is not the Owner or Designated Manager of a pharmacy that, within the six years immediately preceding the election, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.

- 4.9.2 Every Member who proposes to run for election to the Council shall establish, to the satisfaction of the Elections Committee, that he or she meets the place of practice or residency requirement in the Member's Electoral District. In the event of a dispute about whether a Member meets those requirements, or otherwise regarding the eligibility of a Member for election to Council, the Elections Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. In the event that the Executive Committee finds that the Member does not meet the place of practice or residency requirement in the Member's Electoral District, or that the Member is not otherwise eligible for election, it shall disqualify the Member as a candidate.
- 4.9.3 No person who has a direct interest in the result of an election dispute shall participate in the investigation or consideration of such dispute as a member of the Elections Committee or in the discussion and voting by the Executive Committee.

4.10 Registrar to Supervise Nominations

- 4.10.1 The Registrar shall supervise the nominations of candidates for members of Council.

4.11 Notice of Election and Nominations

- 4.11.1 No later than June 1 in the year in which the election is to be held, the Registrar shall notify each Member who is eligible to vote in an Electoral District in which an election is scheduled, of the date of the election. Such notification shall be by electronic mail and shall be addressed to each such Member at his or her electronic address that is on file with the College, or, if there is not an electronic address on file, such notification shall be by fax transmission to the Member's fax number that is on file with the College or by regular letter mail to the Member's home address that is on file with the College.

4.12 Nomination Procedure

- 4.12.1 A candidate for election as a member of Council shall be nominated by not fewer than three (3) Members who are eligible to vote in the Electoral District for which the candidate is nominated.
- 4.12.2 The nomination paper shall be accompanied by a form signed by the candidate in which the candidate affirms his or her commitment to the objects of the College and undertakes to comply with the College's policies, the By-Laws, the Code of Ethics and the Code of Conduct.
- 4.12.3 The nomination shall be signed by the nominators and shall be accepted by the candidate.
- 4.12.4 If it is not possible for the candidate to accept the nomination on the nominating paper which has been signed by the nominators, the candidate shall forward his or her acceptance to the Registrar.
- 4.12.5 All nominations shall be filed with the Registrar no later than 5:00 p.m. on the third Wednesday of June in the year in which the election is to be held.
- 4.12.6 The Registrar shall, without undue delay after nominations have been closed, give notice to all those nominated of the names of the members nominated.
- 4.12.7 A candidate may withdraw his or her candidacy by notice of withdrawal delivered to the Registrar no later than July 1 in the year in which the election is to be held.

4.13 Acclamation

- 4.13.1 If, after the deadline referred to in subparagraph 4.12.5, the number of eligible candidates nominated for an Electoral District is equal to the number of members to be elected in that Electoral District, the Registrar shall declare the eligible candidate(s) to be elected by acclamation.
- 4.13.2 If, after the deadline referred to in subparagraph 4.12.5, the number of eligible candidates nominated for an Electoral District is less than the number of members to be elected in that Electoral District, the Registrar shall declare any eligible candidate(s) to be elected by acclamation and there shall be a supplementary nomination and election process held in accordance with paragraph 4.24 in order to fill any remaining vacancies.

4.14 Registrar's Electoral Duties

- 4.14.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar may:
- (a) appoint returning officers or scrutineers;
 - (b) establish a deadline for the receipt of ballots;
 - (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
 - (d) ensure electronic communication and voting processes are reliable and secure;
 - (e) establish procedures for the counting and verification of ballots;
 - (f) provide for the notification of all candidates and Members of the results of the election; and
 - (g) provide for the destruction of ballots or the destruction of the record of ballots following an election.
- 4.14.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Member eligible to vote in an Electoral District in which an election is to take place a list of the candidates in the Electoral District, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.15 Scrutineers

- 4.15.1 The Council shall, at the last regular Council meeting before an election, appoint two (2) or more persons to serve as scrutineers for the election.
- 4.15.2 The scrutineers shall be reimbursed for their expenses as provided in the By-Laws.
- 4.15.3 If a scrutineer is unable or unwilling to act, the President shall appoint a person as a replacement scrutineer.

4.16 Ballots

- 4.16.1 The names of the candidates properly nominated in the Electoral District in which an election is to take place, and who have not withdrawn their candidacy by the deadline for so doing, shall appear on the ballot.

- 4.16.2 The Registrar shall prepare a list of the voting Members for each Electoral District in which the number of candidates is greater than the number of Members to be elected.
- 4.16.3 A Member who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Member with a replacement.

4.17 Voting

- 4.17.1 A ballot shall clearly indicate the candidate of the voting Member's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.
- 4.17.2 For each ballot cast, the scrutineers shall ascertain that the voting Member is eligible to vote according to the list prepared by the Registrar.
- 4.17.3 The votes shall be counted or verified by the scrutineers at the head office of the College on the day following the election.
- 4.17.4 The verification of the votes shall be conducted in such a manner that no person shall know for whom any voting Member has voted.
- 4.17.5 The only persons permitted to be present during the verification shall be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.
- 4.17.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.
- 4.17.7 Upon completing the verification, the scrutineers shall prepare for each Electoral District a return, in duplicate, setting out the number of votes cast for each candidate and the number of spoiled ballots. The returns shall be filed with the Registrar for each Electoral District.
- 4.17.8 In an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes.
- 4.17.9 In an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.
- 4.17.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the candidate(s) who received the largest number of votes in each Electoral District in accordance with subparagraphs 4.17.8 and 4.17.9 to be elected as members of the Council, and shall notify each candidate of the election results.
- 4.17.11 The Registrar shall retain the ballots or the records of the ballots for thirty (30) days from the date the votes were counted and shall then destroy the ballots or the records of the ballots unless a candidate requests a recount.

4.18 Number of Votes to be Cast

4.18.1 In any election in an Electoral District in which a Member is eligible to vote, a Member may cast as many votes as there are members of Council to be elected in that Electoral District in that election.

4.18.2 A Member shall not cast more than one vote for any one candidate.

4.19 Tie Votes

4.19.1 If there is a tie in an election of members of Council and it is necessary to break the tie to determine who shall be the successful candidate, the Registrar shall break the tie, by lot, and then declare the candidate elected.

4.20 Recounts

4.20.1 A candidate may make a written request to the Registrar for a recount, no more than thirty (30) days after the date of an election, upon paying the election recount fee to the Registrar.

4.20.2 If a recount is requested, the Registrar shall appoint a time and place for the recount. The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.

4.20.3 The recount shall be conducted in the same manner as the original counting and verification of votes, except that the votes shall be counted and verified by two (2) persons appointed by the President, and who were not scrutineers in the election.

4.20.4 The candidate may be present for the recount.

4.20.5 The election recount fee shall be refunded to the candidate if the outcome of the election is changed in his or her favour as a result of the recount.

4.21 Interruption of Service

4.21.1 Where there is an interruption of mail or electronic service during the nomination or election, the Registrar shall extend the holding of the nomination or election for such period of time as the Registrar considers necessary to compensate for the interruption.

4.22 Conduct of Council Members

4.22.1 An elected member of Council is automatically disqualified from sitting on Council if the elected member of Council:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Member by a panel of the Fitness to Practice Committee.

4.22.2 The grounds for taking formal governance action against a member of the Council are where the Council member:

- (a) fails, without cause, to attend three (3) consecutive meetings of Council;
- (b) fails, without cause, to attend three (3) consecutive meetings of a Committee of which he or she is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;

- (c) in the case of an elected member of Council, ceases to practise or reside in the Electoral District to which the member of Council was elected;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) is or becomes an employee, officer or director of a Professional Advocacy Association; (however, for greater certainty, a member of Council shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (f) in the case of a dean of a faculty of pharmacy who is a Member,
 - (i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (ii) is found to be an incapacitated Member by a panel of the Fitness to Practice Committee;
- (g) initiates litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents; or
- (h) engages in conduct or an omission that is reasonably regarded by Council members as being disgraceful, dishonourable, unprofessional or unbecoming a Council member.

4.22.3 The following procedure shall be followed when taking formal governance action:

- (a) A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council member or Committee member or by the Registrar.
- (b) The Registrar shall disclose the complaint to the Council member and shall report the complaint to the President or the Vice-President who shall bring the complaint to the Executive Committee. If the Executive Committee is unable to address the complaint, it may appoint another Committee to fulfill its duties under subparagraph 4.22.3.
- (c) If the Executive or other Committee, after any inquiry it deems appropriate, concludes that the complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Council member of the complaint and of his or her right to retain a lawyer and shall provide an opportunity for the Council member to respond to the complaint.
- (d) As soon as feasible, the independent third party shall report the results of the investigation in writing to the Executive or other Committee and to the Council member. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have been met and, if so, the apparent significance of the breach.
- (e) If the Executive or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Council meeting unless a special meeting is called before then to address the matter. Participation in the

investigation and referral process does not render the members of the Executive or other Committee ineligible to participate and vote on the matter at Council.

- (f) Before taking formal governance action, Council shall afford the Council member an opportunity to address the Council for a period of time permitted by the Council of no less than one hour. However, the Council member shall not take part in the deliberation or vote.
- (g) Council shall determine whether grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction.
- (h) The determination that grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have been met and the determination to impose a formal governance sanction must be approved by a vote of at least two-thirds (2/3) of the Council members eligible to vote. The vote shall be a recorded vote.
- (i) The formal governance sanction imposed by the Council may include one or more of the following:
 - (i) censure of the Council member verbally or in writing,
 - (ii) disqualification of an elected member of Council from the Council,
 - (iii) sending a copy of the independent third party's report and the Council's determination to the Ministry of Health and Long Term Care respecting a person appointed by the Lieutenant Governor in Council, or
 - (iv) sending a copy of the independent third party's report and the Council's determination to the applicable Ontario university respecting a Council member who is a dean of a faculty of pharmacy.
- (j) Where Council determines that grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have not been met and that formal governance action is not warranted, Council may direct the College to reimburse the Council member for all or part of the Council member's legal expenses.

4.22.4 An elected member of Council who is disqualified from sitting on the Council is thereby removed from Council and ceases to be a member of Council.

4.23 Filling of Vacancies

4.23.1 If the seat of an elected member of Council becomes vacant not more than twelve (12) months before the expiry of the term of office of that elected member of Council, the Council may:

- (a) leave the seat vacant; or
- (b) direct the Registrar to hold a by-election in accordance with this By-Law for the Electoral District in which the elected member of Council sat.

4.23.2 If the seat of an elected member of Council becomes vacant more than twelve (12) months before the expiry of the term of office of that member of Council, the Council

shall direct the Registrar to hold a by-election for the Electoral District in which the elected member of Council sat.

- 4.23.3 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of by-elections, with all necessary modifications.
- 4.23.4 The term of office of a member of Council elected in a by-election under subparagraph 4.23.1 or 4.23.2 shall commence upon acclamation or election and shall continue until the term of office of the former member of Council would have expired.

4.24 Supplementary Election Procedures

- 4.24.1 If no nominations are received in an Electoral District by the deadline referred to in subparagraph 4.12.5, or if the number of eligible candidates nominated for an Electoral District by the deadline is less than the number of members to be elected in that Electoral District, there shall be a supplementary election.
- 4.24.2 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of supplementary elections, with all necessary modifications.
- 4.24.3 The term of office of a member of Council elected in a supplementary election under subparagraph 4.24.1 shall commence upon acclamation or election and shall continue until the end of the term of office prescribed in paragraph 4.7 for a member elected in the Electoral District in which that member was elected.

