TUESDAY, MARCH 10, 2015

COUNCIL MEETING AGENDA

OCP COUNCIL CHAMBERS – 9:00 A.M.

1. Noting Members Present

2. President's Opening Remarks
2.1 Briefing Note - President's Report to Council ..... Appendix 1
2.2 Briefing Note - December 2014 Council Meeting Evaluation ..... Appendix 2

3. Declaration of Conflict

4. Approval of Agenda

5. Approval of Minutes of Previous Meeting
5.1 Minutes of December 2014 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
(Includes presentation by Registration Program)
9.2 Briefing Note - Approval of proposed amendments to the By-laws – Transparency/Phase II ..... Appendix 5

10. For Decision
10.1 Briefing Note – Finance and Audit Committee - Audited Financial Statements 2014 ..... Appendix 6
10.2 Briefing Note – Accreditation Committee - Proposed Amendments to the DPRA Regulation ..... Appendix 7

11. For Information
11.1 Code of Ethics Project – Update

12. Other Matters

13. Unfinished Business

14. Motion of Adjournment

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COUNCIL BRIEFING NOTE

MEETING DATE: **March 2015**

FOR DECISION

FOR INFORMATION **X**

INITIATED BY: Mark F. Scanlon, President

TOPIC: President's Report to March 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 December 2014 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:
February 7th – PharmacyU Education Day (non-OCP function)
February 26th – DT Regional Banner Meeting

Presentations:
January 8th – U of W School of Pharmacy White Coat Ceremony
January 14th – U of T Faculty of Pharmacy White Coat Ceremony

Other Stakeholder Meetings:
February 5th – U of T Pharmacy Student Social Evening, with M. Moleschi

College Meetings:
December 8th – Council Meeting
December 8th – Finance and Audit Committee Orientation
December 8th – Conjoint OPA & OCP Executive
December 15th – Code of Ethics Task Force
January 8th – Discipline Prehearing Conference
January 9th – Quality Assurance Committee Meeting
January 14th - Accreditation Committee Meeting
January 19th – Registration Committee Meeting (via teleconference)

January 22nd –	Teleconference with M. Moleschi and U. Rajdev, Executive Meeting planning and CBC Marketplace discussion
January 30th –	Teleconference, Code of Ethics Task Force
January 26th -	Onwards – numerous calls from various OCP Registrants and Council Members regarding CBC Marketplace
February 6th –	Code of Ethics Task Force, ethicists interviews
February 10th –	Finance and Audit Committee Meeting
February 10th –	Executive Committee Meeting
February 10th –	Strategic Planning Committee Meeting
February 16th –	Dinner Meeting, John Laframboise, newest Public Member
February 17th –	New Member Orientation, John Laframboise
February 17th –	Workshop, Managing Cultural Differences
February 25th –	Conjoint Executive and Accreditation Committee

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COUNCIL BRIEFING NOTE

MEETING DATE: **March 2015**

FOR DECISION

FOR INFORMATION **X**

INITIATED BY: Mark F. Scanlon, President

TOPIC: December 2014 Council Evaluation Report to March 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 an opportunity to provide suggestions for improvement.

BACKGROUND: At the December 2014 Council meeting, we again provided Council members with the opportunity to provide their feedback via either electronic or paper survey. 11 members provided input and I respectfully submit the feedback received.

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	11	0	01	0	0	11
2. Members were well prepared to participate effectively in discussion and decision making	6	3	2	0	0	11
3. In accordance with the governance philosophy, Council worked interdependently with staff	10	1	0	0	0	11
4. There was effective use of time	11	0	0	0	0	11
5. There was an appropriate level of discussion of issues	9	2	0	0	0	11
6. The discussion was focused, clear, concise, and on topic	8	3	0	0	0	11

2. Did the meeting further the public interest?

YES = 10 = 90.91%
NO = 1 = 9.09%

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

- Update on Hospital Oversight presentation - critical work to regain public trust Discipline rule of procedure - excellent refresh of how to treat members equitably
- Meeting went very well. Updates from the President, Registrar and staff were informative and on point. These presentations helped me understand the significant work ahead for the College.
- I was very pleased with the new format for the Registrar's update. It was very informative and also effectively served the governance goal of improved accountability.
- Useful discussion of proposed transparency bylaws. Helpful to get everyone on the same page. Members able to hear each other's perspective.
- Discussion regarding what is to appear on the public registry

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

- None
- I was disappointed that some members were asking questions the answers to which were clearly provided in the meeting package.

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	9
Mostly Satisfied	1
Neither Satisfied Nor Dissatisfied	1
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	11

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

- To improve our evaluation of Council meetings, suggest the following: 1. revise the last question to match our current OCP values listed - transparency, accountability and excellence 2. Consider starting the meeting with a patient story - have used this strategy at our hospital's Quality of Care committee meeting and it highlights the reason we are all there (i.e. for the patient) very effectively. Note the patient outcome is usually not always the best however the story helps to acknowledge that we need to improve and the team presenting then shares how the system was enhanced as a result. Perhaps the OCP inspectors (assessors) could provide the patient stories for us? I can provide more detail if you are interested in this idea - Christine (Donaldson)

- None. Council meeting was very informative and focused. Sylvia Moustacalis
- No problems with this form for feedback.
- President did a good job chairing mtg., setting a good tone, moving things along, etc. I appreciated a more fulsome report from registrar and activities being tied in with the operational plan. Really tied things together nicely. Informative presentations from staff.
- Great Job
- I believe the staff and council members need a gentle reminder not to discuss discipline cases (past, present and to come) with each other, the risk of bias, loss of confidentiality is high.

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MINUTES OF MEETING

OF COUNCIL

DECEMBER 8, 2014

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MONDAY DECEMBER 8, 2014 – 9:01 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 – **for a portion of the meeting**
District L	Mr. Michael Nashat, Brampton - **Regrets**
District L	Mr. Farid Wassef, Stouffville
District M	Mr. Fayez Kosa, Toronto
District M	Mr. Don Organ, Toronto
District M	Ms. Laura Weyland, Toronto
District N	Ms. Bonnie Hauser, Dunnville
District N	Mr. Chris Leung, Windsor
District N	Mr. Ken Potvin, Waterloo
District P	Mr. Jon MacDonald, Sault Ste. Marie
District P	Mr. Douglas Stewart, Sudbury
District T	Ms. Michelle Filo, Sudbury
District TH	Mr. Goran Petrovic, Kitchener

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

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora
Mr. Bob Ebrahimzadeh, Woodbridge
Mr. David Hoff, Oakville
Mr. Javaid Khan, Markham
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

2. President's Opening Remarks

2.1 President's Report to Council

President Scanlon welcomed members of Council to the meeting and then provided a brief summary of his activities since the previous Council meeting, which included attending various statutory Committee meetings at the College and various phone calls and meetings with the Registrar and the Vice President.

2.2. September 2014 Council Evaluation

Mr. Scanlon presented a summary of the feedback from Council members following the September Council Meeting. He encouraged members to continue to provide feedback and furthermore, asked members to review the questions that were posed in the evaluation form and assess their appropriateness and, if necessary, provide feedback on the type of questions and evaluation they considered was relevant.

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 September 2014 Council Meeting

It was moved and seconded that the Minutes of the September 2014 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 Registrar's Report to Council

Council received for information a list of meetings that the Registrar attended between September 2014 and December 2014 Council meetings. It was noted that these meetings were in addition to the various internal meetings with staff as well as regular face-to-face meetings and phone calls with the President (some which also included the Vice President) that the Registrar participated in during the reporting period. Mr. Moleschi then provided highlights of some of those meetings.

Council noted that much of the focus during this quarter was on Bill 21 and the Transparency Project. These initiatives are moving forward at a rapid pace and the College, through staff and various Committees, is working to ensure that our regulatory obligations continue to be met.

With respect to the Transparency Project, Registrar Moleschi provided detailed information on how the College is embracing transparency and making more information regarding decisions and processes available to the public. He added that as part of this initiative, starting in March, at the next Council meeting, the College will also make available all Council meeting material on the website. (Currently, the agenda and subsequent Council Reports and Minutes are available on the College website). The College's value statement, which was developed by Council in 2012, already demonstrates that transparency is a priority for this College and Mr. Moleschi added that as Council developed the new Strategic Plan in March 2015, transparency would continue to be a key focus.

He also provided information regarding some of the work being done by the Federation of Health Regulatory Colleges of Ontario as well his own role as their President this year. Discussion at the Federation level includes attaining consensus among member colleges for a consistent approach to the Transparency Project, development of a common orientation for all Council members for all colleges and discussion with the Ministry to develop a more simplified and efficient approach for submission of regulatory amendments by member colleges.

From 9:45 a.m. to 10:50 a.m., the managers of Pharmacy Practice (Ms. Perlman) and Hospital and Other Health Care Facilities (Ms. Chong) provided Council with an overview of those areas, including the plans going forward, and responded to questions from the floor.

9.2 Approval of Proposed Amendments to the By-laws (Transparency – Phase 1)

Ms. Resnick, Deputy Registrar, was asked to speak to the memorandum regarding the comments received during the 60-day public consultation period on the amendments to College By-law No. 3 relating to Phase 1 of the Transparency Project. Specifically, the amended by-law will include the posting of a summary of any findings of guilt — made after April 1, 2015 — against a member in respect of a federal or provincial offence that the College becomes aware of, and that the Registrar believes is relevant to the member's suitability to practise. As well, a change was made to the wording of the posted summaries of current custody or release conditions in provincial or federal offence processes that the College becomes aware of, and that the Registrar believes are relevant to the member's suitability to practise.

Also, with respect to discipline hearings regarding professional or proprietary misconduct where the matter is outstanding, the amended by-law allows for the posting on the public register of the notice of hearing, if the hearing is awaiting scheduling a statement of that fact, and if the hearing is completed and awaiting a decision, a statement of that fact.

There was discussion on the need to have a process and thresholds in place that would allow for consistency in the decision-making process for information to be made available on the Public Register. Ms. Resnick provided clarification and reiterated the specifics of what was considered to fall within these requirements for posting.

Following further discussion, **a motion was moved and seconded that the By-Law amendments to put into effect Phase 1 of the transparency initiative be approved.** There were no abstentions. Mr. Kosa requested that his dissenting vote be recorded. **CARRIED.**

10. Discussion and Decision

10.1 Executive Committee Report No. 1

A motion to receive Executive Committee Report No. 1 for discussion was moved and seconded. CARRIED.

The recommendation of the Executive Committee was for Council to approve amendments to By-law No. 3 that will that will further expand the information made available on the public register about pharmacists and pharmacy technicians.

Ms. Resnick was invited to speak to these amendments. She explained that the amendments are related to Phase 2 of the Transparency Project. A few of the key proposed provisions include: the posting of some complaint outcomes — cautions and specified continuing education or remediation programs (SCERP) resulting from the Investigations, Complaints and Reports Committee (ICRC) process — and any federal or provincial charges against a member that the College becomes aware of, and that the Registrar believes are relevant to the member's suitability to practise.

Comments from the floor included how some members might perceive the fairness about some of these postings, development of certain definitions and a general expectation of the need for absolute clarity and demonstration of due process in ICRC for both the public and the membership.

Following further discussion, and a clarification by the Registrar that the proposed by-law amendments will need to be posted for consultation and feedback in order for Council to consider and discuss further at the March 2015 Council meeting, **a motion to approve Executive Committee Report No. 1 was moved and seconded. CARRIED.**

10.2 Registration Committee Report No. 1

A motion to receive Registration Committee Report No. 1 for discussion was moved and seconded. CARRIED.

Ms. Donaldson presented the report to Council. Under the Registration Regulation, there are references to requirements which are to be approved by Council. These requirements are approved through resolutions and allow the College to make changes in these specific areas to keep the regulation current, without having to actually change the regulation.

She then provided a brief explanation of the three amendments since last Council approval which include: (1) Addition of a reference of approval of the entry level PharmD programs at the Leslie Dan Faculty of Pharmacy at U of T and the School of Pharmacy at U of W; (2) Addition of reference to the University of Toronto PharmD for Pharmacists Program, as an approved bridging program and (3) Addition of reference to the University of Toronto PharmD for Pharmacists Program, as a program that meets the requirements of the structured practical training program.

Following discussion, **a motion to approve Registration Committee Report No. 1 was moved and seconded.** Ms. Hauser had declared a conflict for this portion of the agenda and was not present in the room for discussion and voting of this matter. Mr. Potvin abstained from voting. There were no negative votes. **CARRIED.**

11. For Information

Council next noted that subsequent to the September Council meeting, the Executive Committee met and discussed several issues which were now being provided to Council for information. These include the appointment of inspectors, the Code of Ethics project, an update regarding the NAPRA meeting as well as an update from PEBC, receipt of the Discipline Committee Rules of Procedure, a Pharmacy Status Report from the Leslie Dan Faculty of Pharmacy, a memorandum regarding the DPRA Regulation Rewrite and information regarding the upcoming Strategic Planning Retreat.

The President, together with senior staff, provided clarification on the informational items where necessary.

Regarding the Code of Ethics Project, President Scanlon reported that he had appointed Mr. Petrovic, Ms. Donaldson, Ms. Moustacalis and Mr. Potvin serve with him on the Code of Ethics Task Force with staff support being provided by Ms. Winkelbauer, Manager, Continuing Competency. Council noted that a progress report on this project will be provided at future Council meetings.

The NAPRA Annual Report was received for information by Council. The Registrar also provided an update on some of the discussions that occurred at the recent Board Meeting which was held November 7-9 on the College premises. He stated that the meeting was chaired by Ms. Wiersema (the College's representative at the NAPRA table) who expressed her appreciation for the use of College facilities and to the College staff in making this a successful event. This appreciation was also extended by the NAPRA Board.

Council noted that the Gateway Project was underway and being used. It has received good initial feedback. As well, three provinces provided learnings on the pharmacy technician bridging program. Thirdly, there was significant discussion regarding (sterile) compounding and a decision was made that more consultation would occur with the PRAs and a more complete document will be provided to the NAPRA Board at its meeting in April 2015. Mr. Moleschi further advised that consultation on non-sterile compounding would occur later next year.

At the Chair's invitation, Mr. Ebrahimzadeh, Chair of the Discipline Committee, provided clarification on the Discipline Committee Rules of Procedure which were being provided to Council for information. He noted that a Working Group was formed in April 2014 to review the existing Discipline Committee Rules of Procedure and make recommendations to the Discipline Committee regarding changes that could be made to the Rules. The key objectives of the Rules revision project was to: (1) identify best practices and incorporate them into the Rules; (2) identify and address areas where the Rules could be clearer or otherwise improved; and (3) identify stages within the discipline process and issues that pose a risk to public protection, fairness, transparency and efficiency, and address the concerns. Draft Rules were circulated to stakeholders for feedback, specifically College counsel, counsel for members, and the Ontario Pharmacists Association and following consideration of all feedback, the final revised document was presented to the Discipline Committee for adoption.

Mr. Ebrahimzadeh added that the Rules, along with the procedures that will be implemented as a result of the revisions, will take effect on February 1, 2015.

Next, Registrar Moleschi advised that in Fall 2012, the College signed an agreement with the University of Toronto to establish a Program that will address, through extensive research, the underlying behavioural issues and characteristics of pharmacists that inhibit pharmacists from confidently embracing/ adopting an expanded scope of practice in the health care system. Council received a status report on the research activities undertaken by the University over the past year, as well as their results and the plan for the upcoming year.

President Scanlon referred next to the update from PEBC, Pharmacy Examining Board of Canada and advised Council that in response to Dr. Pugsley's correspondence, the Executive Committee had approved the appointment of Ms. Hauser for a second three-year term, which will end in March 2018.

Next, the Registrar provided information regarding the DPRA Regulation Rewrite. He advised Council that prompted by the pending passage of Bill 21, *Safeguarding Health Care Integrity Act, 2014*, which will give the College the authority to license and inspect hospital pharmacies throughout Ontario, consideration was given to the fact that the regulations under the DPRA (Drug and Pharmacies Regulation Act) will need to be redrafted. He referred Council to the proposed framework for this project, noting that the newly drafted regulations will be performance based, will focus on high risk practices (i.e. those that impact patient and public safety), and will support practice evolution and change. It is anticipated that draft regulations will be brought to the March Council meeting for approval for public consultation.

