

ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA

MONDAY, JUNE 15, 2015 – 9:00 A.M.

OCP COUNCIL CHAMBERS

- 1. Noting Members Present**

- 2. President's Opening Remarks**
 - 2.1 Briefing Note - President's Report to Council Appendix 1
 - 2.2 Briefing Note - March 2015 Council Meeting Evaluation Appendix 2

- 3 Declaration of Conflict**

- 4. Approval of Agenda**

- 5. Approval of Minutes of Previous Meeting**
 - 5.1 Minutes of March 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 Briefing Note - Registrar's Report to Council Appendix 4
 - Letters re Task Force/Legislation to Prevent Sexual Abuse of Patients
 - Letter from D. Cole re Transparency Submission
 - Letter from D. Cole re New Regulatory Colleges under the RHPA
 - NAPRA Meeting Update (Memo from OCP Representative)
 - Federation of Health Regulatory Colleges of Ontario (FHRCO) Update
 - Pharmacy Examining Board of Canada (PEBC) Update
 - Operational Plan (*includes presentation by Investigations and Resolutions Program*)
 - 9.2 Briefing Note - Approval of proposed amendments to the DPRA Regulation
..... Appendix 5

10. For Decision

- 10.1 Briefing Note – Professional Practice Committee – Fax Transmission of Prescriptions Policy Appendix 6

11. For Information

- 11.1 Code of Ethics Project - Update
Presentation: Dr. Cidalia Paiva (1:15 p.m. to 2:15 p.m.)
- 11.2 Presentation: Dr. Nancy Waite (9:15 a.m. to 10:00 a.m.)
- OCP Professorship and Ontario Pharmacy Research Collaboration Updates
- 11.3 Appointment of Scrutineers for Elections

12. Other Matters

- 12.1 Appointment of Elections Committee
- 12.2 Motion respecting Future Council Meeting Dates

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: June 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Mark F. Scanlon, President

TOPIC: President's Report to June 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 March 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 and a brief description has been provided.

Industry Events:

April 16th – 19th – Drug Trading Show (non-OCP role)
April 23rd – Canadian Foundation for Pharmacy Gala Dinner
May 20th – UofT Leslie Dan Faculty of Pharmacy Launch, “Optimizing Patient Care” Program
May 28th – 30th – Conjoint OPA & CPhA Conference

Other Stakeholder Meetings:

March 12th – Peterborough Opioid Safety Committee
April 1st – Fleming College Pharmacy Technician Program Advisory Group
April 1st – Peterborough County City Health Unit, Addiction Strategy Discussion

College Meetings:

March 8th to 10th – Council Strategic Planning Retreat
March 10th – Council
March 13th – Discipline Pre-Hearing Conference
March 23rd – Quality Assurance Committee Meeting
March 23rd – Meeting with Judy Chong re Hospital Pharmacy Inspections
March 26th – Code of Ethics Task Force
March 26th – UW School of Pharmacy, Beer & Wings Night
March 27th – Discipline Hearing

April 8th -	Accreditation Committee Meeting
April 8th –	Drug Preparation Premises Committee Meeting
April 14th & 15th –	College of Pharmacists of Nova Scotia, with M. Moleschi
April 22nd –	Code of Ethics Task Force, Teleconference
April 23rd –	Finance and Audit Committee Meeting
April 29th –	ICRC Mid-Year Meeting
April 30th –	Code of Ethics Task Force
May 4th –	Executive Meeting Planning Meeting with M. Moleschi and A. Resnick
May 4th –	Patient Relations Committee Meeting
May 4th –	Discussion with S. Moustacalis & K. Al-Zand, Sexual Abuse Task Force
May 20th -	Accreditation Committee Meeting
May 20th –	Conjoint Accreditation Committee and Executive Committee Meeting
May 20th –	Executive Committee Meeting
May 21st –	June Council Agenda Planning Teleconference, E. Merani and M. Moleschi
May 25th –	Quality Assurance Committee Meeting
June 2nd –	New Public Member Orientation, Katie Mahoney
June 5th –	Code of Ethics Task Force, External Stakeholders Meeting
June 8th - 11th –	Discipline Hearing

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COUNCIL BRIEFING NOTE

MEETING DATE: June 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Mark F. Scanlon, President

TOPIC: March 2015 Council Evaluation Report to June 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 March 2015 Council meeting, we again provided Council members with the opportunity to provide their feedback via either electronic or paper 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	12	0	0	0	0	12
2. Members were well prepared to participate effectively in discussion and decision making	2	6	3	1	0	12
3. In accordance with the governance philosophy, Council worked interdependently with staff	10	2	0	0	0	12
4. There was effective use of time	9	1	2	0	0	12
5. There was an appropriate level of discussion of issues	6	4	2	0	0	12
6. The discussion was focused, clear, concise, and on topic	3	7	2	0	0	12

2. Did the meeting further the public interest?

YES = 12 = 100%

NO = 0 = 0%

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

- The finance discussion was well managed, council members had the chance to ask questions.
- We had a hardy discussion regarding Financial report as well as the DPRA. It is always important to have these discussions.
- Marshall and Mark are excellent at keeping us on topic.
- Review of the changes to transparency and discussion of what was to be posted on the OCP website.
- Approval of financial statements, well presented with great supporting notes.
- The strategic planning exercise went very well, as there was a good mix of information and time for a fulsome discussion. Wrap up was helpful.
- When members are well informed and have read the material it goes well.
- Felt the meeting was very well facilitated by the President.
- The lead up of the brainstorming strategy was a great lead up to the meeting - made it clear of how relevant it was.
- All agenda items were discussed appropriately without any pressure and enough time given to everyone for their input and discussion.

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

- We need to find a mechanism to shorten discussion once a Council member admits not to have read the document and yet still keep asking questions.
- I felt that some member(s) did not read the material in preparation for the meeting and made some absurd comments that did not even apply to the meeting or even our regulations.
- In review of DPRA regulations, some members did not seem to have reviewed all material in advance and sidetracked the conversation.
- The bylaw amendments issue DRAFT was well presented, however my sense was that some did not see it as a draft out for feedback, rather tried to influence perspective hurriedly rather than review more carefully and fact-check the proposed changes.
- Minor point regarding outlining more clearly what the next steps for the strategic plan would be - while it was indicated work would continue to be on this, there was not a specific time line indicated.
- It is a continuing problem that members offer comments on material they have neither read nor understood.
- If members come unprepared and discussions are not curbed before they get out of hand.
- Felt some of the discussion regarding the DPRA revisions were out the scope of the motion on the table.
- None.

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	5
Neither Satisfied Nor Dissatisfied	2
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	12

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

- I was very concerned to see that a few members are using their phones and checking emails when they should put their full attention to the discussion. I have also sat on panels when the members are more engaged with their phones and emails than with the task at hand. This is a time when we are making decisions about a member's livelihood and the panel members should be totally engaged with the process. I think there was a member who had not read the material and then asked questions that proved this fact. I hope that they will be more diligent next time and come prepared.
- Suggest that future presentations by staff (e.g. Registration update today) be set for later in the day to allow for key discussions - like DPRA review - to occur earlier on the agenda. Christine Donaldson
- My first meeting. While I am impressed with the meeting in general, I look forward to learning more about issues in order to be a more effective participant. John Laframboise
- Council meetings are well organized and very effectively chaired. To add a further dimension to Council meetings consideration should be given to allocating time to discuss issues/topics/challenges facing the pharmacy. This type of discussion may generate new ideas/directions for the College. Sylvia Moustacalis
- One overhead screen will be helpful on one of the side walls for easy viewing of visual presentations. Javaid Khan

Respectfully submitted,



Mark F. Scanlon, President



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF COUNCIL
MARCH 10, 2015**

Draft

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TUESDAY MARCH 10, 2015 – 9:05 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

1. Noting Members Present

Elected Members

District H Mr. Regis Vaillancourt, Ottawa
District H Ms. Christine Donaldson, Windsor
District K Mr. Esmail Merani, Carleton Place
District K Mr. Mark F. Scanlon, Peterborough
District L Ms. Jillian Grocholsky, Fonthill
District L Mr. 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 Ms. Bonnie Hauser, Dunnville
District N Mr. Chris Leung, Windsor
District N Mr. Ken Potvin, Waterloo - **Regrets**
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 - **Regrets**

Dr. Heather Boon, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto
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. Bob Ebrahimzadeh, Woodbridge - **Regrets**
Mr. David Hoff, Oakville
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
Mr. Marshall Moleschi, Registrar
Ms. Ushma Rajdev, Council and Executive Liaison
Ms. Anne Resnick, Deputy Registrar

1. Noting Members Present

Member attendance was noted.

2. President's Opening Remarks

President Scanlon welcomed members of Council and observers to the meeting. He thanked College Council for their attendance at the previous day and a half of strategic planning and noted that he had received positive comments on the process from several attendees. He advised that staff has been tasked with developing an operational plan based on the discussion and feedback for approval at the next Council meeting in June.

Mr. Scanlon next welcomed Mr. John Laframboise, Public Member from Ottawa, who was appointed to College Council on January 5th. Mr. Laframboise was invited to briefly introduce himself to Council. President Scanlon then advised Council that he had appointed Mr. Laframboise to the Discipline and ICRC Committees and as set out in the governance manual, Mr. Ebrahimzadeh had been appointed as his mentor.

The President went on to advise that in April, NAPRA (National Association of Pharmacy Regulatory Authorities) will elect directors to sit on its Board and accordingly, he had nominated Ms. Tracy Wiersema. This nomination was endorsed by the Executive Committee at its meeting on February 10th.

2.1 Briefing Note - President's Report to Council

Mr. Scanlon next referred to his report which summarized his activities since the previous Council meeting. These included attending various statutory Committee meetings at the College and various phone calls and meetings with the Registrar and the Vice President.

2.2 Briefing Note - December 2014 Council Meeting Evaluation

President Scanlon reported that 11 responses had been received and that feedback regarding the December Council meeting had been very favourable. He added that at that time, he had also asked Council Members to review the evaluation process and format of the meeting and to provide feedback. He thanked Council members for their input, noting that on the whole, there appeared to be agreement that the current process and format appeared to be functioning well and therefore no changes were warranted at this time.

3. Declaration of Conflict

There were no conflicts declared.

4. Approval of Agenda

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

5. Approval of Minutes of Previous Meeting

5.1 Minutes of December 2014 Council Meeting

It was moved and seconded that the Minutes of the December 2014 Council meeting be approved. CARRIED.

6. Notice of Motions Intended to be Introduced

There were none.

7. Motions, Notice of Which Had Previously Been Given

There were none.

8. Inquiries

There were none.

9. Matters Arising from Previous Meetings

9.1 Briefing Note - Registrar's Report to Council

Registrar Moleschi highlighted for Council the salient points from his report and responded to questions from the floor.

Council noted that with the passing of Bill 21, *Safeguarding Health Care Integrity Act, 2014*, which provides the College the authority to regulate hospital pharmacies, considerable work has been undertaken to ensure that our regulatory obligations will be met. This includes drafting of amendments to the DPRA (*Drug and Pharmacies Regulation Act*) regulations, which will be discussed later in the agenda.

Mr. Moleschi advised that on December 16, 2014, the Minister of Health and Long-Term Care, Dr. Eric Hoskins, launched a task force to review and modernize laws that deal with sexual abuse of patients by health professionals. He advised Council that together with Deputy Registrar, Ms. Resnick, he will be working with Ministry officials to ensure that this important topic is addressed and that the College continues to support the mandate of this Task Force. He

further advised Council of another Ministry initiative - the establishment of an Executive Steering Committee - where the College, together with other stakeholders, will provide advice and guidance to successfully implement a province-wide comprehensive drug profile strategy.

As President of the Federation of Health Regulatory Colleges, Mr. Moleschi advised that FHRCO has continued its work on various regulatory initiatives, including increased transparency. While this College had moved considerably forward with Phase I and II of the initiative, Mr. Moleschi confirmed that transparency will continue to be at the forefront of ongoing work in all program areas.

Council next heard that NAPRA (National Association of Pharmacy Regulatory Authorities) model standards for pharmacy compounding of non-hazardous and hazardous sterile products had been circulated and the College had provided comments and feedback on the latest draft. Mr. Moleschi added that it was anticipated that following approval of the document by the NAPRA Board in April, Council may be able to receive the document for adoption at the June Council meeting. Also at the April Board meeting of NAPRA, elections will be held for the director positions on the Board. As reported by President Scanlon, Ms. Tracy Wiersema has been nominated. Mr. Moleschi advised that her election will ensure continuity for not only this College, but also for the NAPRA Board as she transitions into the role of their past president.

Council next noted for information Dr. Zubin Austin's appointment of the Murray B. Koffler Chair in Pharmacy Management. Dr. Boon, Dean, Leslie Dan Faculty of Pharmacy advised that in this role, Dr. Austin will be responsible for exploring innovative business models for new pharmacy services and establishing programs and services to investigate the expanded role of the pharmacist, thus allowing him to continue his work with this College.

Referring next to the airing of a segment by CBC Marketplace, Registrar Moleschi noted that the over-riding theme of the Marketplace episode was a lack of compliance to practice standards by pharmacists from across the country, particularly in the area of patient counselling, as well as due diligence in the identification of potential drug interactions. He advised that the message from the College has been consistent – that the Standards of Practice are minimum standards that all registered pharmacists and pharmacy technicians must meet and that holding pharmacists and pharmacy technicians accountable to the Standards of Practice is central to the role of the College and something that the College takes very seriously. He added that these messages have been featured in *Pharmacy Connection* and that the College will continue to promote the message that practitioners will be held responsible for continuous quality improvement. Council members commented on the need for enhanced communication by the College regarding standards and expectations and the Registrar assured Council that the focus of future communication strategies will take into account these comments, including the need to ensure that members' decisions positively enhance health outcomes of patients.

Referring next to the section regarding the Strategic Plan update, Mr. Moleschi advised Council that part of the governance responsibilities of Council, together with the Registrar, is to ensure that the College manages risk appropriately and to ensure that the risks that prevent the College from achieving its public protection goals are addressed. Council members were referred to the Risk Framework document attached to his Report. He further reiterated that as advised at the end of the strategic planning session the previous day, over the next few months, based on the discussion and comments from the session, College staff will develop an operational plan which will be provided to Council for approval in June.

Next, Ms. Susan James, Manager, Registration Programs, was invited to provide Council with an overview of her area. She was joined by Mr. Mahmoud Suleiman, Registration Advisor and Structured Practical Training Lead. Their presentation commenced at 10:15 a.m. and ended at 11:15 a.m. during which they provided clarification on matters and responded to questions from the floor.

Noting that the College auditor was present, the President requested that the discussion move to the agenda item regarding the Audited Financial Statements.

10. For Decision

10.1 Briefing Note – Finance and Audit Committee - Audited Financial Statements 2014

A motion to receive for discussion 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. He introduced to Council Mr. Vinay Raja, Audit Partner at Clarke Henning, and requested him to present the Audited Financial Statements to Council. Mr. Raja provided detailed information on Clarke Henning's role and expectations as the College's auditor and advised Council that it was a clean audit with no significant issues to report.

He then presented the audited statements and audit findings, answered questions from the floor and provided clarification on several line items. It was noted that actual expenses were within 2.5% of budget whereas revenue was 4.5% greater than budgeted resulting in a \$275,000 surplus after capital. Mr. Raja also provided detailed explanation of how each of the reserve fund figures were arrived at. Council further noted that as is common practice, the Finance and Audit Committee also held an in-camera meeting with him (i.e. no staff were present).

Mr. Khan then provided explanation on variances and answered questions from the floor. Following discussion, and a clarification by Mr. Raja, **it was moved and seconded that Council approve the Audited Financial Statements and Summary Statements for the operations of the Ontario College of Pharmacists for 2014 as prepared by management and audited by Clarke Henning LLP, Chartered Accountants.**

Council members voted in favour of the amendment and the amended motion. There were no negative votes or abstentions. **The motion CARRIED.**

9. Matters Arising from Previous Meetings

9.2 Briefing Note - Approval of proposed amendments to the By-laws Transparency/Phase II

Deputy Registrar, Ms. Resnick, was requested to speak to this Briefing Note. Council noted that the College has committed to enhancing transparency and ensuring that Ontarians have access to information that is relevant, timely, useful and accurate. Over the last two years, we have been collaborating with five other healthcare regulators on the topic of transparency. In June 2014, Council agreed to move forward with the phased-approach of the Transparency Initiative. The first phase focused primarily on enhancing the consistency and clarity of existing

information including notices of discipline committee hearings, publicly available criminal findings of guilt, certain bail conditions, and the identity of non-members who are practicing illegally. Following consultation, amendments to the by-laws relating to this phase were approved in December 2014.

At that time, Council also passed for consultation, proposed amendments to the bylaws that would further expand the information made available on the public register about pharmacists and pharmacy technicians. Ms. Resnick explained that some of this information is related to the work of the Inquiries, Complaints and Reports Committee (ICRC), and some is information that is generated through other processes (criminal charges) or regulatory authorities (findings in other jurisdictions). She added that feedback on these proposed changes had been received. Of the 49 responses received (45 from members, 3 from public and 1 from an organization), there was some opposition based on the perception that this would have a personal impact. There was also some misunderstanding of the categories of complaint outcomes that will become public information. She clarified that the College is not proposing to provide any information regarding federal and provincial charges that is not already publicly available and that criteria and processes for some of the other information (e.g. determining relevance to suitability to practice) will need to be developed.

There was considerable discussion on the matter. Comments from the floor were, in the majority, in favour of the amendment and included the need for absolute clarity and communication of the processes and criteria once these were developed, and the need to ensure that the processes were fair and demonstrated due process for both the public and the membership. There was a comment regarding the legality of such postings and constitutional rights of members. Registrar Moleschi reminded Council members that transparency was not uniquely mandated to the regulatory Colleges - all Ministries were equally directed by the Premier to ensure that transparency was front and centre in their processes. Council was assured that the processes and criteria that would be developed would be brought to Council for review.

It was moved and seconded that Council approve the amendment to the Register Section (Article 11.4) of College By-law #3. Council members voted in favour of the motion. Mr. Kosa voted against the motion. There were no abstentions. (Dr. Boon was not present in the room during this vote). **CARRIED.**

10. For Decision

10.2 Briefing Note – Accreditation Committee - Proposed Amendments to the DPRA Regulation

A motion to receive for discussion the Briefing Note from the Accreditation Committee was moved and seconded. CARRIED.

Mr. Hoff, Chair of the Accreditation Committee, presented the Briefing Note to Council. He thanked the staff and consultant (Ms. Della Croteau) for their hard work in drafting the regulations within the strict timelines.

As has been reported earlier, the passing of Bill 21: *Safeguarding Health Care Integrity Act, 2014* extends the College's authority to license and inspect pharmacies within public and private hospitals, as well as future authority over institutional pharmacy locations. As a result, the

current DPRA regulations, which only address community pharmacy practice, needed to be revised. As well, the current regulation is written with a level of specificity which may cause it to become quickly outdated. The new approach sets out the performance expectations of pharmacy practice sites in regulation, but excludes details which may become irrelevant over time. As well, the new approach avoids duplication with other legislation and references national standards as appropriate.

Council noted that the Ministry was also looking at its own approach with respect to making/amending/approving regulations and that we are taking a collaborative approach to refine the regulation in order to be able to meet the objective of being able to issue certificates of accreditation to hospital pharmacies at the beginning of 2016.

Before moving to discussing the draft, Mr. Hoff proposed a further **amendment to Part III (Certificates of Accreditation: Issuance and Renewal) as follows:**

8.(1) 4. The past and present conduct of each person who is an applicant, and in case of a corporation, of each director ~~who is a member~~ and of each shareholder ~~who is a member~~ 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. A motion to accept this amendment was moved and seconded. CARRIED.

Mr. Hoff then invited comments and questions from the floor. A substantial number of comments made reference to specifics such as transfer of targeted substances, advertising, inducement, recycling of stock, sale of schedule II drugs. Following discussion and receipt of clarification, Council, was assured that through a consultative process, these details will be included in policies, guidelines and processes that will be developed and will help ensure that the expectations of the regulation are clearly articulated and met. Council members were encouraged to provide any further comments through the consultation that would be posted on the College website.

It was moved and seconded that the draft Regulation to the Drug and Pharmacies Regulation Act be circulated for feedback. There were no negative votes or abstentions. **CARRIED.**

11. For Information

11.1 Code of Ethics Project – Update

President Scanlon reported that the Code of Ethics Task Force was established in December 2014 with a mandate to review and update the current Code of Ethics so that it more appropriately addresses current practice and to enable pharmacists and pharmacy technicians to apply it in practice. Mr. Scanlon, who chairs this task force, reported to Council that an ethicist (Dr. Cidalia Paiva) has now been contracted to assist with the project and it is anticipated that further updates on progress will be provided to Council at its meeting in June.

12. Other Matters

There were none.

13. Unfinished Business

President Scanlon referred Council members to the link on the virtual boardroom that would enable them to fill in the online survey to evaluate today's Council meeting. He added that the responses will be made available only to the President and Vice President for review and discussion and that if further action is deemed necessary by the President and the Vice President, the matter will be forwarded for discussion by the Registrar and the Executive Committee.

Motion respecting Circulation of Minutes

A motion to approve the circulation of the draft minutes of this Council Meeting to Council members for comment, with the final Minutes to be confirmed at the next Council Meeting, was moved and seconded. The motion CARRIED.

14. Motion of Adjournment

It was moved and seconded that the Council meeting be adjourned at 2:17 p.m. and to reconvene on Monday June 15, 2015, or at the call of the President. The motion CARRIED.

**Ushma Rajdev
Council and Executive Liaison**

**Mark F. Scanlon
President**

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COUNCIL BRIEFING NOTE

MEETING DATE: June 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Marshal Moleschi, CEO and Registrar

TOPIC: Report to June 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 March 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 on behalf of the College during the reporting period.

Sexual Abuse Task Force

In December 2014, Ontario's Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins, appointed the task force to begin its review in January 2015. Consultations were held in February and March 2015 in Toronto. Individuals who have been personally involved in, or affected by, patient sexual abuse, as well as groups (such as professional associations and advocacy groups) with an interest in the prevention of sexual abuse of patients or individuals affiliated with interested groups were invited to participate.

Together with the Deputy Registrar, I attended meetings with the task force and the College has made submissions which are attached for Council's review. As well, Mr. Ebrahimzadeh, Mr. Lederman and Ms. Moustacalis attended a roundtable for public members of Councils to provide their perspective. It is anticipated that the task force will present recommendations that will update the health professional's procedural code under the Regulated Health Professions Act.

Legislative Initiatives

Transparency/Public Register Update

As reported previously, Minister Hoskins wrote to all regulatory health colleges with a directive to implement measures that will ensure transparency is a priority in all Colleges' decision-making processes and strategic plans. Our plans were submitted at the end of November 2014 and we understand that feedback or further direction from Ministry officials is not anticipated until the later in 2015. A letter acknowledging receipt of our submission is attached for Council's information.

Coming out of this initiative is a re-design of the College's public register which is targeted to the public and is aimed at making information clear, accessible and easy to understand. Further details on this initiative can be found in the spring 2015 issue of the college journal, Pharmacy Connection.

Bill 21 Safeguarding Health Care Integrity Act, 2014

Bill 21 received royal assent on December 11, 2014. However, the pharmacy section has yet to be proclaimed. It is our understanding that the proclamation date will be set once initial hospital pharmacy inspections are completed and cabinet has approved the appropriate amendments to the Drugs and Pharmacy Regulations Act (DPRR). The proposed amendments will be discussed later in the agenda.

Expanding Scope of Practice/Travel Vaccines

As outlined in the summary of the Ontario Budget, the government has indicated a willingness to allow pharmacists to provide travel vaccinations. We are working closely with the Ministry on this particular initiative and have met to discuss the possibility of establishing a Working Group to help move this along.