ARTICLE 5 MEETINGS OF COUNCIL

5.1 Meetings of Council.

- 5.1.1 The Council shall hold at least four regular meetings in the one-year period following each annual August election of members to the Council. The first regular Council meeting shall take place within 90 days following the August election. The dates for the remaining regular Council meetings shall be set at the first regular Council meeting following the August election.
- 5.1.2 The President may call a special meeting of Council at any time, provided that notice is given in accordance with the *Pharmacy Act Regulations* to each member of Council, the Members and the public, specifying the purpose of the meeting.
- 5.1.3 Notice of any special meeting of Council shall be sufficient if provided to each member of Council at his or her specified address as shown in the records of the College.
- 5.1.4 The President or, in his or her absence or failure to act, the Vice-President, shall call a special meeting of Council upon the written request of two-thirds (2/3) of the members of Council. In the event that the President or Vice-President are both unable, or fail, to call a meeting of Council, two-thirds (2/3) of the members of Council may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraph 5.1.3.
- 5.1.5 Meetings of Council shall be held at the permanent office of the College, or at such other place or places as the Council may designate.

- 5.1.6 The quorum for the transaction of business at any meeting of the members of Council shall be a majority of members of Council.
- 5.1.7 Unless specifically provided for otherwise in the By-Law, any question arising at any meeting of the Council shall be determined by a majority of votes of members of Council present at the meeting and eligible to vote.
- 5.1.8 At the regular meetings of members of Council, the business shall include:
- (a) noting the names of the Council members present and absent;
 - (b) approving the agenda;
 - (c) notice of motions intended to be introduced;
 - (d) motions, notice of which has been previously given;
 - (e) inquiries;
 - (f) reports of Committees and consideration thereof;
 - (g) unfinished business from previous meetings;
 - (h) items for the information of Council members;
 - (i) any referral for formal governance action made under subparagraph 4.22.3;
 - (j) other matters; and
 - (k) adjournment.
- 5.1.9 An item of business may be excluded only with the consent of two-thirds (2/3) of the members of Council present at a meeting and eligible to vote.
- 5.1.10 A Council member may place any item that can properly be discussed by Council on the Council agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing at a meeting of the Council on a day previous to the discussion or vote thereon unless this requirement is dispensed with by a vote of at least two-thirds (2/3) of all the members of Council present at the meeting and eligible to vote.
- 5.1.11 The Rules of Order set out in Schedule C of this By-Law apply to the conduct of Council meetings.

5.2 Meetings Held By Technological Means.

- 5.2.1 If two-thirds (2/3) of all members of Council, or of a Committee (as the case requires) who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, members of Council or of a Committee may participate in a meeting of, respectively, Council or of a Committee, by means of such conference telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a member of Council or of a Committee participating in such a meeting by such means is deemed to be present at the meeting.

- 5.2.2 At the outset of each meeting referred to in paragraph 5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, he or she shall adjourn the meeting to a predetermined date, time and place, unless a majority of the Council or Committee members (as the case may be) present at such meeting and eligible to vote otherwise require.

ARTICLE 6 REMUNERATION AND EXPENSES

6.1 Remuneration and Expenses.

- 6.1.1 When they are on official College business, members of Council and Committees, working groups and task forces, other than persons appointed by the Lieutenant Governor in Council, shall be paid the following:
- (a) a travel allowance, which shall consist of a rate for distance traveled of 45 cents per kilometre; or air fare, bus or rail fare, plus transportation to and from air, bus or train terminals;
 - (b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;
 - (c) an expense allowance of \$210.00 in lieu of the daily allowance described in subparagraph 6.1.1(b), whenever arrival is necessary the night prior to a scheduled meeting;
 - (d) a daily expense allowance of \$165.00 when on College business in the community in which the Council member resides, which amounts include travel allowance.
- 6.1.2 If the Council appoints a Member, other than a Council or Committee member, to represent the College at a meeting or conference, the Member shall be reimbursed for expenses incurred at the rate set out in subparagraph 6.1.1, plus registration fees, if applicable. The Member shall not accept reimbursement for expenses from any other body.
- 6.1.3 An amount in excess of the amounts authorized under subparagraph 6.1.1 may be paid to a Council member or Committee member provided the amount was specifically included in the College budget for the year in which the expenses are incurred, or with the express, prior authorization of the Executive Committee.

ARTICLE 7 COMMITTEES OF THE COLLEGE

7.1 Statutory Committees under the Act. Pursuant to the Act, the College shall have the following Committees:

- 7.1.1 Executive Committee;
- 7.1.2 Registration Committee;
- 7.1.3 Inquiries, Complaints and Reports Committee;
- 7.1.4 Discipline Committee;

- 7.1.5 Fitness to Practise Committee;
- 7.1.6 Quality Assurance Committee; and
- 7.1.7 Patient Relations Committee,

the composition of which are set out in the By-Law and the duties of which are set out in the Act and the By-Law.

7.2 Statutory Committee under the Pharmacy Act. Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in the By-Law and the duties of which are set out in the *Drug and Pharmacies Regulation Act* and this By-Law.

7.3 Standing Committees. In addition to the Statutory Committees, the College shall establish the following standing Committees, the composition and duties of which are set out in this By-Law:

- 7.3.1 Finance and Audit Committee;
- 7.3.2 Professional Practice Committee;
- 7.3.3 Elections Committee;
- 7.3.4 Communications Committee; and
- 7.3.5 Drug Preparation Premises Committee.

7.4 Appointment of Special Committees. Council may, from time to time, appoint such special Committees, task forces and working groups as it deems appropriate or necessary for the attainment of the objects of the College and the efficient conduct of its affairs. Every special Committee, task force or working group shall have specified terms of reference and a date upon which it shall dissolve.

7.5 Reporting of Committees. All Committees, with the exception of the Discipline Committee and the Fitness to Practise Committee, shall report to the Council through the Executive Committee.

7.6 Non-Council Committee Members.

- 7.6.1 This paragraph 7.6 applies with respect to the appointment of Members who are not members of Council to a Committee of the College.
- 7.6.2 A Member is eligible for appointment to a Committee if, on the date of the appointment:
 - (a) the Member holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
 - (b) the Member either practises or resides in Ontario;
 - (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
 - (d) the Member is not the subject of any disciplinary or incapacity proceeding;
 - (e) the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;

- (f) the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
- (g) the Member has not been disqualified from serving on Council or a committee within the six years immediately preceding the appointment;
- (h) the Member does not have a conflict of interest in respect of the Committee to which he or she is to be appointed; and
- (i) the Member is not the Owner or Designated Manager of a pharmacy that, within the six years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.
- (j) the Member is not an employee, officer or director of a Professional Advocacy Association or, if the Member is such an employee, officer or director of a Professional Advocacy Association the Member gives an undertaking to resign from such position upon being appointed (however, for greater certainty, a member of a Committee shall not be ineligible by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);

7.7 Appointment of Elections Committee. The Elections Committee shall be formed at the last regular meeting of the Council preceding the annual election of members to the Council. The members of the Elections Committee shall be appointed by the President, subject to the approval of the Council. The Elections Committee shall appoint its own Chair. All appointments to the Elections Committee shall be for a term that expires at the last regular meeting of the Council preceding the next year's election.

7.8 Appointment of Drug Preparation Premises Committee. Upon the coming into force of Part IX of the *Pharmacy Act Regulations*, the Drug Preparation Premises Committee shall be formed. The initial appointments to the Drug Preparation Premises Committee shall be for a term that expires at the first regular meeting of Council after the next annual August election. Thereafter, the Drug Preparation Premises Committee shall be formed at the first regular meeting of Council after each annual August election and appointments to it shall be in accordance with paragraph 7.9.

7.9 Appointments of Statutory and Standing Committees. All Statutory and standing Committee appointments, with the exception of the Elections Committee, shall be made by the Council at the first regular meeting of Council after each annual August election, and shall be for a term that expires at the first regular meeting of Council after the following election. The appointments to all Statutory and standing Committees, with the exception of the Elections Committee, shall be made in the following manner:

- 7.9.1 A Nominating Committee shall be formed on the first day of the Council meeting, consisting of the newly elected President and Vice-President, one elected Council member and one Council member appointed by the Lieutenant Governor in Council, such Committee members to be elected from among those Council members present. The Committee shall appoint its own Chair.
- 7.9.2 The Elections Committee shall give its report, consisting of the names of all members of Council who have expressed interest or willingness to sit on or chair a Committee, to the Nominating Committee.
- 7.9.3 The Nominating Committee shall nominate all eligible Council members who agree to sit on the Executive Committee and all eligible Council members who agree to chair the

other Statutory Committees and standing Committees. The Chair of the Nominating Committee shall present the nominations to Council.

7.9.4 Elections to the Executive Committee:

- (a) The President shall call for further nominations for the open positions on the Executive Committee;
- (b) Should the number of nominees who are Members match the number of open positions on the Executive Committee for members of the Council who are Members in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed;
- (c) Should the number of nominees who are appointed by the Lieutenant Governor-in-Council match the number of open positions on the Executive Committee for members of the Council appointed by the Lieutenant Governor-in-Council in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed; and
- (d) Should the number of nominees in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph 9.1.2(b) of this By-Law. Should there be more than one open position in a category, Council members shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who received the fewest votes shall then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Council members may only cast one vote per candidate on each ballot.

7.9.5 The President shall call for further nominations from among the Council members for Chairs of the other Statutory Committees and of the standing Committees. If more than one person is nominated to serve as Chair of a Committee, an election shall be held following the procedure in subparagraph 9.1.2(b) of this By-Law.

7.9.6 The Nominating Committee shall confer with the newly elected Chair of each statutory and standing Committee to consider the appointment of the remaining members to that Committee in accordance with the Committee composition provisions of this By-Law. The Nominating Committee shall then prepare a report with respect to the proposed membership of each Committee, which the Chair of the Nominating Committee shall present to the Council for its approval. In making this report the Nominating Committee shall consider the benefits of having minimal overlap between the composition of the Executive Committee and the Finance and Audit Committee.

7.10 Disqualification, Vacancies and Term Limits of Committee Members

7.10.1 A member of a Committee is disqualified from sitting on the Committee if the member:

- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
- (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.

- 7.10.2 The Council may disqualify a member of a Committee from sitting on the Committee if the member:
- (a) fails, without cause, to attend three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;
 - (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
 - (c) ceases to either practise or reside in Ontario;
 - (d) is in default of payment of any fees prescribed in the By-Laws;
 - (e) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
 - (f) breaches the provisions of the By-Laws of the College, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time; or
 - (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.
- 7.10.3 A person who is disqualified under subparagraph 7.10.1 or 7.10.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 7.10.5, the President shall appoint a successor as soon after the disqualification as is feasible.
- 7.10.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 7.10.3 shall commence upon the appointment and shall continue until the term of office of the member of the Committee who is being replaced would have expired.
- 7.10.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the President. In the case of a vacancy in the membership of a Committee, the President shall consult with the Chair of the Committee before making the appointment.
- 7.10.6 Nothing in paragraph 7.10 prevents the Council, or the Executive Committee acting on its behalf, from adding members to or removing members from a Committee at any time for administrative or logistical reasons.

7.11 Quorum. Unless specifically provided for otherwise under the Act, the Code, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, or the regulations under any of those Acts, a majority of the members of a Committee constitutes a quorum for a meeting of a Committee.

7.12 Voting. Unless specifically provided for otherwise under the Act, the Code, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act*, the regulations under any of those Acts, or this By-Law, any question arising at any meeting of a Committee shall be determined by a majority of votes of members of the Committee present at the meeting and eligible to vote.

7.13 Vacancies. Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “at least” or words of a similar meaning, a vacancy which reduces the number of

members of the Committee below the minimum number shall not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

ARTICLE 8
COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

8.1 Composition of the Executive Committee. The Executive Committee shall be composed of:

- 8.1.1 the President and the Vice-President;
- 8.1.2 the immediate past President if he or she is a current member of the Council; and
- 8.1.3 the minimum number of additional members of the Council as will ensure that the Committee consists of four members of the Council who are Members and three members of the Council who are appointed by the Lieutenant Governor in Council.