Vice President Merani next reported that as previously advised, activities set in March 2012 are expected to reach completion in 2015 when Council will embark upon the development of the next 3-year Strategic Plan. To this end, the College has engaged the services of Dr. Elaine Todres, who has held various roles with the government of Ontario and whose firm specializes in corporate governance and strategy, to facilitate Council's strategic planning session set for March 2015. At their inaugural meeting, there was agreement that the first step would be for her to conduct an environmental scan, which will include interviewing Council, and Mr. Merani encouraged members at the table to speak to Ms. Todres and provide feedback. Further meetings, he continued, would occur over the next few months to plan and prepare the agenda and format for the Retreat.

12. Other Matters

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

President Scanlon encouraged Council members to provide their feedback and evaluate today's Council meeting.

It was moved and seconded that the Council meeting be adjourned at 2:07 p.m. and to reconvene on Monday March 9, 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: March 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Marshal Moleschi, CEO and Registrar

TOPIC: Report to March 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 December 2014 Council Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the President, listed below are the meetings 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.

Ministry of Health and Long-Term Care/Legislation

As reported previously, Bill 21, *Safeguarding Health Care Integrity Act, 2014*, passed second reading on November 24, 2014 and third reading on December 10, 2014. While the blood plasma section of the Bill came into force immediately, the pharmacy section of the Bill has yet to be proclaimed. In the meantime however, the College has been working on making appropriate amendments to the *Drugs and Pharmacy Regulations Act (DPRA)* to ensure the regulations remain relevant and reflect the intent of Bill 21. These amendments are being brought for Council's consideration later in the agenda (see Briefing Note initiated by the Accreditation Committee).

A series of investigative reports appeared in the Toronto Star in November and early December of 2014 the focus of which was the College of Physicians and Surgeons of Ontario (CPSO) and the regulator's ability to deal with sexual assault charges of its members. As a result of these media reports, 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. The task force is expected to present recommendations to update the health professional's procedural code under the Regulated Health Professions Act by looking at:

- The definition of sexual abuse, including which sexual acts should trigger automatic revocation of a health professional's licence;
- How a college can discipline a member found guilty of sexually abusing a patient, including whether gender-based restrictions are an appropriate disciplinary action;
- Whether reporting sexual abuse of patients by health professionals to police should be mandatory for colleges;
- Whether there is room for further public participation in college disciplinary processes; and
- How patients who have been sexually abused by health professionals can be supported to come forward.

On December 17, 2014, Minister Hoskins wrote to all regulatory colleges requesting that they provide the task force with the current status of their patient relations program's measures for preventing and dealing with sexual abuse of patients. This College's response, which was provided to Ministry officials, is appended to this report, and provides information on the current status of the program. Subsequent to that letter, the task force requested further information and we are working towards providing specific and detailed information to the Ministry.

Also attached to this Report is a letter from Ms. Taylor, CIO and ADM, MOHLTC regarding the establishment of an Executive Steering Committee whose purpose is to bring together leadership from across the ministry and key stakeholders who will provide advice and guidance to successfully implement a province wide comprehensive drug profile strategy. I will be attending future meetings of the Steering Committee and will provide information to Council on the outcomes of these meetings

Throughout all our interactions, the College remains committed to keeping transparency and accountability at the forefront as we move forward on all initiatives in all our program areas and we are working to ensure that the momentum continues. I continue to represent the College at various meetings at the Ministry level and these include:

December 11	Meeting with MedAvail re Bill 21
December 12	Meeting with Mr. John Amodeo, MOHLTC re Regulatory Initiatives
January 22	Introductory meeting with new Assistant Deputy Minister, Ms. Denis Cole (MOHLTC)
January 26	Meeting with Mr. John Amodeo and Mr. Stephen Cheng, MOHLTC re Plans and priorities for 2015
February 2	Meeting with Ms. Suzanne McGurn, Assistant Deputy Minister for Ontario Public Drug Programs re common issues, plans, priorities and activities for 2015
February 12	Meeting with Ms. Tatum Wilson, Premier's Health Policy Advisor re OCP Initiatives (with Ms. Sandra Leffler)
February 20	Meeting with Mr. John Amodeo, MOHLTC re Regulatory Initiatives
February 23	Meeting with Ms. Suzanne McGurn, Assistant Deputy Minister for Ontario Public Drug Programs re common issues, plans, priorities and activities for 2015 (with Ms. Resnick)
March 5	Meeting with Mr. John Fraser, MPP and Parliamentary Assistant to Minister Hoskins re Regulatory Initiatives (with Ms. Sandra Leffler)

Inter-professional Relationships

I currently serve as President of FHRCO, the Federation of Health Regulatory Colleges of Ontario, and 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. As well, I held regular meetings, teleconferences and Skype sessions with the Executive Coordinator to discuss and prepare for the Executive and Board meetings of FHRCO.

In addition, AGRE, the Advisory Group for Regulatory Excellence, which was formed in 2012 by the registrars of the colleges of medicine, nursing, dentistry and pharmacy to consider and collaboratively address regulatory issues of common interest, has held regular meetings to work on the Transparency Initiative. In particular, the ICRC (Inquiries, Complaints and Reports) Working Group has been meeting regularly and is working towards a consistent approach to ICRC process and decisions. The resultant recommendations will be brought to a future Council meeting for discussion and decision.

December 9	Meeting with Ms. Beth Ann Kenny, Executive Coordinator, FHRCO re various FHRCO matters
December 10	FHRCO Board of Directors Meeting
December 10	Meeting with Ms. Beth Ann Kenny, re FHRCO matters
December 11	Teleconference with Ms. Paula Garshowitz, Registrar, College of Optometrists re Internet Dispensing
December 19	Teleconference with Ms. Beth Ann Kenny, re FHRCO matters
December 22	Teleconference with Ms. Beth Ann Kenny, re FHRCO matters
December 22	Meeting with Ms. Shenda Tanchak, Registrar, College of Physiotherapists of Ontario re FHRCO matters
December 29	Meeting with Ms. Beth Ann Kenny, re FHRCO matters
January 8	Meeting with Ms. Beth Ann Kenny, re FHRCO matters
January 9	Meeting with Ms. Shenda Tanchak, Registrar, College of Physiotherapists of Ontario re FHRCO matters
January 13	Teleconference with Ms. Cristina De Caprio, Registrar and CEO, College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario re Transparency
January 13	Teleconference with Ms. Beth Ann Kenny re FHRCO matters
January 14	FHRCO Executive Committee Meeting
January 14	AGRE Meeting with Dr. Bob Bell, Deputy Minister, Ms. Suzanne McGurn, ADM, Mr. John Amodeo, Director, and Mr. Joel Montesanti, Senior Policy Advisor, MOHLTC re Transparency
January 15	Teleconference with Ms. Beth Ann Kenny, re FHRCO matters
January 16	Teleconference with Ms. Beth Ann Kenny, re FHRCO matters
January 21	Teleconference with Mr. Brian O'Riordan, Registrar, College of Audiologists and Speech-Language Pathologists and Ms. Shenda Tanchak, Registrar, College of Physiotherapists of Ontario re FHRCO matters
January 21	Meeting with FSCO, Financial Services Commission of Ontario, Ministry of Finance with FHRCO Executives re Auto Insurance and New Regulatory Process/Communication/Information Sharing
January 29	Teleconference with Ms. Beth Ann Kenny re FHRCO matters
February 4	Meeting with Ms. Beth Ann Kenny re Review of Board Meeting Material
February 4	FHRCO Board of Directors Meeting
February 6	Teleconference with Ms. Beth Ann Kenny re Board Meeting Debrief
February 12	AGRE Meeting re discussion and update of AGRE recommendations and Communication initiatives

February 13	Teleconference with Ms. Beth Ann Kenny re Update on Transparency initiative
February 18	Meeting with Mr. Brian O'Riordan, Registrar, College of Audiologists and Speech-Language Pathologists re FHRCO matters
February 23	Teleconference with FHRCO Board of Directors re Sexual Abuse Task Force
February 23	Meeting with Ms. Jo-Ann Wilson, Registrar and General Counsel, College of Chiropractors of Ontario
March 4	Meeting with Ms. Beth Ann Kenny re Review of FHRCO Executive Committee Meeting Material
March 4	FHRCO Executive Committee Meeting Material

Presentations

Listed below are the presentations made during this reporting period:

February 6	Presentation to Military Pharmacy Conference re Delivering Patient-Centred Care
February 18	Presentation at the Strategic Planning Session of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario re Transparency

Other Stakeholder/College meetings and business

I continue to hold regular meetings with Mr. Dennis Darby, CEO, Ontario Pharmacists Association (OPA) 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. As well, during this reporting period, I represented the College at various stakeholder meetings including the National Association of Pharmacy Regulatory Authorities (NAPRA), the Canadian Foundation for Pharmacy (CFP) and the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).

NAPRA has continued its work on the draft compounding standards for non-hazardous sterile products and I am part of a working group tasked with reviewing and re-drafting the document which is anticipated to be ready for Board approval in April 2015. The Professional Practice Committee and College staff had the opportunity to review and comment on the document.

Also at the April meeting, NAPRA will elect Directors to sit on its Board. Nominations were due on January 30th and the Executive Committee endorsed the President's nomination of Ms. Tracy Wiersema. Ms. Wiersema has been representing this College on the NAPRA Board and is currently the President of NAPRA. Her election will ensure continuity not only for this College, but for the Board as she transitions into the role of past president of NAPRA. The attached NAPRA Notes provide an overview of NAPRA's activities for 2014 and proposed activities for 2015.

One of the items that will be discussed at the upcoming meeting is regarding stewardship of narcotics and controlled drugs. The Health Products Stewardship Association (HPSA) recently informed stakeholders on upcoming changes in regulation that will impact the management of post-consumer narcotics and controlled drugs and substances returned to retail pharmacists by the public under voluntary and regulated provincial medication take-back programs.

Whenever possible, meetings are held with staff from the Universities of Toronto and Waterloo to collaborate and exchange information. We were pleased to have been informed of Dr. Zubin Austin's appointment of the Murray B. Koffler Chair in Pharmacy Management. The Murray B. Koffler Chair in Pharmacy Management was established to advance the principles of pharmacy management, including finance, human resources, operations, technology, leadership, marketing, and communications. As such, the Chair's responsibilities include exploring innovative business models for new pharmacy services and establishing programs and services to investigate the expanded role of the pharmacist.

Listed below are some of the meetings I participated in during this reporting period.

December 15	Teleconference with CCAPP Board
December 16	Teleconference with President Scanlon re OCP Update
December 17	Teleconference with Dr. Wayne Hindmarsh re CCAPP matters
December 17	Teleconference with Mr. Dayle Acorn re CFP matters
December 17	Teleconference with Ms. Carole Bouchard re NAPRA matters
December 19	Meeting with MedBuy re: Sterile Compounding
December 23	Meeting with Mr. Dayle Acorn re CFP matters
December 30	Meeting with Ms. Elaine Todres re Environmental Scan Interview
January 5	Teleconference with Ms. Sandra Leffler re Government Relations
January 6	Meeting with Mr. Sean Kelly, Vice President, BD Canada re Healthcare Challenges and Opportunities
January 6	Meeting with Mr. Joseph Knott and Ms. Bev Herczegh, Pangea Group
January 8	Teleconference with Ms. Elaine Todres and Ms. Campbell re March 2015 Strategic Planning Retreat
January 8	Waterloo White Coat Ceremony with President Scanlon
January 9	Meeting with Ms. Elaine Todres re Strategic Planning Retreat
January 14	Induction /Professional Community of Pharmacy, Leslie Dan Faculty of Pharmacy, University of Toronto
January 15	Meeting re Pangea Group Perspective on Quebec's Bill 28
January 15	Meeting with Dr. Heather Boon, Ms. Shelley McKinney, Ms. Lynda Balneaves, Ms. Julia Cox re Pharmacists Dispensing/Compounding TCM Herbs
January 16	Teleconference with Ms. Kelly Grindrod, Assistant Professor, University of Waterloo re: Scope of Practice
January 16	Meeting with Ms. Sandra Leffler re Government Relations
January 16	Meeting with Mr. Dennis Darby, Mr. Joe Ragusa and Ms. Sandra Leffler re Government Relations
January 16	Meeting with Dr. John Pugsley, Registrar, PEBC and Ms. Susan James re PEBC Pharmacy Technician Exam
January 16	Teleconference with Mr. Richard Steinecke re various regulatory initiatives
January 21	Teleconference re Presentation at the May 2015 Symposium of The Canadian Association of Pharmacy in Oncology
January 21	Meeting with Dr. Wayne Hindmarsh and Ms. Elaine Todres re CCAPP Board Strategic Planning

January 22	Meeting with Ms. Jane Farnham, Chair, CPhA re Issues discussion
January 22	Teleconference with Mr. Joe Cabaleiro, Accreditation Commission for Health Care re PCAB Certification Program/Compounding Standards
January 22	Teleconference with President Scanlon re Executive Committee Meeting Agenda and OCP Update
January 23	Teleconference re NAPRA Compounding Standards
January 26	Teleconference re CCAPP Board Strategic Planning
January 27	Meeting with Mr. Rob Loney, Johnson and Johnson re Regulatory Initiatives
January 28	Meeting with Mr. Sherif Guorgui, OPA re eHealth and NAPRA PPMS standards and implementation
January 28	Teleconference with Mr. Richard Steinecke re Regulatory Initiatives
January 29	Teleconference with Ms. Natalie Gauld, New Zealand Pharmacy re Information sharing of Canadian pharmacy practice
January 29	Meeting with Ms. Marnie Mitchell re CFP matters
January 30	CFP Executive Meeting
February 2	CSHP Conference with Ms. Judy Chong
February 3	CSHP Conference with Ms. Judy Chong
February 3	Meeting with Ms. Elaine Todres re CCAPP Board Strategic Planning
February 3	Teleconference re NAPRA Compounding Standards
February 3	Meeting with Ms. Elaine Todres re Strategic Planning (with Ms. Campbell)
February 5	Teleconference with Ms. Carole Bouchard, NAPRA re English/French Proficiency
February 5	Teleconference with Ms. Sandra Leffler re Government Relations
February 5	Undergraduate Pharmacy Society event with President Scanlon
February 6	Meeting with President Scanlon re Executive Committee Meeting Agenda and OCP Update
February 6	Teleconference with Express Scripts re Signature Requirements for Medication Delivery by Mail
February 6	Teleconference with Ms. Carole Bouchard, Mr. Greg Eberhart, Ms. Maureen Charlebois and Mr. Mark Nenadovic, Canada Health Infoway re PPMS requirements and status of implementation
February 9	Teleconference re NAPRA Compounding Standards
February 10	Finance and Audit Committee Meeting
February 10	Executive Committee Meeting
February 10	Strategic Planning Committee Meeting
February 11	Meeting with Mr. David King, Inline Digital Communications re Standards of Practice for pharmacists in Ontario
February 13	Teleconference with Ms. Deb Saltmarche re Patient Call Center
February 13	Teleconference with Ms. Carole Bouchard re Update on Transparency initiative
February 17	New Council Member Orientation with Mr. John Laframboise (with President Scanlon and Deputy Registrar, Ms. Anne Resnick
February 17	Teleconference with Ms. Carole Bouchard, NAPRA and Dr. Wayne Hindmarsh, CCAPP re English/French Proficiency
February 19	Teleconference with Dr. Heather Boon, Dean, Leslie Dan Faculty of Pharmacy re OCP Professorship
February 20	Meeting with Mr. Richard Procunier and Mr. Blake Ziegler re Pharmacist Scope of Practice/new Service Inquiry
February 23	Teleconference with Ms. Elaine Todres re Strategic Planning

February 24	Teleconference with Ms. Elaine Todres re CCAPP Strategic Planning
February 24	Teleconference with Ms. Elaine Todres re Strategic Planning (with Ms. Campbell)
February 24	Professional Practice Committee Meeting
February 25	Conjoint Executive and Accreditation Committee Meeting
March 5	Teleconference re CCAPP Board Meeting
March 6	CFP Board Meeting

With regard to other College business, attached to this report is a memorandum updating the list of individuals currently appointed as Inspectors for the College.