Personal Health Information Protection Act 2004

The Personal Health Information Protection Act sets out rules for the collection, use and disclosure of personal health information. These rules apply to all health information custodians operating within the province of Ontario and to individuals and organizations that receive personal health information from health information custodians. On April 20th, there was an information session at the Ministry on PHIPA and ePHIPA. The session was attended by Deputy Registrar, Ms. Anne Resnick. The Ministry intends to reintroduce legislation tabled last year which will strengthen health information privacy protection, while increasing transparency and accountability for the use of personal health information. As well, it is intended to support the Comprehensive Drug Profile Strategy objective of the Ministry for "all drugs, all people" and will remove a barrier to e-prescribing by eliminating the requirement that substitution instructions on prescriptions be hand-written.

Lobbyists Registration Act, 1998

Consideration was given to the changes to the Lobbyists Registration Act and the potential ramifications for Colleges. The definition of "lobbying" is extremely broad and since regulators are mandated to interact and collaborate with Government, clarification on this was sought by FHRCO and the legal opinion was shared with the Executive Committee. The Committee was of the opinion that the College could be considered to fall within the definition in that there is opportunity to promote the work of the College on the registry.

Electronic Health Records (EHRs)

As part of its mandate, eHealth had been tasked with establishing an Electronic Health Records system (EHRs). Progress has been made in connecting hospitals and community based physician offices and clinics and a steering committee has been established to discuss the process of integrating pharmacies into EHRs. I have been invited to represent the College on this committee and I will update Council on progress in this area.

An Interim Fairness Commissioner has been appointed following the retirement of Dr. Jean Augustine. Deputy Minister Helen Angus is serving in that role as she maintains her other portfolios. Together with the Manager of Registration Programs, Ms. Susan James, we hosted an introductory meeting with Minister Angus and Assistant Deputy Minister (Mary Shenstone) on June 2.

As activity increases in various areas of the College, we continue to communicate with the Public Appointments Unit to secure the maximum number of public members allowed to serve on Council under the legislation (i.e. 16 Public members).

Inter-professional Relationships

I have been elected to serve a second term as President of FHRCO, the Federation of Health Regulatory Colleges of Ontario. The group has met regularly over the past three months to share information and to work together and move forward collectively on various regulatory initiatives, including transparency. During this reporting period, several meetings were held to deal with FHRCO related matters. Some of the FHRCO initiatives are summarized below for Council's information.

- Two Colleges were proclaimed on April 1, 2015 - the College of Homeopaths of Ontario and the College of Registered Psychotherapists of Ontario (letter attached).
- Work is underway for the creation of educational/training tools on prevention of sexual abuse and assisting those who report abuse for use by FHRCO Councils, Committees and Staff. A Working Group has been established to help move this initiative forward.
- Establishment of Legislative and Policy Issues Committee (FHRCO members and MOHLTC) to work on streamlining the regulation process. To this end, our College's proposed changes to the Drug and Pharmacies Regulation Act (DPRA) were shared with the FHRCO Executive.
- Consideration has been given to the establishment of a working group with representatives from FHRCO, the Ministry and the Patient Ombudsman's office to work on public education as it relates to the Patient Ombudsman's office.
- FHRCO continues to conduct workshops to provide training for those who would be participating in discipline hearings as panel members or chairs as outlined in the RHPA. Basic training programs are available twice each year for these regulatory adjudicators and Advanced sessions are offered annually to members to help build on the knowledge and skills acquired by attending the basic session or participating in hearings.

This College is seen as a leader in the way we have dealt with and adapted to regulatory and environmental challenges and I was recently asked to participate in an environment scan for the College of Dietitians of Ontario to give my impressions on the changing landscape of regulation and what we are doing here at the College.

Presentations/Other stakeholder meetings

This reporting period has seen an increase in the number of presentations made to stakeholder groups. I have presented various iterations of the “Moving the Mountain” presentation I made to Council in March 2015 in an effort to introduce the new practice-based assessment and to shift the focus from compliance to legislation to adherence to Standards of Practice and Code of Ethics. Presentations were made at several events, including various regional meetings of Remedy Rx, Walmart Conference, Drug Trading Conference, Canadian Pharmacists Association and Ontario Pharmacists Association Conference, the Canadian Association of Pharmacy in Oncology, and the Ontario Hospital Management Seminar.

Leslie Dan Faculty of Pharmacy, University of Toronto

On May 20th, together with members of the Executive Committee and staff at the College, we attended the launch of the “Optimizing Patient Care Program” at the Leslie Dan Faculty of Pharmacy, University of Toronto. The program is part of a multi-year research initiative undertaken by investigators at the Faculty and supported by the College. The twin goals of this initiative are to identify and understand barriers within pharmacy community that may be restricting pharmacists’ ability to practice to their full scope, and to provide online resources addressing some key practice issues. The first three online videos in this series have now been launched and further videos are anticipated in the near future.

Ontario Pharmacists’ Association (OPA)

I continue to hold regular meetings with Mr. Dennis Darby, CEO, to discuss issues of mutual concern. The OPA has continued its efforts to further expand the pharmacists’ scope of practice and has sought input from the College with respect to issues such as standards of practice and electronic health record systems.

National Association of Pharmacy Regulatory Authorities (NAPRA)

A memorandum from Ms. Tracy Wiersema, the College’s representative on NAPRA, is attached for Council’s information.

The Board approved the most current Draft Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations and Draft Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations. It is expected that the Model Standards will be available in August/September 2015. NAPRA intends to commence working on the Model Standards for Pharmacy Compounding of non-sterile preparations shortly.

As NAPRA’s representative on CCAPP, the Canadian Council for Accreditation of Pharmacy Programs (CCAPP), I provided an update to the NAPRA Board on CCAPP activities. There was significant discussion regarding the Accreditation of International Programs and the significance that this could have on PRAs and NAPRA will be following up with CCAPP regarding its concerns.

NAPRA’s current Strategic Plan is set to end in 2015. A review of priorities was conducted to set priorities for 2016-2017 which will be forwarded for approval by the Board at its meeting in November.

Pharmacy Examining Board of Canada (PEBC)

Attached for Council’s information is a newsletter providing a summary of the 2015 Annual Board meeting. Ms. Bonnie Hauser is the College’s representative on PEBC.

Canadian Foundation for Pharmacy

I continue to participate at board meetings, strategic planning sessions and teleconferences of CFP, the Canadian Foundation for Pharmacy, whose mission is: *Encouraging pharmacy practice through the support and promotion of innovation and leadership excellence to advance the profession of pharmacy.*

Strategic Plan Update

A key part of the Registrar's performance is to regularly provide an update to Council on the College's Strategic Plan.

In March, Council participated in a facilitated session to review the current Strategic Priorities, mission and vision statements and core values. The focus at the session was on the governance principle that Council leads and directs the College to achieve its public interest mandate, and the Registrar is given the authority and responsibility to operationalize Council's public interest mandate and strategic plan. While the current Strategic Directions were considered to still be valid and appropriate, there was consensus that each direction should be reviewed with a "patients first" lens to ensure that patients continue to remain front-and-centre in all our activities. Since that meeting, College staff met over 1½ days to develop an operational plan to support the Strategic Directions (see attached).

The operational plan will be monitored by the Executive Committee and each quarter Council will receive an update regarding progress on the strategic directions.

This reporting activity also includes regular program updates/presentations from the program managers. At this June Council meeting, I will invite Ms. Maryan Gemus, Manager, Investigations and Resolutions Programs, to present to Council.

**Minister's Task Force on the Prevention of the Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*
(Sexual Abuse Task Force)**

April 1, 2015

Sent via email from – SATaskforce@ontario.ca

Dear Patient:

I'm writing to you today because I'm leading the minister's task force on preventing all forms of sexual abuse of patients, and hearing from patients who have experienced the complaint process at one or more health profession regulatory colleges (in the past 15 years) is crucial to the mandate given to us by Ontario's health minister.

This invitation is coming to you via a college because our Task Force asked college registrars to help notify patients (with appropriate attention to privacy concerns) who have been involved in some way with regulatory health college complaint processes. It is very important that we hear from you directly and in confidence (if you choose a private hearing).

Here's some background information on this Task Force:

On December 16, 2014, Dr. Eric Hoskins, the Minister of Health and Long-Term Care, appointed a task force to review legislation designed to prevent and deal with sexual abuse of patients by regulated health professionals. The task force is led by human rights lawyer, Prof. Marilou McPhedran. Educator and Registered Nurse, Ms. Sheila Macdonald, is also a member of the task force.

As a sexual abuse (or sexual impropriety) complainant to a health regulatory college, the Task Force has prioritized hearing your perspective, based on your personal experiences. Sheila and I hope you will speak with us in the near future.

To assist with your consideration of this invitation, it may be helpful for you to know that the health minister has asked the task force to provide advice, including on:

- Ways to further encourage and support patients who report incidents of sexual abuse to health regulatory colleges.
- Support tools for patients who may have been sexually abused by a regulated health professional.
- The current definition of sexual abuse contained in the legislation.
- The disciplinary orders that may be imposed by health regulatory colleges against their members who have been found to have sexually abused a patient.
- Mandatory reporting requirements with respect to the sexual abuse of patients by regulated health professionals.
- Other aspects of college discipline proceedings and other college processes.

Please share your views with the Task Force. Your privacy and safety will be respected.

The Task Force will be holding a consultation on Monday April 13 at the Marriott Courtyard Toronto Downtown, 475 Yonge St., Toronto at 10:00 a.m. You can choose a public or private hearing with the task force by making an appointment through SATaskForce@ontario.ca.

There is another consultation planned for May 2015. Time for this Task Force is quite limited.

Please consider participating. If there are barriers to your participation such as travel or other costs involved

**Minister's Task Force on the Prevention of the Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*
(Sexual Abuse Task Force)**

in coming to meet with us, please discuss your requirements for participation with the Task Force Coordinator, Laura Niles, who can be reached through SATaskForce@ontario.ca.

If you have any concerns about participating that you would prefer to discuss with me directly, please contact me via marilou.mcphedran@ontario.ca or ask Ms. Niles to confirm a time and date to speak with me.

Please remember: hearing from you is a priority and presentations to the Task Force are by appointment.

For more information, contact the Task Force at SATaskforce@ontario.ca or at 1-844-821-6151.

Sincerely,

A handwritten signature in blue ink that reads "Marilou McPhedran". The signature is written in a cursive style.

Marilou McPhedran

From: [Louise Todd](#)
To: "Niles, Laura (MOHLTC) (Laura.Niles@ontario.ca)"
Cc: [Anne Resnick](#); "[McAllister, Sheila \(MOHLTC\)](#)"; [Ushma Rajdev](#); "[SATaskforce \(MOHLTC\)](#)"; [Marshall Moleschi](#)
Subject: Further information from OCP in response to March 19th email re Minister's Task Force on Prevention of Sexual Abuse to Regulatory Colleges
Date: Thursday, April 02, 2015 4:05:27 PM
Attachments: [image001.png](#)
[U of T Professional Boundaries Curriculum for PharmD Program.pdf](#)
Importance: High

Sent on behalf of Anne Resnick, Deputy Registrar

Dear Laura,

In follow up to my March 24th email (below), here is additional information.

The draft regulation made under the Pharmacy Act, 1991 concerning professional misconduct has been circulated but not yet finalized (please click [here](#) to view the draft amendments). We are confident that the final sealed version will include the two clauses that we brought to the attention of the Task Force:

- The addition of the word "emotionally" to clause 5: Abusing a patient **emotionally**, verbally or physically.
- New clause 41: "**engaging in conduct unbecoming a member**".

The Task Force was interested in the name of the ethicist recently hired for the rejuvenation of the College's Code of Ethics; her name is Cidalia Paiva.

Also, attached is a curriculum outline from the University of Toronto, Leslie Dan Faculty of Pharmacy, for the PharmD Program detailing upcoming changes to Professional Boundaries Curriculum (this is in addition to the curriculum changes to the International Pharmacy Graduate (IPG) Program sent with the March 24th email).

Kind regards,

Anne Resnick, R.Ph., B.Sc.Pharm., CAE
Deputy Registrar

From: Louise Todd
Sent: Tuesday, March 24, 2015 2:17 PM
To: 'Niles, Laura (MOHLTC)'
Cc: Anne Resnick; McAllister, Sheila (MOHLTC); Ushma Rajdev; SATaskforce (MOHLTC); Marshall Moleschi
Subject: Response to March 19th email re Minister's Task Force on Prevention of Sexual Abuse to Regulatory Colleges

Sent on behalf of Anne Resnick, Deputy Registrar

Thank you Laura,

Marshall, Maryan and I appreciated the opportunity to meet with the Co-Chair last week.

We will have more material to provide to you by April 3rd but understanding your short timeline, would like to provide the names of two prosecutors that the College uses for cases of this nature, both of whom have indicated their willingness to participate.

Linda Rothstein linda.rothstein@paliareroland.com

Aaron Dantowitz AaronD@stockwoods.ca

Also attached is a report regarding the Professional Boundaries Curriculum for the International Pharmacy Graduate (IPG) Program of the Faculty of Pharmacy at the University of Toronto. Although we did not discuss it at our meeting, IPG training is another important aspect of education, and we hope you will view this as a worthwhile example of work currently underway.

Kind regards,

Anne Resnick, R.Ph., B.Sc.Pharm., CAE
Deputy Registrar,
Ontario College of Pharmacists
483 Huron Street, Toronto, ON M5R 2R4
t. 416-847-8249
f. 416-847-8229
aresnick@ocpinfo.com
www.ocpinfo.com



From: Niles, Laura (MOHLTC) [<mailto:Laura.Niles@ontario.ca>]
Sent: Thursday, March 19, 2015 12:31 PM
To: Marshall Moleschi
Cc: Anne Resnick; Louise Todd; McAllister, Sheila (MOHLTC); Ushma Rajdev; SATaskforce (MOHLTC)
Subject: Thank you - Minister's Task Force on Prevention of Sexual Abuse to Regulatory Colleges

Marshall and Team

I like to take this opportunity to thank you all for your presentation to the Co-Chair of the Task Force on Monday March 16. Your insight from regulator perspective is extremely important and valued.

As part of the discussion – I have included a few items for further follow-up. We would appreciate your response by April 3rd, 2015 if you are able to ensure it is included in the recommendations as they are being developed.

Follow-up items

- Request all regulators to invite recent victims of patient sexual abuse to participate in the work of the Task Force.
- Provide draft regulation to the Task Force.
- Provide names of lawyers frequently used (defense and prosecution) for possible inclusion in legal roundtable
- Provide a statement about the “good news” work currently underway that may be included in final report

Thanks again for your efforts on this important topic – if you have any questions, please feel free to contact Sheila or myself

L

Laura Niles | Health System Labour Relations & Regulatory Policy Branch | **HealthForceOntario** | Ministry of Health and Long-Term Care | Tel: 416-314-0383

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**Professional Boundaries Curriculum
The International Pharmacy Graduate (IPG) Program
Leslie Dan Faculty of Pharmacy, University of Toronto**

Background:

As part of the implementation of the Regulated Health Professions Act (RHPA), there is a need to address the concepts of boundaries, boundary violations, sexual abuse and compulsory reporting in all university-based programs for health professionals.

Current Situation:

Currently, the IPG program allows foreign-trained pharmacists to develop the skills and knowledge needed to practise as competent professionals in Canada, and specifically, in the province of Ontario. The concepts related to professional boundaries, as outlined above, are addressed briefly in the Professional Practice and Pharmacy Management (PPPM) course of the IPG program. The details of the current program offering are outlined below.

- Introduction to PPPM, Canadian Pharmacy Skills II (lecture)
 - A case scenario is presented and discussed with the learners; a female patient who is pleased with the care received by the male pharmacist invites the pharmacist to dinner
 - The lecturer uses the following questions to bring out key points:
 - Who should maintain professional boundaries?
 - How can pharmacists maintain professional boundaries?
 - What is defined as sexual abuse?
 - When should sexual abuse be reported and by whom?
 - What are the consequences of not reporting sexual abuse?
 - Learners are referred to OCP guidelines on maintaining appropriate professional boundaries and preventing sexual abuse and harassment
- Ethical Dilemmas, Canadian Pharmacy Skills II (lecture)
 - In the context of ethical principles, the lecturer discusses “Protecting the Vulnerable” and the importance of reporting sexual, child or elder abuse

Plan for Revised Curriculum:

The IPG program is in the process of revising the overall curriculum and structure and it is expected that these changes will be implemented gradually over the next year. In light of the urgency to incorporate more detailed course content on professional boundaries, the following plan will be executed by the IPG team by the summer of 2015.

- Links to the following key documents will be put on the U of T Blackboard for learners in the IPG program
 - OCP Patient Relations
 - OCP Guideline on Preventing Sexual Abuse and Harrassment
 - U of T Student Code of Conduct
 - U of T Standards on Professional Practice Behaviour for all Health Professional Students
- Modified Introduction to PPPM, Canadian Pharmacy Skills II lecture
 - One hour of the 3-hour lecture focused on professional boundaries
 - Discussion of maintaining appropriate professional boundaries in the context of NAPRA competencies
 - Review of the RHPA as it pertains to sexual abuse and harrassment
 - Review of the OCP guideline on preventing sexual abuse and harrassment, including definitions
 - Comparison of what is considered an appropriate professional boundary versus behaviour that does not respect these boundaries (i.e., examples in practice)
 - Who, when and how to report sexual abuse
 - Discuss the U of T Student Code of Conduct
 - Discuss the U of T Standards for Professional Practice Behaviour for all Health Professional Students
- Canadian Pharmacy Experience (CPE)
 - For those who elect to participate in this practical experience in a pharmacy setting, the background/orientation materials will include a review of what constitutes appropriate professional boundaries as well as links to the relevant reference documents as outlined above
- Assessment
 - Learners will be required to complete a quiz specifically related to professional boundaries as part of the PPPM course
 - The final examination for the PPPM course will include multiple choice and short-answer questions based on the definition and description of professional boundaries, sexual abuse and reporting, and how to ensure that professional boundaries are respected in the practice environment

**Professional Boundaries Curriculum
Doctor of Pharmacy (PharmD) Program
Leslie Dan Faculty of Pharmacy, University of Toronto**

Background:

As part of the implementation of the Regulated Health Professions Act (RHPA), there is a need to address the concepts of boundaries, boundary violations, sexual abuse and compulsory reporting in all university-based programs for health professionals.

Current Situation:

Currently, the PharmD entry-to-practice program addresses these issues in a variety of courses and settings. The details of the current program offering are outlined below.

PHM 114 Social and Behavioural Health

This course provides an introduction to professional ethics and clinical ethics (2x2 hour lectures & 3x2 hour ethics tutorials). Key concepts of relevance that are covered that relate to professional boundary issues include:

- The moral foundations of the fiduciary relationship between professional and patient (power imbalance; importance of trust at the levels of a) the provide and patient and b) public and the profession as a whole; primacy of patient best interests)
- Patient right to privacy and concomitant expectations of confidentiality including a discussion of when other interests override this right in the context of mandatory reporting
- Code of Ethics: discussion of how the above mentioned ethical considerations are codified as a statement of what the profession values and what is expected of professional pharmacists
- Includes discussion of ethical obligations to report unethical behaviour of other professionals
- How culture/religion can influence patient health seeking behaviour and illness experiences and how cultural and religious differences need to be taken into account and respected

Assessment:

- 1 group presentation on an ethics case (which may or may not cover these issues) within the 3 x 2 hour ethics tutorials which all students are expected to attend
- Midterm examination will have professional ethics and clinical ethics content but may not explicitly address these issues

White Coat Ceremony

This is the ceremony where first year students are inducted into the profession of pharmacy and involves:

- One hour lecture on professionalism that precedes the ceremony
- Ceremony includes the signing and recitation of a Pledge of Professionalism, a review of the Code of Ethics

Experiential Practice/ Placements

- Standards of Practice, behaviour and confidentiality are covered in preparation for students going into practice rotations with patients
- Students are expected to abide by the following:
 - The University of Toronto's Standards of Professional Practice Behaviour for Health Professional Students (this explicitly addresses sexual misconduct):
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppsep012008i.pdf>
 - The University of Toronto's Code of Student Conduct:
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjul012002.pdf>

Jurisprudence Seminar (Year 1)

During a one day jurisprudence seminar the following is covered:

- Mandatory reporting requirements
- Professional misconduct—including sexual misconduct
- The slides can be found at: "[Code of Ethics, Complaints, Discipline, Fitness to Practice](#)"
- This module is currently under revision and will be ready in Spring 2015 and be more focused on the RHPA and include more on sexual misconduct

Plan for Revised Curriculum:

The PharmD entry-to-practice program is in the process of assessing and enriching the Ethics and Professionalism aspects of the curriculum and it is expected that these changes will be implemented gradually over the next year. In light of the urgency to incorporate more detailed course content on professional boundaries, the Ethics and Professionalism Theme Coordinator and collaborators will execute the following plan by the summer of 2015.

- Revised RHPA module where sexual abuse prevention and mandatory reporting will be addressed (Diana Spizzirri)

- The following key documents will be made available to students in the program and will be discussed in the professionalism lecture that precedes the White Coat Ceremony and in other relevant courses (TBD)
 - OCP Patient Relations
 - OCP Guideline on Preventing Sexual Abuse and Harassment
 - U of T Student Code of Conduct
 - U of T Standards on Professional Practice Behaviour for all Health Professional Students
- Identify other places in the curriculum where it is appropriate to teach more explicitly around professional boundaries and sexual misconduct/abuse of patients.
 - Suggest at least one hour of lecture explicitly on this issue and with appropriate assessment built into the assessment rubric of the course
 - Identify opportunities before experiential practice and placements to review jurisprudence in this area and relevant policy documents and the RHPA

**Minister's Task Force on the Prevention of the Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*
(Sexual Abuse Task Force)**

March 13, 2015

Sent via email from – SATaskforce@ontario.ca

Public Members of Health Regulatory College Councils

RE: Minister's Task Force on the Prevention of the Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991* (Task Force)

On December 16, 2014, the Minister of Health and Long-Term Care appointed a task force to review and modernize legislation designed to prevent and deal with sexual abuse of patients by regulated health professionals.

The Minister's Task Force will review the appropriateness and the effectiveness of the Regulated Health Professions Act, 1991 in preventing and dealing with the sexual abuse of patients by regulated health professionals. Most Task Force consultations will be chaired by human rights lawyer, Prof. Marilou McPhedran with educator and Registered Nurse, Ms. Sheila Macdonald.

As part of its inquiry, the Task Force will provide advice on:

- The current definition of sexual abuse contained in the legislation.
- The disciplinary orders that may be imposed by health regulatory colleges against their members who have been found to have sexually abused a patient.
- Support tools for patients who may have been sexually abused by a regulated health professional.
- Mandatory reporting requirements with respect to the sexual abuse of patients by regulated health professionals.
- Ways to further encourage and support patients who report incidents of sexual abuse to health regulatory colleges.
- Aspects of college discipline proceedings and other college processes.

As a public member appointed to serve on a health regulatory college Council, the Task Force has prioritized hearing your perspective. The Task Force is arranging a roundtable for public members to discuss these important issues and would like very much for you to attend.

In addition, the Task Force will hold other consultations in downtown Toronto, and wishes to hear from individuals who have been personally involved in, or affected by, patient sexual abuse, as well as individuals or groups (including professional associations, advocates and advocacy groups) with an interest in the prevention of sexual abuse of patients.

If you wish to participate in either the roundtable for public members of Council, or the other consultations, please contact the Task Force at SATaskforce@ontario.ca or at 1-844-821-6151. If you are interested in participating in a roundtable for public members, please confirm by **April 1, 2015**, and details will follow.