8.2 Chair of the Executive Committee. The President shall be the Chair of the Executive Committee.

8.3 Duties of the Executive Committee. The Executive Committee shall:

- 8.3.1 perform such functions as are assigned to it by statute or regulation;
- 8.3.2 recommend to the Council proposals for changes to applicable statutes, regulations, By-Laws, policies and practices;
- 8.3.3 submit an annual report to the Council in accordance with the Code;
- 8.3.4 exercise all the powers and duties of the Council between Council meetings that, in the Committee's opinion, requires attention, other than the power to make, amend or revoke a regulation or by-law.
- 8.3.5 review correspondence and other documents relating to the policies of the College;
- 8.3.6 receive reports from other Committees and report the activities of those Committees to Council at regular meetings of the Council;
- 8.3.7 receive findings and recommendations from the Elections Committee pursuant to subparagraph 4.9.2, take such action in respect of the person who is the subject of the findings and recommendations as it deems appropriate, and report its decision to the Council;
- 8.3.8 have the following financial authorities:
 - (a) to approve all required operating expenditures not included in the operating budget, to a limit of \$20,000.00 per item, and \$100,000.00 in total per year;
 - (b) to approve all required capital expenditures not included in the budget to a limit of \$100,000.00;
 - (c) items over the limits prescribed in subparagraphs 8.3.8(a) and (b) above shall be referred to the Council;
- 8.3.9 recommend general policy to the Council;

- 8.3.10 ensure that the policies of the Council are carried out;
- 8.3.11 report its activities, decisions and recommendations through the President at each meeting of the Council; and
- 8.3.12 have the following authorities with respect to staff compensation:
 - (a) annually, establish guidelines for the awarding of salary increases to staff;
 - (b) at least annually, review compensation for the Registrar; and
 - (c) provide broad policy guidance to senior management on matters related to non-salary compensation and benefit programs for College staff.

8.4 Composition of the Registration Committee. The Registration Committee shall be composed of:

- 8.4.1 at least two (2) members of Council who are Members;
- 8.4.2 at least two (2) members of Council appointed to the Council by the Lieutenant Governor in Council;
- 8.4.3 at least one (1) Member who is not a member of the Council;
- 8.4.4 a dean of a faculty or school of a pharmacy program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs, or his or her designate as approved by the Council; and
- 8.4.5 a representative of a pharmacy technician program in Ontario that has been accredited by the Canadian Council for Accreditation of Pharmacy Programs.

8.5 Duties of the Registration Committee. The Registration Committee shall:

- 8.5.1 perform such functions as are assigned to it by statute or regulation;
- 8.5.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 8.5.3 submit an annual report to the Council in accordance with the Code;
- 8.5.4 provide guidance to the Council on matters concerning registration, examinations and in-service training required prior to registration; and
- 8.5.5 maintain familiarity with the accreditation standards that the Canadian Council for Accreditation of Pharmacy Programs sets for all pharmacy and pharmacy technician programs that it accredits.

8.6 Composition of the Inquiries, Complaints and Reports Committee. The Inquiries, Complaints and Reports Committee shall be composed of:

- 8.6.1 at least five (5) members of the Council who are Members;
- 8.6.2 at least five (5) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

8.6.3 at least seven (7) Members who are not members of the Council.

8.7 Duties of the Inquiries, Complaints and Reports Committee. The Inquiries, Complaints and Reports Committee shall:

8.7.1 perform such functions as are assigned to it by statute or regulation;

8.7.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

8.7.3 submit an annual report to the Council in accordance with the Code; and

8.7.4 provide guidance to the Council on matters concerning investigations, complaints and reports.

8.8 Composition of the Discipline Committee. The Discipline Committee shall be composed of:

8.8.1 at least six (6) members of the Council who are Members;

8.8.2 at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

8.8.3 at least five (5) Members who are not members of the Council.

8.9 Duties of the Discipline Committee. The Discipline Committee shall:

8.9.1 perform such functions as are assigned to it by statute or regulation;

8.9.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws policies and practices;

8.9.3 submit an annual report to the Council in accordance with the Code; and

8.9.4 provide guidance to the Council on matters concerning discipline.

8.10 Composition of the Fitness to Practise Committee. The Fitness to Practise Committee shall be composed of:

8.10.1 at least two (2) members of the Council who are Members;

8.10.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

8.10.3 at least one (1) Member who is not a member of the Council.

8.11 Duties of the Fitness to Practise Committee. The Fitness to Practise Committee shall:

8.11.1 perform such functions as are assigned to it by statute or regulation;

8.11.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

8.11.3 submit an annual report to the Council in accordance with the Code; and

8.11.4 provide guidance to the Council on matters concerning fitness to practise.

8.12 Composition of the Quality Assurance Committee. The Quality Assurance Committee shall be composed of:

8.12.1 at least two (2) members of the Council who are Members;

8.12.2 at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

8.12.3 at least three (3) Members who are not members of the Council.

8.13 Duties of the Quality Assurance Committee. The Quality Assurance Committee shall:

8.13.1 perform such functions as are assigned to it by statute or regulation;

8.13.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

8.13.3 submit an annual report to the Council in accordance with the Code;

8.13.4 provide guidance to the Council on matters concerning quality assurance; and

8.13.5 maintain a continuing review of the Quality Assurance Program.

8.14 Composition of the Patient Relations Committee. The Patient Relations Committee shall be composed of:

8.14.1 at least two (2) members of the Council who are Members;

8.14.2 at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

8.14.3 at least one (1) Member who is not a member of the Council.

8.15 Duties of the Patient Relations Committee. The Patient Relations Committee shall:

8.15.1 perform such functions as are assigned to it by statute or regulation;

8.15.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

8.15.3 submit an annual report to the Council in accordance with the Code; and

8.15.4 provide guidance to the Council on matters concerning patient relations.

8.16 Composition of the Accreditation Committee. The Accreditation Committee shall be composed of:

8.16.1 at least two (2) members of the Council who are Members;

8.16.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and

8.16.3 at least two (2) Members who are not members of Council.

8.17 Duties of the Accreditation Committee. The Accreditation Committee shall:

8.17.1 perform such functions as are assigned to it by statute or regulation;

8.17.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;

8.17.3 submit an annual report to the Council; and

8.17.4 provide guidance to the Council on matters concerning accreditation.

8.18 Composition of the Finance and Audit Committee. The Finance and Audit Committee shall be composed of:

8.18.1 at least three (3) members of the Council who are Members; and

8.18.2 at least one (1) member of the Council appointed to the Council by the Lieutenant Governor in Council.

8.19 Duties of the Finance and Audit Committee. The Finance and Audit Committee shall:

8.19.1 review and recommend to the Council, through the Executive Committee, the annual operating and capital budget for the College;

8.19.2 maintain a rolling two (2) year operating budget;

8.19.3 review quarterly financial statements and report to Council, through the Executive Committee, significant deviations from budget;

8.19.4 meet with the auditor each year,

(a) before the audit to review the timing and extent of the audit and to bring to the attention of the auditor any matter of which it considers the auditor should be made aware; and

(b) as shortly after the completion of the audit as is practical, in order to review and discuss with the auditor the financial statements and the auditor's report;

8.19.5 review and report to the Council, through the Executive Committee, on the effectiveness of the external audit function and any matter which the external auditor wishes to bring to the attention of the College;

8.19.6 make recommendations to the Council, through the Executive Committee, on the appointment or reappointment of the external auditor;

8.19.7 make recommendations to the Council through the Executive Committee regarding the management of the College's assets and liabilities and additions or improvements to the real property owned or operated by the College; and

8.19.8 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices.

8.20 Composition of the Professional Practice Committee. The Professional Practice Committee shall be composed of:

- 8.20.1 at least two (2) members of the Council who are Members;
- 8.20.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 8.20.3 at least two (2) Members who are not members of the Council.

8.21 Duties of the Professional Practice Committee. The Professional Practice Committee shall:

- 8.21.1 provide direction and guidance to the Council, through the Executive Committee, on matters pertaining to pharmacy practice and ethics;
- 8.21.2 recommend to the Council, through the Executive Committee, policy pertaining to pharmacy practice and ethics;
- 8.21.3 develop and maintain ongoing review of standards of practice of the profession and make recommendations to the Council, through the Executive Committee, as appropriate; and
- 8.21.4 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices.

8.22 Composition of the Elections Committee. The Elections Committee shall be composed of:

- 8.22.1 at least one (1) member of the Council who is a Member;
- 8.22.2 at least one (1) member of the Council appointed by the Lieutenant Governor in Council; and
- 8.22.3 the President.

8.23 Duties of the Elections Committee. The Elections Committee shall:

- 8.23.1 invite expressions of interest in sitting on and chairing Committees from all members of Council. Where there are not sufficient expressions of interest to fill every Committee, the Elections Committee shall use its best efforts to recruit additional Committee members sufficient to fully constitute every Committee;
- 8.23.2 seek candidates for the offices of President and Vice-President;
- 8.23.3 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices; and
- 8.23.4 perform the duties assigned to it under subparagraph 4.9.2 of this By-Law.

8.24 Composition of the Communications Committee. The Communications Committee shall be composed of:

- 8.24.1 at least three (3) members of Council who are Members;
- 8.24.2 at least two (2) members of Council appointed by the Lieutenant Governor in Council; and

8.24.3 at least one (1) Member who is not a member of the Council.

The Committee shall include at least one (1) member of the Executive Committee and at least one (1) member of the Patient Relations Committee.

8.25 Duties of the Communications Committee. The Communications Committee shall:

8.25.1 provide direction and guidance to Council, through the Executive Committee, on all matters supporting public education and outreach, including, but not limited to, raising awareness of the value of both the profession and the College.

8.26 Composition of the Drug Preparation Premises Committee. The Drug Preparation Premises Committee shall be composed of the same members as the Accreditation Committee. The Chair of the Accreditation Committee shall be the Chair of the Drug Preparation Premises Committee.

8.27 Duties of the Drug Preparation Premises Committee. The Drug Preparation Premises Committee shall:

8.27.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with Part IX of the *Pharmacy Act Regulations*; and

8.27.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Council.

8.28 Maximum Number of Non-Council Committee Members. Council shall not appoint more members to a Committee that are not Council members than the number of Council members that it appoints to the Committee. However, a failure to comply with this provision does not affect the validity of the decisions made by the Committee.

ARTICLE 9 OFFICERS

9.1 Election of the President and the Vice-President.

9.1.1 The elections for President and Vice-President shall be held at the first regular meeting of the Council following the annual August election of Council members and shall be conducted by secret ballot.

9.1.2 The election of the President shall be conducted in the following manner:

(a) The outgoing President, or a person chosen by the Council, if the President is unable or unwilling to act, shall call on the Chair of the Elections Committee for the Elections Committee's report. The Chair shall present the list of all candidates for the office of President and hand it to the outgoing President. The President shall read the list and shall ask "Are there any further nominations?" Any Council member may then rise and, after addressing the Chair, nominate any other Council member for President. It is not necessary for the nomination to be seconded.

(b) If there is more than one candidate, the outgoing President shall appoint two tellers and direct them to distribute blank ballots, one to each member of the Council. After each Council member has voted, the tellers shall collect the ballots and one teller appointed shall report the vote without disclosing the count. The President shall declare the candidate receiving the overall majority of votes cast to be elected. If there are three (3)

or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes shall be removed from the ballot and the vote shall be repeated until there are two candidates remaining. The vote shall then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result shall be determined by lot by the first teller.

9.1.3 The procedure outlined in paragraph 9.1.2 shall then be repeated for the office of Vice-President.

9.2 Duties of the President and the Vice-President.

9.2.1 The President shall:

- (a) preside as Chair at all meetings of the Council;
- (b) make all necessary rulings as to the order of business, subject to an appeal to the Council members present; and
- (c) be *ex officio* a member of all Committees of the Council, except the Discipline Committee.

9.2.2 The Vice-President shall, in the event of the absence or inability of the President to act, perform the duties of the President.

9.2.3 In the event of the absence or inability of both the President and the Vice-President to act, the Council members present at a meeting of the Council may appoint one of the other members of the Council to preside at any meeting of the Council.

9.2.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the President or the Vice-President, the Council shall elect Council members to fill these vacancies according to the provisions of these By-Laws for calling a meeting and electing the President and the Vice-President.

9.2.5 Where the President has lost the confidence of the Council, Council may, on a notice of motion to that effect or at a special meeting of the Council, disqualify the President from office by a vote of at least two thirds (2/3) of the Council members present and eligible to vote.