Media

On Friday January 23, 2015 CBC Marketplace aired a segment entitled: Pharmacy Error: Dispensing Danger. 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. The College has been monitoring these stories closely and has been working collaboratively with our colleagues from across the country including NAPRA, CPhA and each of the registrars from the provincial colleges. As CEO and Registrar of this College, I was interviewed by the media on this particular issue and my response incorporated the following key messages:

- As the regulatory body for the profession of pharmacy in Ontario whose mandate is to protect the public, we are concerned when standards of practice are not being met
- Maintaining public trust in the safe, effective and ethical delivery of pharmacy services by pharmacists and pharmacy technicians in Ontario is central to what we do
- Just as we hold practitioners responsible to continuous quality improvement, we hold ourselves responsible to this as well and the College is committed to continuously improving
- The College recently introduced a new practice assessment process. These routine assessments of pharmacies now focus on the evaluation of the practice in relation to adherence to Standards of Practice.
    - Recognizing the importance of pharmacists role in assuring the appropriateness of drug therapy – counselling is an identified focus in this process
    - Practice advisors also ensure that pharmacies have appropriate processes in place to identify medication incidents and near misses, and that these incidents are shared with all staff within the pharmacy, with adjustments made to processes as needed to minimize errors from occurring
    - The approach during these assessments is on coaching, mentoring and sharing of best practices to support continuous quality improvement
- Notwithstanding the experiences identified in the CBC Marketplace story, the College is confident that pharmacists and pharmacy technicians in Ontario are committed to their professional responsibility of using their knowledge, skills and judgment to make decisions that positively enhance the health outcomes for patients and provide patient-focused care
- The College encourages any individual who has a specific concern with respect to the care they have received from a pharmacist or pharmacy technician to raise it with us through our complaints resolution process so it can be properly investigated

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. Attached for Council's information is an update of progress made on the various strategic directions since the December 2014 Council meeting. Also attached is the College's Risk Management Plan. Part of the governance responsibilities of the Council, together with the Registrar, is to ensure that the College manages risk appropriately and to ensure the risks that prevent the College from achieving its public protection goals are addressed.

This reporting activity also includes regular program updates/presentations from the program managers. At this March Council meeting, I will invite Ms. Susan James, Manager, Registration Programs, to present to Council.

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Ontario

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

Tuesday February 17, 2015

Sent via email from – SATaskforce@ontario.ca

Key Stakeholders and Interested Parties

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

Premier Kathleen Wynne recently announced that the province would launch new initiatives to raise awareness of sexual violence and harassment, enhance existing prevention initiatives to combat sexual discrimination, harassment and violence, and improve support for victims. As part of her announcement, The Premier, has asked Ministers to bring forward options to enhance support for victims who have experienced various forms of sexual violence in a number of sectors, including health care.

As a step in addressing these grievous issues, and in meeting Premier Wynne's commitment, the Minister of Health and Long-Term Care, Dr. Eric Hoskins, asked the Hon. Roy McMurtry, Prof. Marilou McPhedran and Ms. Sheila MacDonald to serve on the Minister's Task Force on the Prevention of Sexual Abuse of Patients and the Regulated Health Professions Act, commencing in January 2015. For more details on the Task Force – see http://news.ontario.ca.

As you are considered a concerned stakeholder in this important area, the Task Force is interested in hearing from you. The Task Force will hold public consultations in late February and in March in downtown Toronto, and wishes to hear from 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.

The Task Force asks that all participants confirm a time and date with the task force coordinator at SATaskforce@ontario.ca to make a short presentation to the Task Force. Presentations are by appointment only and spaces are limited, so we would appreciate hearing from potential presenters as soon as possible. See www.health.gov.on.ca/en/news/bulletin/2015 for details

If you are interested in presenting, please contact the Task Force at SATaskforce@ontario.ca or at 1-844-821-6151 to inquire about available appointments.

The Task Force is working within a compressed timeline at the Minister's request and would appreciate your sharing this information with others you know who may be interested, including individuals who have been impacted by sexual abuse of patients and other relevant groups/stakeholders. Your suggestions to the Task Force as to individuals or organizations that you recommend for possible consideration as part of this inquiry are also welcome.

Sincerely,

On behalf of the Minister's Sexual Abuse Task Force Co-Chairs:
The Hon. Roy McMurtry and Prof. Marilou McPhedran

Ontario

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 sante

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Télécopieur: (416) 325-9827

Ontario

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,

Laura Niles
Task Force Administrative Coordinator

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

Ontario College of Pharmacists
Putting patients first since 1871

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,

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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Ontario

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

.../2

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

Ontario

NEWS

Ministry of Health and Long-Term Care

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

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Ontario

BACKGROUNDER

Ministry of Health and Long-Term Care

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. McMurty 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. McMurty 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. McMurty 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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Ministry of Health and Long-Term Care

Health Services I&IT Cluster
Office of the Chief Information Officer

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Groupement ITI pour les services de santé
Bureau du directeur général de l'information

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Ministry of Health and Long-Term Care

Health System Information
Management and Investment Division

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Fax: 416 314-6731

Ministère de la Santé et des Soins de longue durée

Division de la gestion de l'information
et de l'investissement pour le système de santé

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Tél. : 416 212-4433
Téléc. : 416 314-6731

Mr. Marshall Moleschi
Registrar
Ontario College of Pharmacists
483 Huron St.
Toronto ON M5R 2R4

Dear Mr. Moleschi:

I am writing to you today as a follow up to Ontario's renewed strategy for providing access to comprehensive drug profiles for Ontario residents to clinicians and pharmacists. I would like to invite your organization to participate on the Executive Steering Committee. The objectives of this strategy are to provide:

- a comprehensive medication profile that clinicians and pharmacists can easily access;
- access to drug utilization review tools;
- a system that will improve patient safety through identification of possible adverse drug events and reduced transcription errors;
- a drug information system that captures prescribed and dispensed information; and
- access to anonymized data for health stewards to identify trends and potential cost drivers in the health care system.

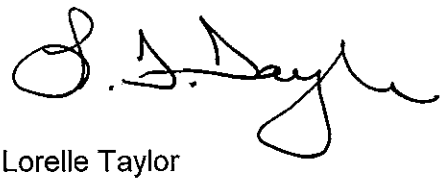
The strategy will be delivered in two streams to get information into the hands of clinicians as quickly as possible and in a cost effective manner. The first stream will leverage existing data sets within the Health Network System (Ontario Drug Benefit and Narcotics Monitoring Data) and the infrastructure assets resident in the Ministry of Health and Long-Term Care and eHealth Ontario.

The execution of this strategy will be governed by an Executive Steering Committee and delivered by a program planning and execution committee (see attached Terms of Reference and overview presentation). Members of the Executive Steering Committee have been identified based on the material contribution they must make for this initiative to succeed. All major policy decisions affecting prescribers and dispensers will be vetted through the appropriate stakeholder groups using regular consultations and meetings.

We will be relying heavily on you and your organization over the next 18 to 24 months to work with us to deliver this important strategy. We are looking for a representative from your organization that has a practical understanding of the medication management space and the decision making authority to connect resources and make program strategy decisions on behalf of your members. Please provide Rob Campbell, 416-327-8118, rob.w.campbell@ontario.ca with the name and contact information of your representative for the Executive Steering Committee.

The next Executive Steering Committee is planned for Thursday, March 5th. I look forward to your organization's participation as we move this important strategy forward. I would be pleased to discuss personally this invitation with you if that would be of any benefit.

Regards,



Lorelle Taylor
CIO and Assistant Deputy Minister

Attachments

c: Suzanne McGurn (Executive Business Co-Lead – Executive Steering Committee)
Susan Fitzpatrick (Executive Business Co-Lead – Executive Steering Committee)

Ontario

Comprehensive Drug Profile Strategy
Executive Steering Committee
Terms of Reference

BACKGROUND:

Medication-related problems such as adverse drug events continue to present a burden on healthcare, causing considerable morbidity and mortality. They have been identified by health care providers as significant contributors to patient use of the health system. Evidence suggests that prescription drug adverse events among the senior population cost the Ontario health care system more than $13.6 million per year.

Investing in e-Health is part of the government's *Action Plan for Health Care* and its commitment to provide Ontarians with the right care, at the right time, in the right place, while ensuring that health care dollars are spent efficiently. A key component of an e-Health strategy is a Comprehensive Drug Profile Strategy (CDPS). The Ministry of Health and Long-Term Care (MOHLTC) is redeveloping and refreshing its strategy for providing electronic access to comprehensive drug profiles for Ontarians, at the point of care, to improve informed decision making. The strategy will also help identify trends and potential cost drivers for stewards of the healthcare system.

PROJECT DESCRIPTION:

The vision of the CDPS is to improve the health and wellness of Ontarians and the quality of care received with integrated access to comprehensive drug information for patients and their families, healthcare providers, and healthcare system stewards. The goal is to build a system that can support the vision of “all drugs all people”, supporting the ultimate goal of a comprehensive Electronic Health Record.

The CDPS will leverage existing assets – infrastructure, data holdings, and business tools – to build a comprehensive drug profile that captures information on dispense events, and potentially prescribed events, for all Ontario residents. It is intended that the system will also leverage Drug Utilization Review (DUR) tools to improve patient safety through the identification of possible adverse drug events.

The Strategy will take a staged approach beginning with the following two streams:

1. Leverage existing ministry data holdings in the Health Network System (Ontario Drug Benefit Program) and the Narcotics Monitoring System, infrastructure assets, and other provincial assets to provide comprehensive drug profiles of Ontarians;
2. Validate work done to-date on the former Medication Management Strategy (MMS), to develop an electronic transfer of prescription (ETP) service. The approach will select and proceed with approaches that best demonstrate value and that are viable for adoption by broader health care communities.

The Ministry will be working closely with its partners to develop the strategy and to determine how best it should be delivered. Where appropriate, the Ministry will draw upon partners for delivery. In some instances, the Ministry will have direct delivery accountability.

Comprehensive Drug Profile Strategy
Executive Steering Committee
Terms of Reference

MANDATE:

The purpose of the Executive Steering Committee (ESC) is to bring together leadership from across the ministry and key stakeholders to ensure strategic direction and alignment, coordination and communication among all parties to achieve a fiscally responsible whole system approach to the delivery of a comprehensive drug profile for Ontarians.

The ESC will provide input, advice, and direction on the plan of execution, as well as on issues that require mitigation/resolution. Specifically, the ESC will provide executive direction to establish criteria and evaluate recommendations for which options to pursue in streams 1 and 2, and any subsequent streams and projects therein that may arise to meet the vision and the objectives of the CDPS.

MEMBERSHIP:

The ESC will be chaired by (TBD)

Membership of the ESC will be comprised of the senior leaders outlined below:

Sector Members

- Justin Bates, Vice-President, Pharmacy and Professional Affairs, The Neighbourhood Pharmacy Association of Canada
- Sarah Hutchison, Chief Executive Officer, OntarioMD
- Scott McLeod, Chief Executive Officer, Central West Local Health Integration Network (LHIN)
- Terry Moore, Executive Regional Director Ontario, Canada Health Infoway
- Cynthia Morton, Chief Executive Officer, e-Health Ontario

Government Members

- Lorelle Taylor, Chief Information Officer, Health Services I&IT Cluster and Assistant Deputy Minister (interim), Health System Information Management and Investment Division, MOHLTC (Executive IT Lead)
- Suzanne McGurn, Assistant Deputy Minister and Executive Officer, Ontario Public Drug Programs Division, MOHLTC (Executive Business Co-Lead)
- Dave Nicholl, Corporate Chief Information & Information Technology Officer, Ministry of Government Services (MGS)
- Pauline Ryan, Assistant Deputy Minister (Interim), Negotiations and Accountability Management Division, MOHLTC (Executive Business Co-Lead)
- Rob Campbell, Director, Exceptional Access Program Branch, Ontario Public Drug Programs Division, MOHLTC
- Kevan Malden, Head, Health Solutions Delivery Branch, Health Services I&IT Cluster, MOHLTC

Ontario

Comprehensive Drug Profile Strategy
Executive Steering Committee
Terms of Reference

Members may be temporarily substituted only if a Delegation of Authority is in place. See Appendix 1 for overall governance structure.

ROLES AND RESPONSIBILITIES:

The members will:

- Provide strategic advice and guidance in order to successfully implement a province wide comprehensive drug profile strategy.
- Identify critical linkages and opportunities between initiatives while ensuring that appropriate mechanisms are established to leverage and scale initiatives as required.
- Champion CDPS initiatives in their respective organizations, and clarify organizational accountability/responsibility as necessary.
- Make suggestions about best practice models to investigate where appropriate, and invite expert resources for presentations and discussion to help inform and shape the desired framework for action.
- Highlight major accomplishments/milestones as well as issues/risks, and advise on risk management strategies in the event of obstacles or delay.
- Provide organizational commitment for action/change on issues addressed.
- Incorporate any feedback provided by the Committee into execution.

The chair will:

- Champion the work of the CDPS, project teams, the committee, and to ensure that all members provide their expertise and input on issues and materials in a timely manner.
- Facilitate/expedite any decisions required or issues raised requiring resolution.
- Ensure that decisions made are appropriately actioned.
- When necessary, invite guests from the stakeholder community to participate, present or advise on an ad-hoc basis.
- Be responsible for briefing the Deputy Minister of Health and Long-Term Care.

Project-specific responsibilities:

- The CDPS will be divided into two streams. Each stream will comprise several projects from IT to policy development. Members of the ESC may have direct accountability for the delivery of a project or components of projects. All members are expected to provide appropriate resources and/or Subject Matter Experts.
- The Committee will receive regular updates from the CDPS Program Planning and Execution Committee and approve the CDPS program charter and all project charters.
- The Committee will guide the deliverables of the CDPS by providing direction to working groups, identifying strategic priorities and establishing the overall framework that focuses the policy and practice discussions.
- The Committee will ensure all major policy related recommendations affecting prescribers and dispensers are presented to the appropriate stakeholder groups and comments are taken into consideration before any decision is made.

Ontario

Comprehensive Drug Profile Strategy
Executive Steering Committee
Terms of Reference

MEETINGS:

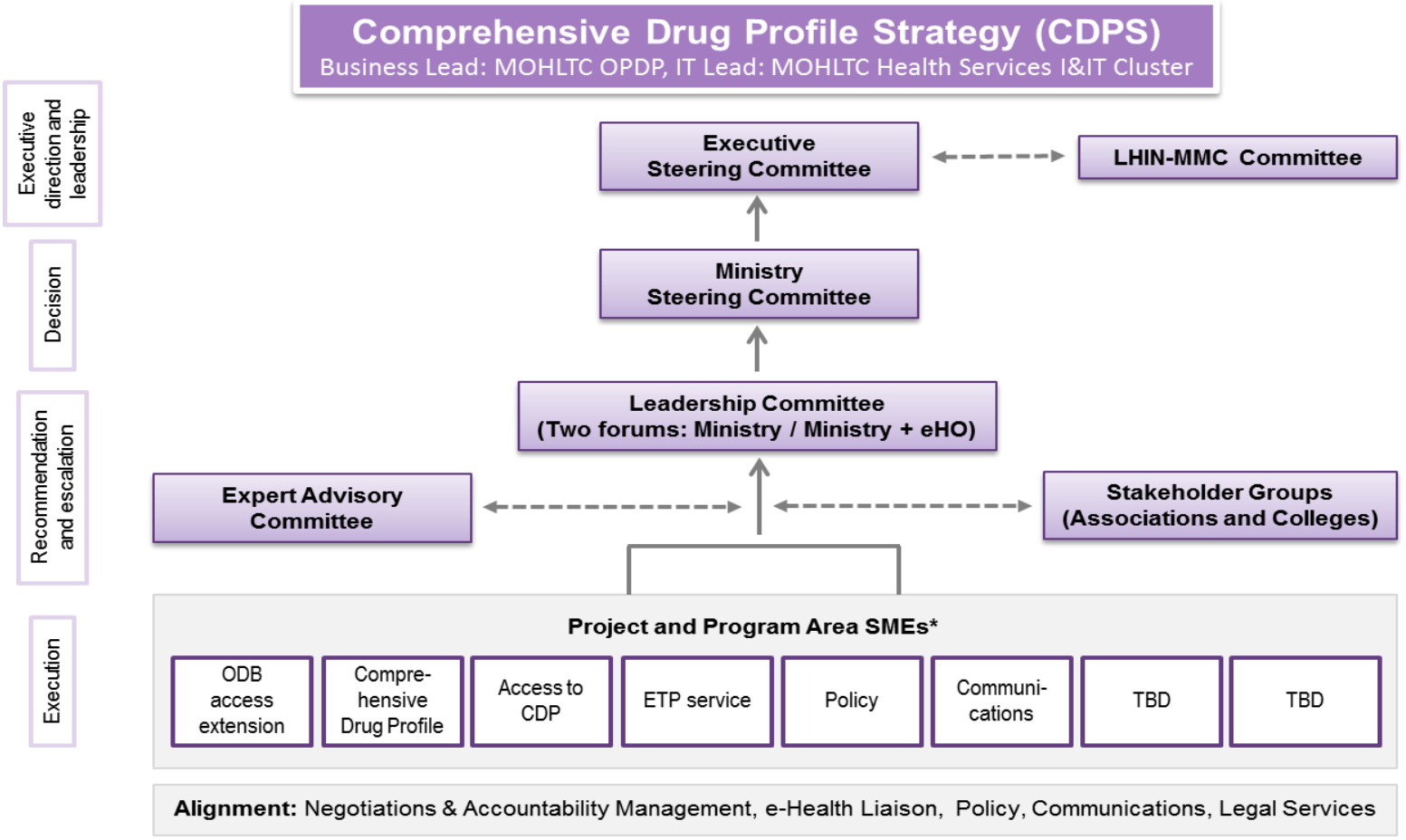
Meetings will be held monthly in the early period, and until determined that meetings can move quarterly. The Chair may also request ad hoc meetings as required.