Sincerely,



On behalf of the Minister's Sexual Abuse Task Force Co-Chair, Prof. Marilou McPhedran



Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

March 4, 2015

Task Force on the Prevention of Sexual Abuse and the *Regulated Health Professions Act, 1991*
Hon. Roy McMurtry, Prof. Marilou McPhedran, Ms. Sheila Macdonald

c/o Ministry of Health and Long-Term Care
Health System Labour Relations and Policy Branch
12th Floor, 56 Wellesley Street West
Toronto ON M5S 2S3

Sent via e-mail: SATaskforce@ontario.ca

To the Members of the Task Force:

I am writing to respond to the February 6, 2015 letter from Ms. Laura Niles, Task Force Administrative Coordinator, in which she requested information concerning the College's measures in matters related to sexual abuse and boundary violations of a sexual nature between patients and pharmacists or pharmacy technicians. The College fully understands and supports the mandate of the Task Force. As was pointed out in its letter, this request has required a considerable application of staff, time and resources to fulfill. The College is pleased to provide its response with one portion of data to follow (length of time between complaint submission and resolution), pending verification.

The College expects that pharmacists and pharmacy technicians will meet a high standard of behaviour and regards any act of abuse, harassment, or boundary violation with a patient as unacceptable. The College takes all such matters seriously and endeavours to investigate and deal with them in an appropriate and effective fashion to protect the public.

Moreover, the College understands the difficult context in which victims of sexual abuse and boundary violations are often situated. I assure the members of the Task Force that the College strives to ensure that individuals who bring forward complaints regarding allegations involving sexual abuse or boundary violations are treated sensitively and compassionately.

The College is committed to a process of continual improvement in all of the areas in which it serves and protects the public interest. I look forward to the Task Force's recommendations for potential improvements and best practices among health regulators in this area. We will continue to affirm and reinforce Ontario's ongoing commitment to a zero tolerance approach to sexual abuse of patients by regulated health professionals.

Sincerely,



Marshall Moleschi, R.Ph., B.Sc.(Pharm), MHA
CEO and Registrar

cc: Laura Niles (laura.niles@ontario.ca)

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TAB C	Spreadsheet 1: Supplementary Information
TAB D	Pharmacy Connection article on Treating Self and Family Members and Preventing Sexual Abuse and Harassment (includes Guidelines) Information on the Patient Relations Program (includes Funding for Therapy or Counselling Forms) Pharmacy Connection article on Mandatory Reporting Pharmacy Connection article on Regulating the Use of Social Media

TAB A

**Response to the Task Force on the
Prevention of Sexual Abuse of Patients and
the *Regulated Health Professions Act, 1991***

Ontario College of Pharmacists

Response to the Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*

1. Data regarding complaints related to sexual abuse and/or boundary violations of a sexual nature

Year	Number of Complaints Related to Sexual Abuse and/or Boundary Violations Received
2004	2
2005	0
2006	0
2007	1
2008	3
2009	3
2010	1
2011	1
2012	8
2013	1
2014	3
TOTAL	23

	All Complaints	Complaints Related to Sexual Abuse and/or Boundary Violations
Average length of time between complaint submission and complaint resolution	208 days (complaints only)	575 days (complaints and Registrar's Investigations)
Percentage of complaints withdrawn	0*	0*
Percentage of complaints abandoned	0*	0*
Percentage of complaints closed for other reasons	0*	0*

* NB: It is the College's policy that once a matter has been brought to its attention with a sufficient degree of specificity to identify the responsible member and adequate information to permit an investigation, the matter cannot be withdrawn or closed. While a complainant or other information source is not required to continue to participate in the College's process, once a formal complaint has been filed or a registrar's investigation commenced, the matter will proceed to be investigated by the College and reviewed by the Inquiries, Complaints, and Reports Committee (ICR). Only matters that are brought anonymously or which do not provide sufficient information to identify a member may not result in the filing of a complaint or further investigation by the College.

a. What is your policy and process for cases where a member of the profession resigns or is no longer available following the submission of a complaint?

The College retains jurisdiction over former members with respect to their conduct while they were members of the College. Accordingly, where a member of the profession resigns or is no longer available after a formal complaint has been filed, it is the College's standard practice to continue with the investigation and to have the matter considered by the ICR Committee in the normal course. Depending upon the severity of the conduct at issue, the ICR Committee could take such action as it saw fit in order to protect the public should the member seek to return to practise in Ontario in the future, up to and including referral of specified allegations of professional misconduct to the Discipline Committee.

2. Using the attached spreadsheet #2, summarize the complaints and outcomes from 2004 to present where the subject of the complaint is the regulatory college or its processes. In addition, please provide a written response on the following matters: Since 2010, what is the average length of time, in each year, between complaint submission and complaint resolution for complaints of this type? What percentage of the complaints are withdrawn? What percentage of the complaints are abandoned? What percentage of the complaints are closed prior to the end of the process for any other reason?

The College does not formally track general expressions of concern by individuals regarding the College or its processes that do not fall within the legislated definition of complaints within the meaning of the *RHPA* and *Code*. These expressions of concern are dealt with by the College on a case-by-case basis as part of its normal business operations. The College can therefore not provide any statistical information regarding how these matters are handled as part of the College's internal management processes. Please refer to the responses to sub-questions (a) and (b), below, for further clarification.

a. If your organization has developed policy for complaints where the subject of the complaint is the regulatory college or its processes, the Task Force would appreciate a copy of the document and or a summary of the policy. If no formal policy is in effect, how are these complaints generally handled?

The College has no formal policy for complaints where the subject of the complaint is the College itself or its processes. It is important to distinguish between complaints filed with the College

regarding members of the profession and expressions of concern made to the College regarding the College itself or its processes.

In the former case, the *RHPA* and the *Code* set out the specific jurisdiction and powers of the ICR Committee to investigate complaints against members of the profession. The legislation prescribes the basic make-up of the committee, the minimal procedural requirements, and the actions that the ICR Committee may take in rendering a decision, among other matters. The legislative scheme also grants the parties to a complaint the right to seek a review of a decision of the ICR Committee before the Health Professions Appeal and Review Board (Board) in certain circumstances, and outlines the powers of the Board in conducting such a review. In other words, the process is largely determined by the governing statute.

In the latter case, by contrast, only certain concerns regarding a College's decisions or processes are dealt with in the governing legislation. For example, with respect to a complaint against a member of the profession, a complainant may seek a review before the Board if he or she is dissatisfied with the adequacy of the investigation or the reasonableness of the decision by the ICR Committee. Similarly, if a complainant is concerned regarding the length of time taken in investigating a complaint and issuing a decision, the complainant may address such concerns to the Board under s. 28(5) of the *Code*. The *Code* also sets out separate appeal mechanisms for other College decision-making processes, such as in the registration and quality assurance streams.

Importantly, where an individual's concerns are of a more general nature or do not relate to a specific decision of the College, there is no prescribed procedure in the *RHPA* or *Code* for dealing with such concerns. For example, if an individual had a concern regarding a member of College staff, this would not be considered a complaint within the meaning of the *RHPA* and *Code* and would not be dealt with in the same manner. Again, it is important to distinguish between complaints for which there is a specific legislated appeal or review framework, and expressions of concern of a general nature regarding the College or its processes for which there is not. In these circumstances, the College acts as would any other organization when receiving an expression of concern from an individual regarding its operations.

Depending on the nature of the concerns, College staff may attempt to resolve them by providing an explanation or additional information regarding the College, its legislative mandate, and its internal policies and processes. Where an individual remains dissatisfied, he or she may be referred in turn to managerial-level staff. Ultimately, it is within the discretion of the Registrar, as the senior administrative officer of the College, to determine how to respond to concerns that fall outside of the College's legislated processes.

In 2014 the College developed a Governance Manual for Council and Committee members, based on seven guiding principles focusing on the public interest mandate. The Manual references a Code of Conduct in the College by-laws which is a statement of the values of the Council and sets out the fiduciary expectations of Council members. The Code also has relevance for College staff in that the Registrar is expected to ensure that he or she and the staff comply to the extent that it is applicable to their role and with its spirit where it is not applicable. Further, all College staff are accountable

for compliance with internal policies such as Business Ethics and Conduct and Workplace Violence and Harassment.

The College does not currently maintain a permanent record of all such concerns raised by individuals, and each concern is dealt with separately in the manner considered most appropriate in the circumstances. College staff and management employ their judgement to determine what steps should be taken to address the concerns and how to respond to the individual in question. Each concern is dealt with on its own terms and each response is tailored based on the particular circumstances of the case.

b. If a complainant is not satisfied with the action of your organization in response to a complaint of this nature, what recourse would a complainant have?

As described above, if an individual is dissatisfied with the action or decision of the College in a matter for which there is a legislated review or appeal mechanism, the individual may avail him or herself of the remedy provided for in the *RHPA* or *Code*. For example, a complainant dissatisfied with the decision of the ICR Committee or with the timeliness of the complaints process may seek a review before the Health Professions Appeal and Review Board.

If an individual is dissatisfied with the response of the College on a matter that does not have a legislated review or appeal mechanism, there is no specific recourse provided for in the legislation. An individual may bring his or her concerns to the attention of College staff, and may in turn raise such concerns with the Registrar and/or the Executive Committee, as the senior management of the College.

In general terms, an individual can bring his or her concerns regarding the College or its processes to the attention of the Minister of Health and Long-Term Care. The Minister is empowered by the *RHPA* to review a College's activities and may require it to take any action the Minister deems appropriate. Additionally, under certain limited circumstances, a dissatisfied individual may be able to seek judicial review of the actions of the College or its staff.

3. Please describe how individuals are made aware of the process for making a complaint.

An individual who has concerns regarding a member of the profession can be made aware of the process for making a complaint in several ways.

In-Person / By Phone

Any individual can contact the College directly, either in person or by phone, regarding his or her concerns. Individuals in this situation are directed to the College's Investigations and Resolutions Department, where staff can provide information and advice regarding the College's complaints process.

The College employs a Complaint Intake Assistant, three Complaints Officers, and six Investigators, in addition to administrative support staff, a departmental coordinator, and manager. Staff are

available to answer questions, provide information regarding the College's mandate and its complaints process, and to direct individuals to additional resources, both internally and externally, as required.

On average, the Investigations and Resolutions Department fields more than 800 inquiries from members of the public and the profession per year. Of these inquiries, approximately 200 result in formal complaints against a member of the profession.

Fax / Mail / E-mail Correspondence

Any individual may contact the College regarding his or her concerns by fax, mail, or e-mail. All such correspondence is reviewed by the College and directed to the appropriate department for a response. Where an individual expresses concerns regarding the conduct of a member of the profession or a pharmacy, the correspondence is referred to the Investigations and Resolutions Department.

Staff in the department will respond to the individual to provide information regarding the College's complaints process, and/or to seek additional information or clarification as required. Where it is evident from the nature of the correspondence that the individual intends to file a complaint against a member of the profession, the matter is referred to a Complaint Officer or Investigator, who will follow-up with the individual to confirm receipt of the complaint and to provide and obtain further information, as necessary.

The College's Website

The College's website provides a detailed overview of how to file a complaint, including:

- An overview of the complaints process, from initiation of the complaint through to a decision by the ICR Committee and possible review by the Health Professions Appeal and Review Board;
- Detailed, step-by-step instructions on how to file a complaint;
- A list of Frequently Asked Questions (FAQ) regarding the complaints process, including answers about how complaints are investigated, the role of the ICR Committee and its powers, and what to do if the individual is dissatisfied with the outcome of the complaints process;
- A standardized fillable complaint form in which the individual can provide basic information, such as their name and contact details, and information regarding the nature of his or her complaint, such as the name and contact information of the pharmacist and/or pharmacy, if known;
- Contact information for the College's Investigations and Resolutions Department, should the individual have additional questions or require further support.

Online Videos

In 2014 the College developed a short video available on its website and its YouTube channel to help clarify the role of the College and emphasize its mandate to serve and protect the public's interest by holding pharmacists and pharmacy technicians accountable for the safe, effective and ethical delivery of pharmacy services. The video advises viewers that if they are not satisfied with the pharmacy care or services they have received, they should contact the College. It also informs viewers of the option of filing a formal complaint and of the College's mandate to investigate all complaints received.

The College plans to produce additional videos of this nature regarding the College's complaints process.

a. Is assistance provided if it is required when an individual is making a complaint? Are there other types of supports available to individuals?

Yes, where an individual requires assistance in making a complaint, whether due to a disability or for other reasons, the College will take all reasonable steps to accommodate the individual and to ensure they are able to access the complaints process. For example, where an individual is unable to submit a complaint in writing or to access written materials due to a visual disability, the College will accept a complaint by audio recording or by phone and provide materials in an alternative accessible format.

The College is committed to ensuring that its complaints process is accessible to all members of the public and to eliminating barriers for individuals bringing their concerns to the attention of the College, whether due to disabilities or other factors. Complainants are advised to make the College aware of any circumstances that may require accommodation and are informed that they are welcome to employ support persons or personal advocates during the complaints process.

In the case of an individual reporting concerns regarding sexual abuse or boundary violations, in appropriate circumstances, College staff may advise the individual of the availability of community therapy and counselling services for victims of sexual abuse. Staff may also advise the individual of the opportunity for funding for such services through the College's Patient Relations Program.

4. When a complaint of any kind is investigated, what information is shared with the complainant? For example, in cases where the subject of the complaint is a member of your organization, is the submission of the member to the Inquiries, Complaints and Reports Committee shared with the complainant?

In all complaint investigations, the complainant is provided with a copy of the member's response and given an opportunity to make further submissions in reply. The College is currently exploring options for expanding the amount of information shared with both complainants and members during the complaints investigation and review process as part of a broader College transparency initiative.

5. What internal process is used when appointing an ICRC panel? For example, what criteria are used to determine the suitability of panel members?

According to the College's by-laws, the ICR Committee is composed of

- at least five (5) members of the profession who are members of Council;
- at least seven (7) members of the profession who are not members of Council; and
- at least five (5) members of Council who are appointed by the Lieutenant Governor in Council.

There are currently twenty-two (22) members of the ICR Committee, comprising

- twelve (12) members of the profession who are members of Council;
- thirteen (13) members of the profession who are not members of Council; and
- seven (7) members of Council who are appointed by the Lieutenant Governor in Council.

Panels of the ICR Committee are appointed based on the availability of committee members. When the date of a panel meeting has been selected by the Chair of the committee, members of the committee are canvassed for their availability on that date. A panel is appointed composed of those members who are available to attend, provided that a sufficient number are available to achieve quorum (i.e. at least three members, at least one of which is a member of Council appointed by the Lieutenant Governor in Council). In practice, a panel of the ICR Committee has on average between four and five members.

Members of the ICR Committee are screened for potential conflicts of interest on matters appearing before a panel on which they serve; however, panel members are not evaluated or selected based on specific criteria. In particular, panel members are not selected based on their individual characteristics, knowledge, or backgrounds. Panels of the ICR Committee have a generalized jurisdiction and are expected to review any and all cases, regardless of subject matter, that appear on their agendas.

a. Do panel members receive training to investigate complaints of sexual abuse or boundary violations of a sexual nature? Who conducts the training and what materials are provided? How do panel members stay current in their approach to these complaints?

Members of the ICR Committee do not currently receive specific training in the investigation or review of complaints of a sexual nature, though they do have access to staff and legal resources during their review of all files.

The College provides training to all Council members and staff to encourage effective and respectful communication. This training promotes more effective use of verbal and written communication and teaches participants how to pick up on physical and non-physical cues. This includes the use of appropriate, sensitive language when communicating with a patient raising concerns about sexual abuse, and how to manage situations where there is potential for misunderstanding and conflict.

Investigations into allegations of a sexual nature are carried out by staff on behalf of the ICR Committee. These investigations are conducted by one of two female investigators employed by the

College with experience and training in this area of inquiry (one internal and one external to the College). The external investigator employed by the College is a former police officer with experience in conducting investigations of alleged sexual misconduct and boundary violations.

6. Please describe what you do to obtain feedback on complainants' level of satisfaction with respect to the complaints process. Do you assess the level of satisfaction of individuals who make enquiries but are not referred to the complaints process?

Although the College currently has no formal feedback mechanism for assessing complainants' level of satisfaction with the complaints process, there are plans to launch an electronic customer satisfaction survey which parties engaged in a formal complaint investigation can complete anonymously. The College will be launching this initiative during the second quarter of 2015. Complainants may avail themselves of the opportunity to seek a review and express their concerns before the Health Professions Appeal and Review Board. The College does not currently formally assess the level of satisfaction of individuals who make enquiries but are not referred to the complaints process.

7. Has your organization identified areas within your legislated or discretionary processes where improvements could be made for victims of sexual abuse or boundary violations of a sexual nature? Please describe.

Yes, the College has taken steps to expand access to its program for funding for therapy and counselling for victims of sexual abuse by members of the profession.

Under s. 85.7(4) of the *Code*, an individual is eligible for funding through the College's program only if there has been a finding by a panel of the Discipline Committee that the individual was sexually abused by a member while that individual was a patient, or where alternative criteria established by the College's Council have been satisfied.

The College recognized that the requirement for a finding by a panel of the Discipline Committee unduly limited access to funding for therapy and counselling for individuals in cases where a specific finding of sexual abuse had not been made, but other circumstances reasonably supported the need for such funding. For example, a member may have died since the time of the alleged sexual abuse and no finding by a panel of the Discipline Committee may be made.

Accordingly, in October 2012 the Council of the College made a regulation establishing alternative criteria and expanding access to funding for therapy and counselling for victims of sexual abuse by a member. This regulation was approved by the Lieutenant Governor in Council and filed in effect in July 2013.

Under the new criteria, found in s. 62(2) of the General Regulation under the *Pharmacy Act, 1991* (O. Reg. 202/94), a person is eligible for funding for therapy or counselling if any of the following criteria have been met:

- there is an admission made by a member in a statement to the College or in an agreement with the College that he or she sexually abused the person while the person was a patient of the member;
- a member has been found guilty under the *Criminal Code (Canada)* of sexually assaulting the person while the person was a patient of the member;
- there is a statement, contained in the written reasons of a committee of the College given after a hearing, that the person, while a patient, was sexually abused by a member; or
- there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient, was sexually abused by a member.

The College is in the process of developing internal processes for identifying and notifying individuals who may qualify for funding for therapy or counselling under the new criteria.

Rules of Procedure for Vulnerable Witnesses in Disciplinary Hearings

In 2014, the College introduced new procedural rules in disciplinary hearings aimed to accommodate vulnerable witnesses. The rules are designed to provide vulnerable witnesses with additional protections to reduce potential trauma from facing the accused member during the proceeding. The rules permit a vulnerable witness to employ a support person, or to testify behind a screen or by means of a closed-circuit video monitor in order to facilitate their effective participation in the disciplinary process.

An excerpt of the procedural rules related to vulnerable witnesses is found below:

- 10.04(1) The Discipline Committee may order that a support person be permitted to be present and to sit near a vulnerable witness while testifying and may issue directions regarding the conduct of the support person during the testimony of the witness.
- 10.04(2) The Discipline Committee may order that a vulnerable witness testify outside the hearing room or behind a screen or other device that would allow the vulnerable witness not to see the member if the Discipline Committee is of the opinion that the exclusion is necessary to obtain a full and candid account of the matter.
- 10.04(3) The Discipline Committee shall not make an order under subrule 10.04(2) unless arrangements are made for the member, the Discipline Committee, and counsel for the parties to watch the testimony of the vulnerable witness by means of closed-circuit television or otherwise and the member is permitted to communicate with counsel while watching the testimony.
- 10.04(4) The Discipline Committee may order that a member not personally conduct the cross-examination of a vulnerable witness if the Discipline Committee is of the opinion that the order is necessary to obtain a full and candid account of the vulnerable witness's testimony.

10.04(5) Where the Discipline Committee makes an order under subrule 10.04(4), it may appoint counsel for the purpose of conducting the cross-examination.

8. Identify the most recent occasion when a sexual abuse complaint was referred to an alternative dispute resolution process.

There have been no instances where a complaint related to sexual abuse was referred to an alternative dispute resolution process. According to the College's guidelines on alternative dispute resolution, any complaint regarding sexual abuse or boundary violations of a sexual nature is ineligible for this process.

9. Please summarize the information included in your annual reports for 2011, 2012, 2013 and 2014 to the Minister of Health and Long-Term Care regarding sexual abuse.

2010-2011

No information regarding sexual abuse was included in the annual report for 2010-2011.

2011 & 2012

A joint annual report was published for 2011 and 2012 due to changes to the College's fiscal reporting year.

The annual report for 2011 & 2012 included the following information regarding sexual abuse:

- An announcement regarding the publication of the College's *Guideline on Maintaining Appropriate Boundaries and Preventing Sexual Abuse and Harassment*;
- Publication of the results of a disciplinary proceeding against a member (M. Hanif), who was found guilty of professional misconduct related to the sexual abuse of a patient and failing to maintain the professional boundaries of the pharmacist-patient relationship. The Discipline Committee ordered the revocation of the member's certificate of registration, but suspended this order pending the disposition of the member's constitutional challenge to the mandatory revocation provisions of the *Code*.
- Publication of the results of a disciplinary proceeding against a member (P. Jarcew), who had been found guilty of a criminal offence relevant to the member's suitability to practice, namely sexual assault. The member permanently resigned and irrevocably surrendered his certificate of registration and any current or future, direct or indirect ownership interest in a pharmacy in Ontario. The allegations of professional misconduct were stayed in light of this undertaking.

2013

The annual report for 2013 included the following information regarding sexual abuse:

- A notation that there had been no new disciplinary matters involving allegations or findings of sexual abuse that year.
- An update on an earlier disciplinary proceeding (M. Hanif) regarding an application by the Attorney General of Ontario to the Discipline Committee to reconsider its previous decision to suspend the revocation of the member's certificate of registration pending the outcome of the member's constitutional challenge. The Discipline Committee determined that it had the jurisdiction and statutory authority under the *Code* to suspend an order for revocation in matters involving sexual abuse.

2014

The College's annual report for 2014 has not yet been published. The annual report is expected to be published in March 2015.

- 10. Please provide as many details as possible regarding the curriculum offered in the Ontario educational institutions that prepare your members for practice related to sexual assault, sexual abuse of patients, and boundary violations, including amount of time spent on the topic and whether the student is tested on the topic. In addition, please provide details on other ways your members demonstrate knowledge of Ontario jurisprudence related to sexual abuse of patients, practitioner-patient boundaries and other relevant ethical topics (e.g., entrance exam, jurisprudence exam, application for registration, continuing education, etc.).**

General Curriculum Requirements:

The pharmacy and pharmacy technician educational programs in Ontario use the following documents as frameworks for their curricula:

- the National Association of Pharmacy Regulatory Authorities (NAPRA) entry-to-practice competencies for Pharmacists and Pharmacy Technicians, and
- the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) Accreditation Standards for Educational Programs for Pharmacy and Pharmacy Technician Programs.

In addition, pharmacy programs use the Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes, and pharmacy technician programs use the Pharmacy Technician Educators Association (CPTEA) Educational Outcomes for Pharmacy Technician programs in Canada.

These documents set out the broad educational expectations for pharmacists and pharmacy technicians seeking to practice in Ontario, and include reference to educational requirements surrounding ethics, professionalism, establishing appropriate patient relationships, and maintaining appropriate boundaries with patients and other health care providers.

In particular, the NAPRA competencies for pharmacists (and similarly for pharmacy technicians) that address this type of educational requirement are as follows:

- Competency 1 (Ethical, Legal and Professional Responsibilities) – Pharmacists practise within legal requirements, demonstrate professionalism and uphold professional standards of practice, codes of ethics and policies
 - Competencies 1.3.1 and 1.3.2 – Pharmacists manage actual and potential illegal, unethical, or unprofessional situations in practice by identifying such actions or situations and conducting appropriate interventions to address them.
 - Competency 1.4.5 – Pharmacists apply the principles of professionalism by maintaining appropriate professional boundaries.
- Competency 2 (Patient Care) – Pharmacists, in partnership with the patient and in collaboration with other health professionals, meet the patient’s health and drug-related needs to achieve the patient’s health goals.
 - Competency 2.1 – Pharmacists develop a professional relationship with the patient.
 - Competency 2.1.4 – Pharmacists identify and respect the roles and responsibilities of each party in the relationship.