ARTICLE 10 BUSINESS OF THE COLLEGE

10.1 Seal. The seal shall be the seal of the College.

10.2 Execution of Documents.

10.2.1 Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the "instruments") may be signed on behalf of the College by the President or Vice-President and any one of the Registrar, the Deputy Registrar, the Director of Finance and Administration, the Director of Professional Development, or the Director of Professional Practice, provided that they have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute,

acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Council may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.

- 10.2.2 Certificates of Registration shall be signed by the President and the Registrar.
- 10.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.
- 10.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Council.

10.3 Banking and Finance.

- 10.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions, as may, from time to time, be designated by or under the authority of the Council on recommendation of the Finance and Audit Committee through the Executive Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one or more officers and or other persons as Council may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.
- 10.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two of the Registrar, the Deputy Registrar, the Director of Finance and Administration and the Director of Competence, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity.

10.4 Financial Year and Audit.

- 10.4.1 The financial year of the College shall be the calendar year ending December 31st.
- 10.4.2 The Council shall appoint a chartered accountant or a firm of chartered accountants to audit the books and prepare a financial statement for each fiscal year, such appointment to be made at a Council meeting in the year for which the books are to be audited.

10.5 Inspectors. The Registrar may from time to time, and within budgetary limits, appoint inspectors for the purposes of the *Drug and Pharmacies Regulation Act*, any such appointment to be reported to the Executive Committee and to the Council at the next regular meeting following the appointment. Inspectors so appointed shall have such authority and shall perform such duties as are set out in the *Drug and Pharmacies Regulation Act* and such additional duties as may be prescribed by the Registrar.

10.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises. The Registrar may appoint inspectors for the purposes of Part IX of the *Pharmacy Act Regulations*. Inspectors so appointed

shall have such authority and shall perform such duties as are set out in Part IX of the *Pharmacy Act Regulations*.

10.7 Grants.

10.7.1 The Council shall set aside, in the budget each year, such funds as are deemed necessary for the maintenance and operation of the Niagara Apothecary, in keeping with the agreement signed in respect thereof with the Ontario Heritage Trust.

10.7.2 The Council shall set aside in the budget each year such funds as are deemed appropriate for grants for any purpose that may tend to advance scientific knowledge or pharmacy education, or maintain or improve the standards of practice in pharmacy.

10.8 Funds.

10.8.1 The disbursement of funds of the College shall be as authorized in the annual budget approved by Council for the fiscal year upon the recommendation of the Finance and Audit Committee through the Executive Committee. Funds not authorized under the budget shall be disbursed only after approval by the Council, or the Executive Committee, as provided for in this By-Law.

10.8.2 Investments of surplus funds shall be made in accordance with investment policies in effect from time to time approved by Council on the recommendation of the Finance and Audit Committee through the Executive Committee. The securities of the College may be deposited for safekeeping and withdrawn, from time to time, with one or more chartered banks, trust companies or other financial institutions in accordance with such investment policies.

10.9 College Membership. The College may be a member of a national organization of bodies with similar functions.

10.10 Deputy Registrar. The Deputy Registrar shall be vested with and may exercise all the powers and perform all the duties of the Registrar in the event the Registrar is absent or is unable to act.

ARTICLE 11 THE REGISTER

11.1 Member's Name. A Member's name in the Register shall be:

11.1.1 the Member's name as provided in the documentary evidence used to support the Member's initial registration with any other given name commonly used by the Member included in parentheses, or such other name as is acceptable to the Registrar; or

11.1.2 a name other than as provided in subparagraph 11.1.1 where a written request is made by the Member and the Registrar is satisfied that the Member has validly changed his or her name and that the use of the name is not for an improper purpose.

11.2 Business Address and Telephone Number

11.2.1 A Member's business address and business telephone number in the Register shall be, respectively, the address and telephone number of each location at which the Member practises in Ontario or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the

address and telephone number of each agency or other person or business for or through which the Member provides such services.

- 11.2.2 Where a Member does not practise in Ontario, the Member's business address and business telephone number in the Register shall be, respectively, the address designated by the Member as the Member's business address and the telephone number associated with that business address.

11.3 Information to be kept in Register - Members. Under subsection 23(2) of the Code and subject to certain exceptions contained in the Code, certain information must be contained in the Register and must be available to the public. Since June 4, 2009, the Register has been required to contain the following:

- 11.3.1 Each Member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the Member is a shareholder.
- 11.3.2 The name, business address and business telephone number of every health profession corporation.
- 11.3.3 The names of the shareholders of each health profession corporation who are members of the College.
- 11.3.4 Each Member's class of registration and specialist status (specialist status not applicable to the Ontario College of Pharmacists at this time).
- 11.3.5 The terms, conditions and limitations that are in effect on each Certificate of Registration.
- 11.3.6 A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the Code and has not been finally resolved, until the matter has been resolved.
- 11.3.7 The result, including a synopsis of the decision, of every disciplinary and incapacity proceeding, unless a panel of the relevant Committee makes no finding with regard to the proceeding.
- 11.3.8 A notation of every finding of professional negligence or malpractice, which may or may not relate to the Member's suitability to practise, made against the Member, unless the finding is reversed on appeal.
- 11.3.9 A notation of every revocation or suspension of a Certificate of Registration.
- 11.3.10 A notation of every revocation or suspension of a Certificate of Authorization.
- 11.3.11 Information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies shall be included.
- 11.3.12 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 11.3.13 Where, during or as a result of a proceeding under section 25 of the Code, a Member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

11.3.14 Information that is required to be kept in the Register in accordance with the By-Laws.

11.4 Additional Information to be kept in Register - Members. For the purposes of paragraph 14 of subsection 23(2) of the Code, and subject to paragraphs 11.8 and 11.9, the following additional information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:

- 11.4.1 Any changes to each Member's name which have been made in the Register since the Member was first issued a Certificate of Registration.
- 11.4.2 Each Member's gender and registration number.
- 11.4.3 The date when each Member's Certificate of Registration was first issued or, if the Member was licensed under Part VI of the *Health Disciplines Act*, the date when the Member was first issued a licence by the College.
- 11.4.4 Where a person ceased to be a Member as a result of his or her resignation or death, the last calendar year during which the person was a Member.
- 11.4.5 Where a Member holds a Certificate of Registration as a Pharmacist, Intern or Pharmacy Technician, the name and location of the university or college from which the Member received his or her degree in pharmacy or completed his or her pharmacy technician program (as the case may be) and the year in which the degree was obtained or the program was completed.
- 11.4.6 The classes of Certificate of Registration held or previously held by each Member, the date on which each was issued and, if applicable, the termination or expiration date of each.
- 11.4.7 Where a Member holds a Certificate of Registration as a Pharmacist, a notation as to whether the Member is listed in Part A or Part B of the Register.
- 11.4.8 Whether the Member has completed the necessary injection training requirements approved by the College.
- 11.4.9 Where a Member is a shareholder, officer or director of a health profession corporation which holds a Certificate of Authorization, the name of the health profession corporation and what position or title, if any, the Member holds with that corporation.
- 11.4.10 Where a Member is an officer or director of a corporation which holds a Certificate of Accreditation, the name of the corporation and what position or title, if any, the Member holds with that corporation.
- 11.4.11 Where a Member is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that designation.
- 11.4.12 Where a Member is a Narcotic Signer of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that authority.
- 11.4.13 Where applicable, a summary of any restriction on a Member's right to practise:
 - (a) resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College; or

- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.
- 11.4.13.1 A summary of any currently existing charges against a Member, of which the College is aware in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.
 - 11.4.13.2 A summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of provincial or federal offence processes of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise.
 - 11.4.13.3 A summary of any findings of guilt of which the College is aware of made by a court after April 1, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.
 - 11.4.13.4 The information described in paragraphs 11.4.13.1, 11.4.13.2 and 11.4.13.3 in respect of a former Member if the former Member's membership is revoked, suspended, resigned or otherwise terminates while the offence proceedings are pending or after being notified by the College that the information may be placed on the register.
- 11.4.14 Where a Member's Certificate of Registration is subject to an interim order of the Inquiries, Complaints and Reports Committee, a notation of that fact, the nature of that order and its effective date.
 - 11.4.15 Where a Member's Certificate of Registration is suspended by the Registrar for
 - (a) non-payment of a required fee;
 - (b) failure to provide to the College information or a declaration, required under the By-Laws;
 - (c) failure to provide to the College, upon request, evidence that the Member holds professional liability insurance in an amount and in a form required by the By-Laws; or
 - (d) any other administrative reason,a notation of that fact and the date upon which the suspension took effect.
 - 11.4.16 Where a Member's Certificate of Registration continues to be suspended for failure to submit to a physical or mental examination as ordered by a Board of Inquiry or the Inquiries, Complaints and Reports Committee, a notation of that fact and the date upon which the suspension took effect.
 - 11.4.17 Where a Member has any terms, conditions or limitations in effect on his or her Certificate of Registration, the effective date of those terms, conditions and limitations.
 - 11.4.18 Where terms, conditions or limitations on a Member's Certificate of Registration have been varied or removed, the effective date of the variance or removal of those terms, conditions and limitations.

- 11.4.19 Where a suspension of a Member's Certificate of Registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension.
- 11.4.20 Where a Member's Certificate of Registration is reinstated, the effective date of the reinstatement.
- 11.4.20.1 Where, after April 1, 2015, the Registrar confirms whether the College is investigating a Member because there is a compelling public interest in disclosing this information pursuant to 36(1)(g) of the Act, the fact that the Member is under investigation.
- 11.4.20.2 Where, for a complaint filed after April 1, 2015 or for a matter in which an investigator is appointed under 75(1)(a) or 75(1)(b) of the *Code* after April 1, 2015, a panel of the Inquiries, Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned,
- (a) a notation of that fact,
 - (b) a summary of the caution,
 - (c) the date of the panel's decision, and
 - (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.
- 11.4.20.3 Where, for a complaint filed after April 1, 2015 or for a matter in which an investigator is appointed under 75(1)(a) or 75(1)(b) of the *Code* after April 1, 2015, a panel of the Inquiries, Complaints and Reports Committee takes other action requiring a member to complete a specified continuing education or remediation program,
- (a) a notation of that fact,
 - (b) a summary of the continuing education or remediation program,
 - (c) the date of the panel's decision, and
 - (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.
- 11.4.21 Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding,
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation;
 - (c) the notice of hearing;

- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
 - (e) if the hearing is awaiting scheduling, a statement of that fact; and
 - (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.
- 11.4.22 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.
- 11.4.23 A summary of any reprimand given publicly after November 1, 2006 to a Member as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the Code.
- 11.4.24 Where the question of a Member's capacity has been referred to the Fitness to Practise Committee and is outstanding,
- (a) a notation of that fact; and
 - (b) the date of the referral.
- 11.4.25 Where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario by a body that governs pharmacists or pharmacy technicians,
- (a) a notation of that fact;
 - (b) the date of the finding and the name of the governing body that made the finding;
 - (c) a brief summary of the facts on which the finding was based;
 - (d) the penalty; and
 - (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.
- 11.4.26 Where a decision of a panel of the Discipline Committee has been published by the College with the Member's or former Member's name included after December 31, 1999,
- (a) a notation of that fact; and
 - (b) identification of, a link to, or a copy of the specific publication containing that decision.
- 11.4.27 The language(s) in which the Member can provide professional services as reported by the Member.
- 11.4.28 Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.
- 11.4.29 Any other information not otherwise referred to in paragraph 11.4, which the College and the Member have agreed shall be available to the public.

11.5 Information to be kept in Register – Drug Preparation Premises. The following information referable to Drug Preparation Premises shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:

- 11.5.1 The purpose (after January 1, 2016), outcome and status of inspections of Drug Preparation Premises (including conditions and reasons for fail results) carried out under Part IX of the *Pharmacy Act Regulations*, including the relevant date.
- 11.5.2 Any other information which the College and a designated Member for the Drug Preparation Premises have agreed shall be available to the public.