Agendas and/or other pertinent material will be distributed to the group 48 hours in advance of meetings. Secretariat support including scheduling meetings, agenda preparation, documentation of key decision points and action items will be provided by Ontario Public Drug Programs Division, MOHLTC. The Chair(s) will approve the agenda and the documentation of key decision points and action items.

Ontario

Comprehensive Drug Profile Strategy
Executive Steering Committee
Terms of Reference

Appendix 1 – Proposed CDPS Program Governance



*Project and Program Area SME working groups will be formed as needed to support the needs of each and/or across project area. Roles and responsibilities of delivery partners (i.e. eHO) may vary depending on project requirements which will be further defined in each Project Charter.

Comprehensive Drug Profile Strategy

Moving Forward

Ontario

March 2015 Council
Appendix 4

Context

- Medication-related problems such as adverse drug events continue to present a burden on health care, causing considerable morbidity and mortality. They have been identified by health care providers as significant contributors to patient use of the health system.

- Evidence suggests that prescription drug adverse events among the senior population cost the Ontario health care system more than $13.6 million per year.

- Investing in e-Health is part of the government's *Action Plan for Health Care* and its commitment to provide Ontarians with the right care, at the right time, in the right place, while ensuring that health care dollars are spent efficiently. A key component of an e-Health strategy is a Comprehensive Drug Profile Strategy (CDPS).

Previously Approved Strategy

The previously approved strategy can be summarized as:

- Comprehensive drug profile for secure sharing among patients and providers.
- Electronic prescribing and refill services across Ontario.

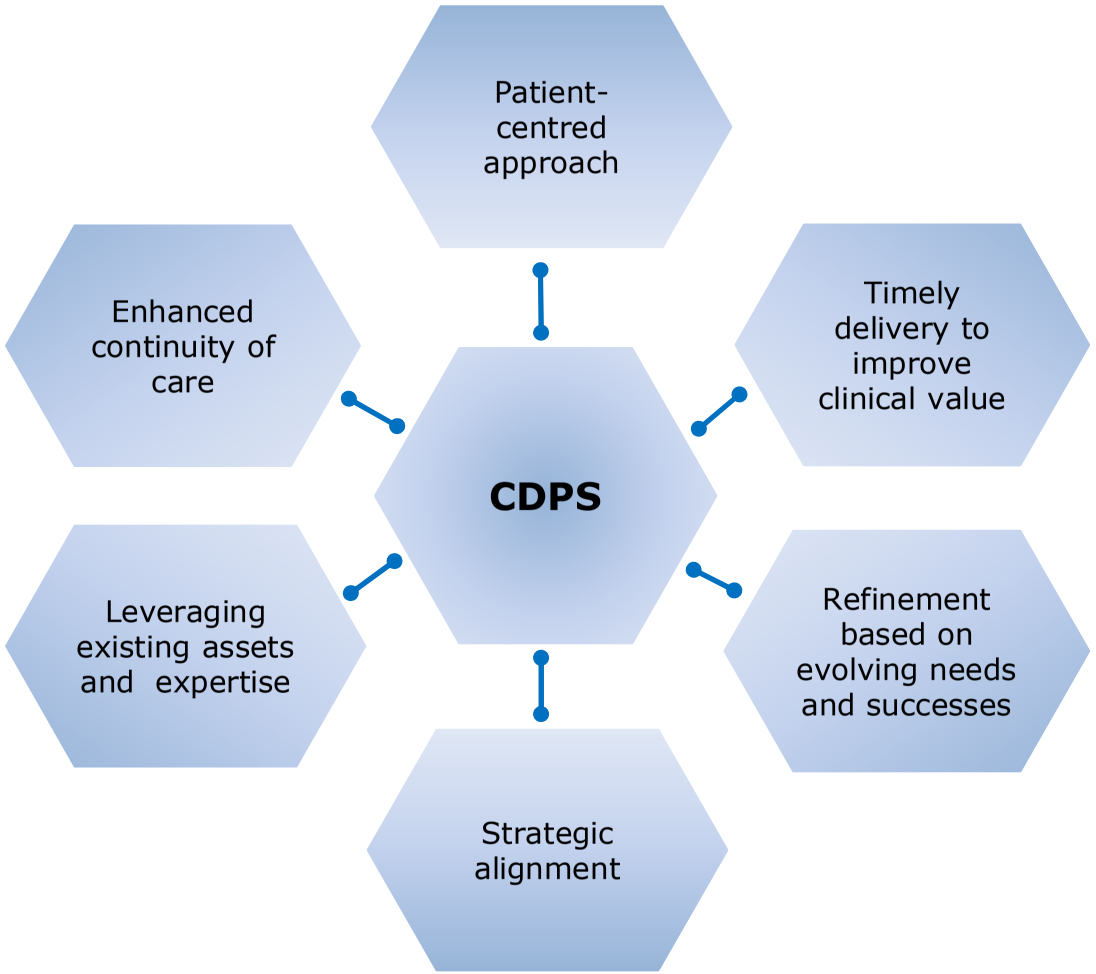
The objectives of the previous strategy were to provide:

- A comprehensive medication profile that physicians and pharmacists can access.
- Access to Drug Utilization Review tools.
- Improved patient safety through identification of possible adverse drug events and reduced transcription errors.
- A Drug Information System that captures prescribed and dispensed information for all patients.
- Access to data for health stewards to identify trends and potential cost drivers.

Moving Forward

- The Ministry of Health and Long-Term Care (Ministry) is redeveloping and refreshing its strategy for providing clinical access to comprehensive drug profiles for Ontarians. The Comprehensive Drug Profile Strategy (CDPS) will:
  - Leverage existing assets – infrastructure, data holdings, and business tools – to build a comprehensive drug profile that captures information on dispensed events, and potentially prescribed events, for all Ontario residents;
  - Provide electronic access to comprehensive drug profiles for Ontarians, at the point of care, to improve informed decision making;
  - Enable health stewards to access data as appropriate (not personally identifiable) to identify trends and potential cost drivers; and to
  - (Under review) Develop the I&IT infrastructure necessary to allow for Electronic Transfer of Prescriptions (ETP) service.
- The Ministry will be taking a stronger role in defining the strategy and overseeing execution while working closely with its partners and stakeholders to determine how best it should be delivered. Where appropriate, the Ministry will draw upon partners for delivery.

CDPS Guiding Principles



Mandate of the Ministry of Health and Long-Term Care

• Healthier Ontarians • Integrated and Accessible Care/System • Improved Quality and Sustainability • Modernized Home and Community Care

Comprehensive Drug Profile Strategy (CDPS) Vision

To improve the health and wellness of Ontarians and the quality of care received
by providing integrated access to comprehensive drug information for 'All Drugs, All People'

Stream 1

Concept 1

Extend access of existing Ontario Drug Benefits (ODB) drug claims information:

- Integration of the ODB web service using regional integration services
- Controlled rollout of the Drug Profile Viewer (DPV) via ODB Portlet
- DPV/HNS capacity management controls

Concept 2

Design and build capacity to accommodate a Comprehensive Drug Profile for Ontarians:

- Information from the Health Network System (including the Narcotics Monitoring System)
- Additional information related to drug management
- Information to support Drug Utilization Review (DUR) and analytical needs

Concept 3

Enable access to the Comprehensive Drug Profile via:

- Point of service systems:
  - Electronic Medical Records (EMRs)
  - Pharmacy Medication Systems (PMSs)
  - Hospital Information Systems
  - Others
- Drug Utilization Review (DUR) tools
- Health analytics tools

Stream 2

Concept 1

Electronic Transfer of Prescriptions (ETP) service:

- Development and implementation of a service to support the electronic transfer of prescriptions to closely link prescribing and dispensing information and processes

Enablers

Policy

- Supporting legislation and regulations (e.g. ePHIPA)
- Data sharing and user access agreements framework
- Consent directive requirements
- Federated identity management

Infrastructure

- Provincial and regional integration services (HIAL infrastructures and information)
- Provincial registries/functionality (i.e. Provider, Client, Consent, Audit)

Engagement

- Communication and stakeholder management
- Partnerships for ongoing service delivery and operations management

Delivery Partner

eHO

LHINs, CPSO, OCP, CNO, NPAC, CHI, OMA, OPA, RNAO, OntarioMD

Key Stakeholders

Primary Care Providers, Pharmacists, Specialists

Community Health Providers
- Community Health Centres
- Family Health Teams
- Nurse Practitioner-Led Clinics

Outcome

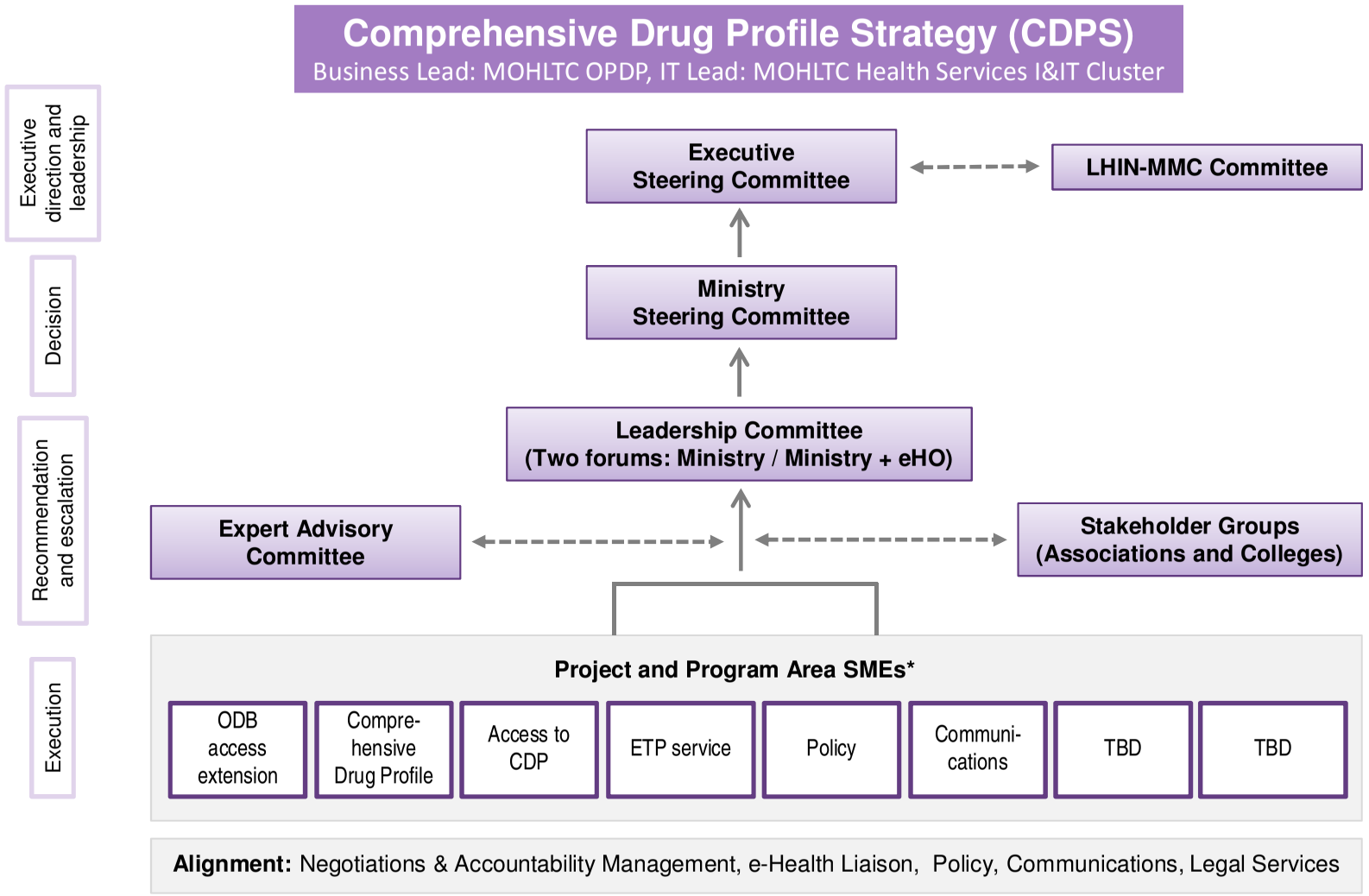
- A coordinated, incremental, extendable electronic access to a Comprehensive Drug Profile in Ontario for 'All Drugs, All People'
- Improved patient outcomes and experience with health care system
- Improved clinical decision making based on comprehensive drug information

CDPS At a High-Level

Incremental enhancements will be delivered to health care provider communities and benefits will start to accrue.

Concept	High-Level Description	End State
Extend access of existing Ontario Drug Benefits (ODB) drug claims information	• Extend access of existing Ontario Drug Benefits (ODB) drug claims information in a controlled manner while avoiding negative impacts on the Health Network System (HNS) production environment.	• Rollout of the Drug Profile Viewer (DPV) via ODB Web Service to the first regional integration service provider to reach potentially 33,000 – 40,000 authorized health care providers. • Complete rollout of ODB Portlet to the Ottawa Hospital DPV users (1300 total). • Depending on the availability/timing of the new Comprehensive Drug Profile, additional consideration may be given to extend access to additional regional integration service providers.
Comprehensive Drug Profile	• Design and build capacity to accommodate a Comprehensive Drug Profile for Ontarians.	• Incremental electronic access to a Comprehensive Drug Profile for Ontario which features: - Information from the Health Network System (including the Narcotics Monitoring System) - Additional information from pharmacies related to drug management - Information to support Drug Utilization Review (DUR) - Information to support analytical needs
Electronic Transfer of Prescriptions (ETP) service	• (Under review) Development and implementation of a service to support the electronic transfer of prescriptions to closely link prescribing and dispensing information and processes.	• Initial focus: high priority core functions of electronic prescribing, electronic renewal requests and electronic clarification messages. • Additional functionality can then be layered in gradually over time.

Proposed CDPS Program Governance



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NAPRA ANORP
National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

NAPRA Notes

Vol. 10, Num. 1, Winter 2015

2014 Wrap-Up

2014 was a very busy and eventful year for the Board of Directors and the national office staff. A number of projects and initiatives were successfully completed, including:

- With the Board's approval of NAPRA's revised By-law No. 1 and the addition of two (2) new Committees to the Board's governance structure, NAPRA completed its transition to be compliant under the new *Canada Not-for-profit Corporations Act.*
- Initially translated in 2013, the French version of the National Pharmacy Technician Bridging Education Program underwent a review and update to reflect recent changes to the English version. The online version of the French program was completed by mid-summer 2014 which enabled Selkirk College (the online delivery agent of the Bridging Program across Canada) to begin delivery of the French curriculum in September 2014.
- NAPRA released the entry-to-practice competencies for pharmacists and pharmacy technicians. The documents' release was the culmination of a unique situation for the association wherein the National Advisory Committee on Pharmacy Practice (NACPP) undertook a simultaneous document review to ensure greater alignment in the content.

Furthermore, the National Drug Scheduling Advisory Committee had a full slate of meetings in 2014. In total, the Committee received and reviewed six (6) submissions. The increase in scheduling submissions coincided with activities occurring at the federal level, particularly the release of applications for products switching from prescription to over-the-counter status once legislative changes to repeal Schedule F (replaced by the Prescription Drug List (PDL)) came into effect. (The legislative changes allow Health Canada to add or remove drugs from the PDL more efficiently.)