In addition, CCAPP Standard 27 for Pharmacy programs in Canada requires that as part of the core curriculum pharmacy students receive a balanced education covering both clinical and biomedical sciences as well as behavioural, social, and administrative pharmacy sciences. This education should include topics in ethical and professional standards of practice, patient and professional communication, cultural diversity, pharmacy law and regulatory issues, the pharmacist’s role in primary care, and patient safety practices. CCAPP Standard 28 also requires that practice experiences for pharmacy students integrate and reinforce the professional attitudes and values developed through the other components of the professional program.

For pharmacy technician programs in Canada, CCAPP Standard 12 requires that students attain the competencies as outlined by NAPRA and the educational outcomes of the CPTEA through a curriculum that includes pharmaceutical sciences as well as social, behavioural and administrative content (ethics, professionalism, patient focused service). Academic policies (Standard 11) must be in place and include reference to requiring professional behaviour and conduct.

Application of General Curriculum Requirements to Sexual Abuse Context

How each educational institution addresses the general curriculum requirements differs by program, and there is no standardized approach to the topics of sexual assault, sexual abuse of a patient, or boundary violations across pharmacy and pharmacy technician programs in Ontario.

Pharmacy Technician Programs

There are currently twenty-one pharmacy technician programs currently being offered by community and private career colleges in Ontario. In general, pharmacy technician programs include ethics and professionalism topics within courses related to general practice; however, there is no standardization across programs as to the degree of focus or the extent of coverage on topics related to sexual abuse.

As an example, the pharmacy technician program at Humber College includes a course in Ethics and Professionalism that covers topics of sexual abuse, mandatory reporting requirements, and the College’s *Guideline on Maintaining Appropriate Boundaries and Preventing Sexual Abuse and*

Harassment. These topics are covered during a three hour class, as part of a fifteen week course, and these topics may appear on the course's written final examination.

Similarly, the pharmacy technician program at Mohawk College includes courses in Orientation to Pharmacy Practice and Community Pharmacy Review that cover topics related to maintaining appropriate professional boundaries and the College's *Guideline on Maintaining Appropriate Boundaries and Preventing Sexual Abuse and Harassment*. The Orientation to Pharmacy Practice course dedicates one-and-a-half hours to these topics as part of a broader four hours devoted to professionalism, and maintaining professional boundaries is specifically evaluated on both the term test and final examination through multiple choice and short answer questions. The Community Pharmacy Review course devotes three hours to the topic of professionalism, with one hour dedicated to the topic of maintaining professional boundaries. Professionalism and maintaining professional boundaries is also reviewed for approximately one hour during the orientation prior to the students' practical clinical placements.

The pharmacy technician program at Georgian College includes a Legal Foundations and Professional Practice Course, which covers the College's *Guideline on Maintaining Appropriate Boundaries and Preventing Sexual Abuse and Harassment*. Students are presented with four different case studies and are asked to reflect through a journal writing exercise on whether the professional in the scenario crossed a professional boundary. The students' understanding of the sexual abuse provisions in the *RHPA* and *Code* and the College's guidelines are evaluated on the final examination for the course.

Pharmacy Programs

There are two pharmacy programs offered in Ontario by the University of Toronto and the University of Waterloo, respectively.

Both the University of Toronto and the University of Waterloo introduce first-year pharmacy students to the topics of ethics and professionalism through "White Coat Ceremonies" that welcome students into the program and discuss ethical and professional obligations in general terms.

At the University of Toronto, pharmacy students are required to sign a Pledge of Professionalism in their first year. Students are expected to adhere to the Standards of Professional Practice Behaviour for all Health Professional Students; these standards require students to demonstrate an ability to establish appropriate boundaries in relationships with patients/clients and to refrain from committing sexual impropriety with a patient/client, among other criteria. Similar codes of conduct for students are in place at the University of Waterloo.

Both programs at the University of Toronto and the University of Waterloo include courses in professional ethics and professional practice, which may include topics such as the College's Code of Ethics, the Standards of Practice for Pharmacists, and professional boundaries. Programs also employ resources available through the College's website, and published standards of practice, policies, guidelines, and practice tools, as relevant. The degree to which topics related to sexual abuse and boundary violations of a sexual nature are covered is variable.

OCP Jurisprudence Exam and e-Learning Jurisprudence Modules

The jurisprudence exam is an entry-to-practice requirement for registration as a pharmacist or pharmacy technician in Ontario. Candidates must complete a current exam no more than three years before submitting their final application for registration as a pharmacist or pharmacy technician in Ontario.

The jurisprudence exam assesses a candidate's knowledge of applicable legislation and ethical, legal, and professional responsibilities in seven different areas of practice. The examination comprises 120 testable items (multiple choice questions), of which 22 items are devoted to the topics of standards of practice/documentation; confidentiality/privacy; professional misconduct; professional judgment; reporting requirements; and the Code of Ethics. Topics related to mandatory reporting of sexual abuse and boundary violations may appear as part of this section of the exam.

In addition, the College has produced a series of online e-learning modules related to jurisprudence applicable to pharmacy practice. These modules are available on the College's website and are available to all applicants and students in all CCAPP programs. The modules are intended to help standardize the jurisprudence curriculum in Ontario and to provide basic content from which educational programs can further develop and incorporate these learning objectives. Currently, the College has produced four online e-learning modules, and a fifth module covering the *RHPA* is in production, expected to be completed in April 2015. The newest module will include topics related to sexual abuse prevention, mandatory reporting requirements, and the maintenance of professional boundaries.

Structured Practical Training

Pharmacy and pharmacy technician candidates educated in Ontario complete a period of structured practical training as part of their entry-to-practice requirements. The structured practical training is based on the NAPRA competencies, including those related to Competency 1 (Ethical, Legal and Professional Responsibilities or ELP). The training involves assessment by the preceptor of practice competencies in real patient-care situations, as well as structured activities for students and interns and pharmacy technicians to discuss in the pharmacy site under the supervision of a preceptor. One such discussion question covers the topic of mandatory sexual abuse reporting by healthcare professionals.

PEBC Qualifying Examinations

Similarly, pharmacy and pharmacy technician candidates are required to complete the national qualifying examination offered by the Pharmacy Examining Board of Canada (PEBC). The examination is also based on the NAPRA competencies and assesses candidates' knowledge of those competencies, including those related to ethical, legal, and professional responsibilities. The exam consists of a written (multiple choice) exam as well as an oral (OSCE or OSPE based format) exam to assess communication skills, professionalism and ethics as well as application of knowledge to mock patient care situations.

11. Provide current membership numbers for 2013/14 including gender breakdown.

The current membership of the College is as follows:

	Number of Members (2014)	
	Male	Female
Pharmacists (14,595)	6130	8465
Pharmacy Technicians (3,000)	180	2820
Students	564	961
Interns	54	118

12. Describe any research or program development planned, in progress, published or implemented since 2004 on the prevalence or incidence of sexual abuse by health professionals.

The College has not commissioned any research or program development since 2004 on the prevalence or incidence of sexual abuse by members of the profession.

13. Provide contact information for a staff member who can be reached if questions arise.

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14. If there is other data or information that is relevant to the work of the Task Force, as outlined in the Minister's letter to you of December 17, 2014, please share it.

Guideline on Preventing Sexual Abuse and Harassment

The College's Guideline on Preventing Sexual Abuse and Harassment was initially drafted in 1995, revised in 2011 and updated in 2014. This guideline explains that sexual abuse is broadly defined including any sexualisation of the professional relationship with patients, such as non-clinical comments and touching. Maintaining professional boundaries is always the responsibility of the member. Although many types of interaction are not deliberately exploitative and may be motivated by genuine feelings of caring, the harm done to patients who have been sexually abused can be severe and involve significant psychological harm for the breach of trust and lack of confidence in the pharmacy profession and health system in general. The guideline provides some practical suggestions for ensuring that professional boundaries are maintained.

The Guideline includes definitions of professional boundary, sexual abuse and harassment. The Guideline assists members to evaluate their conduct in maintaining professional boundaries as well as setting the expectations for health professionals when considering sexual involvement with current or former patients. Included in the Guideline is information on the mandatory reporting requirements under the RHPA as well as information on the availability of funding for therapy and counseling. A copy of the College's Guideline on Preventing Sexual Abuse and Harassment is included in **TAB D**.

Policy on Treating Self and Family Members

The Policy on Treating Self and Family Members was developed to provide further clarity on the issue of professional boundaries at a time when members are taking on new patient care roles and collaborating more with other health professionals. The policy indicates that it is generally considered to be inappropriate to provide care or services to closely related family members, given the potential for role confusion and conflict of interest. Within the policy, the importance of maintaining professional boundaries was reiterated within the context of informing members of their obligations. A copy of the College's Policy on Treating Self and Family members is included in **TAB D**.

Information Available to the Public Regarding the Patient Relations Program

The College website includes an explanation of the patient relations program and Committee, as well as links to the policies outlined above and the process for filing a complaint. This section is located with other information of most relevance to the public. In 2014 the Patient Relations Committee developed a policy, including application and consent forms, for the alternative requirements that must be satisfied in order for a person to be eligible for funding for therapy or counselling when the person was sexually abused by a member.

The College's website contains information related to the Patient Relations Program and funding for therapy and counselling. Copies of the associated policy, application, and consent forms are included in **TAB D**.

Pharmacy Connection

The College regularly provides information to members through its official publication, Pharmacy Connection, on issues related to mandatory reporting, professional boundaries, and other issues of concern to practitioners.

Two examples of recent articles on these subjects are included in **TAB D**:

- Summer 2013: Mandatory Reporting
 - Provides an overview of the mandatory reporting obligations for health professionals, including suspected sexual abuse of a patient, and how the College responds when a report is received.

- Spring 2011: Regulating the Use of Social Media
 - A discussion of legal grey areas and the conduct of health professionals when off-duty, including maintaining appropriate professional boundaries on social media.

Code of Ethics Project

In December 2014, Council approved a project to update, clarify, and expand the College's Code of Ethics. The recently expanded scope of practice for pharmacy, which permits pharmacists to administer injections and perform other services that involve closer contact with patients, together with recent practice matters seen by the College, prompted the formation of a task force to review and update the code of ethics to better reflect the current realities of pharmacy practice. The College is of the view that in order to support the safe, effective, and ethical delivery of pharmacy services in Ontario, pharmacists and pharmacy technicians must clearly understand and adhere to their professional responsibilities. This project will include development of tools, educational materials, and a framework for dissemination to members and students. The College expects that the revised Code of Ethics will serve as the cornerstone of professional practice in Ontario and that its principles will inform and support the College's work of self-regulation in the public interest.

TAB B

Spreadsheet 1: College Matters Related to Sexual Abuse and Boundary Violations of a Sexual Nature by Members – 2004 to 2015

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details	
1	2004059	Feb-04	<3 month	Other	<ul style="list-style-type: none"> Female Adult, age not disclosed Employee West 	The complainant, an employee of the pharmacy, reported that while taking her blood pressure the member hugged her, and kissed her head and cheek. The member then held her face with his hand and attempted to kiss her on the mouth. The complainant described that she turned away and said "No", at which point the member stepped back and stopped.	No	N/A	<ul style="list-style-type: none"> Complainant interviewed Written statements from other pharmacy employees obtained Attempted to interview other employees, but they were unable to be contacted 	No	N/A	No	Yes	<ul style="list-style-type: none"> Oral Caution Undertaking to complete one-on-one counseling sessions regarding sexual harassment, personal boundaries with staff 	No	N/A	No	No	No	No	Yes	N/A	No, did not refer to counselling	None
2	2004119	Jun-04	<3 month	Mandatory reports	<ul style="list-style-type: none"> Female Adult History of depression, substance abuse / dependency disorder North 	A counselling centre made a report to the College regarding the member's conduct with respect to a patient. The patient reported that the member had provided her with drugs, including narcotics and controlled substances, without a prescription, in exchange for sex.	No	N/A	<ul style="list-style-type: none"> Pharmacy records, drug logs obtained Patient did not attend for interviews and did not cooperate with the College's investigation or prosecution of the member Member interviewed 	No	N/A	Yes	No	N/A	No	N/A	No	No	No	Yes	<ul style="list-style-type: none"> The allegations of professional misconduct related to sexual abuse were dismissed, as the College agreed that they could not be proven without the cooperation and testimony of the patient The member pleaded guilty to other allegations related to the misuse of narcotic and controlled substances A joint submission on penalty included a reprimand; courses in applicable law and jurisprudence; a two month suspension; and cost of \$10,000. 	No, did not refer to counselling	None	

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details
3	2007079	May-07	<3 month	Patient/family	<ul style="list-style-type: none"> Female Adult West 	The complainant alleged that the member had made inappropriate remarks of a sexual nature to her and dispensed methadone to her without a prescription and in an unlabelled bottle.	Yes	See file 2009125 (Part 1 & 2)	<ul style="list-style-type: none"> Pharmacy records, drug logs obtained Numerous witnesses / information sources interviewed 	No	N/A	Yes	No	N/A	Yes	Interim suspension	No	No	No	Yes	Allegations of professional misconduct related to the sexual abuse of two patients and the sexual harassment of two other patients were withdrawn by the College. The member pleaded guilty to allegations of professional misconduct related to dispensing and selling narcotics for an improper purpose and a criminal conviction for trafficking a narcotic, amongst numerous other allegations. The penalty imposed consisted of <ul style="list-style-type: none"> revocation of the member's certificate of registration a reprimand, and costs of \$15,000 	No, did not refer to counselling	None
4	2008158	Dec-08	<3 month	Other	<ul style="list-style-type: none"> Male Child Non-patient East 	The member was arrested, charged and pleaded guilty to various criminal charges related to sexual assault, sexual interference, invitation to sexual touching, and child luring.	No	N/A	<ul style="list-style-type: none"> Information obtained from police services Information related to criminal convictions obtained, including indictment, court file, court transcripts, sentencing report, etc. 	No	N/A	Yes	No	N/A	No	Member was incarcerated and out of practice at the time the referral was made.	No	No	No	Yes	The member was found guilty of professional misconduct related to his criminal findings of guilt. The penalty consisted of: <ul style="list-style-type: none"> A reprimand A prohibition on dispensing to, consulting with, advising, counselling, or performing any controlled act on any person under 18 years of age, except when done 	No, did not refer to counselling	None

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details
																					<ul style="list-style-type: none"> under the direct supervision of another pharmacist or pharmacy technician approved by the registrar A prohibition on using any computer, cellphone, tablet, or other electronic device for personal purposes while working as a pharmacist A requirement to participate in any treatment, therapy, or counselling recommended by a specified medical professional A prohibition on acting as a Designated Manager of a pharmacy A prohibition on being an owner, director, or shareholder of a corporation that owns a pharmacy, or otherwise having any proprietary interest in a pharmacy The member may apply to the registrar to vary the terms, conditions and limitations on his certificate of registration after two years, but may be required to undergo a sexual behaviours assessment Costs of \$5,000 		
5	2009125.1	Jun-09	6 month-1 year	Other	<ul style="list-style-type: none"> Female Adult West 	The College received information from a police organization regarding an alleged sexual relationship between a patient and the member, amongst numerous other concerns related to narcotic trafficking. The	Yes	See Files 2009125 (Part 2) and 2007079	<ul style="list-style-type: none"> Patient interviewed Information obtained from police services and court proceedings for drug charges Investigated in conjunction with File 	No	N/A	Yes	No	N/A	Yes	Interim suspension	No	No	No	Yes	Allegations of professional misconduct related to the sexual abuse of two patients and the sexual harassment of two other patients were withdrawn by the College. The member pleaded guilty	No, did not refer to counselling	None

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details
						patient confirmed that she had a sexual relationship with the member for approximately 10 months.			2009125 (Part 2)												to allegations of professional misconduct related to dispensing and selling narcotics for an improper purpose and a criminal conviction for trafficking a narcotic, amongst numerous other allegations. The penalty imposed consisted of		
6	2009125.2	Jan-08	unknown	Mandatory reports	<ul style="list-style-type: none"> Female Adult Substance abuse / dependency disorder West 	The College received a mandatory report from a physician that the member had expressed unwelcome interest in, asked personal questions of, and called the home of a mutual patient. The physician reported that the patient was receiving methadone from the member.	Yes	See Files 2009125 (part 1) and 2007079	<ul style="list-style-type: none"> Investigated in conjunction with File 2009125 (Part 1); reviewed by the Executive Committee 	No	N/A	Yes	No	N/A	Yes	Interim suspension	No	No	No	Yes	Allegations of professional misconduct related to the sexual abuse of two patients and the sexual harassment of two other patients were withdrawn by the College. The member pleaded guilty to allegations of professional misconduct related to dispensing and selling narcotics for an improper purpose and a criminal conviction for trafficking a narcotic, amongst numerous other allegations. The penalty imposed consisted of	No, did not refer to counselling	None

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details
7	2009135	Aug-08	>1 year	Other	<ul style="list-style-type: none"> • Male • Adolescent • East 	The member self-reported to the College that he had been charged with criminal offenses against an adolescent male, including sexual assault. He later pleaded guilty to sexual assault relating to incidents in 2006.	No	N/A	<ul style="list-style-type: none"> • Obtained guilty plea and information related to criminal conviction 	No	N/A	Yes	No	N/A	Yes	Bail conditions posted on register	No	No	No	Yes	The member entered into an undertaking to permanently resign as a member of the College and to irrevocably surrender any current or future, direct or indirect ownership interest in a pharmacy in Ontario. The allegations of professional misconduct against the member were stayed in light of this undertaking.	No, did not refer to counselling	None
8	2009163	Aug-09	<3 month	Mandatory reports	<ul style="list-style-type: none"> • Female • Adult • East 	A psychiatrist made a report to the College regarding inappropriate conduct by the member with a mutual patient. The patient confirmed during the investigation that the member had touched her in an unwanted sexual manner on more than one occasion, both at her home and at the member's place of work, and provided her with narcotic medication while suggesting that she offer sexual favours in return.	Yes	See file 2012046	<ul style="list-style-type: none"> • Patient and pharmacy staff interviewed • Pharmacy records, drug logs obtained 	No	N/A	Yes	No	N/A	No	N/A	No	No	No	Yes	The member died (Jan 2015) prior to the completion of the disciplinary hearing.	No, did not refer to counselling	NB: The College is endeavouring to connect the victim in this case with appropriate counselling resources under its revised criteria for access to funding for counselling enacted in July 2013.
9	2010001	Dec-09	<3 month	Mandatory reports	<ul style="list-style-type: none"> • Female • Adult, age not disclosed • Coworker • Central 	The College was advised by the member's employer that the member had been terminated for engaging in a sexual relationship with a patient of the pharmacy, who was also one of the member's coworkers.	No	N/A	<ul style="list-style-type: none"> • Interviews of the patient/coworker, the member's employer, and other coworkers at the pharmacy. • Information obtained from the member's employer, including employee schedules and records from an internal investigation 	No	N/A	Yes	No	N/A	No	N/A	No	No	No	Yes	The member pleaded guilty to allegations of sexual abuse of a patient regarding his sexual relationship with his coworker, but challenged the constitutional validity of the mandatory revocation provisions of the Health Professions Procedural Code. The Discipline Committee stayed its order for the mandatory revocation of the member's certificate of registration pending	No, did not refer to counselling	None

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details	
																					the determination of the member's constitutional challenge.			
10	2010088	Feb-10	3-6 month	Other	<ul style="list-style-type: none"> Female College student GTA 	A physician brought concerns to the College regarding several matters, including the member's conduct towards a mutual patient. The patient told the physician that the member had told her that she was pretty and had requested a kiss and/or a hug from her on more than one occasion. The patient later described that the member winked at her and made her feel uncomfortable.	No	N/A	<ul style="list-style-type: none"> Interview of the patient and a staff member Patient submitted diary entries related to the incidents in question Records from the physician regarding sessions with the patient Attendance at pharmacy by investigator 	No	N/A	No	Yes	<ul style="list-style-type: none"> Oral Caution Specified continuing education and remediation program - one-on-one course related to professional boundaries and communication 	No	N/A	No	No	No	No	Yes	N/A	No, did not refer to counselling	None
11	2012046	Feb-12	>1 year	Other	<ul style="list-style-type: none"> Female Adolescent (at time of incident) Employee East 	A former employee of the member contacted the College to report incidents of inappropriate behaviour by the member that occurred many years previously when she was an adolescent. She reported that the member made inappropriate comments regarding her clothing and appearance while instructing her to count the condom inventory; inquired into her relationship with her boyfriend and their sexual activity; offered her alcohol; and placed his hand on her shoulder, running it down her back	Yes	See file 2009163	<ul style="list-style-type: none"> Obtained police report made by the former employee at the time of the incident 	No	N/A	Yes	No	N/A	No	N/A	No	No	No	Yes	The member died (Jan 2015) prior to the completion of the disciplinary hearing.	No, did not refer to counselling	None	

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details
						and placing it on her bottom.																	
12	2012090	Apr-12	6 month-1 year	Other	<ul style="list-style-type: none"> • Female • Young Adult • Employee • GTA 	The member self-reported to the College that he had been charged with two counts of sexual assault involving a young adult student. Criminal charges were subsequently withdrawn by the Crown due to the unavailability of witnesses. Allegations involved the member hugging the complainant; kissing her on the face, hands, and neck; and grabbing her hips and making comments about her body.	No	N/A	<ul style="list-style-type: none"> • Obtained video surveillance footage from the Pharmacy • Obtained information from police services, including videotaped statement of complainant to police, and court transcript related to stayed criminal charges 	No	N/A	Yes	No	N/A	No	N/A	No	No	No	Yes	Hearing by the Discipline Committee pending.	No, did not refer to counselling	None

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details
13	2012135	Jun-12	<3 month	Mandatory reports	<ul style="list-style-type: none"> • Female • Adult • Wife of the member • East 	The College was notified of the termination of the member for dispensing fraudulent prescriptions. The member was subsequently arrested and charged with fraud and uttering a forged document. Information obtained from the police indicated that the member had dispensed various narcotic and non-narcotic prescriptions for his wife and himself.	No	N/A	<ul style="list-style-type: none"> • This file is currently being reviewed by a panel of the ICRC Committee • Information obtained from police service and court related to criminal proceedings • The member is currently not entitled to practice as a result of a criminal probation order 														
14	2012147	Jun-12	>1 year	Mandatory reports	<ul style="list-style-type: none"> • 3 females • Adult, ages not provided • Coworkers • GTA 	The College was advised by the member's employer that the member had been terminated for sexually harassing fellow coworkers on separate occasions between 2006 and 2012. Three former coworkers of the member described incidents of unwelcome and inappropriate comments and close physical proximity or contact by the member.	No	N/A	<ul style="list-style-type: none"> • Interviews of the coworkers and pharmacy staff 	No	N/A	No	Yes	<ul style="list-style-type: none"> • Oral Caution • Specified Continuing Education or Remediation Program - one-on-one course in professional boundaries and sexual harassment 	No	N/A	No	No	No	Yes	N/A	No, did not refer to counselling	None

Number	ID	Date of Complaint	Time between occurrence and complaint submission	Manner of Submission	Complainant Description	Complaint Summary	Any other reports/findings related to sexual abuse or boundary violations of a sexual nature for this member?	If Yes, provide details of other complaints	Investigation Summary	Outcome - Dismissed?	Rationale for dismissal	Outcome - Sent to Discipline?	Outcome - Other action	Details of other action	Use of interim tool?	Description of interim tool	Competence measure considered?	Complainant named as a party?	Complainant allowed to examine witnesses?	Complainant allowed to have own legal counsel?	Decision and Order (if any)	Referral to Counselling?	Follow-up with Complainant? Provide details	
15	2012189	Aug-12	3-6 month	Other	<ul style="list-style-type: none"> • 3 females • Adults • Employees • Central 	<p>A former employee of the member ("Ms. X") contracted the College to report that she and another female employee ("Ms. Y") had been sexually harassed by the member. Both women reported that the member had made inappropriate comments and touched them in an unwanted manner. During the investigation, it was discovered that the member was engaging in an extra-marital sexual relationship with another employee ("Ms. Z"), who was also a patient of the pharmacy. Ms. Z confirmed that she was in an ongoing sexual relationship with the member that had commenced following her separation from her husband. She noted that the member had provided her with patient care when she was prescribed medication to treat depression.</p>	No	N/A	<ul style="list-style-type: none"> • Complainants, member, and pharmacy staff interviewed • Documents from pharmacy's HR department obtained relating to the incidents 	No	N/A	Yes	No	N/A	No	N/A	No	No	No	No	Yes	Hearing by the Discipline Committee pending.	No, did not refer to counselling	None

TAB C

Spreadsheet 1: Supplementary Information

Response to Task Force on the Prevention of Sexual Abuse of Patients and the *RHPA* Supplementary Information for Spreadsheet 1 (Q1)

In order to provide the requested information, the College has made the following clarifying assumptions with respect to the spreadsheet data:

1. The spreadsheet includes both complaints and registrar's investigations related to sexual abuse and boundary violations. Complaints and registrar's investigations are separate processes under the *Health Professions Procedural Code*.
2. The spreadsheet includes cases of complaints / registrar's investigations related to both patients and non-patients (e.g. staff members).
3. The spreadsheet includes both matters that have been completed (i.e., a final disposition has been issued by the College) and matters that are currently in progress (i.e., the investigation of the matter is ongoing).
4. With respect to the "Complainant Description" column
 - a. The person described in this column is the individual who was the subject of the alleged sexual abuse or boundary violation. This may or may not be the same individual who filed a complaint with the College (i.e., the "complainant") or who brought the matter to the College's attention resulting in a registrar's investigation. Accordingly, this individual described in this column may or may not also be listed as the "complainant" in the College's files.
 - b. Because the College has included cases that do not involve patients, the precise age of the complainant / victim is not always available as part of the record of investigation. The age of an adult complainant is not necessarily requested during an investigation, and may not be available from prescription records if the matter did not involve a dispensing issue.