11.6 Information to be kept in Register – Health Profession Corporations. For the purposes of paragraph 14 of subsection 23(2) of the Code, and subject to paragraphs 11.8 and 11.9, the following information referable to health profession corporations shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:

- 11.6.1 The address and telephone number of each location at which the health profession corporation carries on business.
- 11.6.2 The Certificate of Authorization number of the health profession corporation and the date upon which that Certificate was first issued.
- 11.6.3 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.
- 11.6.4 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the health profession corporation, a notation of that fact and the date when that occurred.
- 11.6.5 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the health profession corporation who are Members and the title or office, if any, held by each.

11.7 Information to be kept in Register - Pharmacies. The following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:

- 11.7.1 The pharmacy's name, address, telephone and fax number.
- 11.7.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.
- 11.7.3 The date the pharmacy opened.
- 11.7.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.
- 11.7.5 The purpose (after January 1, 2016), outcome and status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and status of every inspection conducted thereafter.
- 11.7.6 Any terms, conditions and limitations on the Certificate of Accreditation.

- 11.7.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.
- 11.7.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.
- 11.7.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.
- 11.7.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.
- 11.7.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, which notation shall include:
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation; and
 - (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.
- 11.7.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.
- 11.7.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 11.7.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the Code.
- 11.7.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.
- 11.7.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.
- 11.7.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:
- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or

- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

11.7.18 Where an order has been made under section 162 or section 162.1 of the *Drug and Pharmacies Regulation Act* against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, a notation of that fact including:

- (a) the date the order was made;
- (b) a summary of the order; and
- (c) where the order has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

11.7.19 Where the Owner or operator of the pharmacy, the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation or the operator of the pharmacy is a corporation, the directors of the corporation, have been found guilty of an offence under section 165 or section 166 of the *Drug and Pharmacies Regulation Act*, a notation of that finding including:

- (a) the date the finding was made;
- (b) a summary of the finding of the court;
- (c) the sentence that the court imposed; and
- (d) where the finding or the sentence has been appealed, a notation that it is under appeal, until the appeal is finally disposed of.

11.7.20 Where a trustee in bankruptcy, liquidator, assignee or personal representative of the person who owns or operates the pharmacy becomes authorized to own or operate the pharmacy pursuant to section 145 of the *Drug and Pharmacies Regulation Act*, a notation of that fact including the date the person commences to be so authorized and the date the person ceases to be so authorized.

11.7.21 Where a person has permanently closed the pharmacy, a notation of that fact and the date the pharmacy was closed.

11.7.22 Any other information not otherwise referred to in this paragraph, which the College and the person who has been issued the Certificate of Accreditation have agreed shall be available to the public.

11.8 Deletion of Information.

11.8.1 Unless otherwise indicated, where the information described in paragraphs 11.3, 11.4, 11.5, 11.6 and 11.7 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.

- 11.8.2 Despite paragraphs 11.4, 11.5, 11.6 and 11.7, and subject to paragraphs 11.8.3, 11.8.4 and 11.8.5, the College is not required to maintain and may delete from the Register information about a Member, a Drug Preparation Premises, a health professional corporation, or a pharmacy once three years has passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.
- 11.8.3 Despite paragraph 11.8.2, but subject to 11.8.4 and 11.8.5 and the Code, the College shall maintain on the Register all of the information about a Member where the Register contains information about the Member resulting from a direction or order of a Committee of the College or resulting from an offence proceeding.
- 11.8.4 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 11.4.13, 11.4.29, 11.7.17 or 11.7.22 where the Registrar is satisfied that the information is no longer relevant for the public to know.
- 11.8.5 The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 11.4.20.2 and 11.4.20.3 where, after a review, the Inquiries, Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

11.9 Disclosure. All of the information referred to in paragraphs 11.4, 11.5, 11.6 and 11.7 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the Code, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

ARTICLE 12 FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS

12.1 Filing of Information by Members.

- 12.1.1 The College shall forward to each Member who holds a Certificate of Registration as a Pharmacist or Pharmacy Technician each year, and may forward to any Member at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:
- (a) the Member's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Member or, if the Member does not have a residence in Ontario, the Member's principal residence and, where available, the Member's e-mail address;
 - (b) where a Member is engaged in the practice of pharmacy, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Member engages in the practice or, in the case of a Member whose practice consists of providing temporary or relief services and who

maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Member provides such services;

- (c) the Member's preferred address, preferred telephone number and where applicable, the Member's preferred e-mail address for communications from the College;
- (d) in the case of a Member who holds a Certificate of Registration as a Pharmacist and who is listed in Part A of the Register, or as an Intern or a student or a pharmacy technician, information respecting the Member's personal professional liability insurance;
- (e) information respecting the Member's participation in the Quality Assurance Program;
- (f) information required to be contained in the Register pursuant to the Code and the By-Laws;
- (g) such other information as may be required to be provided to the College pursuant to the By-Laws, the Act, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* or the regulations under any of those Acts;
- (h) information that relates to the professional characteristics and activities of the Member that may assist the College in carrying out its objects;
- (i) information for the purpose of compiling statistical information to assist the College in fulfilling its objects; and
- (j) any other information that the College deems may assist it in carrying out its objects.

12.1.2 Each Member shall fully and accurately respond to the request for information, and shall submit the information to the College, in the required form, by the deadline set out in the request for information to the Member.

12.1.3 Where any information that a Member has provided to the College in response to a request under subparagraph 12.1.1 has changed, the Member shall notify the College of the change within 30 days of its effective date.

12.1.4 In addition to the requirements in subparagraphs 12.1.2 and 12.1.3, a Member shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information that is required to be contained in the Register, or that the Member is required to provide to the College, pursuant to the Code or the By-Laws.

12.2 Filing of Information by Applicants for a Certificate of Accreditation

12.2.1 Every Applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 days before the date on which the Applicant proposes to commence operation of the pharmacy:

- (a) the full name of the Applicant and, where the Applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Applicant is:

- (i) a corporation or partnership, the business address of the corporation or partnership; or
- (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy will be known to the public;
- (d) the location of the pharmacy;
- (e) the proposed date of the opening of the pharmacy;
- (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and
- (g) any other information that the College deems may assist it in carrying out its objects.

12.2.2 Every Applicant for a Certificate of Accreditation shall provide such additional information the College requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*.

12.2.3 Every Applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.

12.2.4 Where any of the information that an Applicant has provided to the College under subparagraph 12.2.1, 12.2.2 or 12.2.3 has changed, the Applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within 30 days of its effective date.

12.3 Filing of Information by Pharmacies.

12.3.1 In connection with the annual renewal of a Certificate of Accreditation, every Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:

- (a) the full name of the Owner of the pharmacy and, where the Owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the Owner is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;
- (c) the name by which the pharmacy is known to the public;
- (d) the location of the pharmacy;
- (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the *Drug and Pharmacies Regulation Act Regulations*; and

(f) any other information that the College deems may assist it in carrying out its objects.

12.3.2 Where any of the information that an Owner of a pharmacy has provided to the College under subparagraph 12.3.1 has changed, the Owner of the pharmacy shall provide notification of the change to the College within 30 days of its effective date.

12.3.3 In addition to the requirements in subparagraphs 12.3.1 and 12.3.2, every Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*.

12.4 Filing of Information for Closing Pharmacies.

12.4.1 Subject to subparagraph 12.4.2, every person who permanently closes a pharmacy, shall, within seven days of closing the pharmacy, notify the Registrar of the closing and within 30 days of the closing shall file with the Registrar a signed statement setting out:

- (a) the date of closing;
- (b) the disposition of the drugs in stock in the pharmacy at the time of closing;
- (c) the disposition of the prescription files, drug registers and other records required to be kept under the *Drug and Pharmacies Regulation Act* or the *Drug and Pharmacies Regulation Act Regulations*; and
- (d) the date on which all signs and symbols relating to the practice of pharmacy either within or outside the premises were removed.

12.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 12.4.1 need only set out the information in subparagraph 12.4.1(a) and (d).

12.5 Filing of Information by Health Profession Corporations.

12.5.1 The College shall forward to each health profession corporation each year, in a form approved by the Registrar, a request for such information as the health profession corporation is required to provide to the Registrar pursuant to applicable statutes and regulations.

12.5.2 Every health profession corporation shall fully and accurately respond to the request for information and shall submit the information to the College, in the required form, by the 10th day of March next following the forwarding of the request for information to the health profession corporation.

12.5.3 Where any information that a health profession corporation has provided to the College in response to a request under subparagraph 12.5.1 has changed, the health profession corporation shall notify the College of the change within 30 days of its effective date.

12.5.4 Despite subsection 12.5.3, a health profession corporation shall notify the Registrar within ten (10) days of a change in the shareholders of the corporation.

12.5.5 In addition to the requirements in subparagraphs 12.5.2, 12.5.3 and 12.5.4, a health profession corporation shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that is required to be contained in the Register, or that the health profession corporation is required to provide to the College, pursuant to applicable statutes or regulations or the By-Laws.

ARTICLE 13 MEMBER FEES

13.1 Application and Issuance Fees

13.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee as follows:

- (a) on or before December 31, 2015, \$130.00 plus applicable taxes; and
- (b) on or after January 1, 2016, \$300.00 plus applicable taxes,

which fee shall be due and payable immediately upon the College opening a registration file for such person.

13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee as follows:

- (a) on or before December 31, 2015, \$205.00 plus applicable taxes; and
- (b) on or after January 1, 2016, \$75.00 plus applicable taxes,

which shall be due and payable upon the applicant submitting his or her completed application to the Registrar.

13.1.3 The fee for the issuance of a Certificate of Registration as a Pharmacist is as follows:

- (a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes; and
- (b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.

13.1.4 The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is as follows:

- (a) on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes; and
- (b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.

13.2 Examination Fee. An applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee as follows:

- (a) on or before December 31, 2015, \$200.00 plus applicable taxes; and
- (b) on or after January 1, 2016, \$100.00 plus applicable taxes.

13.3 Annual Fees.

- 13.3.1 Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part A of the Register shall pay an annual fee of \$600.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the annual fee for that year shall be \$300.00 plus applicable taxes.
- 13.3.2 Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part B of the Register shall pay an annual fee of \$300.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the annual fee for that year shall be \$150.00 plus applicable taxes.
- 13.3.3 Every person who holds a Certificate of Registration as a Pharmacy Technician shall pay an annual fee of \$400.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacy Technician, if the Certificate of Registration is issued on or after September 1, the annual fee for that year shall be \$200.00 plus applicable taxes.
- 13.3.4 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.
- 13.3.5 No later than 30 days before the annual fee is due, the Registrar shall notify the Member of the amount of the fee and the day on which the fee is due.
- 13.3.6 A Member who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee. If the Member pays the annual fee within 30 days of when it is due, the penalty shall be \$100.00 plus applicable taxes. If the Member pays the annual fee 30 days or more after it is due, the penalty shall be \$150.00 plus applicable taxes.

13.4 Fee to Lift Suspension or for Reinstatement.

- 13.4.1 Where a Member's Certificate of Registration has been suspended by the Registrar for failure to pay a required fee, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the fee the Member failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (c) a penalty of \$150.00 plus applicable taxes.
- 13.4.2 Where a Member's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Member shall pay for the lifting of the suspension shall be (a) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (b) a penalty of \$150.00 plus applicable taxes.
- 13.4.3 The fee that a Member shall pay for the reinstatement of his or her Certificate of Registration shall be \$250.00 plus applicable taxes.

13.5 Election Recount Fee. The election recount fee payable by a candidate for election to the Council who requests a recount of the vote shall be \$500.00 plus applicable taxes.

13.6 Other Fees.

13.6.1 Where a person requests the Registrar to do anything that the Registrar is required or authorized to do, the person shall pay the fee set by the Registrar for doing so.