Board Priorities for 2015

During the most recent Board of Directors meeting, time was set aside in the agenda to examine the priorities for 2015. Priorities include:

- Finalize the development of the model standards for pharmacy compounding of sterile hazardous and non-hazardous preparations.
- Initiate the work on the model standards for pharmacy compounding on non-sterile preparations.
- Initiate consultation on draft pharmacy practice management systems (PPMS) supplemental requirements for traceability and bulk preparation labelling.
- Promote the availability of the Pharmacists' Gateway Canada program and its tools. Administratively, emphasis will be focused on program stability (IM/IT) balanced with program improvements.
- Promote the National Pharmacy Technician Bridging Education Program™ to both potential students and educational institutions. Now in its second year of operation, the goal for 2015 is to begin a comprehensive review of one (1) or two (2) courses. The National Committee on Regulated Pharmacy Technicians (NCRPT) will help prioritize the review. Factors for consideration in the review: new entry-to-practice competencies and new model standards for sterile pharmacy compounding (once released).
- Undertake a strategic planning discussion to update NAPRA's Strategic Plan.

Pharmacists Gateway Canada

PHARMACISTS' GATEWAY CANADA
for international pharmacists

PORTAIL POUR PHARMACIENS CANADA
pour pharmaciens formés à l'étranger

www.pharmacistsgatewaycanada.ca

In the last edition of *NAPRA Notes*, it was noted that Pharmacists' Gateway Canada for international pharmacists program was in place. Since that time, the program became fully operational and accepted over 1200 enrolments to date.

Overall, the program is off to a promising start. Feedback from Gateway partners as well as international pharmacists is, thus far, very positive.

During NAPRA's recent Board of Directors meeting, President Tracy Wiersema extended her thanks to the many people involved in the development of the program. Included in these thanks was the federal department of Employment and Social Development Canada who provided funding to support the project in the sum of over $4 million over four years. With the funding agreement concluded, NAPRA's "project" is now a full-fledged "program" that is 100% owned and operated by the association.

For more information on the program, visit www.pharmacistsgatewaycanada.ca or contact Theresa Schopf, Manager of Gateway Operations at 613-569-9658, ext. 232.

National Pharmacy Technician Bridging Education Program™

With the close of the fall semester, the association can look back on a year of many positives for the program. The year finished on a high note with a surge of registrations for fall courses primarily from Ontario students. These students sought to complete their Bridging Program courses in order to meet the Ontario College of Pharmacists deadline of January 1, 2015. This College's deadline was set, many years ago, for individuals following a transition pathway toward registration/licensure to complete their Bridging Program component. Seven (7) jurisdictions will continue to accept Bridging Program courses as part of their transition pathway to obtain registration/licensure as a pharmacy technician until the conclusion of the transition period (this timeline will vary from jurisdiction to jurisdiction).

The end of the Fall 2014 semester marked the conclusion of the first offering of a Bridging Program course in French through Selkirk College. Although the initial number of students registered was lower than anticipated, the delivery of the course went very well. It is hoped that the number of students registering for the 2015 winter, spring and fall semesters will rise and result in an increase in the number of French courses offered. Both Selkirk College and the Collège communautaire du Nouveau-Brunswick will offer courses in the winter semester in French and English.

Please see the course and schedule information posted to the NAPRA website for more details on program offerings at all educational institutions across Canada.

Model Standards for Pharmacy Sterile Compounding

NAPRA wishes to thank all of the individuals and organizations who submitted comments on the draft documents during the consultation phase in the summer. While the association strived to finalize the model standards for pharmacy compounding of hazardous and non-hazardous sterile preparations by the end of 2014, the timeline for completion was carried over into 2015. The ad hoc committee working on the compounding documents will now aim to present the final documents to the Board in April 2015.

NAPRA Connections

NAPRA was invited to meet with representatives of Health Canada regarding the department's legislative proposal for changes to the *Controlled Drugs and Substances Act* (CDSA). NAPRA's Executive Director Carole Bouchard, Council of Pharmacy Registrars of Canada (CPRC) Chair, Susan Wedlake and NAPRA's Manager of Professional and Regulatory Affairs, Sarah Marshall attended the meeting and discussed the merits and limitations of the proposed changes. While it is positive that Health Canada is recognizing the need for changes to the legislative framework, the proposal puts forward minimal changes and does not respond adequately to issues brought forward by our organization. NAPRA will continue to press upon the department the urgency with which more comprehensive legislative reform is needed.

For a second time in 2014, NAPRA's President, Tracy Wiersema, and Executive Director Carole Bouchard met with representatives of the Federation of Medical Regulatory Authorities of Canada (FMRAC) and the Canadian Council of Registered Nurse Regulators (CCRNR) in Toronto. Some topics of discussion included, for instance: review of the *Controlled Drugs and Substances Act*, drug shortages and codes of ethics.

Welcome

December was a transition month from members of the Gateway program team. **Lance Miller** concluded his secondment to NAPRA prior to Christmas and was slated to return to his permanent position with the Ontario College of Pharmacists at the start of the new year. Many thanks to Lance for his role in development and launch of the program.

Geneviève Jacques joined NAPRA early in the month as the new Client Service Specialist to replace the vacancy left by Lance's departure. In this position, Geneviève acts as the point of contact for international pharmacy graduates (IPGs), pharmacy regulatory authorities (PRAs) and The Pharmacy Examining Board of Canada (PEBC) responding to their requests for information or assistance. Welcome Geneviève!

Comments and suggestions are always welcome. Please send to lgall@napra.ca

Ontario College of Pharmacists
Putting patients first since 1871

Memo

Date: **February 9, 2015**

To: **Executive Committee**

From: **Marshall Moleschi, CEO & Registrar**

RE: **Appointment of Inspectors**

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

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

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

Ontario College of Pharmacists - Operational Plan

Year Three

Progress Update – March 2015

Mission

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

Vision

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

Values

Transparency – Accountability - Excellence

STRATEGIC DIRECTION #1 Optimize the evolving scope of practice of our members for the purpose of achieving positive health outcomes.		
Outcomes		**Key Performance Indicators (KPI)**
Long Term Outcome – 2015 Pharmacy professionals provide increased access to health care services. Pharmacists are primarily engaged in patient-centered care and the appropriateness of medication therapy. Regulated technicians are primarily recognized and accountable for drug distribution.		Documented evidence of increased engagement in patient centred care provided by the majority of pharmacy professionals. (e.g. Data from E-health, surveys, claims)
Intermediate Outcome – 2014 Core group engaged in patient-centered care. Core group accountable for drug distribution.		Documented evidence of increased engagement in patient centred care provided by the 25% of pharmacy professionals. (e.g. surveys, claims data)
Short Term - 2013 A clear understanding of the evolving scope of practice.		Tools, that help self-direct change, are available. Monitor for number and nature of questions regarding scope.
Activities	**Output/KPI**	**Progress**
1. Identify and develop regulations.	Regulations are submitted for approval.	Regulations for expanded scope completed in previous periods. Bill 21 - Safeguarding Health Care Integrity Act introduced July 2014 to provide OCP with oversight of hospitals and other healthcare facilities. Draft framework developed for regulations. Bill 21 passed second reading and referred to committee; expected to pass third reading before year end. DPRA project team developing framework for regulations for December 2014 council meeting. Framework to consider harmonizing standards at a performance outcome level with detail to be prescribed in policy or guidelines. Bill 21 passed third reading, awaiting proclamation. Regulation framework presented to Council in December. First draft of regulations available for committee consideration in late February. Preliminary discussions held with Ministry staff to discuss performance outcome based drafting approach to minimize regulatory barriers to practice innovation and change.
2. Review and develop policies (including guidelines, standards etc.) as necessary.	Existing policies regarding scope are reviewed and revised. Required new policies regarding scope are developed as needed.	PPC recommendations for updates to the Central Fill Policy, Record Retention, Disclosure and Disposal Guideline & Ending the Pharmacist Patient Relationship Guideline to be presented to Council in September. NAPRA draft guideline for sterile compounding received in late July and staff/PPC to provide feedback as part of consultation process. NAPRA draft model standards for sterile compounding are currently being revised based on feedback from consultation and will be circulated for second consultation to regulatory bodies in January 2015; staff/PPC to provide

		feedback. Draft model standards to be presented at April 2015 NAPRA meeting for approval. Work continues at NAPRA on the development of draft model standards for sterile compounding after which attention will be on non sterile compounding.
3. Develop a comprehensive communication strategy for evolving scope of practice and implement it.	Comprehensive communication strategy in place.	2400 pharmacies have applied to participate in this year's UIIP representing a 20% increase over last year. Key messages (video excerpts) that support this strategic direction have been extracted from the Spring 2014 District Meeting webcast and are being communicated to members through various means including e-Connect, Pharmacy Connection and website. A strategic approach to the College delivery of key messages to pharmacy students, pharmacy technician students and IPG candidates focused on professional responsibility and practice expectations has been formalized for delivery commencing this fall. Over a dozen presentations have been completed with pharmacy technician students, as well as the IPG program and University of Waterloo. The presentation has also been translated to allow for presentation to the two French College programs. Developing a brief 'white board' style video to illustrate integration of pharmacy technicians into the workflow of a community pharmacy to emphasis the benefits of additional time for pharmacists to engage in the delivery of clinical services.
4. Explore partnerships (universities, learning institutions, associations, change agents, public health).	Appropriate partnership opportunities are enacted.	Continuing Competence and Pharmacy Practice staff continue to work with Zubin Austin and Anthony Marini on the practice based assessment project. Currently in the process of developing training for Practice Advisors to be delivered in November/December as well as educational tools for members. Staff are in discussions with IPG program to re-establish collaboration and explore program revisions to propose changes needed to address expanded scope and PharmD curriculum. As part of the ongoing UofT multi-year project initiative approved by council to explore the challenges and support the implementation of expanded scope in practice the university will launch the first three of twelve online learning modules: Decision-Making, Documentation of Expanded Scope and Dealing with Difference of Opinions. Partnered with UofT to deliver motivational interviewing training to new Practice Advisors for implementation in Practice Assessments. Ongoing work in partnership with UofT includes: - Conflict Management training for Practice Advisors, March 2015 - A joint workshop (College practice advisor and University facility) for community pharmacists to develop decision-making skills through facilitated case studies. Pilot this Spring, roll out in the Fall.

5. Evaluate and research strategies (e.g. practice surveys, field reps, annual renewal etc.) to gather data.	Data elements are defined and tracked.	Working with OPEN to develop an evaluation strategy for the practice-site based assessment project. Attention is being given to questions on the new community inspection form as well as member practice-site based assessments to assist in gathering data to measure patient-focused care. Performance indicators in development for hospitals and healthcare facilities to measure changes. Ongoing involvement with OPEN and CIHI to support and encourage data gathering to track both uptake and value to patients of increased scope for the profession.
6. Integrate expanded scope into all College programs (registration, QA etc.).	All aspects of scope of practice are reflected in all College programs.	Practice Based Assessment project continues; staff currently testing draft assessment tools and gathering information that will inform the refinement of assessment process. Recruitment underway for addition of three FTE Practice Advisors. Redesign of SPT program to include assessment of full scope - working on updating assessment tools to reflect new competencies for pharmacists and pharmacy technicians. Five new Community Practice Advisors and 2 Hospital PA's hired in October. All PA's participating in extensive training to support implementation of the new Practice Assessment Tool and Rubric into the assessment process – to be piloted early 2015. Practice assessment pilot started January, baseline data being gathered. Through an Allied Health Research Question (AHRQ) request, OCP is collaborating with OPEN to create a database, in preparation for future analysis to assess impact of the new process.

STRATEGIC DIRECTION #2 **Promote the use of and integration of technology and innovation to improve the quality and safety of patient care and to achieve operational efficiency.**	
Outcomes	**Key Performance Indicators (KPI)**
Long Term Outcome – 2015 Pharmacies are utilizing available technologies (e-health solutions) to support expanded scope of practice/improved patient care.	All practice advice to members includes support for use of technology in patient care. Electronic documentation and record keeping are integrated into all pharmacies.
Intermediate Outcome – 2014 Respective scopes of practice are being optimized through the effective use of technology.	The workflow in pharmacies supports the use of technology and pharmacies are using the technology.
Short Term – 2013 Technology solutions identified.	Technology solutions for medication management including scanning of patient records are developed and tested against established criteria.

Activities	**Output/KPI**	**Progress**
1. Participate in National Pharmacy think tanks/working groups focused on development of regulatory statements about the functionality of "pharmacy management systems" to enable members to meet standards of practice.	Regulatory Statements concerning "Pharmacy Management Systems" are communicated to appropriate stakeholders and members.	
2. Develop the requirements and meet with the stakeholders to communicate policy on the use of technology.	Pharmacies use systems that comply with the College's regulatory requirements.	PPMS supplement provided to NAPRA and will be circulated for national consultation; OCP to assist with compilation of feedback. The supplement will address some recommendations of the Thiessen report.
3. Participate and influence e-health committees and working groups to ensure regulatory requirements and standards of practice are addressed.	Provincial solutions recognize and accommodate safe and appropriate pharmacy practice; map functionality to standards.	Initial consultation with e-Health Ontario on electronic transfer of prescriptions to support MOHLTC Comprehensive Drug Profile Strategy; prioritization of capabilities and functionality at and post launch for an optimized concept.
4. Review existing and develop new guidelines/policies to promote best practice in the use of technology; communicate best practices through practice advisory, inspectors, and practice guide.	Polices/guidelines in place to support the use of technology in patient care.	PPC recommendations for updates to the Record Retention, Disclosure and Disposal Guideline to be presented to Council in September. Electronic record retention continues to be one of the main issues addressed by practice consultants via member calls/emails.
5. Integrate practice technology into all College programs (Registration, QA, etc.).	All aspects of practice related technologies are reflected in all College programs.	

STRATEGIC DIRECTION #3 Foster professional collaboration to achieve coordinated patient centered care promoting health and wellness.		
Outcome		**Key Performance Indicators (KPI)**
Long Term Outcome – 2015 1. Intra Professional: There are high performing intra professional pharmacy practices (pharmacy and pharmacy technicians) that are well established. 2. Inter Professional: There are high performing inter professional health team practices that are well established		Evidence of increased access to patient centered care through inter and intra professional teams.
Intermediate Outcome – 2014 1. Intra Professional: Models of intra professional (pharmacy and pharmacy technicians) pharmacy teams are developed. 2. Inter Professional: Models of high-performing inter professional teams are developed.		Documented evidence of existing models in pharmacy practice that are utilizing the principles of inter and intra professional collaboration. Documented evidence of inter professional teams where a pharmacist is a member that are utilizing the principles of inter and intra professional collaboration (e.g. sampling, inspections).
Short Term – 2013 Members have an understanding and awareness of the principles of inter and intra professional collaboration.		The College has developed and published principles of inter and intra professional collaboration for the membership. Documented evidence of the membership's understanding and awareness of the principles.
Activities	**Output/KPI**	**Progress**
1. Merged 1, 2 and 3 into one activity statement: Develop and communicate the principles along with examples of effective inter and intra professional collaboration and overlapping scope to members and others.	Published principles. Comprehensive communication strategy in place for inter-professional collaboration which aligns with communication strategy for optimizing the scope.	A supporting article along with the Council approved updated Medical Directive & Delegation of Controlled Acts Policy ran in the summer issue of Pharmacy Connection.
4. Maintain collaboration with other regulators to support inter professional practice.	Partnerships are in place with other regulators.	Collaborated with CPSO to provide guidance to members regarding recent change to MMT Policy as a result of introduction of commercial product to market and ODB formulary. AGRE member Colleges convened a full day session to share ideas and understanding among Presidents, ICRC Chairs and related staff on the elements of the Transparency Initiative. A working group of communications leads from the AGRE Colleges also convened to consider a communications strategy to support the increased disclosure of member-specific information and college processes resulting from the transparency initiative. AGRE sub group comprised of staff from ICRC of the six participating

		Colleges will continue to meet throughout the fall and into 2015 for the purpose of discussing a risk management framework for ICRC as well as training and monitoring of how the framework is being utilized. A Risk Assessment Tool (RAT) was developed for use by the ICRC to determine the level of risk associated with a member's conduct and to decide on the appropriate disposition based on the level of risk identified. The RAT, introduced at the ICRC's orientation is now in use and data will be collected and reported as appropriate. The RAT has also been incorporated in FHRCO's slide deck presentation on transparency and can be adapted by any FHRCO college. To further the work of the AGRE group on consistency in Complaints outcome reporting, an ICRC Working Group has been formed to expand on existing definitions and criteria for risk levels dispositions already agreed upon by the AGRE Colleges. Completion scheduled for late November. Pharmacy Practice Consultants continues to support inter-professional collaboration at ongoing CAMH Methadone Workshops attended by pharmacists, nurses and physicians.
5. Identify practice sites with integrated pharmacy technicians in order to share and promote best practice models.	Have identified and communicated best practice models to the membership.	Continue to seek opportunities to communicate integration models and successes. A short video defining scopes of practice and illustrating potential integration is currently in development with completion scheduled for December 2014. Fall issue of Pharmacy Connection includes an article interviewing three pharmacy technicians from different practice settings across Ontario who share their stories of challenges and benefits of practicing to their full scope. As more hospitals approach deadlines for registration of pharmacy technicians and implementation of the full scope of practice for all staff, they are requesting information sessions about technician scope from the College. These sessions are being offered upon request along with information about the Healthcare Facility Oversight initiative to take advantage of the opportunity to build these relationships. As noted under SD1, 3, a video is being developed to illustrate integration of pharmacy technicians into the workflow of a community pharmacy.
6. Integrate professional collaboration into all College programs (Registration, QA, etc.).	All aspects of professional collaboration are reflected in all College programs.	
7. Evaluate and research strategies to gather data.	Data elements are defined and tracked.	