Where the age of a complainant / victim is known to the College, to protect the identity of the complainant / victim, his or her age is divided into the following categories:

- i. Child (under 13)
 - ii. Adolescent (13 – 18)
 - iii. Young Adult (19 – 30)
 - iv. Adult (31 – 64)
 - v. Senior (65 and above)
- c. To protect the identity of the complainant / victim, his or her location, where known, is divided into the following geographical areas:

- i. GTA (the Greater Toronto Area, including Toronto, Burlington, Oakville, Mississauga, Brampton, Vaughn, Pickering, Markham, Ajax, Whitby, and Oshawa)
 - ii. Central (Central Ontario, including Caledon, Orangeville, Aurora, Newmarket, Barrie, Orillia, and Bracebridge)
 - iii. North (Northern Ontario, including North Bay, Sudbury, Thunder Bay, Sault Ste. Marie, and Kenora)
 - iv. East (Eastern Ontario, including Bowmanville, Port Hope, Belleville, Kingston, Ottawa, Peterborough, Lindsay, and Pembroke)
 - v. West (Southwestern Ontario, including Hamilton, St. Catharines, London, Windsor, Guelph, and Owen Sound)
5. With respect to the “Investigation Summary” column, the information provided is not an exhaustive list of every investigative step taken and each piece of information obtained when investigating the matter. Rather, it highlights some of the key investigative steps and pertinent pieces of information obtained specific to the matter in issue.

In general, when investigating an allegation of sexual abuse or a boundary violation, the College will take some or all of the following steps, as necessary and appropriate in the circumstances of the case:

- a. Interviewing relevant witnesses, including the complainant / victim, the member, pharmacy staff members, and others;
 - b. Seizing pharmacy records, including drug logs, financial documentation, and prescription receipts;
 - c. Obtaining available information from police services and/or the courts, such as police reports or court transcripts, where there has been a police investigation and/or criminal charges laid;
6. Regarding the “Complainant named as a party?” column, a complainant – that is, a person who has filed a formal complaint with the College – is always a party to his or her complaint. He or she is provided with the member’s response to the complaint and has the right to make submissions in reply. The complainant also has a right of appeal of certain decisions of the Inquiries, Complaints, and Reports Committee to the Health Professions Appeal and Review Board.

By contrast, an individual who is the subject of alleged sexual abuse or a boundary violation, but who does not file a complaint, is not named as a party in a complaint brought by another individual. Similarly, during a registrar’s investigation, the individual who was the subject of alleged abuse is not named as a party.

In both complaints and registrar’s investigations, where the matter is referred to the Discipline Committee, neither the complainant nor the individual who was the subject of alleged abuse is

named as a party. Neither is able to examine witnesses, call evidence, or otherwise direct the disciplinary proceedings. The individual would normally participate as a witness for the College prosecution, as needed.

7. With respect to the "Complainant allowed to have own legal counsel?" column, it is always open for a complainant / victim to obtain his or her own legal counsel at any point during the College's process, whether complaint or registrar's investigation, and the legal counsel may make submissions on the complainant / victim's behalf; however, this legal representative does not gain any additional rights or ability to participate beyond that of the complainant / victim him or herself.

TAB D

- **Pharmacy Connection article on Treating Self and Family Members and Preventing Sexual Abuse and Harassment (includes Guidelines)**
- **Information on the Patient Relations Program (includes Funding for Therapy or Counselling Forms)**
- **Pharmacy Connection article on Mandatory Reporting**
- **Pharmacy Connection article on Regulating the Use of Social Media**

Treating Self and Family Members & Preventing Sexual Abuse and Harassment

Updated policy and guideline

PREFACE

The coming pages feature a policy on Treating Self and Family Members and a guideline on Preventing Sexual Abuse and Harassment. While these topics are different they overlap on the issue of spousal treatment and the notion of professional boundaries.

In 2013, Bill 70, Regulated Health Professions Amendment Act (Spousal Exception) received Royal Assent. The legislation permitted each health professional Council in Ontario to decide whether to permit a member to treat his or her spouse. While gathering feedback on this issue, on the advice of the Patient Relations Committee, the College submitted that regulated health professionals should not be permitted to routinely treat spouses or other family members, although the Committee recognized that at times

it would be appropriate for a member to provide emergency or incidental care to a spouse.

In light of this decision, the Professional Practice Committee considered the more general question of whether a member should provide care or services to his or her self, or other closely related family members. On the advice of the Committee, a policy was developed that indicated it was generally considered to be inappropriate to do so, given the potential for role confusion and conflict of interest.

In taking these decisions, Council has acted to provide clarity on the issue of professional boundaries at a time when members are taking on new patient care roles and collaborating more with other health professionals. 

TREATING SELF AND FAMILY MEMBERS

POLICY: Treating Self and Family Members

Approved: June, 2014

Additional References: *Preventing Sexual Abuse and Harassment.*

College Contact: Professional Practice

INTRODUCTION

Providing health care to self and/or closely related family members is generally considered to be inappropriate and a conflict of interest. Treatment in these circumstances could potentially compromise a member's ability to be objective and unbiased in the exercise of his or her professional judgment. In addition to these reservations are concerns that a related person may not feel free to disclose personal information which could have an impact on treatment, a member may not maintain patient confidentiality when treating a related person, and/or, a dual relationship may pose a potential risk of billing fraud.¹ Further, in the event of an error, a family member may be hesitant to exercise his or her right to pursue a complaint.

Regulatory colleges are best equipped to determine standards of practice for respective members, including whether or not to permit a member to provide routine care to his or her self and/or other closely related family members.

DEFINITIONS

Family Member

For the purpose of this policy, a family member means a closely related person including the member's spouse, child, sibling, parent or grandparent, and the spouse's parents and siblings.

Minor condition

A minor condition is one that, in the member's professional judgment, is not urgent or serious and that does not require a physician's intervention.

Emergency

An emergency exists where an individual is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm without immediate care.

Professional Boundary

There is no single all-encompassing definition of what constitutes a professional boundary. Boundaries are based on trust, respect and the appropriate use of power.

POLICY

A member will not provide routine pharmaceutical care to his or her self and/or family members, except incidentally in the case of a minor condition, in an emergency circumstance, or when another appropriate health professional is not readily available.

In determining whether to provide care, the member should consider what a reasonable or prudent practitioner might do in similar circumstances. In those instances where the member decides that it is appropriate to provide care, the member will document the reasons for providing care in addition to the routine documentation and record-keeping associated with delivering pharmaceutical care. If possible, care should be transferred to another pharmacist as soon as it practical/possible. **PR**

1. Health Professions Regulatory Advisory Council (2012); *The Spousal Patient*. P. 15

PREVENTING SEXUAL ABUSE AND HARASSMENT

GUIDELIENE: Preventing Sexual Abuse and Harassment

Approved: 1996; **Revised:** 2011; 2014

Legislative References: *Regulated Health Professions Act, 1991 SO 1991, c18; Pharmacy Act, 1991, SO 1991, c36; Family Law Act, RSO 1990, c F.3; Human Rights Code, RSO 1990, c H.19; Funding for Therapy or Counselling for Patients Sexually Abused by Members, O Reg 59/94*

Additional References: *Funding for Therapy and Counselling*

College Contact: Professional Practice

INTRODUCTION

The following guideline document complies with the requirement of the *Regulated Health Professions Act* (RHPA) that the College take measures to prevent and deal with the sexual abuse of patients.

The purpose of the provisions in the RHPA with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counseling for patients who have been sexually abused by members and, ultimately, to eradicate the sexual abuse of patients by members.

The Ontario College of Pharmacists (OCP) [Code of Ethics](#) states that members have moral obligations in return for the trust given them by society. A member is required 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 his or her respective standard of practice.

Members are expected to take responsibility for their actions.

OCP PHILOSOPHY

Both pharmacists and pharmacy technicians, as regulated health professionals, are expected to set a high standard of behaviour in the work environment. OCP regards any act of abuse or harassment of a patient, customer, staff person and / or colleague, as unacceptable and such actions are subject to investigation as professional misconduct. Ignoring harassment or abuse is equal to condoning the abuser's actions and further harming the victim, and may be subject to sanction.

DEFINITIONS

Professional Boundary

There is no single all-encompassing definition of what constitutes a professional boundary. Boundaries are based on trust, respect and the appropriate use of power. In the context of this guideline, a boundary is the point at which a relationship changes from professional and therapeutic to unprofessional and personal.

Spouse

According to the *Family Law Act*, a spouse is defined as either of two persons who are married; or, either of two persons who are not married to each other and have cohabited continuously for a period of not less than three years; or, either of two persons who are in a relationship of some permanence, if they are the natural or adoptive parents of a child.

Sexual Abuse

The sexual abuse of a patient by a member is defined as:

- Sexual intercourse or other forms of sexual relations between the member and the patient;
- Touching of a sexual nature, of the patient by the member; or
- Behaviour or remarks of a sexual nature, by the member towards the patient.

Harassment

Harassment means engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome.

Harassment may include bullying, intimidating or offensive jokes or innuendos, displaying or circulating offensive pictures or materials, or offensive or intimidating phone calls.¹

GUIDELINE

The Member – Patient Relationship

Members have an obligation to establish relationships with patients based on trust, support and mutual respect and further, are responsible for maintaining the professional integrity of the relationships.

A co-existing sexual and patient relationship is considered to be professional misconduct and an act of sexual abuse.² OCP does not exempt the treatment of spouses from this rule, and as such, does not permit the provision of routine care to a spouse.

What Is An Appropriate Boundary?

An appropriate boundary of a member-patient relationship would be one that complies with the *Code of Ethics* and OCP's philosophy.

Maintaining Appropriate Professional Boundaries³

1. Show sensitivity and respect for the patient's privacy and comfort at all times.
2. Outside of clinical necessity, avoid any physical contact with a patient that could be perceived as inappropriate.
3. Avoid any behaviour or remarks that may be interpreted as sexual by a patient.
4. Endeavour to be aware or mindful of a patient's particular cultural or religious background.

5. Do not make sexualized comments about a patient's body or clothing.
6. Do not criticize or comment unnecessarily on a patient's sexual preference.
7. Do not ask details of sexual history or behaviour unless related to the purpose of the consultation.
8. Be cognizant of social interactions with patients that may lead to romantic involvement.
9. Do not talk with your patients about your own sexual preferences, fantasies, problems, activities or performance.
10. Learn to control the consultation setting and to detect possible erosions in boundaries.

Preventing Sexual Abuse and Harassment

A member must not become sexually involved with his or her patient.

- Under the RHPA, any form of sexual relations between a member and a patient (including a spouse unless the college has adopted a spousal exemption regulation) is considered to be sexual abuse. In the event that a member of a college not exempting spousal treatment is required to provide care to a spouse in an emergency or incidental situation, the member must transfer care as soon as is practical.⁴
- When in doubt as to whether a therapeutic relationship exists/has terminated, members should refrain from any personal relationship.
- Sexual contact with a former patient may be considered professional misconduct even though it is not sexual abuse as defined under the RHPA. A sexual or romantic relationship is inappropriate in cases where

the therapeutic relationship has created a vulnerability or dependency on the part of the patient that affects the patient's ability to act freely.

- Sexual relationships between members and caregivers raise concerns about breach of trust and power imbalance. It is advisable that members refrain from sexual or romantic relationships with these individuals.

A member must not harass or otherwise intimidate his or her patient.

Mandatory Reports

A member is required to file a report in writing with the Registrar if he or she has reasonable grounds, obtained in the course of practicing their profession, to believe that a member, of the same or different college has sexually abused a patient. The report must be made within 30 days and may only include the patient's name where written consent has been given by the patient or, if the patient is incapable, the patient's representative. The report must include the name of the member filing the report, the name of the member who is the subject of the report and an explanation of the alleged sexual abuse. Once a report is received, the information will be reviewed by the Registrar to determine the next steps, including appointing an investigator and initiating a formal investigation.

There is a \$25,000 fine for failure to report. Members are indemnified for making reports in good faith.

Education Plan

The RHPA requires that Ontario's regulated health professions develop sexual abuse prevention

programs. The College has undertaken to educate members and students about these issues and has provided training to key College staff on how to handle complaints involving topics of a sexual nature.

Funding For Therapy & Counseling

Pursuant to the RHPA, the College has established a fund for therapy and counseling for persons who, as patients, were sexually abused by a member of the College. The maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible for funding. The Patient Relations Committee administers the fund.

Sexual Relationships with Former Patients:

The member should terminate the therapeutic relationship with a patient prior to initiating a sexual or romantic relationship. The member must consider whether the therapeutic relationship has created a vulnerability or dependency on the part of the patient that may make it inappropriate to engage in a sexual or romantic relationship. 

1. Ontario, Ministry of Labour. Workplace Violence and Workplace Harassment.
2. Health Professions Regulatory Advisory Council. The Spousal Patient; p. 11.
3. Adapted from the College of Physicians and Surgeons of Ontario Maintaining Appropriate Boundaries and Preventing Sexual Abuse
4. Incidental care has been defined by the Ontario Court of Appeal as "minor in nature, casual or arising in fortuitous conjunction with a spousal relationship. For example, as cited in V.L. v. College of Chiropractors of Ontario, 2008 CanLII 56709 (ON SCDJ)

Coroner's Inquest into Death due to Hyperthermia

B.F. was an employee of a small lawn sprinkler company that had been in business for ten years. He suffered from schizophrenia and was prescribed the antipsychotic drug, olanzapine, to control his symptoms. His employer was aware that he had mental health issues but not of his exact diagnosis or medical treatment and any related issues.

On the day of the incident, B.F. was working as usual on the installation of a residential lawn sprinkler system. It was a hot summer day with a maximum temperature in the local area, as measured at Pearson Airport, of 29.2 degrees Celsius. Water and liquids were available and he was seen drinking over the course of the workday. He had voiced no concerns and did not appear to be in any distress, according to his coworkers. However at the end of the day, during clean up, B.F., who was normally a quiet and reserved communicator, stated that he was feeling hot. His coworkers advised him to sit down in an air-conditioned van. Approximately 15 minutes later he exited the van and walked towards another van at the site. He proceeded to collapse and was attended by his coworkers. A passing runner with first aid experience began cardiopulmonary resuscitation. Emergency Medical Services personal found him to have absent vital signs

and an initial temperature of 39.9 degrees Celsius.

Resuscitation attempts were initiated and continued en route and in the Emergency Room without success. An autopsy confirmed that B.F. died as a result of environmental hyperthermia and that he had evidence of significantly advanced premature coronary artery disease.

The Coroner's jury made a recommendation to the Ontario College of Pharmacists, Ontario College of Family Physicians, College of Physicians and Surgeons of Ontario, and to the Ontario Medical Association as follows:

RECOMMENDATION:

Increase awareness among Health Care Providers of heat stress and how some medications may impact upon a person's ability to deal with heat stress.

CORONER'S COMMENTS:

Testimony was provided that there are resources presently available to frontline healthcare providers that can effectively facilitate their knowledge of heat stress as it relates to their patients and the medications they prescribe or dispense, and that the providers are unaware of the existence of these resources. 

Patient Relations Program

The Patient Relations Program enhances and promotes the therapeutic relationship between pharmacists/pharmacy technicians and patients. The College expects that pharmacists and pharmacy technicians will meet a high standard of behaviour and we regard any act of abuse or harassment of a patient as unacceptable. The Patient Relations Program provides resources, advice, training and support to prevent and deal with sexual abuse of patients.

Administered by the Patient Relations Committee, the Program helps patients understand what to expect when they visit a pharmacist (or pharmacy technician) and what to do if they feel they have not received appropriate care or have been sexually abused.

Both the Patient Relations Program and the Patient Relations Committee are requirements under the *Regulated Health Professions Act, 1991* (RHPA). The Committee's primary responsibilities include monitoring the Patient Relations Program and administering the victim compensation fund. The Committee also works to encourage positive communications between pharmacists/pharmacy technicians and patients, with a view to continually improve the quality of the delivery of pharmaceutical care and services.

The measures for preventing and dealing with sexual abuse of patients include education, training and information for:

1. Pharmacists and pharmacy technicians
2. The public
3. College Council and staff

Pharmacists and Pharmacy Technicians

Practitioners are required 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 standard of practice.

The College provides a number of resources for practitioners on the topic of sexual abuse and appropriate communication with patients. The Guideline on Preventing Sexual Abuse and Harassment provides information on professional boundaries, patient relationships and prohibition on becoming sexually involved with a patient. The guideline was published alongside the Policy on Treating Self and Family Members, which clarifies that it is generally considered to be inappropriate and a conflict of interest for practitioners to provide care to themselves and/or closely related family members.

In addition, all pharmacists, pharmacy technicians, employers and facility operators have a mandatory obligation to report if they believe that a health professional has sexually abused a patient. The report is to be filed with the Registrar of the appropriate College and it must include the name of the person making the report, the name of the member who is the subject of the report, an explanation of the sexual abuse, and — with the consent of the patient or their agent — the name of the patient who may have been sexually abused. If no consent is given, the patient can remain anonymous but the report must still be made.

Public

The College is committed to being open and transparent about our regulatory processes, decisions and programs. A number of resources on our website have information that is geared toward helping the public understand their rights as a patient and what to expect from the people in their pharmacy. The College thoroughly investigates all reports or complaints of sexual abuse and treats these matters seriously. For victims of sexual abuse, the Patient Relations Committee administers funding for therapy and counselling.

Council and Staff

The College believes in leadership by example. As such, all Council and staff members participate in training to encourage effective and respectful communication. Every five years all Council and staff members take part in training on Cultural Diversity that promotes more effective use of verbal and written communication and teaches participants how to pick up on physical and non-physical cues. This includes the use of appropriate sensitive language when communicating with a who is patient raising concerns about sexual abuse. The training helps Council and staff members to manage situations where there is potential for misunderstanding and conflict.

Funding for Therapy and Counselling

The *Regulated Health Professions Act* requires each health professional college to establish a program to provide funding for therapy and counselling for a person who, while a patient, was sexually abused by a member. This program is administered by the Patient Relations Committee.

The following information is intended for people considering applying for funding from the Ontario College of Pharmacists.

Who is Eligible?

A person is eligible for funding for therapy or counselling when:

1. The Discipline Committee makes a finding that a person, while a patient, was sexually abused by a member
2. An admission is made by a member in a statement to the College, or in an agreement with the College, that he or she sexually abused the person while the person was a patient of the member
3. A member has been found guilty under the Criminal Code of sexually assaulting the person, while the person was a patient of the member
4. There is a statement, contained in the written reasons of a committee of the College, given after a hearing, that the person, while a patient, was sexually abused by the member
5. There is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that the person, while a patient, was sexually abused by the member.

Evidence Presented to the Patient Relations Committee

The evidence that the Patients Relations Committee may rely on to support a reasonable belief that sexual abuse occurred includes, for example:

- Evidence that a Notice of Hearing was issued by the College containing allegations of sexual abuse by a member who died or resigned before a Discipline hearing was held
- Evidence that a mandatory report was made naming the member as having sexually abused a patient
- Evidence that corroborates allegations of sexual abuse

A decision by the Patient Relations Committee that a person is eligible for funding does not constitute a finding against the member and shall not be considered by any other Committee of the College dealing with the matter.

How Much Funding is Available?

Funding, up to the maximum, is available for five years from the day on which the person first received therapy or counselling. The maximum amount of funding that may be provided to a person in respect of sexual abuse is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible for funding.

Choice of Counsellor/Therapist

A person who is eligible for funding is permitted to choose any therapist or counsellor, subject to the following restrictions:

1. The therapist or counsellor must not be in a family relationship to the person;
2. The therapist or counsellor must not be a person who has ever been found guilty of professional misconduct of a sexual nature, or been found civilly or criminally liable for an act of a similar nature;
3. If the therapist or counsellor is not a member of a regulated health profession, the person may be asked to sign a document indicating that he or she understands that the therapist or counsellor is not subject to professional discipline.

Funding is paid directly to the therapist or counsellor chosen by the person and may only be used to pay for therapy or counselling. The funding that is provided will be reduced by the amount that OHIP, or a private insurer, is required to pay for therapy or counselling for the person during the period of time during which funding is provided

How To Apply

An application and related documents are to be completed and submitted in order to apply for funding for therapy or counselling for patients sexually abused by a pharmacist or pharmacy technician.

Form A - Application for Funding The completed application will be reviewed by the Patient Relations Committee to determine eligibility for funding for therapy and counselling

Form B - Therapist Information To be completed once the Applicant has identified a therapist. Therapist to complete Part 1 and Applicant to complete Part 2. Payments are made directly to therapist and must relate only to the provision of therapy and counselling.

Form C - Request for Reimbursement of Past Therapy Costs The Patient Relations Committee will consider requests for reimbursement of past therapy costs if the past therapy has not been paid by any provider. The dates of therapy must have occurred after the dates of the reports abuse and the Applicant or Therapist must provide invoices or receipts to verify the therapy costs and dates. Payment will be made directly to the Therapist, who must then reimburse the Applicant.

Form D - Therapist Invoice To be completed and submitted by the Therapist along with the invoice for reimbursement for therapy/counselling. Confirms that none of the previously submitted information has changed since it was originally submitted.

Completed applications should be mailed to:

Patient Relations Committee
Ontario College of Pharmacists
483 Huron Street
Toronto ON, M5R 2R4

If you have further questions, please contact Anne Resnick, Deputy Registrar toll-free at 1-800-220-1921 ext. 2249



Application Form: Funding for Therapy or Counselling

Applicant Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ e-mail: _____

Name of Member: _____

Address: _____

I, _____ hereby apply for funding for therapy or counselling under the program established by the Ontario College of Pharmacists.

I was sexually abused by _____ while I was his/her patient.

The abuse took place in _____ and at that time the member was practicing in _____ Ontario.

The time period that this abuse took place was from _____ to _____

You are eligible for funding for therapy or counselling only if you meet one of the requirements that are set out in applicable legislation and regulations. Please indicate which of these requirements apply to you.