13.6.2 Where, pursuant to the *Pharmacy Act Regulations*, a member,

- (a) has undertaken remediation by order of the Quality Assurance Committee,
- (b) undergoes a practice review by an assessor after the remediation, and is found by the Quality Assurance Committee to continue to have a deficiency in his or her knowledge, skills or judgment that requires correction, and
- (c) is ordered by the Quality Assurance Committee to undertake a further remediation and a further practice review by an assessor after the further remediation,

the member shall pay a fee of \$1000.00 plus applicable taxes for each such further practice review by an assessor, and for any additional practice reviews that the member undertakes thereafter.

13.6.3 The fee for the inspection of a Drug Preparation Premises pursuant to Part IX of the *Pharmacy Act Regulations*, including all activities related to the inspection, shall be \$2,500.00 plus applicable taxes, and shall be payable, jointly and severally, by those Members who engage in, or supervise, drug preparation activities at the Drug Preparation Premises.

**ARTICLE 14
PHARMACY TRANSACTION FEES**

14.1 Application Fee.

14.1.1 Subject to subparagraph 14.1.2, the application fee for a Certificate of Accreditation to establish and operate a pharmacy shall be as follows:

- (a) on or before December 31, 2015, \$250.00 plus applicable taxes;
- (b) between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes; and
- (c) on and after the Effective Date:
 - (i) \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or
 - ~~(ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~
 - (ii) \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

14.1.2 Where an Applicant who has acquired two or more existing pharmacies applies for certificates of accreditation to establish and operate the pharmacies, the application fee shall be as follows:

- (a) on or before December 31, 2015, \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application;
- (b) between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application; and
- (c) on and after the Effective Date:
 - (i) for the first application, \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class;
 - (ii) for each additional application, \$50.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and
 - (iii) for greater certainty, this subparagraph 14.1.2 shall not apply to an Applicant seeking a Certificate of Accreditation of the hospital pharmacy class.

14.2 Issuance Fee.

14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy shall be:

- (a) until the Effective Date, \$750.00 plus applicable taxes; and
- (b) on and after the Effective Date:
 - (i) \$750.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and
 - ~~(ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~
 - (ii) \$2000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class

14.2.2 Subject to subparagraph 14.2.4 and 14.2.5, the additional fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy that permits the operation of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.

14.2.3 Subject to subparagraph 14.2.5, the fee for the issuance of a Certificate of Accreditation to establish and operate a pharmacy for an Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.

14.2.4 Subject to subparagraph 14.2.5, there shall be no additional fee for the issuance of a Certificate of Accreditation that permits the operation of remote dispensing locations if the Certificate of Accreditation is issued to an Applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.

14.2.5 For greater certainty, on and after the Effective Date subparagraphs 14.2.2, 14.2.3 and 14.2.4 shall only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.

14.3 Fee for Amended Certificates - Remote Dispensing Locations.

14.3.1 The application fee for an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be \$250.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

14.3.2 The fee for the issuance of an amended Certificate of Accreditation that permits the operation of remote dispensing locations or additional remote dispensing locations shall be \$750.00 plus applicable taxes for each remote dispensing location or additional remote dispensing location that is to be operated.

14.4 Lock and Leave.

14.4.1 Subject to subparagraphs 14.2.2 and 14.2.3, the fee for an application to the Registrar for approval to operate a pharmacy without the supervision of a pharmacist who is physically present, pursuant to subsection 146(2) of the *Drug and Pharmacies Regulation Act*, shall be \$250.00 plus applicable taxes.

14.4.2 The fee referred to in subparagraph 14.4.1 shall not apply where an Applicant seeks the approval at the same time as it applies to establish and operate a pharmacy (other than an existing pharmacy that the Applicant has acquired or that has relocated).

14.4.3 On and after the Effective Date, subparagraphs 14.4.1 and 14.4.2 shall be of no force or effect.

14.5 Renewal Fee. The fee for the renewal of a Certificate of Accreditation shall be paid on or before May 10 of each year and shall be in the amount of:

- (a) on or before December 31, 2015, \$860.00 plus applicable taxes;
- (b) between January 1, 2016 and the Effective Date, \$940.00 plus applicable taxes; and
- (c) on and after the Effective Date:
 - (i) \$940.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and
 - ~~(ii) \$5000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.~~
 - (ii) \$3500.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

14.6 Additional Renewal Fee. The additional renewal fee for the renewal of a Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection, shall be \$1,000.00 plus applicable taxes for each such re-inspection, and shall be paid

on or before May 10th of each year. The additional renewal fee shall not apply where the re-inspection was pursuant to an order of the Discipline Committee.

ARTICLE 15 CERTIFICATE OF AUTHORIZATION FEES

15.1 Application Fee. The application fee for a Certificate of Authorization for a health profession corporation is \$1,000.00 plus applicable taxes.

15.2 Renewal Fee.

15.2.1 The fee for the annual renewal of a Certificate of Authorization is \$300.00 plus applicable taxes.

15.2.2 The annual renewal fee for a Certificate of Authorization must be paid on or before March 10 of each year.

15.2.3 No later than 30 days before the annual renewal fee is due, the Registrar shall notify the health profession corporation of the amount of the fee and the day on which it is due.

ARTICLE 16 CODES OF ETHICS AND CONDUCT

16.1 Code of Ethics. There shall be a Code of Ethics for Members, which is Schedule A to this By-Law.

16.2 Code of Conduct. There shall be a Code of Conduct for members of the Council and of Committees, which is Schedule B to this By-Law.

ARTICLE 17 MAKING, AMENDING AND REVOKING BY-LAWS

17.1 Requirements.

17.1.1 By-Laws may be made, repealed or amended by at least two-thirds of all members of Council present at a meeting of the Council and eligible to vote.

17.1.2 Amendments may be proposed by not fewer than three (3) members of the Council or by the Executive Committee.

17.1.3 Proposed amendments shall be sent to the Registrar thirty (30) days in advance of the meeting at which the amendments will be voted on by the members of the Council.

17.1.4 The Registrar shall, at least two (2) weeks before the meeting at which the amendments are to be considered, notify all members of the Council of the proposed amendments.

17.2 Repeal of Former By-Laws. The repeal of any By-Law in whole or part shall not in any way affect the validity of any act done or right, privilege, obligation or liability acquired or incurred thereunder or the validity of any contract or agreement made pursuant to any such By-Law prior to such repeal. All members of the Council and other persons acting under any By-Law so repealed in whole or in part shall continue to act as if elected or appointed under the provisions of this By-Law.

17.3 Effective Date. This By-Law shall come into force and effect on the date that it is approved by the Council. Upon this By-Law coming into force and effect, By-Law No. 3 shall hereby be repealed.

17.4 Conflict. If any By-Law is, at any time, found to be in conflict with the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, it shall, to the extent of such conflict, be disregarded in favour of the Act or the *Pharmacy Act* or the *Drug and Pharmacies Regulation Act*, as the case may be, and the Registrar shall, upon discovery of such conflict, prepare, for consideration by the Council, a proposed amendment, alteration or repeal of the offending By-Law which shall have the effect of removing from the By-Law anything inconsistent with any such Act.

PASSED by Council and sealed with the corporate seal of the College the _____ day of _____, 20 .

President
(Corporate Seal)

Vice-President

SCHEDULE A

CODE OF ETHICS FOR MEMBERS OF THE ONTARIO COLLEGE OF PHARMACISTS

Preamble

All members of the College have moral obligations in return for the trust given them by society. They are obliged to act in the best interest of and advocate for the patient, observe the law, uphold the dignity and honour of the profession, and practice in accordance with ethical principles and their respective standards of practice.

Principle One

The patient's well-being is at the centre of the member's professional and/or business practices. Each member develops a professional relationship with each patient at a level that is consistent with his or her scope of practice. Patients have the right to self-determination and are encouraged to participate in decisions about their health.

Principle Two

Each member exercises professional judgment in the best interest of the patient, at a level consistent with his or her scope of practice to ensure that patient needs are met.

Principle Three

Each member preserves the confidentiality of patient information acquired in the course of his or her professional practice and does not divulge this information except where authorized by the patient, required by law, or where there is a compelling need to share information in order to protect the patient or another person from harm.

Principle Four

Each member respects the autonomy, individuality and dignity of each patient and provides care with respect for human rights and without discrimination. No patient shall be deprived of access to pharmaceutical services because of the personal convictions or religious beliefs of a member. Where such circumstances occur, the member refers the patient to a pharmacist who can meet the patient's needs.

Principle Five

Each member acts with honesty and integrity.

Principle Six

Each member commits to continually improve his or her professional competence.

Principle Seven

Each member collaborates with other health care professionals to achieve the best possible outcomes for the patient, understanding the individual roles and contributions of other health care providers and consulting with or referring to them as appropriate.

Principle Eight

Each member practices under conditions which neither compromise professional standards nor impose such conditions on others.

SCHEDULE B

THE “CODE OF CONDUCT” FOR COUNCIL AND COMMITTEE MEMBERS

Members of Council and Committees will,

- (a) be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, the *Pharmacy Act*, the *Drug and Pharmacies Regulation Act* and their regulations, and the by-laws and policies of the College;
- (b) be prepared to participate in Council meetings and Committee work including reading background materials and briefing documents;
- (c) diligently take part in Committee work and actively serve on Committees as appointed by the Council;
- (d) regularly attend meetings on time (including not missing three (3) or more consecutive meetings without reasonable cause) and participate constructively in discussions;
- (e) offer opinions and express views on matters before the College, Council and Committee, when appropriate;
- (f) participate in all deliberations in a respectful and courteous manner, recognizing the diverse background, skills and experience of Council and Committee members;
- (g) uphold the decisions made by a majority of Council and Committees, regardless of the level of prior individual disagreement;
- (h) place the interests of the College, Council and Committee above other interests;
- (i) avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and remove oneself from discussing or voting on any issue where there is a conflict of interest;
- (j) refrain from including or referencing Council or Committee titles or positions held at the College in any personal or business promotional materials, advertisements and business cards (although referencing one’s titles or positions held at the College in one’s curriculum vitae is acceptable so long as the curriculum vitae is not overtly used in a promotional manner);
- (k) preserve confidentiality of all information before Council or Committee unless disclosure has been authorized by Council or is otherwise exempted under the *RHPA* (e.g., it is already in the public domain);
- (l) refrain from attempting to influence a statutory decision unless one is a member of a panel of the Committee or, where there is no panel, of the Committee dealing with the matter;
- (m) respect the boundaries of staff whose role is not to report to or work for individual Council or Committee members including not contacting staff members directly, except

on matters where the staff member has been assigned to provide administrative support to that Committee or the Council or where otherwise appropriate; and

- (n) be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

SCHEDULE C

RULES OF ORDER OF THE COUNCIL

1. Each agenda topic shall be introduced briefly by the person or Committee representative raising it. Council Members may ask questions of clarification, then the person introducing the matter shall make a motion and another Council Member must second the motion before it can be debated.
2. When any Council Member wishes to speak, he or she shall so indicate by raising his or her hand and shall address the presiding officer and confine himself or herself to the matter under discussion.
3. Staff persons and consultants with expertise in a matter may be permitted by the presiding officer to answer specific questions about the matter.
4. Observers at a Council meeting are not allowed to speak to a matter that is under debate.
5. A Council Member may not speak again on the debate of a matter until every other Council Member who wishes to speak to it has been given an opportunity to do so. The only exception is that the person introducing the matter or a staff person may answer questions about the matter. Council Members shall not speak to a matter more than twice without the permission of the presiding officer.
6. No Council Member may speak longer than five (5) minutes upon any motion except with the permission of Council.
7. When a motion is under debate, no other motion can be made except to amend it, to postpone it, to put the motion to a vote, to adjourn the debate or the Council meeting or to refer the motion to a Committee.
8. A motion to amend the motion then under debate shall be disposed of first. Only one motion to amend the motion under debate can be made at a time.
9. When it appears to the presiding officer that the debate on a matter has concluded, when Council has passed a motion to vote on the motion or when the time allocated to the debate on the matter has concluded, the presiding officer shall put the motion to a vote.
10. When a matter is being voted on, no Council Member shall enter or leave the Council room, and no further debate is permitted.
11. No Council Member is entitled to vote upon any motion in which he or she has a conflict of interest, and the vote of any Council Member so interested shall be disallowed.
12. Any motion decided by the Council shall not be re-introduced during the same meeting except by a two-thirds vote of the Council Members then present and eligible to vote.
13. Whenever the presiding officer is of the opinion that a motion offered to the Council is contrary to these rules or the by-laws, he or she shall rule the motion out of order and give his or her reasons for doing so.