STRATEGIC DIRECTION #4 **Build and enhance relationships with key stakeholders, including the public, the government, our members, and other health care professionals.**		
Outcomes		**Key Performance Indicators (KPI)**
Long Term Outcome - 2015 Relationships with key stakeholders are well established and functioning at a high level.		Sought out for consultation regarding healthcare issues. At the table when healthcare policy is developed. Other healthcare professionals are supportive (i.e. not resistant, no complaints, more collaborative practice).
Intermediate Outcome - 2014 Communication strategy is implemented and relationships are cultivated.		Regular meetings with key stakeholder groups. Public awareness campaign to drive public to utilize pharmacy professionals expanded scope of practice.
Short Term – 2013 Communication strategy is developed for each of the key stakeholder groups (public, government, members, other healthcare professionals).		Government is enabling expanded scope for pharmacy professionals. OCP has a communication strategy for each stakeholder group.
Activities	**Output/KPI**	**Progress**
1. Develop communication strategies for each of the key stakeholder groups (public, government, members, other healthcare professionals). Identify additional communication vehicles for members.	Communication strategy for each of the key stakeholder groups exists.	A strategic and comprehensive approach utilizing all established communications vehicles (website, Pharmacy Connection, e-Connect, videos, PowerPoint presentations, etc.) is being deployed for all identified College initiatives and projects A "Key Initiatives" section has been added to each of the website home pages (public, applicant and member) to centralize and make relevant information more accessible on significant College initiatives. Currently three initiatives are featured: Professional Responsibility, College Hospital Oversight and Transparency. As issues develop under each of these initiatives the Key Initiatives section is updated, and using the most effective College communication vehicles (ie; twitter, e-Connect, Pharmacy Connection etc) the appropriate target audiences are informed of the updates and directed to the Key Initiative section for more information. The College introduced an enhanced public consultation process with the recent consultation regarding proposed changes to the Public Register section of the College By-law No. 3 resulting from the Transparency initiative. The new consultation process as well as all comments received in response to the consultation are now displayed on the College website. The College has begun work on the Public Register redesign, which in addition to incorporating any new member-specific information to be publically disclosed as part of the transparency initiative, will significantly enhance accessibility and clarity of content available on the public register.

2. Meet regularly with key stakeholders.	Meetings held.	As reported in the Registrar's report to Council, staff at various levels of the organization met with numerous stakeholders from pharmacy, healthcare, academia, association and government over the last quarter. Staff, along with CPSO, OPA and the Ministry have participated in meetings coordinated by the Association of Chiefs of Police of Ontario on an initiative aimed at encouraging appropriate disposal of fentanyl patches: Patch4Patch initiative. OCP sponsored a booth at the CSHP Professional Practice Conference to engage hospital stakeholders.
3. Develop public awareness campaign.	Public awareness campaign launched.	A brief video, targeting the public, that describes the role of the College and outlines key features including access to practitioner information and details on how to raise a concern with the College, was developed under the direction of the Communications Committee. Work is underway on a second publically targeted video focusing on providing assurance (public trust) that pharmacy professionals are qualified to deliver a variety of services.
4. Ongoing use of GR agency.	Regular GR reports to Council.	Scheduling of Registrar meetings for this fall with new Minister of Health and his staff is underway. GR firm has been closely monitoring progress on Bill 21 and interfacing with relevant representatives from the Ministry respecting issues relevant to OCP. Meetings with key individuals in both the Premier's Office and Ministry of Health have been arranged over the past three months.
5. Explore collaborative communication strategies with other healthcare professionals (Narcotics Strategy, Expanded Scope of Practice, eHealth).	Appropriate collaborative communication strategies are in place.	As noted above in SD#3.4, Working Groups from AGRE College members from Communications and ICRC are meeting regularly to ensure a consistent message and approach on transparency initiatives for clarity of understanding by the public. Staff met with ODB representative regarding inspections which may result in reports or complaints to the College to consider ways to eliminate duplication and improve timeliness of response. Ongoing regular meetings with ODB were held to discuss issues of common interest and explore ways to improve processes for information sharing and other efficiencies.

STRATEGIC DIRECTION #5 Apply continuous quality improvement and fiscal responsibility in the fulfillment of our mission.		
Outcomes		**Key Performance Indicators (KPI)**
Long Term Outcome - 2015 A disciplined approach with measurable results. Continuous quality improvement and fiscal responsibility.		Systemic implementation as part of all we do. The scorecard/dashboard consisting of the 'critical few' indicators is operational.
Intermediate Outcomes – 2014 Council/Public able to understand College performance based on reports/data compiled and reported. All we do is wired to continuous quality improvement and fiscal responsibility.		Framework is incorporated College wide.
Short Term - 2013 Develop a quality structural framework to uphold the legislative requirements.		
Activities	**Output/KPI**	**Progress**
1. Define quality structure framework. 2. Implementation and communication.	There is a Defined Framework. Plans are in place.	Program areas have defined reports for "quick stats" to support tracking and trending of performance indicators using the data in RADAR.
3. Complete operational reviews & mine lessons learned	Operational review 'should be's' are defined.	MMOSAI project in final phase – development has been completed and testing is in progress. Workflow and task management has been built into the system to support needed functionality. Testing process has confirmed development against documented business processes. External trainers have been secured through a competitive bid process and training is scheduled to occur throughout September. Testing and training materials will serve as further documentation of current processes. Mechanisms to sustain documentation and development process for ongoing/future development will be established. The new enterprise application (RADAR) was successfully launched in mid-October. A staged rollout of functions was used as a mechanism to test implementation in the live environment and minimize the risk of conversion issues. Although this approach resulted in some manual functions temporarily, the implementation was smooth and minor fixes were able to be completed without any downtime during regular work hours. Development of a sustainability plan is underway and close out of the project is expected in early December. MMOSAI close out has continued in a "phased" manner. Meetings are in progress with all functional areas to determine if there are outstanding issues to be carried forward and to review the process for ongoing management of RADAR. Project close out report is in progress.

4. Secure enabling technologies to support "should be's" and new framework	Enabling technology is secured and operationalized.	The use of SharePoint as a tool for members of the adjudicative committees and the staff that support them is being explored as a means of retaining notes and maintaining confidentiality during deliberations and drafting of decisions and reasons. Selection of new mobile solutions to support new inspections process and practice site based assessment is continuing with final options being field tested for usability. As noted above, the move to Pivotal 6 as our enterprise application to support member management and operations close to completion. Workflow management is being introduced in the I&R department and once fully operational an impact analysis will be completed. If successful, workflow management will be expanded into other business areas in the College in the future. The new mobile application solution (Hedgehog & Quill) to support the inspection process is close to being finalized. The application to record assessments is now being used in the field and the web application to support the Action Plan and its supporting processes is nearing completion. Hybrid laptop/tablets have been secured and implemented as the mobile device to support the new inspection process. Practice Advisors are now using new inspection/assessment software on mobile lap tabs. The Assessment software was successfully implemented although some outstanding development is still pending, e.g., Data feeds, Self-Assessments, Notifications. While the applications are supported whether or not the Practice Advisor has an internet connection, to improve the stability of the mobile users' working environment, the latest internet connection technology is being introduced on the mobile devices. Preliminary discussions now being held to expand the Assessment applications for use in hospital pharmacies. The Online Member Renewal application was re-developed for the 2015 renewals to present a more stream-lined user experience as well as improve the underlying development technologies making it more flexible to adapt it to the changes. Changes to the Online Accreditation Renewal are now underway.
5. Develop/enhance existing programs: • Impact of IPG Gateway project • ADR Program for complaints • Technician QA Program • JP Curriculum on-line • Transition from PHP • Enhance Inspection programs	Priorities identified through the business process review are systematically developed and operationalized.	Second JP eLearning Module (on Controlled Drugs and Substances Act and Narcotics Safety Awareness Act) published on website in early August. Two more modules in final stage of production and on target for release in the fall (Ontario Drug Benefit and Food and Drug Act) The Ontario Drug Benefit and Drug Interchangeability and Dispensing Fee Act modules were released as planned in the fall. The last two modules scheduled for release are on the Regulated Health Professions Act and Food and Drug Act. Feedback on the existing modules continues to be very positive and all educational programs (Universities and Colleges) have

		confirmed they are utilizing the modules as core jurisprudence reference tools in their curriculum. Collaboration with U of T and U of W to initiate common preceptor training and assessment tools as part of the SPT redesign is in process. A draft assessment tool for experiential training has been developed through collaboration with the College, U of T, U of W and CSHP. An Implementation plan will be established by each organization and reported back to the group over the next few months. A final draft of the assessment tool has been completed and each organization is going to pilot the tool this year. For use in the SPT program, a standard setting process is being completed on the tool to distinguish the student and intern level of performance and to increase objectivity of the assessment results. The standards will be applied to the assessment after the preceptor/assessor has completed the tool. Successful completion of the assessment will be determined once the standards are applied. Meetings to establish common preceptor training have also continued and core skills for all preceptors have been identified. Development of a plan and process to create common/shared resources is in progress. Preparation for IPG Gateway launch – Client Services and Registration assisted with testing of portal application. Website updated to reflect changes in Registration Process to introduce the Gateway within the Registration flowcharts. The IPG Gateway has been successfully launched and OCP has started to receive applications through the Gateway. There is ongoing work in progress regarding the exchange of data between OCP and the Gateway. Completed CQI Assessment with the Office of the Fairness Commissioner and met all requirements – several best practices identified by the OFC, recommendations for improvements all met during assessment process (no ongoing action plan required). Development of new inspection model to reflect new approach to support/enhance practice standards. To be implemented in conjunction with launch of new database system in early October. Level 1 and Level 2 Service agreements with CAMH have been finalized and PHP has been provided with Notice of Termination for both the Level 1 and Level 2 Service agreements. Plans for the transition are underway and it is anticipated that the full transition will be complete in the first quarter of 2015.

		As of January 1, 2015, members enrolled in health monitoring programs under the PHP have been transitioned to CAMH. OCP and CAMH staff held their first case review meeting in February. Healthcare Facilities Oversight – Phase 1 Hospitals Project; inspection criteria developed for piloting/ testing in fall 2014. Operational and business processes are being developed. Hospital inspection teams, (two teams of two inspectors each, one pharmacist and one technician) have been conducting assessments of hospital pharmacies since the start of the year. Inspections are taking place by LHIN; the first LHIN is now complete. Based on the established schedule, all hospitals will be inspected by December 31, 2015. The second phase of the I&R Business Process Review has been initiated. The project will pilot the use of PDSA (Plan, DO, Study, Act) as the CQI tool to evaluate its processes and measure the success. PDSA process mapping has been completed for the Intake and Investigations processes in I&R. Tests of change have been conducted which have resulted in changes to both processes. Process mapping will continue for decision writing, hearings, health inquiries and monitoring. As part of the technician QA program, the Self-assessment for technicians is being upgraded. Twenty percent of registered technicians will be asked to complete the Self-Assessment in 2015. Redesign of the SPT program continues to be a primary focus for Registration. A new advisory group has been established to provide feedback and direction about the operational process and policies needed to support the program. Piloting of the new model for interns is scheduled to begin early in 2015. The Self-Assessment Tool for pharmacy technicians in the CPD Portal is being upgraded to include competency-based practice questions. A technician working group has been created, trained on question writing and is in the process of developing questions based on a blueprint focusing on standards of practice.

Ontario College of Pharmacists
Risk Management Plan

Change Creates Opportunity

Opportunity Creates Risk

Optimized Risk Creates Value

If we only have a compliance focus, we will miss opportunity

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Version date: January 19, 2015

Section 1 - Risk Management Program

Risk Management Philosophy

The College has embraced a collaborative, strategic approach to risk management, which includes identifying and addressing the threats and opportunities the organization faces. The views and participation of personnel at all levels of the organization, including Council, will be sought as the College identifies risk management priorities and implements strategies for modifying, retaining and/or financing risk. This collaborative effort will culminate in the creation of a *Risk Management Plan*. The Plan will be reported to Council periodically annually.

Risk Management Goals

Any and all risk management activities should be designed to enable, rather than impede the mission of Ontario College of Pharmacists.

Approach to Risk Management

The College takes a multi tiered approach to risk management:

- Strategic - organization-wide,
- Operations - statutory obligation (committee and/or program)
- Operations – corporate services and support

The Registrar/CEO works with the various entities in the organization to identify and evaluate risks and create appropriate risk management plans. Working together, these leaders develop protocols, program standards, policies and incident response plans.

Section 2 - Responsibility for Risk Management

Council

Receives periodic reports from the Registrar/CEO concerning the priority risks facing the organization and its risk management framework

Contributes to a shared understanding of the enterprise level and strategic risks.

Receives periodic reports on the organization's risk financing and insurance strategies.

Receives and periodically reviews the organization's *Risk Management Plan*.

Registrar / CEO

Keeps the Council apprised of staff-led risk assessment and risk management activity

Presents a periodic summary of the critical risks facing the organization for council discussion and feedback

Monitors and reports on the compliance obligations of the organization

Delegates responsibility for specific risk areas and tasks to appropriate staff

Director, Finance & Administration

Champions organization-wide effort to protect the vital assets of the College and engage key stakeholders in risk management activities.

Keeps the Registrar/CEO apprised of changes in critical risks and risk management strategies

Engages staff throughout the organization in risk assessment and risk management activities

Evaluates the insurance program

Committee Chairs/ Program Manager

Responsible for complying with the obligations outlined in the Health Professional Procedural Code respecting procedure, timeliness, transparency, objectivity and fairness

Section 3 - Governance Structure

Incorporation

The College was incorporated in the province of Ontario in February 1871.It's duties and objects are set out in Regulated Health Professions Act, Pharmacy Act and Drug and Pharmacies Regulation Act. Annual not-for-profit corporate filings are submitted annually as required by provincial law.

The Council of the College serves as the Board of Directors. The role of the Council, Committees and staff are outlined in the Governance Manual approved by Council and posted to the College website serve to guide the various entities in fulfilling their obligations.

The authority to establish by-laws is prescribed in statute. The by-laws are reviewed and amended by Council periodically to support the governance approach and operational requirements.

The Council is committed to having the minutes accurately reflect the actions of council. The minutes are circulated between meetings an approved at the next scheduled meeting after which they are posted to the website for public viewing.

Indemnification

The Council, committee members and staff are protected from action or other proceeding for damages under the immunity provisions of S. 38 of the RHPA for acts done/or intended to be done in good faith in the performance of a duty or exercise of power under the various statues.

Council, Committees and staff are educated on their obligations through orientation and training at the council, committee and staff levels.

Council Operations

OCP has adopted a Governance Manual containing the key assumptions and expectations of Council, Committees, Chairs and staff. The Manual will be reviewed annually during council orientation and updates will be made on an as needed basis.

Orientation - To ensure that the members of the Council/Committees are properly trained and prepared for their service, the organization conducts orientation training for all members on an annual basis. Legal Counsel/s (with staff support) delivers the orientation at the Council and Committee levels and experienced members share their insights and coach the new members.

Development - The College strives to enhance the ability of its Council members to govern the organization by providing training for council members and chairs. Periodically the council will assess the educational needs of the members and offer training, support or assistance as needed.

Assessment - The Council is committed to evaluating and improving its performance as a responsible, accountable and effective governing body. The council periodically evaluates its performance and adopts a work plan to address any weaknesses.

A Code of Conduct for Council and Committee Members was adopted by Council in September 2014. Every year each council/committee member completes and signs a statement declaring any known conflicts and agreeing to comply with the policy. These annual statements are gathered in September of each year.

Staff Operations

The Registrar as CEO assembles the staff necessary to carry out the work of the College. Staff are organized as appropriate to carryout the duties in an efficient manner, accountable ultimately for implementation of the strategic priorities identified by Council, statutorily prescribed in the legislative framework and consistent with the culture and values of the organization. A Deputy Registrar is assigned to fulfill the duties of the Registrar if he is unable to do so.