1. A panel of the Discipline Committee made a finding that while I was a patient the above-named member sexually abused me:

Yes _____ No _____ Unsure _____

2. The above-named member has admitted to the College that he/she has sexually abused me:

Yes _____ No _____ Unsure _____

3. The above-named member was convicted in a criminal proceeding of sexually assaulting me while I was his/her patient:

Yes _____ No _____ Unsure _____

If yes, and you have the information, please complete the following:

The above-named member was convicted under the Criminal Code of a sexual offence in relation to me on _____ [date] by _____ [name of judge] of _____ [court] at _____ [place]

4. A Committee of the College has, in written reasons given after a hearing, made a statement that the above-named member sexually abused me while I was his/her patient:

Yes _____ No _____ Unsure _____

5. If you do not meet one of the four requirements above, you may still be eligible for funding if there is sufficient evidence presented to the Patient Relations Committee to support a reasonable belief that while you were a patient, you were sexually abused by the above-named member. Such evidence may include, without limitation, evidence of mandatory reports made with respect to the member by other members of the College or by a person who operates a facility where the member practices, and evidence that corroborates your allegations of sexual abuse by the member.

The PRC will need the following information to assist in making a determination:

- The allegations you are making against the member;
- Copies of any documents that you feel are relevant;
- Any other information that will assist the PRC in making a determination of your eligibility for funding for therapy and counselling.

If the Committee decides to grant you funding for therapy and counselling, please understand that this decision is not a finding of guilt against the member. The PRC does not contact the above-named member, nor does the PRC conduct an investigation or hearing. The role of the Committee is only to determine eligibility for funding.

By signing this document, I acknowledge and agree that a decision by the PRC that I am eligible for funding does not constitute a finding of guilt against the above-named member and shall not be considered by any other committee of the College dealing with him/her.

Date

Applicant Signature

Therapist or Counsellor Information

Part I - To be completed by the Therapist

I, _____ (*the "Therapist"*) am providing/propose to provide therapy or counselling to _____ (*the "Applicant"*), who is applying for funding under the program established by the Ontario College of Pharmacists.

1. I do not have any family relationship to the Applicant or any other potential conflict of interest.
2. I understand that funding may only be used to pay for therapy or counselling to be determined by the Patient Relations Committee.
3. I understand that the maximum amount of funding payable to any therapist approved under this or any other application to the College is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. Unless retroactive funding is requested, payment for services provided will begin on the day that the Patient Relations Committee determines that the Applicant is eligible for funding.
4. My hourly rate for this patient is \$ _____.
5. To my knowledge, neither OHIP nor any private insurer is required to pay for the therapy or counselling I propose to/provide to the Applicant.
6. I am a regulated health professional and a member of _____ since _____.

OR

I ceased to be a member of _____ in _____.

OR

I have never been a member of a regulated health profession. I have explained to the Applicant that I would not be subject to professional discipline by the Ontario College of Pharmacists or any other regulatory body.

7. To my knowledge, no other sources of funding for the therapy or counselling are available to the Applicant. I understand that there can be no duplicate payment for the same service and if at any time I become aware that other sources of funding become available to the Applicant, I shall notify the College, and where appropriate, cease submitting claims to the College. I understand that there can be no duplicate payment for the same service.
8. I have not at any time or in any jurisdiction been found guilty of professional misconduct of a sexual nature.
9. I have never been found liable, criminally or civilly, for an act of a sexual nature.
10. Attached is a copy of my curriculum vitae and a summary of my training and experience, particularly with respect to my ability to provide therapy or counselling to survivors of sexual abuse.
11. I undertake to keep confidential all information obtained through the application for funding process, including, if funding is granted, the fact that funding has been granted and the reasons given by the Patient Relations Committee for granting the funding, and to refrain from using that information for any purpose other than to provide therapy.
12. I understand there will be no payment for late or missed appointments.
13. I will invoice the College directly for reimbursement of the therapy and counselling services I provide to the patient.

Date

Signature of the Therapist

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ e-mail: _____

Part II - To be completed by the Applicant

1. I do not have any family relationship to the Therapist or any other potential conflict of interest.
2. I understand that if I choose a therapist or a counsellor who is not a regulated health professional, the therapist is not subject to professional discipline by the Ontario College of Pharmacists or any other regulatory body.
3. I understand that funding shall be paid only to the Therapist, and that it shall be used only to pay for therapy or counselling for the sexual abuse that made me eligible for the funding.
4. I understand that funding may only be used to pay for therapy or counselling provided as the Patient Relations Committee shall determine, in accordance with the law.
5. I understand that the maximum amount of funding payable to any therapist approved under this application is the amount that the Ontario Health Insurance Plan (OHIP) would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist. Unless retroactive funding is requested, payment for services provided will begin on the day that the Patient Relations Committee determines that the Applicant is eligible for funding.
6. I will use any other sources of funding for therapy or counselling that are available to me first. This includes: \$_____ from _____
(i.e. a private insurer or OHIP) **OR**
7. I understand that there can be no duplicate payment for the same service. To my knowledge, neither OHIP nor any public/private insurer is required to pay for the therapy or counselling I receive from the Therapist. If at any time, OHIP or a private insurer becomes required to pay for the therapy or counselling, I shall notify the College.
8. I have read and understood Part I of this form that has been completed by the Therapist including the summary of his/her training and experience.
9. I understand there will be no payment for late or missed appointments.

10. I will advise the College if I change therapist or counsellor, and acknowledge that a new application form and accompanying documentation will need to be completed by me and the new therapist or counsellor.

Date

Signature of the Applicant

Request for Reimbursement of Past Therapy Costs

Dates of Therapy _____ to _____

Amount Requested \$ _____

Information regarding the Therapist who provided these services:

Name: _____

Address: _____

Telephone: _____

(Please attach invoices or receipts. If invoices or receipts are not available, a sworn affidavit may be accepted by the Committee).

Applicant: _____

Therapist Invoice

To be attached to invoice:

I agree that none of the information previously submitted in Form B has changed

Therapist: _____

Date: _____

If any information has changed, please elaborate:

MANDATORY REPORTING - A MEMBER'S ETHICAL OBLIGATIONS

The accompanying article on mandatory reporting sets out a member's obligations, as outlined in legislation, to make a report about him or herself or another member of a College in specific circumstances.

What happens if a member becomes aware of the behaviour of another member, or of a health professional registered to a different College, that may cause a concern for patient safety? Does the member have a mandatory obligation to address that concern?

Ethically speaking, if a member is concerned that a health care professional may be engaging in unsafe practice or unethical conduct, he or she must use professional judgment to determine whether the situation must be reported. The circumstances surrounding the situation should be thoughtfully considered before taking any action, balancing the interests of all parties. Patient safety is, as always, the paramount concern.

Mandatory Reporting

Health professionals have the privilege of providing essential care to patients to help them when they are sick and support them when they are well. All members of the Ontario College of Pharmacists are obliged through their code of ethics to act in the best interest of the patient, and to practice in accordance with ethical principles and standards of practice. When a member doesn't meet the standards of the profession, the College must take steps to protect the public.

This article provides an overview of mandatory reporting obligations for health professionals and how the College responds when a report is received. All regulated health professionals are required to provide information to a health professional College in specific circumstances, this ensures that a College is alerted to members who may not be practising safely and permits the College to take action to protect the public. Stemming from legal, professional and

ethical requirements, mandatory reporting is triggered, for example, by the alleged sexual abuse of a patient, or when any restriction is placed on a member's practice, or when a member's employment is terminated due to the member's professional misconduct, incompetence or incapacity. Pharmacists, registered pharmacy students, interns and pharmacy technicians are all members of OCP and share these obligations.

MANDATORY REPORTING:
*REGULATED HEALTH
PROFESSIONS ACT, 1991*

The mandatory reporting framework is established through the *Regulated Health Professions Act (RHPA)*, the *Pharmacy Act* and the *Health Professions Procedural Code* (Schedule 2 of the RHPA). *Regulation 681/93 under the Pharmacy Act* outlines what is considered to be professional misconduct, while the Code lists the circumstances in which a member is required to file a report. With respect to pharmacy, these obligations, depending on the context, fall on the member, the employer/Designated Manager of a pharmacy, or a facility operator, if relevant (facilities include, but are not limited to, acute care hospitals or long-term care homes).

It should be stated at the outset that a report does not constitute a finding of sexual abuse, professional misconduct, incompetence, or incapacity against the member who is the subject of the report. Those findings can only be made by the Discipline Committee or the Fitness to Practise Committee which make findings on the basis of the evidence submitted at a hearing.

*SUSPECTED SEXUAL
ABUSE OF A PATIENT*

According to the Code a member is required to file a report if he or she has reasonable grounds, obtained in the course of practice, to believe that a member of any college regulated under the RHPA has sexually abused a patient. In the Code, sexual abuse is defined as intercourse or other forms of sexual relations between the member and the patient, including touching, behaviour, or remarks of a sexual nature. The report is to be filed with the Registrar of the College of the member who is the subject of the report including the name of the person making the report, the name of the member who is the subject of the report, an explanation of the sexual abuse, and with the consent of the patient or their agent, the name of the patient who may have been sexually abused. If no consent is given, the patient can remain anonymous but the report must still be made.

TERMINATION OF EMPLOYMENT

The owner of a pharmacy, or Designated Manager, is required to report to the College the facts of terminating the employment of a member terminated for reasons of professional misconduct, incompetence or incapacity. This obligation relates strictly to professional reasons rather than

employment-related reasons. Employment-related reasons generally refer to issues such as lateness or personal incompatibility and don't compromise patient safety or violate standards of practice. The obligation to report continues even if the member who is the subject of the proposed report resigns his or her position, or voluntarily relinquishes his or her privileges.

The acts that constitute professional misconduct for members of the Ontario College of Pharmacists are listed in *Regulation 681/93 under the Pharmacy Act* including, for example, contravening a term, condition or limitation imposed on the member's certificate of registration or failing to maintain a standard of practice of the profession. The standards of practice for pharmacists outline the expected standards of expertise in medications and medication use, collaboration, safety and quality, and professionalism and ethics that pharmacists, registered pharmacy students and interns are expected to meet. Similar standards of practice for pharmacy technicians are also in place. In addition to an allegation of failing to meet the standards of practice, professional misconduct may also include dispensing without authorization, insurance or other fraud, working while impaired, abusive conduct, or otherwise engaging in conduct that would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The obligation to report is also triggered when a member is terminated from employment due to incompetence or incapacity. Allegations of incompetence may relate to a member who, in his or her practice, displays a general lack of knowledge, skill or judgment, or a disregard for the welfare of his or her patients. Termination on the



MANDATORY REPORTING

grounds that a member is incapacitated may be precipitated by the impact of a member's physical or mental health disorder on his or her ability to practise safely. Incapacity may also stem from untreated or uncontrolled emotional or psychiatric disorders or substance abuse. Reporting is also required when the privileges of a member are revoked, suspended or restricted, or a partnership of a member with a health profession corporation is dissolved for the reasons stated above.

GUILTY OF AN OFFENCE, PROFESSIONAL MISCONDUCT, OR MALPRACTICE

A member is required to self-report a finding of guilt of an offence relevant to the member's suitability to practise, or a finding of professional negligence or malpractice. This obligation stands whether the finding is made in the member's current profession and jurisdiction, or in another regulated health profession in which a member holds a certificate, or a jurisdiction other than Ontario. While a report of an offence cannot contain any information that violates a publication ban, if any, the report must contain the name of the member filing the report, the nature of, and a description of the offence, the date the member was found guilty, the name and location of the court, and the status of any appeal initiated with respect to the finding of guilt. The member is also required to file a report if there is a change in status of the finding of guilt as a result of an appeal. All reports must be made as soon as is reasonable after the finding.

OTHER MANDATORY REPORTING OBLIGATIONS: CHILD AND FAMILY SERVICES ACT

All members of the public, including any health professional providing services to a child, must promptly report to a children's aid society any suspicions that a child is, or may be in need of protection. In the context of the Act, the duty to report includes physical, sexual, and emotional abuse, neglect, and risk of harm.¹ The person making a report does not need to have evidence or proof of the need for protection, he or she may rely on reasonable grounds, the information that an average person would rely on, to decide to make a report. In this circumstance a report is required even when the information is otherwise confidential or privileged. The person making the report cannot rely on someone else to do so as it is an offence if he or she does not report a suspicion that was obtained in the course of his or her professional practice.

All mandatory reports must be made in writing and addressed to the Registrar of the College of the member who is the subject of the report. In the case of sexual abuse, the report must be made within 30 days; however, if there is concern that the member will continue to sexually abuse the patient, or other patients, the report must be made immediately. This stipulation on the timing of the report is the same in the case of suspected incompetence or incapacity which may expose a patient to harm or injury, where there is a need for intervention. In all other scenarios, a member is required to report as soon as is reasonably practical in the circumstances. A summary

of reporting obligations and the timing of reports is provided in the Appendix at right.

THE COLLEGE RESPONSE

Once a report is received, the information will be reviewed by the Registrar to determine the next steps, including appointing an investigator and initiating a formal investigation. If determined as necessary, the investigator appointment would be placed before a panel of the Inquiries, Complaints and Reports Committee (ICRC) for a approval of the investigator appointment. The investigator will notify the member of his or her appointment, conduct an investigation and a report of the investigation will be reviewed by the ICRC for review and disposition. Dispositions can range from "take no action" to, in the most serious circumstances, a referral of allegations of professional misconduct and or incompetence by the member to the Discipline Committee. In these instances, a hearing into the allegations is held before a panel of the Discipline Committee and a decision is rendered by the panel.

Typically, the College will deal with all the information received in a confidential manner and information is only shared with the public if it results in disciplinary proceedings. Complainants are protected from any action or other proceeding when a complaint is made and/or a report is filed in good faith. **PC**

¹ Ontario. Reporting Child Abuse and Neglect: It's Your Duty. Your responsibilities under the Child and Family Services Act. Retrieved at: <http://www.children.gov.on.ca/htdocs/english/documents/topics/childremsaid/Reportingchildabuseandneglect.pdf>

What Behaviour or Action Triggers a Mandatory Report?	Legal Authority	Threshold of Proof	Report Author/ Report Recipient
<p>Suspected Sexual Abuse of a Patient Sexual relations, touching, behaviour or remarks of a sexual nature between a regulated health professional and a patient/client (name of health professional must be known).</p>	<p>RHPA The Code*: s1(3)(a)-(c).</p>	<p>Reasonable grounds obtained: • In the course of practice; or • In the operation of a facility</p>	<p>Member or Facility Operator Registrar of the College of the member who is the subject of the report.</p>
<p>Timing of the Report</p> <ul style="list-style-type: none"> • Filed in writing within 30 days after the obligation to report arises. • If there are reasonable grounds to believe that the member will continually to abuse the patient, or other patients, and there is an urgent need for intervention, the report must be filed immediately. 			
<p>Reporting by Employers, etc. Termination of employment, revocation or restriction on a member's privileges, or dissolution of a partnership, health profession corporation, or association with a member for reasons of professional misconduct, incompetence or incapacity.</p>	<p>RHPA The Code: s 85.5(1) and (2)</p>	<p>Termination of the member's employment or privileges.</p>	<p>Employer, Designated Manager or any person, who employs or offers privileges to the member or associated in a partnership or otherwise for the purpose of offering health services Registrar</p>
<p>Timing of the Report</p> <ul style="list-style-type: none"> • Filed in writing with the Registrar within 30 days after the termination, revocation, suspension, imposition or dissolution. • In the case of alleged incompetence or incapacity, if there are reasonable grounds to believe that the member will expose a patient to harm or injury, and there is an urgent need for intervention, the report must be filed immediately. 			
<p>Reporting by Members re: Offences A finding of guilt of an offence OR an additional report if there is a change in status of the finding of guilt as a result of an appeal.</p>	<p>RHPA The Code: s 85.6.1(1)</p>	<p>Finding of guilt</p>	<p>Member Registrar</p>
<p>Timing of the Report</p> <ul style="list-style-type: none"> • Filed in writing with the Registrar as soon as is practicable after the member receives notice of the finding of guilt or a notice of a change in the status of the finding of guilt made against the member as the result of an appeal. 			
<p>Reporting by Members re: Professional Negligence and Malpractice A finding of professional negligence or malpractice OR an additional report if there is a change in status of the finding as a result of an appeal</p>	<p>RHPA The Code: s 85.6.2(1)</p>	<p>Finding of negligence or malpractice</p>	<p>Member Registrar</p>
<p>Timing of the Report</p> <ul style="list-style-type: none"> • Filed in writing with the Registrar as soon as is practicable after the member receives notice of the finding of professional negligence or malpractice or a notice of a change in the status of the finding as the result of an appeal. 			
<p>Contents of a Report: Depending on the Subject of the Report All Reports: The name of the person filing the report; the name of the member who is the subject of the report Sexual Abuse: An explanation of the alleged sexual abuse; the name of the patient (with consent) Incompetence or Incapacity: An explanation of the incompetence or incapacity. An Offense: The nature of, and a description of the offence; the date the member was found guilty; the name and location of the court that found the member guilty of the offence; and, the status of any appeal. Professional Negligence and Malpractice: The nature of, and a description of the finding; the date of the finding made against the member; the name and location of the court that made the finding; and, the status of any appeal.</p>			
<p>Reporting Child Abuse and Neglect Any suspicions that a child is or may be in need of protection as a result of physical, sexual and emotional abuse, neglect, and risk of harm</p>	<p>Child and Family Services Act s.72</p>	<p>Reasonable grounds to suspect that a child under 16 is or may be in need of protection</p>	<p>Any person, including a person performing professional or official duties with respect to children Directly to a Children's Aid Society</p>
<p>Timing and Contents of a Report</p> <ul style="list-style-type: none"> • A report is made promptly, including the information on which the suspicion is based (i.e. physical harm, risk of physical harm, sexual molestation or exploitation, etc.). Any professional who fails to make a report is liable, on conviction, to a fine of up to \$1,000. 			

* Regulated Health Professions Act, 1991: The Health Professions Procedural Code – "The Code"

REGULATING THE USE OF SOCIAL MEDIA

THE PROLIFERATION OF SOCIAL MEDIA TODAY WARRANTS THE ENGAGEMENT OF HEALTH PROFESSIONALS ON WHAT STANDARDS SHOULD PREVAIL IN REGULATING ITS USE

By Barbara Cadotte, Senior Policy Advisor

Employees are discovering that they may face consequences to their employment as a result of their use of social media such as Facebook while outside of working hours, if it relates to their employment. The parallel in the regulatory field is that health professionals have a well-established tradition of upholding standards of professional behaviour, which may or may not include 'off-duty' activities. This article will briefly outline the methods through which the behaviour of both employees and professionals is circumscribed, examine parallels between employee and professional conduct and present a framework that has been used to create a 'reasonable standard' to evaluate off-duty behaviour. The proliferation of social media today warrants the engagement of health professionals on what standards should prevail in regulating its use. The question to be asked is whether it is time for Web 2.0 to meet Regulation 2.0?

REGULATING EMPLOYEE OFF-DUTY CONDUCT

The ability of an employer to discipline off-duty behaviour is dependent upon establishing a standard of proof that the behaviour has a direct impact on the employer and its operations. Jurisprudence with respect to employee use of Web 2.0 (e.g. MySpace, Facebook, blogs) is an emerging area of employment law. The onus is on the employer to prove harm, demonstrate the degree of the impact and establish a causal connection. Grounds for dismissal are present where it can be proved that a post by an identified employee, whose image is important to their ability to execute their duties, has seriously damaged a company's reputation. In 2007, the College of Nurses of Ontario reminded members to investigate whether their employer had a policy on what is acceptable for staff to discuss

on social-networking sites. While the focus was the responsibility to keep health information confidential, the issue of conduct outside the work place was also raised.

REGULATING HEALTH PROFESSIONALS

In Ontario, the authority of health regulatory colleges to govern the ethical behaviour of health professionals is found within the *Health Professions Procedural Code*. The Code, which is automatically deemed to be part of each health profession Act, enables colleges to set and enforce standards of professional conduct and practice. Standards of practice, guidelines, codes, practice parameters and/or position statements provide informal assistance to members in the areas of practice, ethics and regulator expectations. Standards of practice guide and reflect generally accepted professional behaviour; guidelines are suggested protocols; advisory statements alert members to new legislation and may make suggestions for compliance; and, position or policy statements identify how a regulator will address various situations. These documents, while not legally binding, are effectively used to address complex and rapidly changing issues.

REGULATING PROFESSIONAL OFF-DUTY CONDUCT

Both the on and off-duty behaviour of a regulated professional may be subject to investigation. Professional misconduct applies to on-duty behaviour while 'conduct unbecoming' generally refers to off-duty behaviour. If it is accepted that off-duty conduct can and should be regulated, then where does one draw the line? Where standards for off-duty

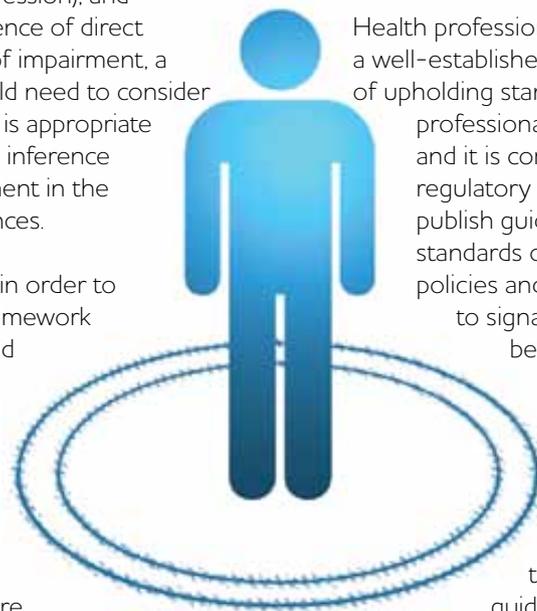
conduct are not well defined, a framework for analyzing misconduct must be defined instead. In a relevant case, the BC Supreme Court extrapolated an 'ideal' framework that a hearing panel might use to make a decision on 'conduct unbecoming' including establishing the principles that:

- Some, but not all, off-duty conduct can give rise to discipline for professional misconduct or conduct unbecoming;
- A panel should consider whether the conduct evidences direct impairment of the ability to function in the professional capacity, or impairment in the wider sense as described in the case law (essentially that it would damage the integrity or standing of the profession); and
- In the absence of direct evidence of impairment, a Panel would need to consider whether it is appropriate to draw an inference of impairment in the circumstances.

Accordingly, in order to apply this framework a panel would need to: a) identify the standard of proof to be used and determine whether there is enough evidence to prove misconduct; b) consider what the standard of conduct is (that of a reasonable member of the profession) and whether the conduct falls below that standard; and c) if the conduct falls below the standard of what is expected, decide whether the off-duty conduct directly or indirectly impairs the professional's ability to do his or job and/or impairs the standing of the profession in the community at large.

In one reported case where a professional's off-duty behaviour was determined by a regulatory body to be linked to his professional duties, the case was successfully appealed on the basis of charter rights. Even though the professional association had adopted a definition of professional misconduct, which specifically included off-duty behaviour, a Court of Appeal quashed the decision on the basis of s.2(b) of the Canadian Charter which grants the right to freedom of thought, belief, opinion and expression, including freedom of the press and other media of communication.

DISCUSSION



Health professionals have a well-established tradition of upholding standards of professional conduct and it is common for regulatory bodies to publish guidelines, standards of practice, policies and procedures to signal the behaviour expected from a member of the profession. These tools provide guidance about how to behave in the context of complex and changing circumstances and are also utilized to stimulate discussion within a profession about the role of the professional within society.

Professionals are clear about meeting standards of conduct while practicing their profession, but what about off-duty conduct? Rules governing ethical behaviour have, for the most part, lagged behind

the proliferation of social networking technologies.

The use of sites, such as Facebook, is leading to a 'legal grey area' with respect to free speech and the right to privacy and any potential standard for off-duty behaviour must be weighed against broader rights. Even where there is an ethical standard relating to off-duty behaviour, it is not a guarantee that it can be enforced.