14. The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council without debate.
15. The above rules may be relaxed by the presiding officer if it appears that greater informality is beneficial in the particular circumstances, unless the Council requires strict adherence.
16. Council Members are not permitted to discuss a matter with observers while it is being debated including during any recess of the debate.
17. Council Members and others present in the room shall turn off cell phones or put them on vibrate during Council meetings and, except during a break in the meeting, shall not use a cell phone, blackberry or other electronic device. Laptops shall only be used during Council meetings to review materials related to the matter under debate (e.g., electronic copies of background documents) and to make personal notes of the debate.
18. Council Members shall be silent while others are speaking except to bring a permissible motion.
19. In all cases not provided for in these rules or by other rules of Council, the current edition of "Robert's Rules of Order" shall be followed so far as they may be applicable.
20. These Rules shall apply, with necessary modifications, to meetings conducted by teleconference or any other electronic means permitted by the by-laws, including audio or video conferencing.

PREAMBLE TO THE BRIEFING NOTE – PHARMACY OWNERSHIP

Prior to discussion of the Briefing Note Council members are asked to reflect on the Conflict of Interest provisions in the Council Governance Manual. While declarations of conflict will be called for in advance of receiving the briefing note for discussion, members are encouraged to discuss the matter with the Registrar in advance of the meeting.

Conflicts of interest:

The College's Governance Manual states:

A conflict of interest can be defined as a personal or financial interest that would reasonably be viewed in all of the circumstances as influencing a Council or Committee member's ability to make an impartial and objective decision. A conflict of interest can be actual or potential.

Council members should examine whether they might have an actual or potential conflict of interest in this matter. For example, a Council member who owns a pre-1954 pharmacy corporation with no ownership restrictions should evaluate whether the proposed change of the ownership rules would materially decrease the fair market value (FMV) of their asset. If the FMV is materially affected they Council member may have a conflict of interest. Even if a Council member is employed by an organization whose FMV may be materially altered by the proposed change in ownership rules may have a conflict of interest.

Similarly, where a Council member owns a pharmacy corporation that is limited by the current ownership restriction rules, the Council member should assess whether the FMV will materially appreciate if the ownership restrictions are removed. In addition, Council members who may be able to engage in advantageous wealth distribution should the current ownership restrictions are removed should consider whether they have a conflict of interest.

Conflict of interest issues are always dependent on the details of the circumstances. For example, if the vast majority of the profession is in a similar position as a professional Council member, it is less likely that participating in the discussion is a conflict of interest. Alternatively, if only one or two Council members are affected by the conflict of interest concern, it is more likely that they should declare the concern and withdraw from the discussion. Similarly, a member of Council who is actively considering certain action that will be materially affected by the decision (e.g., buying or selling an interest in a pharmacy corporation) is more likely to have a conflict of interest.

Where there is an apparent conflict of interest concern, a Council member should not turn a "blind eye" to it. For example, if a Council member suspects that the proposal will have a material impact on their financial situation, but does not make any inquiries of their financial advisors as to the likely extent of the impact of the proposed changes, does not benefit from this "willful ignorance".

Where there is a possible conflict of interest, Council members should pursue the following process:

1. **Discuss.** Consult with the President, College staff and, if they recommend, legal counsel if there is any possibility of a conflict. If you all agree there is no possible conflict of

interest the process can end there. If you all agree that there is a clear conflict of interest, declare it and withdraw from the discussion.

2. **Disclose.** If the matter is unclear, disclose the material facts to the Council for discussion. Depending on the circumstances Council may suggest you withdraw from the discussion or may be confident there is no conflict of interest. Either way, your colleagues and the public will be aware of the circumstances. And there will be a record of the disclosure.
3. **Declare.** If at any point you or Council determines there is a conflict of interest, declare it, leave the room while the matter is being discussed and do not try to otherwise influence the decision.



COUNCIL BRIEFING NOTE
MEETING DATE: December 2015

FOR DECISION	X	FOR INFORMATION
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INITIATED BY: Executive Committee

TOPIC: Pharmacy Ownership

ISSUE: Review the current ownership requirements for pharmacies as set out in section 142 of the *Drug and Pharmacies Regulation Act* (DPRA.)

Operation of pharmacies by corporation

142. (1) No corporation shall own or operate a pharmacy unless the majority of the directors of the corporation are pharmacists. R.S.O. 1990, c. H.4, s. 142 (1).

Same

(2) No corporation shall own or operate a pharmacy unless a majority of each class of shares of the corporation is owned by and registered in the name of pharmacists or in the name of health profession corporations each of which holds a valid certificate of authorization issued by the College. 2000, c. 42, Sched., s. 13; 2007, c. 10, Sched. L, s. 7.

Application of subs. (2)

(3) For the purposes of subsection (2), shares registered in the name of the personal representative of a deceased pharmacist shall, for a period not exceeding four years, be considered to be registered in the name of a pharmacist. R.S.O. 1990, c. H.4, s. 142 (3).

Idem

(4) Subsection (2) does not apply to any corporation operating a pharmacy on the 14th day of May, 1954. R.S.O. 1990, c. H.4, s. 142 (4).

Application of section

(5) This section does not apply to the operation of a pharmacy by a non-profit corporation having as its objects and providing health services by members of more than one health discipline. R.S.O. 1990, c. H.4, s. 142 (5).

BACKGROUND: Origin of the pre-1954 corporation shareholding exemption

The *Drug and Pharmacies Regulation Act* (DPRA) requires all corporations that operate pharmacies to have pharmacists/members hold the majority of shares and the majority of director positions. It goes on to exempt corporations that operated a pharmacy in May 1954, when new legislation (*The Pharmacy Act 1953*) was proclaimed, from the majority shareholding requirement.

This was done presumably to permit corporations that operated pharmacies to retain the equity in their business operation after *The Pharmacy Act* was proclaimed wherein the majority shareholding requirement was introduced. The legislators of the day were of the belief that requiring majority shareholding by pharmacists would ensure that the control of pharmacies would remain in the profession and prevent the indiscriminate sale of drugs such as barbiturates by unentitled retailers. The requirement that the majority of directors of corporations operating pharmacies be pharmacists continued in the new legislation.

Current Status of Pre-54 Corporations

Around the time of proclamation there were 126 corporations that operated pharmacies in the province. Of those, 76 corporations have operated pharmacies at one time or another throughout the past 60 years. The other 50 corporations have likely been dissolved. Of the 76 corporations, there are currently 41 active pre-54 corporations operating approximately 950 pharmacies. While most have one or two stores per corporation, 11 corporations account for over 870 pharmacies. Pharmacy chains and grocery/department stores account for the majority of this group. The other 35 corporations that have at one time operated pharmacies are currently inactive, meaning they are not currently operating any pharmacies in the province. The 950 pharmacies operated under pre-54 corporations account for 24% of the total pharmacies operating in Ontario. This number has fluctuated between 24 and 27% over the past 20 years.

41	corporations currently operate 950 pharmacies
	11 corporations operate 871 pharmacies
	<u>30</u> corporations operate the remaining 89 pharmacies
35	corporations not currently operating but have been active in the past decades
<u>50</u>	corporations have not been active, and are presumed dissolved
126	total corporations that operated pharmacies on May 14, 1954

Previous Council Deliberation on Pre-54 Charters

It should be noted that Council has examined the issue of pharmacy ownership at length many times over the years:

- In 1989 ownership was discussed in the context of Ontario's *Health Professions Legislation Review*. Council recommended at that time that additional steps could be taken to protect the public, such as appointing a 'principal manager', in the event that majority pharmacist ownership was rescinded.
- In the early 1990's when the DPRA was created from the remnants of the Health Disciplines Act which was replaced by the RHPA in 1992, the issue of Professional Control of the Workplace was a core consideration at the initial strategic planning retreat for the newly established council. After a comprehensive review of the issue, in 1994 the Council concluded that the current system was serving the public well and therefore there was no need to make changes to the shareholding exemptions under 142 (4).
- In late 2001, anticipating that the government would be opening the DPRA for their own reasons, Council again debated the issue of ownership, together with strategies for holding all corporations equally accountable, be they pharmacist or non-pharmacist owned. The discussions of Council were reflected in the minutes. There was then, as there is now, a division in thinking with respect to non-pharmacist ownership of pharmacies. On the one hand, if there was no public risk associated with non-pharmacist owners, then why require majority pharmacist ownership? On the other hand, if pharmacists were merely employees they had limited control over how pharmacies were operated.
 - A special working group (SWG) was established to examine the ownership issue and report back to Council.
 - The SWG noted that, with the exception of Quebec, all other provinces regulate the profession through their members and that, as is the case with Ontario, jurisdictions that had oversight of pharmacies held pharmacist directors accountable for operations.
 - Despite the fact that the SWG believed that majority ownership and directorship is the foundation for effective regulation of pharmacies in the province, they recommended that all holders of a certificate of accreditation should be equally

- accountable through the introduction of the concept of proprietary misconduct. Retaining majority pharmacist directors was determined to provide an added layer of accountability. (Proprietary Misconduct was defined in the *Drug and Pharmacies Regulation Act* through Bill 171, the *Health Systems Improvement Act, 2007*. Supporting regulations were subsequently approved by the government in 2011.)
- Council approved a submission to the government on amendments to the DPRA, but did not make a recommendation for changes to the ownership provisions.
 - In 2011, the Executive Committee received a request from a member to once again review ownership provisions, and consider moving towards a less restrictive model, as is the case with other Canadian jurisdictions.
 - Executive noted, on the basis of a jurisdictional scan, that there was no consistency across jurisdictions on the requirements for pharmacy ownership, or with respect to pharmacist directors in corporations which own a pharmacy. (The College is currently updating the scan through a survey to provincial pharmacy regulators.)
 - The majority of Committee members were in agreement that they would not be opposed to changes being made to the legislation so that ownership provisions were removed.
 - In the absence of any public safety issues, which is in the College's mandate, any proposal to make such changes would more appropriately be made by the association or individual lobbyists.
 - In September 2015 Council reviewed a motion of several parts to amend the shareholding requirement under the DPRA, leading to this review.

ANALYSIS: The underlying question before Council is whether the current ownership structure of corporations operating pharmacies has an impact on the public's interest. To facilitate this fundamental discussion, many regulators around the globe are following Harry Cayton's "[Right Touch Regulation](#)" tool for analysis. Right touch regulation consists of utilizing a decision tree to help focus on the risk that is being managed and to assist in targeting a proportionate response by asking a series of questions.

1. *What is the problem?*

The ownership requirements under the DPRA have created two classes of pharmacy ownership. Some pharmacies are majority-owned by pharmacists, or corporations with a majority of pharmacist shareholders, and others, by exemption, are owned by corporations that are not restricted to majority pharmacist ownership.

There is a perception that the difference in majority ownership requirements has a negative impact on the public, and that the tension between the professional imperatives of the practitioner and the financial interests of the owner may compromise the professional service provided to patients. The concern is that the influence of non-member shareholders will pressure pharmacy staff and pharmacists to act in a manner that maximizes profits over public safety; for example, that non-member shareholders might encourage inappropriate advertising, inducements, staffing schedules, billing or product integrity.

As presented to Council in September, some members of council raised additional concerns with the current ownership structure. Noted was a concern raised by the Competition Bureau several years ago, suggesting that restricting pharmacy ownership limits business models, restricts new market participants, and has a negative impact on competition. It should be noted that the Bureau did not pursue the issue. In addition there is a sense that the ownership requirement has created a lucrative market on pre-1954 corporations. Also noted was a concern that pharmacist owners, many of whom are small business owners, are restricted from the kind of estate and family planning

permitted in other provinces, which may have a negative impact on attracting pharmacists to Ontario.