Structure - The College has developed job descriptions for all paid positions in the organization to clearly communicate staff work objectives. These documents are created with input from line managers and are finalized before the recruitment process begins. Job descriptions help to establish pay structure between positions by evaluating responsibility and value to the College.

Organizational Accountability - The College views effective staff supervision as an essential component of risk management. Supervisory staff are expected to communicate their expectations of direct reports clearly and consistently and hold employees accountable with regard to key tasks and responsibility and compliance with the organization's employment policies. All employees are encouraged to raise concerns or questions about work priorities and assignments with their direct supervisor.

Employees may be assigned to projects operating under a matrix management or team approach. Major projects involve personnel from various units in the organization who work under the direction of a team leader. The team leader for a project is responsible for holding team members accountable. The team leader may impose discipline on a team member who fails to meet performance requirements or violates the code of conduct for the organization.

Orientation - The Human Resource department staff at the College are responsible for coordinating an orientation session for all new employees within the first week of employment. During this session, there is an overview of the mandate and org structure of OCP, key provisions of OCP's policies, procedures and guidelines are discussed, a benefits summary is provided along with forms which require completion by the employee. The employee is encouraged to ask questions about any aspect of employment policy or operations.

Employee Policies The College believes that written employment policies are an essential risk management tool. The organization has compiled its key employment policies and publishes them on the intranet. The College reviews and updates its policies every two years or as new legislation is introduced in order to ensure that policies remain suitable for the organization and in compliance with provincial and federal employment laws. Policy updates are vetted through legal counsel where appropriate.

New policies are communicated via email and through the intranet to employees. Staff are

provided with ample time to review policies and are required to confirm their understanding of and willingness to abide by any new policies. For legislated policies, the College will organize staff training sessions.

Assessment The College requires annual reviews for all employees. Staff are asked to complete self assessments of key objectives and competencies outlined in the performance plan. Supervisors are responsible for scheduling review meetings and completing the performance review form in the dedicated Performance Management system. The performance review is tied into career development counselling and training. Supervisors conduct reviews with employees within six months of the hire date and thereafter on an annual basis as a minimum.

If needed, performance improvement plans can be used to facilitate constructive discussion between an employee and supervisor to clarify the work performance to be improved.

Section 4 - Strategic, Organization Wide Risk

The College recognizes that it must not only act in the public interest but be seen to act in the public interest. Failure to do so exposes the College to the risk of losing the right to self regulation through the appointment of a Supervisor under the provisions of the RHPA.

The College further recognizes that while it is incorporated as an independent body, it is established by statute and its duty to serve and protect the public interest while regulating the profession of pharmacy are delegated by the government.

The College also recognizes that it, as well as the profession it regulates operates within the broader context of a healthcare system. It is imperative to take this perspective into account and ensure that the interests of the broader system and its delivery of quality service to the public of Ontario take precedence over the interest of the College.

The College further recognizes that innovation, evolution and continuous improvement in its programs and services and those of the profession we regulate are necessary to meet the changing demands and expectations of our stakeholders.

Section 5 - Statutory Programs and Services

OCP undertakes their statutory obligations outlined in the legislation in accordance with the provisions set out in the various Acts. These obligations must balance timeliness with process and quality outcomes. Failure to do so could result in successful appeals and an erosion of confidence in the College and its effectiveness as a self regulatory organization.

Committee orientations are developed and delivered with the input from legal expertise

Legal support is available to guide decisions and practices

Statistical data is complied and reported to monitor adherence

Committees report to council annually

Section 6 - Operations Support

Financial Management

On the recommendation of the Finance and Audit Committee, the Council approves an annual budget that represents the financial plan for operations for the coming year. The Finance and Audit Committee establishes policies in relation to contract execution and cash reserves, whereas the Council establishes a policy for investment of surplus funds of the College. Staff under the direction of the Director of Finance and Administration establish policies to ensure the consistent treatment of financial transactions in accordance with sound accounting principles.

Council reviews the operations and activities of the College. This oversight responsibility is delegated to the Finance and Audit Committee. The Registrar acts as the primary fiscal agent. The Registrar may delegate to the Director of Finance and Administration the responsibility for implementing all financial management policies and procedures and managing the various aspects of financial management.

The financial management objectives of the Ontario College of Pharmacists are to:

- preserve and protect financial assets needed for mission critical activities;
- exercise appropriate care in the handling of incoming funds and disbursement of outgoing funds;
- strive for transparency and accountability in fiscal operations.

Financial Responsibilities and Objectives

The Director of Finance and Administration shall be responsible for developing and presenting to the Finance and Audit Committee a proposed budget for the upcoming fiscal year. The Finance and Audit Committee shall consider the budget and present it to the Council. The budget shall contain detailed projections for revenues and expenditures.

The College’s financial statements shall be prepared on an accrual basis in accordance with Generally Accepted Accounting Principles (GAAP). The net assets of the organization and changes shall be classified as unrestricted or internally restricted to be used for specific purposes.

The presentation of the Financial Statements shall follow the Canadian accounting standards for not-for-profit organizations.

The Director of Finance and Administration shall direct the preparation of quarterly Financial Statements and presentation of these statements to the Finance and Audit Committee.

The College has adopted a number of internal control measures as part of an overall effort to safeguard financial assets.

In addition, and to the extent possible given its size and circumstances, the organization strives to segregate the duties so that a single staff member isn't required to perform two or more incompatible functions

It is the policy of the College to engage the services of a reputable, independent CPA firm to conduct an annual audit of the organization's financial statements. The audit is completed as soon as practical after the end of each fiscal year. The audit firm is selected by and reports to the College's Finance and Audit Committee. The Council shall approve the appointment at a Council meeting in the year for which the books are to be audited. A representative of the audit firm is requested to make an annual presentation to the Council by the Finance and Audit Committee.

The College's Investment Policy establishes the principle that all investments shall ensure preservation of capital and sets out the restrictions and limitations of investments vehicles. The primary objectives of such investments shall be, in order of importance, preservation of capital and yield.

In addition to the Investment Policy established by Council and the Reserve Fund and Contract Execution Policy established by the Finance and Audit Committee, internal accounting policies are in place to ensure consistency in processing, e.g. expense authorization, purchasing, corporate credit card use. Fraud Protection services offered by the College's financial services provider were recently added. Policies are reviewed annually and new policies added as necessary in response to suggestions from the Auditors.

Technology and Information Management

Technology Policy

The College's information and office technology systems (networks, software, computers, telephones, printers, copiers, etc.) are tools provided to employees and volunteer to enhance productivity and performance on the job. Limited non-business use is permitted when on personal time (e.g. during lunch hour or after work). Regardless of the type of use, employees must not have any expectation of privacy to data, information or files that are created, stored or used on the College's systems. College Management reserves the right to access the employee's computer or files at any time. Staff are expected to use good judgment in their use of the College's information and office technology systems, especially electronic mail. Access to all systems, including electronic mail and the Internet, is a privilege, not a right.

The failure to use good judgment or the abuse of the organization's policies may result in suspension of privileges or disciplinary action. If any employee discovers he or she has unintentionally violated this policy, that employee should notify his or her supervisor immediately.

Policy on Systems Inventory and Documentation

To safeguard its office and technology assets, the College maintains a complete inventory of its electronic equipment and computer and technology systems, including hardware, software, media and data. The inventory process includes documentation of how the networks and systems are configured. Responsibility for maintaining the inventory has been assigned to a regular staff member. The inventory is updated at least quarterly or whenever new equipment, media or software are acquired or discarded. The inventory is stored on-site as well as off-premises.

Physical Security for Technology Assets

The College is committed to protecting its office technology assets. The organization takes all reasonable steps to protect and safeguard systems and equipment from damage due to power fluctuations, water damage, dust, extreme temperature change and other environmental factors. In addition, the organization guards against threats to due to viruses, worms, malicious software and hackers. The Manager, Information Technology is responsible for overseeing the security of office systems.

The College maintains numerous files containing personal data, financial information, and other confidential or proprietary information. These files may be in paper or electronic form. The systems administrator will limit access to certain electronic files based upon individuals'

responsibilities and job tasks. Confidential documents will be secured in locked filing cabinets. Any employee whose work requires access to confidential documents should ensure that files are returned to their secure location. Persons who knowingly obtain unauthorized access to confidential information will be subject to discipline, up to and including termination. All incoming employees will be required to execute a Confidentiality Undertaking concerning access to and use of confidential information prior to being given access to any confidential information.

Disaster Recovery Plan

Information technology is critical to the College's ability to provide its programs and services. As a key component of our operations, the Manager, Information Technology is responsible for establishing a disaster recovery plan for our network and computer operations. All employees and volunteers will support this staff person in developing, maintaining and testing the plan. All personnel involved with the disaster response must be familiar with the plan and their assigned roles and responsibilities.

Internet Security

In order to protect personal information, the College uses technologies and processes such as encryption, access control procedures, network firewalls and physical security. These measures increase the security and privacy of information traveling to, from and within our website. Only our authorized employees or agents carrying out permitted business functions are allowed to access personal information. Employees who violate our privacy access policies may be subject to disciplinary actions, up to and including termination.

Website Functionality

The College depends on its website to distribute information and meet its reporting and public register obligations. An inoperable website or one functioning less than optimally can have serious consequences with regard to the organization's reputation and service delivery. To ensure that the website remains fully operational at all times, the Communications Department has established a monitoring procedure which includes a complaint or notice feature allowing visitors/users to report problems encountered while using the website. The Communications Department has also established a goal of responding to all complaints or notices of site errors or problems within eight hours. The Communications Department has also provided detailed instructions to staff about their role in reporting website irregularities or other malfunctions.

Web Content

To maintain the integrity of the organization's website, the Communications department staff oversee the content and look and feel of the site. They are responsible for ensuring that content meets the organization's quality standards and due diligence has been completed to ensure that the organization is within its rights to use any material it posts.

Website Disclaimer

All materials posted on this site are subject to copyrights owned by Ontario College of Pharmacists or other individuals or entities. Any reproduction, retransmission, or republication of all or part of any document found on this site is expressly prohibited, unless Ontario College of Pharmacists or the copyright owner of the material has expressly granted its prior written consent to so reproduce, retransmit or republish the material. All other rights reserved.

Facility/Site Safety and Security

Facility Needs

Ontario College of Pharmacists seeks to utilize its resources and assets fully in achieving its mission. The prudent use of facilities and resources is required to protect the safety and well-being of all personnel — including staff, volunteers and service recipients — while safeguarding the organization's financial assets.

Building Security

The college buildings are configured to provide light of site surveillance of individuals entering the buildings. Monitored access cards enable the college identify traffic in off-hours. The buildings are monitored 24/7 through an external alarm monitoring service. Security cameras are installed at entry points and in the parking areas. Policies are in place to communicate expectations of staff and visitors during and after hours. Additional procedures are enacted during periods of high alert as required.

Preventative Maintenance and Inspections

The College undertakes preventive maintenance for all its building and related facilities. Maintenance protocols are in place for fire safety, mechanical and electrical equipment, cleaning, grounds maintenance, elevator maintenance, waste disposal, food handling, etc. In accordance with legislation, the College maintains a joint Workplace Health and Safety Committee comprised of staff and management. Workplace inspections are conducted monthly. Issues brought forward by the committee are addressed promptly, or where investment is required, are implemented in a timely manner.

Policy Concerning Invitees

The College will permit other organizations affiliated with the College (FHRCO, NAPRA) to use College property for meetings provided that the events will not interfere with the business of the College. College facilities staff will be present to manage security and equipment issues and respond in the event of an emergency. Where facilities staff are unavailable, a meeting designate will be trained on the fire, safety, and evacuation procedures.

As a facility owner, Ontario College of Pharmacists is committed to providing outside users of its premises with a safe environment. This commitment includes, but is not limited to meeting building code requirements, making timely repairs, and providing and maintaining appropriate security.

Section 7 - Emergency Response Planning and Crisis Management

Emergency Response Policy

Ontario College of Pharmacists has adopted an Emergency Response policy whose purpose is to provide direction to the stakeholders of the organization in the wake of an emergency that may threaten the mission of the organization and the safety of its personnel and stakeholders. The Registrar/CEO is responsible for managing the organization's emergency response in accordance with the following priorities:

to save lives;

to protect health and to provide for the safety and health of all responders;

to protect property and infrastructure;

to protect the environment; and

to restore the principle functions of the organization.

Business Continuity Planning Policy

The College's Emergency Response Plan addresses business continuity by assessing the potential impact to core and ancillary business functions and outlining impacts. The members of the ER team are responsible for developing strategies for crisis communication, financing a business interruption incident and for implementing mitigation strategies.

A table top exercise is executed once per year to test the plan and remind members of the ER team of the procedure.

Vital Records, Data and Documents Backup Policy

In order to ensure the continuity of mission-critical services, Ontario College of Pharmacists will duplicate and store off site all information identified as essential to fulfilling its business continuity plan.

Crisis Communications Policy

The College is committed to taking a pre-emptive approach to public relations crises, using disclosure whenever possible as the preferred strategy for preventing or minimizing a crisis. No one is authorized to speak to the news media during a crisis without clearance from the Registrar/CEO. The Registrar/CEO or his designee will be responsible for developing crisis communication strategies.

When a crisis unfolds, the designee will gather and verify information about the crisis, and with the Registrar/CEO will assess the severity of the matter and determine how information is to be released, who should speak for the organization and who is to be notified.

Section 8 - Insurance Program

Insurance/Risk Financing Strategy

To safeguard the assets and resources of the College the organization maintains insurance for those insurable risks of major importance to mission-critical operations and the financial health of the organization. It is the Director, Finance and Administration’s (DFA’s) responsibility to oversee the organization's insurance program and report annually to the Registrar/CEO.

Insurance Program for Ontario College of Pharmacists

The College relies on HIROC (Health Insurance Reciprocal of Canada) under umbrella coverage through FHRCO (Federation of Health Regulatory College’s of Ontario) for insurance advice and services relating to:

Errors and Omissions/Directors and Officers Liability	$5 Million
Liability Insurance	$5 Million
- Bodily Injury - Property - Tenant Coverage - Healthcare Professional - Contingent Employer - Employee Benefits - Environment Impairment - Non-Owned Automobiles	
Crime Insurance – Employee Dishonesty	$2 Million
- Loss, money order and counterfeit paper, depositors forgery	$200,000
Travel Accident Coverage	$100,000
Property	$9.8 Million
Property coverage extensions	
- rental income	$228,000
- business interruption/valuable paper and records	$100,000
Company leased vehicles (Ed Johnstone and Sons, brokerage)	$1 Million

Relationship with Insurance Advisors

Selection Process

The College works cooperatively with the members of FHRCO to realize efficient, cost effective coverage for our common operations.

Ontario College of Pharmacists
Putting patients first since 1871

COUNCIL BRIEFING NOTE

MEETING DATE: March 2015

FOR DECISION	**X**
FOR INFORMATION	

INITIATED BY: Executive Committee

TOPIC: Amendment to the Register Section (Article 11.4) of By-Law No 3 concerning the Transparency initiative.

ISSUE: Consideration of feedback received after circulation of the proposed By-Law amendments which incorporated the AGRE Phase II Transparency initiative.

BACKGROUND:

Following Council's consideration and approval for consultation in December, proposed amended by-laws were posted on the College website with a deadline for response of February 10, 2015. Invitations to participate in the consultation were sent via email to members through OCP e-connect. The consultation was also shared as a news item on the website and multiple posts were made on twitter. All written feedback received during the consultation period was posted on the OCP website in keeping with regular consultation process and posting guidelines.

The amendments, if passed, would result in the following changes to the College's public register:

1. Posting known criminal charges (if relevant)
The College would post a summary of any federal or provincial charges against a member if the College knows about them, and the Registrar believes that they are relevant to the member's suitability to practise.

2. Disclosing members under investigation
The Registrar would confirm that the College is investigating a member if there is a compelling public interest reason to do so pursuant to 36(1)(g) of the *Regulated Health Professions Act.*

3. Posting of complaint outcomes: Cautions
The College would disclose when a panel of the Inquiries, Complaints and Reports Committee (ICRC) cautions a member as a result of a complaint when there is a significant concern about a member's conduct or practice that can have a direct impact on patient care, safety or the public interest. Cautions require the member to meet with the ICRC in person to discuss the member's practice and the changes planned to avoid a similar incident from reoccurring.