Health professionals are embracing the use of social media to

communicate with one another and discuss issues of importance to their profession.

A new wave of professionals graduating today has been raised on the use of e-tools, including social media. There is currently no formal guidance in Ontario about the potential impacts of using social media on one's standing within a profession, although many health professions have encoded an obligation to uphold the honour and dignity of the profession within their Codes of Ethics.

While it would be unreasonable to expect highly educated individuals to trade free speech rights for a right to practice a profession, it would be prudent to engage professionals in a discussion about their obligations in representing their profession when off-duty. 

References on this article are available upon request.

REMINDER

UPCOMING COUNCIL ELECTIONS FOR DISTRICTS M AND P

Elections of members to serve on the College Council for district M and P will take place this summer. The workplace currently recorded as your Declared Place of Practice (for Elections) will be used for election purposes. **If your information is up to date, you do not need to contact the College.** If the information is incorrect, or you are unclear as to which postal code you will be voting in, please access the College website (www.ocpinfo.com), click on the Member Login icon, login in using your User ID (OCP number) and password, and you will be able to verify and/or change your information for voting purposes.



IMPORTANT DATES:

Nominations open: June 1, 2011
Nominations close: June 15, 2011
Voting closes: August 3, 2011

For further information, contact **Ms. Ushma Rajdev**,
Council and Executive Liaison
At 416-962-4861, ext. 2243;
Email: urajdev@ocpinfo.com



Minister's Task Force on the Prevention of the Sexual
Abuse of Patients and the *Regulated Health Professions
Act, 1991* (Sexual Abuse Task Force)

**Ministry of Health
and Long-Term Care
Health System Labour Relations
and Regulatory Policy Branch**

12th Floor, 56 Wellesley Street West
Toronto ON M5S 2S3

Telephone: (416) 327-8464
Facsimile: (416) 325-9827

**Ministère de la Santé
et des Soins de longue durée
Direction des relations de travail et
des politiques de réglementation au
sein du système de santé**

12e étage, 56, rue Wellesley Ouest
Toronto ON M5S 2S3

Téléphone: (416) 327-8464
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February 6, 2015

Dear Presidents, Registrars and Executive Directors:

On December 17, 2014, the Minister of Health and Long-Term Care, Dr. Eric Hoskins, corresponded with you to advise you of the establishment of a Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*. The Minister asked the Hon. Roy McMurtry, Prof. Marilou McPhedran and Ms. Sheila Macdonald to serve on the Task Force, commencing in January 2015.

As you know, the Task Force has been established to examine and provide advice and recommendations on how best to strengthen the RHPA's provisions related to sexual abuse of patients. In order for the Task Force to carry out its advisory work, your assistance is essential. Ontario's health regulatory colleges have been entrusted to serve the public interest and the Task Force is aware that all colleges, without exception, support the mandate of the Task Force. In the spirit of cooperation in addressing this important topic, and at this time, the Task Force requires the following information:

1. Using the attached spreadsheet #1, summarize complaints and outcomes from 2004 to present related to sexual abuse, boundary violations of a sexual nature or other matters that pertain to the mandate of the Task Force.

Please use the spreadsheet to report the following:

- To the extent possible, a description of the complainant (e.g., age, gender, location in the province, self-disclosure as to protected characteristics in the Human Rights Code, etc.);
- Use of interim legislative tools (e.g., interim orders for suspension and or terms, conditions or limitations imposed on a certificate of registration pending the outcome of disciplinary proceedings), if any;
- Instances where competence measures have been considered in cases where there has been an allegation of sexual abuse or sexual impropriety, if any; and
- Instances where the complainant is named as a party and or where the complainant is allowed to examine witnesses and or to have their own legal counsel, if any.

In addition, please provide a written response to the following questions:

- How many complaints related to sexual abuse and or boundary violations, in total, were received in each year from 2004 to present?

- What is the average length of time between complaint submission and complaint resolution for all complaints received? What is the average length of time between complaint submission and complaint resolution for complaints related to sexual abuse and or boundary violations?
 - What percentage of the complaints are withdrawn?
 - What percentage of the complaints are abandoned?
 - What percentage of the complaints are closed prior to the end of the complaints process for any other reason?
 - What is your policy and process for cases where a member of the profession resigns or is no longer available following the submission of a complaint?
2. Using the attached spreadsheet #2, summarize the complaints and outcomes from 2004 to present where the subject of the complaint is the regulatory college or its processes.

In addition, please provide a written response on the following matters:

- Since 2010, what is the average length of time, in each year, between complaint submission and complaint resolution for complaints of this type?
 - What percentage of the complaints are withdrawn?
 - What percentage of the complaints are abandoned?
 - What percentage of the complaints are closed prior to the end of the process for any other reason?
 - If your organization has developed policy for complaints where the subject of the complaint is the regulatory college or its processes, the Task Force would appreciate a copy of the document and or a summary of the policy.
 - If no formal policy is in effect, how are these complaints generally handled?
 - If a complainant is not satisfied with the action of your organization in response to a complaint of this nature, what recourse would a complainant have?
3. Please describe how individuals are made aware of the process for making a complaint. Is assistance provided if it is required when an individual is making a complaint? Are there other types of supports available to individuals?
4. When a complaint of any kind is investigated, what information is shared with the complainant? For example, in cases where the subject of the complaint is a member of your organization, is the submission of the member to the Inquiries, Complaints, Reports Committee (ICRC) shared with the complainant?
5. What internal process is used when appointing an ICRC panel? For example, what criteria are used to determine the suitability of panel members? Do panel members receive training to investigate complaints of sexual abuse or boundary violations of a sexual nature? Who conducts the training and what materials are provided? How do panel members stay current in their approach to these complaints?
6. Please describe what you do to obtain feedback on complainants' level of satisfaction with respect to the complaints process. Do you assess the level of satisfaction of individuals who make enquiries but are not referred to the complaints process?
7. Has your organization identified areas within your legislated or discretionary processes where improvements could be made for victims of sexual abuse or boundary violations of a sexual nature? Please describe.
8. Identify the most recent occasion when a sexual abuse complaint was referred to an alternative dispute resolution process.
9. Please summarize the information included in your annual reports for 2011, 2012, 2013 and 2014 to the Minister of Health and Long-Term Care regarding sexual abuse.

10. Please provide as many details as possible regarding the curriculum offered in the Ontario educational institutions that prepare your members for practice related to sexual assault, sexual abuse of patients, and boundary violations, including amount of time spent on the topic and whether the student is tested on the topic. In addition, please provide details on other ways your members demonstrate knowledge of Ontario jurisprudence related to sexual abuse of patients, practitioner-patient boundaries and other relevant ethical topics (e.g., entrance exam, jurisprudence exam, application for registration, continuing education, etc.).
11. Provide current membership numbers for 2013/14 including gender breakdown.
12. Describe any research or program development planned, in progress, published or implemented since 2004 on the prevalence or incidence of sexual abuse by health professionals.
13. Provide contact information for a staff member who can be reached if questions arise.
14. If there is other data or information that is relevant to the work of the Task Force, as outlined in the Minister's letter to you of December 17, 2014, please share it.

If you are unable to provide the information requested, in part or in full, please provide an explanation.

Although this request will likely require a considerable amount of staff, time and resources to fulfill, the Task Force is working within a compressed timeline at the Minister's request and would appreciate you submitting this information to SATaskforce@ontario.ca before March 4, 2015.

As specified in questions 1 and 2 above, and among other things, the Task Force is interested in complaints and outcomes from 2004 to present. If you are unable to provide data and information from this time period by March 4, 2015, please provide information in series, with records from 2009 to present provided by March 4, 2015 and records from 2004 to 2008 provided by April 9, 2015.

The intention of the Task Force is to compile and publish responses from all regulatory colleges in an appendix in the final report to the Minister. You will be advised if the Task Force identifies further areas of interest that require your input.

If you require more information on the work of the Task Force, please feel free to contact me at laura.niles@ontario.ca or (416) 314-0383.

The Task Force carefully considered this request, determining it to be within its mandate and of significant relevance to serving the goals of the legislation. Your cooperation is appreciated and the Task Force would like to thank you, in advance, for the hard work that will be undertaken.

Sincerely,



for Laura Niles
Task Force Administrative Coordinator

cc: Hon. Roy McMurtry
Prof. Marilou McPhedran
Ms. Sheila Macdonald



Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

January 21, 2015

Mr. J. Amodeo, Director
Health System Labour Relations and Regulatory Policy Branch
Ministry of Health and Long-Term Care
12th Floor
56 Wellesley St. West
Toronto, ON M5S 2S3

Sent via email: john.amodeo@ontario.ca

Dear Mr. Amodeo:

I am writing to respond to the December 17, 2014 letter from Minister Hoskins in which he requested information on the current status and operations of the College's patient relations program, specifically with respect to preventing and dealing with the sexual abuse of patients.

The patient relations program enhances and promotes the therapeutic relationship between pharmacists/pharmacy technicians and patients. The College expects that pharmacists and pharmacy technicians will meet a high standard of behaviour and regards any act of abuse or harassment of a patient as unacceptable. The patient relations program provides resources, advice, training and support to prevent and deal with sexual abuse of patients. The program is administered by the Patient Relations Committee and a copy of activity is received annually by Council.

Educational Requirements for Members

The College regularly provides information to members on the topic of professional conduct, preventing sexual abuse and harassment and relating to mandatory reporting obligations pursuant to the *Regulated Health Professions Act* (RHPA). Over the past three years, the following articles have been published in *Pharmacy Connection*, our quarterly journal, whose main objective is to communicate information about College activities and practices to members:

June 2014: Policy on Treating Self and Family Members

Within the policy, the importance of maintaining professional boundaries was reiterated with the context of informing members of their obligations.

June 2014: Guideline on Preventing Sexual Abuse and Harassment

The guideline includes definitions of professional boundaries, sexual abuse and harassment and will assist a member with practical suggestions for maintaining those boundaries. Also included is information on mandatory reporting requirements as well as on the availability of funding for therapy and counseling for patients who have been sexually abused by a member.

Summer 2013: Mandatory Reporting

This article provided an overview of the mandatory reporting obligations for health professionals, identifying suspected sexual abuse of a patient as one of the circumstances, and the College response when a report is received.

Spring 2011: Regulating the Use of Social Media

This article encouraged members to consider the professional boundaries associated with the use of social media as well as their conduct when off-duty.

June 2011: Professional Supervision of Pharmacy Personnel

The role and obligations of the designated manager when supervising pharmacy personnel was described, including the circumstances in which a mandatory report would be filed with the College in relation to the RHPA and *Health Professions Procedural Code*.

The College has traditionally provided a one-day jurisprudence seminar for applicants and members and is currently finalizing an online module specifically related to the RHPA, including the prevention of sexual abuse of patients and all policies and guidelines related to the maintenance of professional boundaries. As well, the College's Structured Practical Training Program for students includes a section on Ethical, Legal and Professional Responsibilities with activities to support discussion between the preceptor and the student; one of the examples being sexual abuse of patients and measures to prevent its occurrence.

Guidelines for the Conduct of Members

The Guideline on Preventing Sexual Abuse and Harassment, initially drafted in 1995, was revised in 2011 and updated in 2014. This guideline explains that sexual abuse is broadly defined including any sexualisation of the professional relationship with patients, such as non-clinical comments and touching. Maintaining professional boundaries is always the responsibility of the member. Although many types of interaction are not deliberately exploitative and may be motivated by genuine feelings of caring, the harm done to patients who have been sexually abused can be severe and involve significant psychological harm for the breach of trust and lack of confidence in the pharmacy profession and health system in general. The guideline provides some practical suggestions for ensuring that professional boundaries are maintained.

The Policy on Treating Self and Family Members was developed to provide further clarity on the issue of professional boundaries at a time when members are taking on new patient care roles and collaborating more with other health professionals. The policy indicates that it is generally considered to be inappropriate to provide care or services to closely related family members, given the potential for role confusion and conflict of interest.

Training for College Staff

The College believes in leadership by example and provides training to all Council members and staff to encourage effective and respectful communication. This training promotes more effective use of verbal and written communication and teaches participants how to pick up on physical and non-physical cues. This includes the use of appropriate, sensitive language when communicating with a patient raising concerns about sexual abuse, and how to manage situations where there is potential for misunderstanding and conflict.

Provision of Information to the Public

The College website includes an explanation of the patient relations program and Committee, as well as links to the policies outlined above and the process for filing a complaint. This section is located with other information of most relevance to the public. In 2014 the Committee developed a policy, including application and consent forms, for the alternative requirements that must be satisfied in order for a person to be eligible for funding for therapy or counselling when the person was sexually abused by a member. This is in accordance with the requirement for the Committee to administer the College's victim compensation fund.

I assure the Minister that the College will continue to ensure that individuals who bring forward complaints regarding allegations involving sexual abuse of a patient are treated sensitively and compassionately. Further, the College will fully participate in and cooperate with the Minister's Task Force on the Prevention of Sexual Abuse of Patients. We will continue to affirm and reinforce Ontario's ongoing commitment to a zero tolerance approach to sexual abuse of patients by regulated health professionals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Marshall Moleschi', written in a cursive style.

Marshall Moleschi, R.Ph., B.Sc.(Pharm), MHA
CEO and Registrar

**Ministry of Health
and Long-Term Care**

Office of the Minister

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**Ministère de la Santé
et des Soins de longue durée**

Bureau du ministre

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Télééc. 416 326-1571
www.ontario.ca/sante



DEC 17 2014

HLTC29681T-2014-425

Dear Presidents, Registrars and Executive Directors:

The Premier recently announced initiatives to raise awareness of sexual violence and harassment, enhance prevention initiatives to combat sexual discrimination, harassment and violence, and improve support for victims. As part of her announcement, Premier Wynne has asked Ministers to bring forward options to enhance support for victims of sexual violence in a number of sectors, including health care.

The purpose of the sexual abuse provisions as set out in the Health Professions Procedural Code, which is Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), is to encourage the reporting of sexual abuse by regulated health professionals, provide funding for therapy and counseling for patients who have been sexually abused by such professionals, and ultimately, to eradicate the sexual abuse of patients by health regulatory college members. However, concerns have been raised recently about the RHPA's sexual abuse provisions and whether changes are needed to update them.

As a result of these concerns and keeping the Premier's announcement in mind, I have established the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*. I have asked the Task Force to examine and provide me with advice and recommendations on how best to strengthen the RHPA's sexual abuse provisions by no later than the Spring of 2015.

I am pleased that Ms. Marilou McPhedran, the Honourable R. Roy McMurtry and Ms. Sheila MacDonald have agreed to participate on the Task Force. These individuals bring a wealth of knowledge and experience and their appointment signals the importance that I place on the issue of sexual abuse of patients.

Accordingly, I am asking that all Colleges fully participate in and cooperate with the Task Force as it carries out its advisory work.

I would also like to emphasize the importance of health regulatory Colleges' patient relations programs with regard to the sexual abuse of patients. I am therefore also asking each health regulatory College to provide me with information on the current status and operations of its patient relations program's measures for preventing and dealing with the

Registrars and Executive Directors

sexual abuse of patients. Specifically, such information should include information on the patient relations program's educational requirements for members, guidelines for the conduct of members, training for college staff, and measures regarding the provision of information to the public.

I ask that the Councils and transitional Councils of each health regulatory College report back to my Ministry by no later than January 23, 2015. Please report back to the following ministry official:

John Amodeo
Director
Health System Labour Relations and Regulatory Policy Branch
Ministry of Health and Long-Term Care
12th Floor
56 Wellesley St W
Toronto ON M5S 2S3
E-mail: John.Amodeo@ontario.ca

I further ask that Colleges continue to ensure that individuals who bring forward complaints regarding allegations involving sexual abuse of a patient are treated sensitively and compassionately.

I look forward to reviewing what the Task Force has to say on these issues and continuing to work with you to affirm and reinforce Ontario's ongoing commitment to a zero tolerance approach to sexual abuse of patients by regulated health professionals.

Yours sincerely,



Dr. Eric Hoskins
Minister

Protecting the Safety and Well-Being of Ontario Patients *Province to Conduct Review of Regulated Health Professions Act, 1991*

NEWS

December 16, 2014

Ontario is appointing a task force to review and modernize legislation designed to prevent and deal with sexual abuse of patients by regulated health professionals.

The Minister's task force will review the *Regulated Health Professions Act, 1991* to ensure that existing legislative measures are appropriate and effective. The task force will be co-led by human rights lawyer, Marilou McPhedran and Former Chief Justice of Ontario, Roy McMurtry, along with educator and Registered Nurse, Sheila Macdonald as its third member.

Early next year, the task force will provide advice and recommendations on how to strengthen the legislation to reinforce the province's zero tolerance policy regarding sexual abuse of patients by regulated health professionals.

Specifically, the task force will provide advice on:

- The current definition of sexual abuse contained in the legislation.
- The disciplinary orders that may be imposed by health regulatory colleges against their members who have been found to have sexually abused a patient.
- Support tools for patients who may have been sexually abused by a regulated health professional.
- Mandatory reporting requirements with respect to the sexual abuse of patients by regulated health professionals.
- Ways to further encourage and support patients who report incidents of sexual abuse to health regulatory colleges.
- Opportunities for public participation in college discipline processes and proceedings.

Protecting the safety and well-being of all Ontarians is part of the government's patient-centred approach to health care and is consistent with the fundamental duty of all health regulatory colleges in Ontario to serve and protect the public interest.

QUOTES

"I am extremely proud of the dedication, expertise and calibre of the professionals who work within Ontario's health care system. But my top priority as Minister is to protect the safety and well-being of Ontarians, which is why we have asked the task force to take a look at the existing legislation to help prevent and deal with cases of sexual abuse of patients by regulated health professionals."

- Dr. Eric Hoskins, Minister of Health and Long-Term Care

QUICK FACTS

- Under the *Regulated Health Professions Act, 1991*, the definition of "sexual abuse" includes physical sexual relations between a patient and a regulated health professional, as well as inappropriate touching and/or behaviour or remarks of a sexual nature that are not medically necessary.

- The legislation states that sexual abuse is an act of professional misconduct on the part of the professional. The legislation incorporates a “zero tolerance” approach for the sexual abuse of patients by regulated health professionals.
- The Legislature recently passed the *Safeguarding Health Care Integrity Act, 2014*, which will facilitate the sharing of certain information by health regulatory colleges with hospitals, public health authorities and other prescribed entities. It will also enhance existing mandatory reporting requirements from hospitals, employers and others to health regulatory colleges.

LEARN MORE

[Ontario's Action Plan for Health Care](#)

[Regulated Health Professions Act, 1991](#)

[Taking Action Against Sexual Violence and Harassment](#)

For public inquiries call ServiceOntario, INFOline at 1-866-532-3161 (Toll-free in Ontario only)

Media Contacts:

Shae Greenfield, Minister's Office, 416-327-4306

David Jensen, Ministry of Health and Long-Term Care

416-314-6197

ontario.ca/health-news

Disponible en français

New Minister's Task Force to Review Legislation to Prevent Sexual Abuse of Patients

December 16, 2014

Ontario is appointing a task force to review the *Regulated Health Professions Act, 1991*, which governs all regulated health professions in the province, to ensure it is effective in preventing and dealing with the sexual abuse of patients by regulated health professionals.

The scope of the task force's review will include:

- Ways that the current legislation can best ensure that every interaction by patients and witnesses with health regulatory colleges in relation to issues involving sexual abuse and colleges' processes are sensitive, accessible and timely.
- The identification of best practices from leading jurisdictions around the world.

The experts who will form the Minister's task force are:

Marilou McPhedran, Co-Chair of the Minister's Task Force

Human Rights Lawyer and Educator

Marilou McPhedran's work has focused on the promotion of human rights through systemic reform in law, medicine, education and governance in Canada and internationally. She co-founded several widely recognized non-profit systemic change organizations, including the Women's Legal Education and Action Fund (LEAF), which has conducted constitutional equality test cases and interventions for over 28 years; the Metropolitan Action Committee on Violence Against Women and Children (METRAC); the "always open" Gerstein Crisis Centre for homeless discharged psychiatric patients in Toronto; the International Women's Rights Project (University of Victoria Centre for Global Studies) and the Institute for International Women's Rights (University of Winnipeg), both based on her intergenerational models: "evidence based advocacy" and "lived rights." Among her current affiliations, Ms. McPhedran works with the Women, Peace and Security Network-Canada and the academic network of the Women's International League for Peace and Freedom (WILPF) based in The Hague.

Called to the Bar of Ontario in 1978, between 1980 and 1982, Ms. McPhedran was a strategic and legal counsel for the Ad Hoc Committee of Canadian Women on the Constitution - the national grass-roots mobilization that led to strengthened constitutional protections for women, in particular in section 28 of the Canadian Charter of Rights and Freedoms. For her work with the Ad Hoc Committee, Ms. McPhedran was named a member of the Order of Canada in 1985.

In the 1990s, Ms. McPhedran's responsibilities included: Strategic Counsel to the Friends of Women's College Hospital; Chair of the Independent Task Force on Sexual Abuse of Patients (appointed by the College of Physicians and Surgeons of Ontario, 1991), which first proposed a "Zero Tolerance" standard for sexual abuse, since adopted in many jurisdictions including the United Nations; Corporate Director, Healthy City Toronto (City of Toronto, 1992-94); Corporate Director of Health Partnerships and International Liaison at Women's College Hospital (WCH) in

Toronto, where she was responsible for attaining designation of WCH as a World Health Organization Collaborating Centre in Women's Health in the Pan American region (1994-96); Executive Coordinator of the Summit of Women Leaders of the Americas for Mental Health in Washington D.C. and Co-Chair of the International Multidisciplinary Teaching to Promote Women's Health Conference at Women's College Hospital in Toronto (1996), founding Director of the International Women's Rights Project at York University (1997).

In 2000, Ms. McPhedran was appointed by the Minister of Health for Ontario to chair the Special Task force on Sexual Abuse of Patients by Health Professionals in order to review the impact of the Regulated Health Professions Act, and its related codes and policies, in the response of health professionals to situations involving sexual abuse of patients by regulated health professionals in Ontario. Following the task force, Ms. McPhedran directed the National Network on Environments and Women's Health (York University 2001-2003), co-authored the textbook, "Preventing Sexual Abuse of Patients" published in 2004, convened and co-chaired the International Forum on Women's Activism in Constitutional Democratic Reform held in the Parliament Buildings of Canada in 2006. In 2007, she held the Ariel Sallows Chair in International Human Rights at the University of Saskatchewan College of Law and was appointed Chief Commissioner of the Saskatchewan Human Rights Commission. Since 2008, Ms. McPhedran has been a full professor at The University of Winnipeg Global College, where she teaches human rights at the undergraduate and graduate levels and directs the Institute for International Women's Rights.

The Honourable R. Roy McMurtry, Co-Chair of the Minister's Task Force

Former Chief Justice of Ontario

The Honourable R. Roy McMurtry, OC, O. Ont, QC LSM, joined Hull & Hull LLP as senior counsel in September 2014.

Mr. McMurtry practised law as a trial counsel for 17 years before being elected to the Ontario Legislature in 1975. Upon election, he was appointed to the Cabinet of Premier William G. Davis as the Attorney General for Ontario. He was deeply involved in the patriation of the Canadian Constitution and the creation of the Canadian Charter of Rights and Freedoms. During that period he also served four years as the Solicitor General for Ontario.

In 1985, Mr. McMurtry was appointed Canada's High Commissioner (Ambassador) to Great Britain, a post that he held until late 1988. In 1991, he was appointed Associate Chief Justice of the Superior Court and then Chief Justice of that Court in 1994. In February 1996, he was appointed Chief Justice of Ontario, a capacity in which he served for more than 11 years until May 30, 2007.

Most recently, Mr. McMurtry sits on the Board of Governors at York University.