2. *Is the problem about risk?*

While the RHPA and the *Pharmacy Act* address the practice of registered pharmacists in Ontario, the DPRA and its regulations address the sale of drugs in the province and operation of pharmacies. With the appropriate adjustment for context, the professional misconduct regulations associated with the *Pharmacy Act* align with the proprietary misconduct regulations found in the DPRA.

All community-based retail pharmacies are dependent upon generating a profit, regardless of the ownership structure. The behaviour of a pharmacist owner is constrained by not only his proprietary obligations, but by professional ones as well. A non-pharmacist owner is constrained by proprietary obligations, as well as professional ones indirectly. There is a question about whether the difference in status has led to any measurable public risk.

A review of all active corporations with articles prior to 1954 (pre-54 corporations) and all discipline decisions published by the College from 2005 onward showed that pre-54 corporations do not seem to have proportionately more issues related to the operation of a pharmacy than those corporations whose articles are post-1954.

It does not appear that there is a public interest issue, or measurable risk, related to pharmacy ownership that falls within the context of the objects of the College related to the *Pharmacy Act*, the Code and the *Regulated Health Professions Act*.

3. *What are the risks?*

The College has taken steps to address any perceived public interest issues raised by the current ownership structure of pharmacies. Each pharmacy must have a pharmacist who is designated by the owner who is responsible for managing the pharmacy. The designated manager (DM) has accountabilities that are equal to that of the person (the corporation), or directors of a corporation who have been issued the certificate of accreditation. The DM is accountable for the overall operation of the pharmacy including supervision of staff, facilities, equipment and supplies.

The proprietary misconduct provisions lay out the acts that will result in a referral of a pharmacy to the Accreditation Committee and potentially the Discipline Committee for a hearing and determination. Proprietary misconduct provisions apply to owners (the corporation itself), directors and designated managers. All pharmacies, regardless of ownership, are required to meet the requirements for accreditation and operation of a pharmacy.

Actual risks related to the pharmacy ownership structure are not evident and it appears that the public interest is protected through the legislative and regulatory framework governing pharmacy operations.

4. *How great are the risks?*

Do the current ownership provisions result in a risk to members of the public?

- The operational provisions within the regulations, designed to protect the public, apply to all pharmacies equally.

Do the current ownership provisions negatively impact competition?

- Corporately owned chains, franchise ownership, and independently owned pharmacies coexist in the market. There has been steady growth in all sectors over the years. The number of pharmacies operating under pre-54 corporations as a percentage of total pharmacies has remained relatively constant for the past 20 years.

Do the current ownership provisions limit estate planning and market capitalization?

- Any potential impacts on estate planning and market capitalization associated with the current ownership provisions are not directly related to the public interest.

5. *Are the risks currently managed?*

The College manages public risk through the current and proposed provisions of the DPRA regulations that hold all owners to the same standards and requirements.

6. *Is there a suggested plan of action?*

The suggested plan of action, supported by the evidence noted in this briefing note, is to take no action.

7. *What consequences are likely to flow from any of the potential recommendations?*

There would be no public interest benefits, within the mandate of the College, associated with amending the current ownership provisions.

Holding all corporations that operate pharmacies, as proprietors, equally accountable through the directors, of which the majority must be pharmacists/members, ensures the public interest continues to be protected.

8. *Review and respond to change.*

This issue should be reviewed in five years or as needed due to external pressures.

OPTIONS:

1. Make no changes; continue to rely on the existing regulatory framework that holds all corporations that operate pharmacies, as proprietors, equally accountable through the directors, of which the majority must be pharmacists/members?

OR

2. Ask the Minister to amend section 142 of the DPRA to:
 - (a) Eliminate the requirement that pharmacists/members hold the majority of the shares of pharmacy corporations?

or

- (b) Eliminate the exemption from the shareholding requirement so that all corporations operating pharmacies have a majority of pharmacists/members shareholding?

RECOMMENDATION: It is recommended that Council continue to rely on the existing regulatory framework that holds all corporations that operate pharmacies equally accountable as there is no evidence that the current ownership structure presents a risk to the public within the context of the College's mandate.

Control of Pharmacies

December 2015 Council
Appendix 9

	BC	Alta	Sask	Man	Ont	Que	NB	NS	Nfld	PEI
Issue licences to individuals	Yes	Yes – but an individual can hold only one license	Yes	Yes	Yes	No (informed)	Yes			Yes
Issue licences to corporations	Yes	Only a clinical pharmacist may apply for a license	Yes	Yes	Yes	No (informed)	Yes			Yes
If not, how exercise regulatory authority over operations of pharmacies	Responsibilities of managers, owners and directors are spelled out in bylaw.	An increasing number of pharmacies are owned by numbered companies, making it more difficult to identify individuals who own pharmacies	Applicants, can be members, corporations, co-operatives	Pharmacy manager must be a member	Proprietary misconduct provisions	Only a pharmacist, partnership of pharmacists, or joint stock company ¹	Certificate of operation is issued to a pharmacist (Pharmacy Manager)			Issue permits – holders may or may not be members
Require a designated manager	Yes	Registrar must be satisfied that applicant will personally manage, control and supervise the practice of pharmacy	Yes – in the case of corporate ownership pharmacist manager is a director of the corporation	Yes	Yes	Through pharmacist(s) owner or designated director	Yes			Yes – Pharmacy Manager must be a member (may be permit holder)
If yes, are there shareholding requirements for corporations	No	No	No	No	Yes (post 1954) 50% must be pharmacists	Yes – all must be pharmacists	No			No
Is there a directorship requirement	Yes - majority of directors are pharmacists	No	Yes - majority of directors are members	No	Yes - majority of directors are pharmacists	All must be pharmacists	No			No
Screen for suitability (good character)	No – but director/owner non-registrants can be put through discipline process			To confirm corporation in good standing. Owner/manager liable for offences under the Act						Corporation in good standing A health profession corporation in good standing
(a) Directors	Yes - for registrants	No	No	No	Yes – for members	Must be a pharmacist	No (N/A)			No
(b) Shareholders	Yes – for registrants	No	No	No	Yes – for members	Must be a pharmacist	No (N/A)			No
(c) Manager	Must be a pharmacist	Applicant/manager must be a pharmacist	Must be a member	Must be a member	Yes (member)	Must be a pharmacist	Yes (member)			Must be a member

¹Joint stock company – all the shares are held by one or more pharmacists and all the directors of which are pharmacists may be owner of a pharmacy



COUNCIL BRIEFING NOTE

MEETING DATE: December 2015

FOR DECISION

X

FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Evaluating the Good Character of Shareholders of Pharmacy Corporations

ISSUE: Is it necessary for the College to scrutinize the conduct of shareholders as well as directors when determining if a corporation is suitable to operate a pharmacy?

BACKGROUND: The proposed amendments to the DPRA regulations approved by Council in June 2015 amended the qualifications for the issuance and renewal of a certificate of accreditation such that, in addition to considering the conduct of the directors of every corporation, the College could also consider the conduct of every shareholder who owns five percent or more of post 1954 corporations. Corporations that operated a pharmacy in May 1954 are exempted from the majority shareholding requirement.

An applicant is qualified for the issuance of a certificate of accreditation of any class to establish and operate a pharmacy if:

1. *The applicant files a completed application ...*
2. *The applicant provides further information if requested ...*
3. *All information is full, accurate and complete.*
4. *The past and present conduct of each person who is an applicant, and in the case of a corporation,*
 - (I) *of each director, and,*
 - (II) *other than the case of a corporation referred to in section 142(4) of the Act, of each shareholder who directly or indirectly owns five percent or more of the voting shares of that corporation, affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.*

In the September 2015 meeting of Council, a question was raised as to what value shareholding scrutiny for post 1954 corporations only (or any corporation for that matter) adds given the provisions of Sections 140(1) and 166(1) of the Act (DPRA) that permits the College to hold the Designated Manager (DM) and/or the Directors and/or the Corporation itself accountable for failing to operate a pharmacy in accordance with the requirements. The language in these provisions was introduced in 2007, together with Proprietary Misconduct Regulations as a means of enabling the College to hold all corporations equally accountable.

ANALYSIS: The College, in administering the DPRA, has the authority to discipline corporations who have contravened operational requirements (Proprietary Misconduct). The DPRA enables the College to hold member and non-member directors, DMs and the corporation itself accountable for the operation of a pharmacy.

The Regulations that support the DPRA set out the qualifications for issuance and renewal of a certificate of accreditation to operate a pharmacy. The College has the ability to screen the character of individuals applying to open a new pharmacy or continuing to operate an existing pharmacy. The proposed regulation passed by Council in June provide for the screening to apply to *all* shareholders (5% or more of shares) of *only* post 54 corporations as well as *all* directors (both pre and post '54 corporations).

A recent jurisdictional review confirms that, other than Quebec, no other province has a shareholding requirement for corporations operating a pharmacy. Character screening is not performed in any other jurisdiction.

With this background in mind, the College should consider discussion with the Ministry to remove the reference to shareholders from the applicant qualification. This approach would equalize the measures taken by the college for both pre and post 54 corporations.

OPTIONS:

- 1) Discuss with the Ministry a change to the Regulations to equalize the pre-screening requirement for pre and post 54 corporations and aligning the pre-screening with the accountability in the Act.
- 2) Take no action.

RECOMMENDATION: **Option 1: Discuss with the Ministry a change to the regulations (noted below) to equalize the pre-screening requirement for pre and post 54 corporations and aligning the pre-screening with the accountability in the Act by removing reference to shareholding.**

4. *The past and present conduct of each person who is an applicant, and in the case of a corporation,*
 - ~~(III) of each director, and,~~
 - ~~(IV) other than the case of a corporation referred to in section 142(4) of the Act, of each shareholder who directly or indirectly owns five percent or more of the voting shares of that corporation,~~

affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.

Control of Pharmacies

December 2015 Council
Appendix 10

	BC	Alta	Sask	Man	Ont	Que	NB	NS	Nfld	PEI
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Issue licences to corporations	Yes	Only a clinical pharmacist may apply for a license	Yes	Yes	Yes	No (informed)	Yes			Yes
If not, how exercise regulatory authority over operations of pharmacies	Responsibilities of managers, owners and directors are spelled out in bylaw.	An increasing number of pharmacies are owned by numbered companies, making it more difficult to identify individuals who own pharmacies	Applicants, can be members, corporations, co-operatives	Pharmacy manager must be a member	Proprietary misconduct provisions	Only a pharmacist, partnership of pharmacists, or joint stock company ¹	Certificate of operation is issued to a pharmacist (Pharmacy Manager)			Issue permits – holders may or may not be members
Require a designated manager	Yes	Registrar must be satisfied that applicant will personally manage, control and supervise the practice of pharmacy	Yes – in the case of corporate ownership pharmacist manager is a director of the corporation	Yes	Yes	Through pharmacist(s) owner or designated director	Yes			Yes – Pharmacy Manager must be a member (may be permit holder)
If yes, are there shareholding requirements for corporations	No	No	No	No	Yes (post 1954) 50% must be pharmacists	Yes – all must be pharmacists	No			No
Is there a directorship requirement	Yes - majority of directors are pharmacists	No	Yes - majority of directors are members	No	Yes - majority of directors are pharmacists	All must be pharmacists	No			No
Screen for suitability (good character)	No – but director/owner non-registrants can be put through discipline process			To confirm corporation in good standing. Owner/manager liable for offences under the Act						Corporation in good standing A health profession corporation in good standing
(a) Directors	Yes - for registrants	No	No	No	Yes – for members	Must be a pharmacist	No (N/A)			No
(b) Shareholders	Yes – for registrants	No	No	No	Yes – for members	Must be a pharmacist	No (N/A)			No
(c) Manager	Must be a pharmacist	Applicant/manager must be a pharmacist	Must be a member	Must be a member	Yes (member)	Must be a pharmacist	Yes (member)			Must be a member

¹Joint stock company – all the shares are held by one or more pharmacists and all the directors of which are pharmacists may be owner of a pharmacy