Sheila Macdonald

Educator and Registered Nurse

Sheila Macdonald is the Provincial Coordinator of the Ontario Network of Sexual Assault/Domestic Violence Care and Treatment Centres (SA/DVTC), which links Ontario's 35 hospital-based sexual assault care and treatment centres. She is an adjunct lecture, Faculty of Nursing, at the University of Toronto. In 2012, she received the International Association of Forensic Nurses' Virginia Lynch Pioneer Award.

Ms. Macdonald has been involved in a number of studies of sexual assault care and treatment services. She developed the original proposal for a program of universal HIV post-exposure prophylaxis for Ontario sexual assault survivors and was a co-investigator on the HIV PEP

Study. She was Co-Principle Investigator on a drug facilitated sexual assault in Ontario as well as a client evaluation study, which studied clients' perception of care received at SADVTC services.

She is dedicated to the use of scientific evidence to inform clinical practice in Ontario's SA/DVTCs. With more than 15 years of clinical experience as an on-call nurse, Ms. Macdonald is an avid educator and has taught in the area of sexual assault/domestic violence across Canada, in South Africa, Costa Rica and the United States. She also provided leadership to the development of the Sexual Assault Nurse Examiner (SANE) role in Ontario by authoring the proposal for annual SANE training funding, submitted to the Ministry of Health and Long-Term Care.

Shae Greenfield, Minister's Office, 416-327-4306
David Jensen, Ministry of Health and Long-Term Care,
416-314-6197

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APR 08 2015

HLTC2968IT-2015-117

Dear College Presidents and Registrars/Executive Directors:

I am writing to follow up on the October 28, 2014 letter sent to you by my predecessor Suzanne McGurn regarding transparency for health regulatory Colleges.

I would like to thank you for providing the Ministry of Health and Long-Term Care (the ministry) with your transparency reports in December 2014. I am encouraged to see that the health regulatory Colleges have already undertaken meaningful steps to provide greater transparency and accountability to Ontarians and are committed to driving continuous improvements.

Since December, the ministry has reviewed and analyzed the transparency reports provided by the health regulatory Colleges. In the coming weeks, we will be engaging in discussions with the Minister on how best to strengthen transparency within the context of the province's self-regulatory model.

I look forward to working with all health regulatory Colleges to realize the ministry's vision for transparency in the health professions regulatory system in Ontario.

If you have any further questions, do not hesitate to contact me or John Amodeo, Director, Health Systems Labour Relations and Regulatory Policy Branch. I can be reached at 416-212-7688 or denise.cole@ontario.ca or John at 416-212-0873 or john.amodeo@ontario.ca.

Sincerely,

Denise Cole
Assistant Deputy Minister
Health Human Resources Strategy Division

c: Mr. John Amodeo, Director, Health Systems Labour Relations and Regulatory Policy Branch, Ministry of Health and Long-Term Care

**Ministry of Health
and Long-Term Care**

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HLTC2968IT-2015-121

DATE: April 1, 2015

MEMORANDUM TO: Registrars and Executive Directors,
Health Regulatory Colleges

FROM: Denise Cole
Assistant Deputy Minister
Health Human Resources Strategy Division

RE: New Regulatory Colleges under the *Regulated Health
Professions Act, 1991*

Effective today, April 1, 2015, two new health regulatory Colleges have been established: the College of Homeopaths of Ontario and the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.

As you all know, it takes a significant amount of effort and time to create a new regulatory College. Please join me in congratulating these organizations and wishing them great success in the future.

Sincerely,

A handwritten signature in cursive script, appearing to read "Denise Cole".

Denise Cole

Cc: Basil Ziv, Registrar College of Homeopaths of Ontario
Joyce Rowlands, Registrar, College of Registered Psychotherapists and
Registered Mental Health Therapists of Ontario

Date: May 10, 2015
To: Executive Committee
From: Tracy Wiersema, OCP Representative on NAPRA
Re: NAPRA Meeting Update

NAPRA Board of Directors meeting was held Saturday, April 25 and Sunday, April 26, 2015 in Ottawa, Ontario.

The Ad hoc Committee on Pharmacy Compounding presented the most current Draft Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations and Draft Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations. The committee identified next steps that would be required before the documents could be finalized. The committee was seeking, and received, Board approval of the drafts as revised since the last Board meeting and approval and some direction on the next steps. It is expected that the Model Standards will be available in August/September 2015. The committee intends to begin the work on the Model Standards for Pharmacy Compounding of non-sterile preparations as soon as the Model Standards for Pharmacy Compounding on Non-hazardous and Hazardous Sterile Preparations are complete.

Audited Statements for 2014 were reviewed and discussed. Some financial policies within the organization were addressed to better reflect the current business of NAPRA.

The National Advisory Committee on Pharmacy Practice (NACPP) presented the results of its review of the list of NAPRA foundation documents, including priorities for review, order of review, relevance of the documents and policy issues surrounding the documents. The findings of the committee were supported by the Board, and the discussion created a good foundation for the Mini Strategic Planning Session that took place during the weekend.

An update was provided on the activities of the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and their recent Strategic Planning session. Significant discussion took place regarding the Accreditation of International Programs and the significance that this could have on PRAs. While there was recognition that CCAPP had addressed this issue to a certain degree, the Board decided that NAPRA would send a letter to CCAPP outlining remaining areas of concern.

NAPRA's current Strategic Plan is set to end in 2015. At the last Board meeting it was decided to conduct a review of priorities at this April meeting as opposed to undertaking a full strategic planning session. A Mini Strategic Planning Session took place this weekend to set priorities for 2016-2017, with the intent of a full review to occur during this timeframe. The results of the session will be brought back to the Board for approval at the next Board meeting in November.

Elections occurred for the 2015-2016 NAPRA Board, with the results as follows:

President: Craig Connolly, Nova Scotia College of Pharmacists

Vice President: Anjali Acharya, Alberta College of Pharmacists

Executive Committee Member: Linda Hensman, Newfoundland and Labrador Pharmacy Board

Past-President: Tracy Wiersema, Ontario College of Pharmacists

My term as NAPRA President was challenging and rewarding. I would like to thank the Ontario College of Pharmacists for the trust and support that has been given to me to allow me to have taken on such a role.

Respectfully submitted,

Tracy Wiersema

OCP Representative on NAPRA

O:\0EXECUTIVE TEAM\COMMITTEES\EXECUTIVE COMMITTEE\EXECUTIVE 2015\May 20, 2015\Memo From T. Wiersema Re NAPRA Meeting Update.Docx

PEBC UPDATE

Vol. 19 No. 1 March 2015

2015 Annual Board Meeting Summary



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The Pharmacy Examining Board of Canada held its 2015 Annual Board Meeting on February 28, 2015 in Toronto. Standing committees met over the 3 days preceding this meeting. 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.

Board Appointments

New appointments to the Board, taking effect at the close of the Annual Board Meeting are:

Association of Faculties of Pharmacy of Canada – Carla Dillon

2015 Executive Committee

President – Cathy Schuster
Vice-President – Karen McDermaid
Past-President – Dr. Shawn Bugden

Executive Members:

Bonnie Hauser
Mits Miyata

2014 PEBC Statistics

PEBC Pharmacist Register:

There were 1955 names added to the Pharmacist Register by examination in 2014.

Pharmacist Qualifying Examination:

A total of 2777 candidates wrote the Qualifying Examination-Part I (MCQ) in

2014, compared to 2904 in 2013. A total of 2592 candidates took the Qualifying Examination-Part II (OSCE) in 2014, compared to 2380 in 2013.

There were a total of 33 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

There was an increase in the number of candidates writing this examination – 2007 in 2014, compared to 1965 in 2013.

Pharmacist Document Evaluation:

A total of 1829 applicants in 2014 were ruled acceptable for admission into the Evaluating Examination, compared to 1818 in 2013.

PEBC Pharmacy Technician Register:

There were 1811 names added to the Pharmacy Technician Register by examination in 2014, bringing the total to 6044 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 2654 candidates took the Qualifying Examination-Part I (MCQ) in 2014, compared to 2403 in 2013 and 2519 took the Qualifying Examination-Part II (OSPE), compared to 2325 in 2013.

A total of 1305 candidates wrote the Winter Qualifying Examination-Part I (MCQ) and 1239 candidates took Part II (OSPE). A total of 1349 candidates wrote the Summer Qualifying Examination-Part I (MCQ) and 1280 candidates took Part II (OSPE). Examinations are currently being offered at 12 centres: 2 in British Columbia, 2 in Alberta, 1 in Saskatoon, 6 in Ontario and 1 in Nova Scotia.

Pharmacy Technician Evaluating Examination:

A total of 692 candidates wrote the Pharmacy Technician Evaluating Examination in 2014 at centres in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, and Newfoundland, compared to 964 in 2013.

Committee on Examinations

PEBC continues to monitor evolving scopes of practice to ensure that these practices are reflected in PEBC examinations. The Committee discussed measures to enhance examination security at examination centres including a pilot security screening study for 2015. The Committee also discussed accommodating candidates in the Pharmacy Technician OSPE with the approach of provincial deadlines for non-CCAPP graduates passing the Pharmacy Technician Qualifying Examination. In addition, the Committee considered the future impact on examination sites once provincial deadlines have passed. The ability to accommodate the increasing number of international pharmacy graduates at the OSCE centres was discussed. Work has commenced on developing new questions and stations to address new areas in the Pharmacist and Pharmacy Technician Qualifying Examination blueprints that will be based on the revised NAPRA Entry-to-Practice Competencies.

Public Relations Committee

At the March 2014 meeting, the Public Relations Committee reviewed the PEBC Communication Strategy Plan pertaining to communication strategies for pharmacy technician candidates, pharmacy technician educators, and provincial regulatory authorities.

The use of the Pharmacy Technician section on the website will continue to be promoted to stakeholders and potential candidates. A digital

“question and answer” document regarding the pharmacy technician examinations has been sent out to a number of stakeholders and is also available on the PEBC website.

PEBC continues to present research at a number of conferences.

CLEAR 2014 Annual Conference, New Orleans:

“Functional Framework for Inter-professional Collaboration: A tool for lifelong development”, C. O’Byrne, J. Pugsley, S. Simosko

16th Annual Ottawa Conference on Clinical Competence in Medicine and Allied Health Professions, Ottawa:

“A Functional Framework for Development and Assessment of Inter-professional Collaboration as a Professional Competency”, J. Pugsley, C. O’Byrne

Pharmacy Life Long Learning Conference, Orlando, FL:

“The Magic of Discovery: What Lies Ahead”, C. O’Byrne, S. Simosko

Practice Analysis Study

PEBC is currently engaged in a practice analysis study to validate the revised competencies required of pharmacists and pharmacy technicians at entry to practice. The competencies to be validated are 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). These validated competencies will form the basis of the test content outline for the Pharmacist and the Pharmacy Technician Qualifying Examinations.

A Practice Analysis Task Force representing key stakeholder groups have been appointed to oversee the practice analysis. This study will include Focus Panels, Independent Review Panels, and a large scale survey of pharmacists and regulated pharmacy technician practitioners. The results of the study

will be used to revise the blueprints for both the pharmacist and pharmacy technician written and OSCE/OSPE examinations. We plan to implement the new blueprints in 2016. As a result there may be a need to develop new questions and stations to address new competency areas such as patient safety.

Needs Assessment Study for Specialty Certification

PEBC is also exploring potential involvement in assessments related to specialty certification and is working with the Blueprint for Pharmacy Steering Committee on a Needs Assessment Study for Specialty Certification in Canada.

Feasibility Study on Computerized Testing

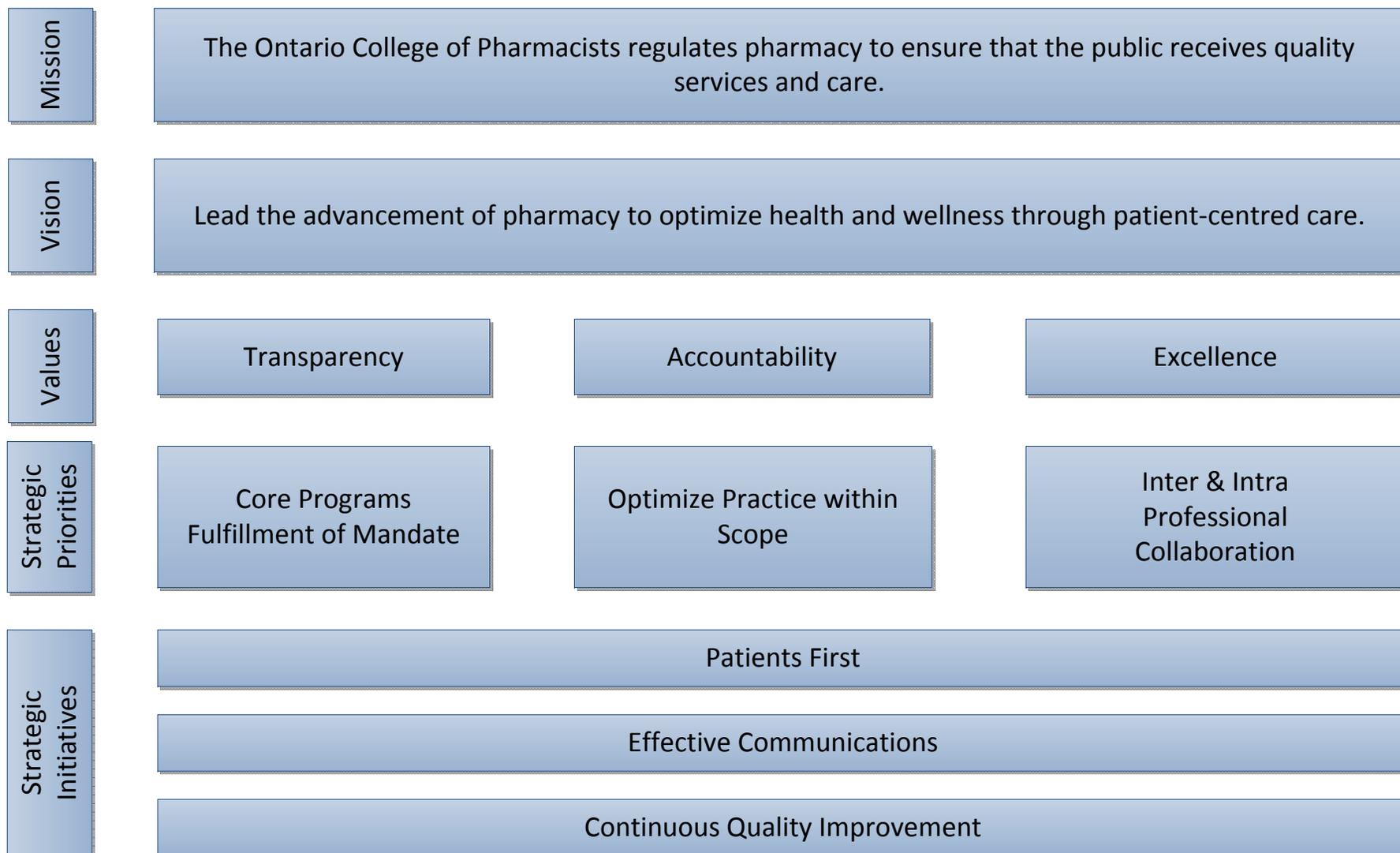
In 2013, PEBC conducted a feasibility study on the use of computerized testing in the delivery of PEBC multiple choice examinations. The PEBC Board of Directors is supportive in principle of moving forward with computerized testing and further exploration of costs for administering written examinations 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. Apart from putting a traditional paper and pencil examination on a computer, 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.

Board Meetings

The next Board meeting and Committee Meetings will be held on October 22-24, 2015 (Mid-Year Meeting). The date of the next Annual Meeting is tentatively set for February 27, 2016, with Committee Meetings preceding.



Strategic Framework 2015 - 2018





Strategic Priorities – 2015–2018

Key to Impact of Strategic Initiatives:

PF = Patients First, EC = Effective Communication, CQI = Continuous Quality Improvement

Strategic Priority #1: CORE PROGRAMS – FULFILLMENT OF MANDATE							
Processes meet or exceed societal expectations. <i>(Members, Premises)</i>							
Values	Outcomes & Key Performance Indicators	Activity	Timeline	Strategic Initiatives Focus			Resource
				PF	EC	CQI	
Transparency Accountability Excellence	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.	Ongoing Ongoing 1 – 3 years 1 – 3 years	High	Med	High	
	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.	1 year Immediate Ongoing Immediate	Low	Low	High	
	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.	1 – 2 years 1 – 3 years 2 – 3 years 2 – 3 years	Med	High	Med	\$\$

Strategic Priority #2: OPTIMIZE PRACTICE WITHIN SCOPE									
Patients receive quality health care services from pharmacy professionals.									
Values	Outcomes & Key Performance Indicators	Activity	Timeline	Strategic Initiatives Focus			Resource		
				PF	EC	CQI			
Transparency Accountability Excellence	Pharmacists 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.	1 year 2 - 3 years 1 - 2 years Ongoing	Med	High	Med	\$		
	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.	1 year 2 - 3 years 1 - 2 years Ongoing	Med	High	Med	\$		
	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.	Immediate 1 - 2 years	Med	Med	Med			
	The pharmacy profession integrates technology and innovative approaches to improve the quality and safety of patient care.	Raise awareness of PPMS (pharmacy practice management systems) with members, stakeholders, government. Participate and influence e-Health initiatives. OCP assessments and adjudications encourage and support innovation in practice.	Immediate Ongoing Ongoing	Low	High	Med			

Strategic Priority #3: INTER & INTRA PROFESSIONAL COLLABORATION							
High performing health professional teams in place to achieve coordinated patient-centered care.							
Values	Outcomes & Key Performance Indicators	Activity	Timeline	Strategic Initiatives Focus			Resource
				PF	EC	CQI	
Transparency Accountability Excellence	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.	1 - 2 years Ongoing Immediate	Med	High	High	\$\$
	Health Care Team: Pharmacists and pharmacy technicians exercise their responsibility within the patient's professional team.	Develop and provide guidance to members on how they can educate and collaborate with other health care professions. Develop guidance on expectations at transitions of care. Gather information from patients on their understanding of the pharmacy services role in health care team.	1 - 3 years 1 - 3 years 1 - 3 years	High	High	Med	\$

PLACE HOLDER FOR

Appendix 5

Briefing Note – Approval of proposed amendments to the DPRA Regulation



COUNCIL BRIEFING NOTE

MEETING DATE: June 2015

FOR DECISION **X**

FOR INFORMATION

INITIATED BY: Professional Practice Committee

TOPIC: Facsimile (Fax) Transmission of Prescriptions Policy

ISSUE: The Facsimile (Fax) Transmission of Prescriptions policy requires review by Council.

BACKGROUND: All College policies undergo a review at least every five years or earlier if the practice environment necessitates, ensuring that guidelines and policies accurately reflect current practice and provide proper guidance and support to members. The review of the Faxed Prescriptions Policy was prompted by a scheduled five year review as well as the need to align with the position statement on the Authenticity of Prescriptions using Unique Identifiers for Prescribers published in July 2013. The policy was updated to clarify expectations for members when verifying the authenticity of a prescription received by fax. In addition the updated policy uses the College's updated format for guidelines and policies. The proposed draft better aligns with the wording used in other jurisdictions and the national model policy developed by NAPRA.

ANALYSIS: The revised policy incorporates the following updates:

- The need to assess the prescription as a whole when evaluating whether a prescription requires verification of authenticity with the prescriber as opposed to focusing solely on the prescriber's signature or fax letterhead.
- The responsibility of each member to maintain the confidentiality and integrity of personal health information when sending and receiving prescriptions by fax.
- The requirement to consider where a prescription is transmitted from to ensure that it is sent from a fax machine authorized by the prescriber. The proposed wording is broad enough to capture any place of work, or emergency location.
- Clarification that fax transmissions can be accepted from a practitioner registered to practice in any Canadian province.
- The provision discussing "thermal" paper was removed as this technology is antiquated.

The proposed policy outlines expectations for a member when personal health information is received erroneously via fax, as well as the need for maintenance and cleaning policies.

RECOMMENDATION: That Council approve the revised Facsimile (Fax) Transmission of Prescriptions Policy

OPTIONS:

The proposed wording in the policy is broad enough to capture any place of work, or emergency circumstance, from where a prescriber may send a prescription (e.g. hospital, prescriber's office, home or a conference in an emergency). In addition, it updates and clarifies various provisions related to facsimile transmission of prescriptions.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Facsimile (Fax) Transmission of Prescriptions

POLICY

Approved: March 2007; Revised **XX** 2015

Legislative References:

- *Personal Health Information Act*
- *Drug and Pharmacies Regulation Act*

Additional References:

- Authenticity of Prescriptions using Unique Identifiers for Prescribers

College Contact: Pharmacy Practice

Definitions

Facsimile Transmission

A prescription received by facsimile transmission (“fax”) means transmission of the exact visual image of a document by way of electronic equipment.ⁱ

Policy

Considerations When Receiving a Prescription by Fax

Authenticity

A member must evaluate the prescription as a whole when determining whether to dispense a prescription. When assessing a prescription the member must consider the content of the prescription and its appropriateness given the patient’s condition and prescription history, as well as who transmitted the prescription, and the location from which a prescription was transmitted. If, upon assessing the prescription as a whole, a member is unsure of a prescription’s authenticity, it is the responsibility of the member to confirm the prescription with the prescriber prior to dispensing the medication.

Prescribers and Drugs

All prescriptions, including those written for narcotic, controlled drugs, and targeted substances may be accepted by fax. Additionally, a fax transmission can be accepted from a practitioner registered to practice in any province or territory of Canada. Regular e-mail (i.e. not a secure web mail portal) is not considered equivalent to receiving a prescription by fax and is not a secure medium for prescription transmission, therefore legislation does not permit prescriptions to be transmitted through e-mail.ⁱⁱ

For any prescription received by fax members must ensure the following:

1. All prescription authorizations transmitted by fax, must originate with the prescriber and be sent directly from a device authorized by the prescriber. Pharmacists are reminded that fax-header information can be manipulated and should be verified where appropriate by checking the number against a known fax number for the prescriber.
2. If a prescription written by a prescriber is faxed to the pharmacy by a patient or a patient's agent, the original prescription must be obtained before the medication is dispensed.
3. The process of receiving faxed transmissions must maintain patient confidentiality. Fax equipment must be located within a secure area where the transmission is received and handled only by pharmacy staff, to protect the confidentiality of patient information.ⁱⁱⁱ
4. If any document containing personal health information is received in error, the pharmacy should notify the sender that the fax was received in error and destroy the information in a secure manner.^{iv}
5. Patient choice must be protected; that is the patient must determine the pharmacy where the prescription is to be filled.
6. The pharmacy has policies and procedures for the regular maintenance and cleaning of fax machines to ensure optimal transmission of medication-related information.^v

ⁱ National Association of Pharmacy Regulatory Authorities. Fax Prescription Model Policy. Retrieved on August 29, 2014 from http://napra.ca/pages/Practice_Resources/fax_prescription_model_policy.aspx

ⁱⁱ Information and Privacy Commissioner Ontario. Privacy Protection Principles for Electronic Mailing Systems (1994). Retrieved at <http://www.ipc.on.ca/images/Resources/email-e.pdf>

ⁱⁱⁱ Cavoukian, A. Information and Privacy Commissioner Ontario. Guidance on Facsimile Transmission Security. Retrieved on September 16, 2014 from <http://www.ipc.on.ca/images/Resources/fax-gd-e.pdf>

^{iv} Cavoukian, A. Information and Privacy Commissioner Ontario. *Guidance on Facsimile Transmission Security*. Retrieved on September 16, 2014 from <http://www.ipc.on.ca/images/Resources/fax-gd-e.pdf>

^v Institute for Safe Medication Practices Canada. ISMP Canada Safety Bulletin ALERT: Medication Mix-up with a Faxed Prescription. Retrieved from http://ismp-canada.org/download/safetyBulletins/2012/ISMPCSB2012-06_Alert-MedMixupwithFaxedPrescription.pdf on October 14, 2014.