4. Posting of complaint outcomes: SCERPs
The College would disclose when a panel of the ICRC requires a member to complete a specified continuing education or remediation program (SCERP) when a serious care or conduct concern requiring a pharmacist or pharmacy technician to upgrade his or her skills has been identified.

5. Posting of applications for reinstatement
The College would disclose if the Registrar has referred an applicant for reinstatement to the Discipline Committee.

6. Posting of known licenses in other jurisdictions
The College would disclose whether a member is currently registered or licensed to practice the profession in another jurisdiction, if known.

7. Posting of complaint outcomes: Summary of variation
The College would disclose when a panel of the ICRC was required, after a review, to remove or vary an original outcome of a caution or SCERP. This would include posting the process leading up to the review.

Feedback

The consultation received 49 responses (45 from members, 3 from public and 1 from an organization).

General themes identified from comments grouped by proposed changes:

1. Posting known criminal charges (if relevant)/ Disclosing members under investigation

i. Support for the public's right to know the history of chosen health care provider
- The public has a right to know any criminal charges facing the health care professional they are allowing to treat them.
- Criminal facts are relevant and relate to the ability of the professional to be honest, ethical and trustworthy.

ii. Concerns regarding processes for identifying relevant information
- Proposed wording around decision making authority seems vague and might vary according to the Registrar's experiences and views.

iii. Unfairness to members
- View that all members have the right to be presumed innocent until proven guilty as charges and/or complaints leading to an investigation may be dismissed or the member may be found not guilty; posting charges, even if the member is consequently found not guilty, would damage the reputation of the member.
- Use of discretion (e.g. when a member has been in good standing for many years) when posting charges especially when the member's name has not been published as part of the charges.

2. Posting of complaint outcomes: Cautions and SCERPs

i. Misunderstanding regarding posting of complaints and investigations of a complaint[1]

- An investigation of a complaint should not be posted.
- Disagreement with posting of complaints and/or SCEPRs as many complaints are not about competency, are minor and do not relate to the member's practice or impact patient care.
- Even the best health care professionals make mistakes and that they should not be judged by it once they can provide adequate and safe patient care

3. Posting of applications for reinstatement

- No comments were received with respect to this change.

4. Posting of known licenses in other jurisdictions

- No comments were received with respect to this change.

5. Posting of complaint outcomes: Summary of variation

i. Should be subject to time limits and there should be a process to appeal posting[2]

- Postings should be reviewed for relevance and a time limit should be imposed on postings as over time information becomes irrelevant; there should be an appeal process for the removal of a posting based on the member's history.

6. General comments

i. Questioning the benefit to the public

- Information other than that already posted about discipline outcomes is not relevant to protecting the public and federal or provincial criminal charges do not affect patient care.
- Only criminal acts that impact patient care, such as sexual abuse, should be posted on the public registrar, other criminal acts (such as DUIs and insurance fraud) are of no interest to patients.

ii. The rights of members are not being respected

- Concerns that posting charges will violate member's rights, confidentiality and privacy while providing no public benefit.

iii. Perception that information will be misused by the public

- Information will be used to discriminate against members and will undermine the trust that patients have in the profession.
- Public will judge pharmacists based on the information posted and not on the recent services the pharmacist has provided.

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[1] *Note: only those complaints that result in a decision by the ICRC to issue a caution or SCERP will be posted. A SCERP or Caution is ordered when it is determined there is a serious care or conduct concern requiring a pharmacist or pharmacy technician to upgrade his or her skills or there is a significant concern about a member's conduct or practice that can have a direct impact on patient care, safety or the public interest. In addition, the College would only make public the fact that a member is under investigation if there is a compelling public interest reason to do so.*

[2] *Note: s.11.8.7 currently allows the Registrar to remove information from the Register where the Registrar is satisfied that the information is no longer of importance to the public. Currently there is no time limit to any information posted on the Register.*

- Public may not use this information to select pharmacists and could use the information to publicly embarrass someone they know.

ANALYSIS:

The feedback received has been reviewed and considered. Some of the responses to the circulation of this by-law amendment reflect member opposition based on the perspective of potential personal impact as well as a misunderstanding of the categories of complaint outcomes that will become public information.

The College is not proposing to provide any information regarding federal and provincial charges that is not already publicly available. The College anticipates that after Council has approved the amendment, there will be a brief period of time required to develop and implement the process for determining relevance to practice, including uniform criteria which will be made public.

RECOMMENDATION: **That Council approve the amendment to the Register Section (Article 11.4) of College By-law #3.** (See Appendix A)

OPTIONS:

The College has committed to enhancing transparency and ensuring that Ontarians have access to information that is relevant, timely, useful and accurate. As a member of AGRE the College has worked with representatives from other well-established colleges to develop principles that have shaped the information AGRE has recommended to include on the public register.

The proposed amendments ensure that the public has access to the information that they need to make informed choices about their healthcare. In addition, these amendments will ensure consistency between information found on the public register of all health regulatory colleges.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Appendix A: Summary of Proposed By-Law Amendments
Article 11.4 and 11.8 – The Register

Highlights of the proposed amendments are as follows:

Current Provisions	Proposed Provisions
11.4.13 Where applicable, a summary of any restriction on a Member's right to practise: (a) resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College; or (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction. 11.4.13.1 A summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of provincial or federal offence processes of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise. 11.4.13.2 A summary of any findings of guilt of which the College is aware of made by a court after April 1, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.	11.4.13 Where applicable, a summary of any restriction on a Member's right to practise: (a) resulting from an undertaking given by the Member to the College or an agreement entered into between the Member and the College; or (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction. 11.4.13.1 A summary of any currently existing charges against a Member, of which the College is aware in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise. 11.4.13.~~1~~2 A summary of any currently existing conditions, terms, orders, directions or agreements relating to the custody or release of the Member in respect of provincial or federal offence processes of which the College is aware and that the Registrar believes is relevant to the Member's suitability to practise. 11.4.13.3~~2~~ A summary of any findings of guilt of which the College is aware of made by a court after April 1, 2015, against a Member in respect of a federal or provincial offence that the Registrar believes is relevant to the Member's suitability to practise.
11.4.20 Where a Member's Certificate of Registration is reinstated, the	11.4.20 Where a Member's Certificate of Registration is reinstated, the

Current Provisions	Proposed Provisions
effective date of the reinstatement.	effective date of the reinstatement. 11.4.20.1 Where, after April 1, 2015, the Registrar confirms whether the College is investigating a Member because there is a compelling public interest in disclosing this information pursuant to 36(1)(g) of the Act, the fact that the Member is under investigation. 11.4.20.2 Where, for a complaint filed after April 1, 2015 or for a matter in which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code after April 1, 2015, a panel of the Inquiries, Reports and Complaints Committee requires a Member to appear before a panel of the Committee to be cautioned, (a) a notation of that fact, (b) a summary of the caution, (c) the date of the panel's decision, and (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of. 11.4.20.3 Where, for a complaint filed after April 1, 2015 or for a matter in which an investigator is appointed under 75(1)(a) or 75(1)(b) of the Code after April 1, 2015, a panel of the Inquiries, Reports and Complaints Committee takes other action requiring a member to complete a specified continuing education or remediation program, (a) a notation of that fact, (b) a summary of the continuing education or remediation program, (c) the date of the panel's decision, and (d) if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which

Current Provisions	Proposed Provisions
	notation shall be removed once the review is finally disposed of.
11.4.21 Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, or where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, and the matter is outstanding, (a) the date of the referral; (b) a brief summary of each specified allegation; (c) the notice of hearing; (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced; (e) if the hearing is awaiting scheduling, a statement of that fact; and (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.	11.4.21 Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, ~~or~~ where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding, (a) the date of the referral; (b) a brief summary of each specified allegation; (c) the notice of hearing; (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced; (e) if the hearing is awaiting scheduling, a statement of that fact; and (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.
11.4.25 Where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario by a body that governs pharmacists or pharmacy technicians, (a) a notation of that fact; (b) the date of the finding and the name of the governing body that made the finding; (c) a brief summary of the facts on which the finding was based; (d) the penalty; and (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed	11.4.25 Where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario by a body that governs pharmacists or pharmacy technicians, (a) a notation of that fact; (b) the date of the finding and the name of the governing body that made the finding; (c) a brief summary of the facts on which the finding was based; (d) the penalty; and (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed

Current Provisions	Proposed Provisions
once the appeal is finally disposed of.	once the appeal is finally disposed of. 11.4.25.1 Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.
11.8 Deletion of Information. Notwithstanding paragraphs 11.4, 11.6 and 11.7, the College is not required to maintain and may delete from the Register: 11.8.1 Any information which would otherwise have been required to be maintained under paragraph 11.4 or 11.6 in respect of any Member who died at least two years prior to the last updating of the Register. 11.8.2 Any information which would otherwise have been required to be maintained under paragraph 11.4 or 11.6 in respect of any former Member who resigned as a Member or whose Certificate of Registration was revoked at least six years prior to the last updating of the Register. 11.8.3 Any information which would otherwise have been required to be maintained under paragraph 11.6 in respect of any health profession corporation whose Certificate of Authorization was revoked at least six years prior to the last updating of the Register. 11.8.4 Any information which would otherwise have been required to be maintained under paragraph 11.7 in respect of any pharmacy that was permanently closed at least two years prior to the last updating of the Register. 11.8.5 Any information which would	**11.8 Deletion of Information.** Notwithstanding paragraphs 11.4, 11.6 and 11.7, the College is not required to maintain and may delete from the Register: 11.8.1 Any information which would otherwise have been required to be maintained under paragraph 11.4 or 11.6 in respect of any Member who died at least two years prior to the last updating of the Register. 11.8.2 Any information which would otherwise have been required to be maintained under paragraph 11.4 or 11.6 in respect of any former Member who resigned as a Member or whose Certificate of Registration was revoked at least six years prior to the last updating of the Register. 11.8.3 Any information which would otherwise have been required to be maintained under paragraph 11.6 in respect of any health profession corporation whose Certificate of Authorization was revoked at least six years prior to the last updating of the Register. 11.8.4 Any information which would otherwise have been required to be maintained under paragraph 11.7 in respect of any pharmacy that was permanently closed at least two years prior to the last updating of the Register. 11.8.5 Any information which would

Current Provisions	Proposed Provisions
otherwise have been required to be maintained under paragraph 11.7 in respect of any pharmacy whose Certificate of Accreditation was revoked at least six years prior to the last updating of the Register.	otherwise have been required to be maintained under paragraph 11.7 in respect of any pharmacy whose Certificate of Accreditation was revoked at least six years prior to the last updating of the Register.
11.8.6 Any information which would otherwise have been required to be maintained under subparagraph 11.4.6 respecting Members who held Certificates of Registration as Interns or Registered Pharmacy Students where that Certificate terminated or expired more than two years prior to the last updating of the Register.	11.8.6 Any information which would otherwise have been required to be maintained under subparagraph 11.4.6 respecting Members who held Certificates of Registration as Interns or Registered Pharmacy Students where that Certificate terminated or expired more than two years prior to the last updating of the Register.
11.8.7 Any information which would otherwise have been required to be maintained under subparagraphs 11.4.13, 11.4.27, 11.7.17 or 11.7.22 where the Registrar is satisfied that the information is no longer of importance to the public.	11.8.7 Any information which would otherwise have been required to be maintained under subparagraphs 11.4.13, 11.4.27, 11.7.17 or 11.7.22 where the Registrar is satisfied that the information is no longer of importance to the public.
	11.8.8 Any information which would otherwise have been required to be maintained under subparagraphs 11.4.20.2 and 11.4.20.3 where, after a review, the Inquiries, Reports and Complaints Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

Ontario College of Pharmacists
Putting patients first since 1871

COUNCIL BRIEFING NOTE

MEETING DATE: March 2015

FOR DECISION	**X**
FOR INFORMATION	

INITIATED BY: Finance and Audit Committee

TOPIC: Audited Financial Statements

ISSUE: Approval of 2014 Audited Financial Statements

BACKGROUND: The audit was conducted in accordance with Canadian generally accepted auditing standards. The statements reflect the values for reserve funds agreed to by the Finance and Audit Committee.

The Management Letter issued by the auditor is also attached for Council information.

ANALYSIS: The opinion of the auditor is that the financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2014 and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

RECOMMENDATION: **That Council approve the attached Audited Financial Statements and Summary Statements for the operations of the Ontario College of Pharmacists for 2014 as prepared by Clarke Henning LLP, Chartered Accountants.**

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

ONTARIO COLLEGE OF PHARMACISTS

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

Draft - Feb 9/15

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Statement of Cash Flows	7
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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF COUNCIL ONTARIO COLLEGE OF PHARMACISTS

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

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

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

Toronto, Ontario
March 9, 2015

CHARTERED ACCOUNTANTS
Licensed Public Accountants

Draft - Feb 9/15

ONTARIO COLLEGE OF PHARMACISTS

STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2014

	2014	2013
ASSETS		
Current assets		
Cash balances with banks	**$ 601,077**	$ 519,048
Short-term investments *(note 3)*	**-**	2,000,000
Accounts receivable and cost recoveries	**208,841**	140,288
Prepaid expenses	**223,870**	147,722
	1,033,788	2,807,058
Long-term investments *(note 3)*	**8,586,257**	6,500,000
Property and equipment *(note 4)*	**4,342,026**	4,581,319
	13,962,071	13,888,377
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	**1,706,248**	1,555,666
Deferred revenue	**101,137**	215,164
	1,807,385	1,770,830
NET ASSETS		
Invested in property and equipment	**4,342,026**	4,581,319
Internally restricted *(note 5)*	**7,700,000**	6,700,000
Unrestricted	**112,660**	836,228
	12,154,686	12,117,547
	$ 13,962,071	$ 13,888,377

Draft - Feb 9/15

Approved on behalf of the Council:

_____, President _____, Chair of Finance Committee

ONTARIO COLLEGE OF PHARMACISTS

STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2014

	Budget	Actual	
	2014	**2014**	2013
	(note 2)		
Revenues			
Member fees - Pharmacists	**$ 8,358,250**	**$ 8,395,849**	$ 8,080,291
Member fees - Pharmacy Technicians	**1,200,000**	**1,104,000**	695,650
Pharmacy fees	**3,462,000**	**3,639,320**	3,521,900
DPP Revenue	**10,000**	**15,000**	7,500
Registration fees and income	**1,441,125**	**1,754,875**	1,544,077
Investment income	**120,000**	**259,630**	181,215
Special project - ORAC *(note 6)*	**-**	**84,656**	65,769
	14,591,375	**15,253,330**	14,096,402
Expenses *(Schedules)*			
Council and committees	**2,472,699**	**2,851,991**	2,314,788
Administration	**11,835,652**	**11,746,649**	9,862,853
Property	**116,563**	**110,549**	133,342
Special project - ORAC *(note 6)*	**-**	**84,656**	65,769
	14,424,914	**14,793,845**	12,376,752
Excess of revenues over expenses from operations for the year before depreciation	**166,461**	**459,485**	1,719,650
Depreciation	**-**	**422,346**	384,149
Excess of revenues over expenses for the year	**$ 166,461**	**$ 37,139**	$ 1,335,501

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ONTARIO COLLEGE OF PHARMACISTS

SCHEDULE OF EXPENSES

YEAR ENDED DECEMBER 31, 2014

	Budget	Actual	
	2014	**2014**	2013
	(note 2)		
Council and Committees			
Council	**$ 93,000**	**$ 92,226**	$ 120,151
District/Regional	**55,000**	**25,925**	45,462
Committees			
Accreditation	**43,000**	**62,297**	61,941
Communication *(note 7)*	**60,659**	**51,090**	93,007
DPP Committee	**5,000**	**81**	-
Discipline	**810,000**	**1,399,314**	799,278
Discipline - cost recoveries	**-**	**(87,700)**	(80,800)
Executive	**80,000**	**58,720**	68,515
Finance and Audit	**3,500**	**5,600**	4,416
Fitness to practice	**247,500**	**197,975**	192,097
ICRC	**65,000**	**182,063**	87,683
Patient relations	**3,500**	**400**	865
Professional practice	**20,000**	**7,920**	3,493
Quality assurance	**538,828**	**488,084**	524,070
Registration	**330,700**	**286,470**	294,720
Special	**117,012**	**81,526**	99,890
	$ 2,472,699	**$ 2,851,991**	$ 2,314,788

Draft - Feb 9/15

ONTARIO COLLEGE OF PHARMACISTS

SCHEDULE OF EXPENSES

YEAR ENDED DECEMBER 31, 2014

	Budget	Actual	
	2014	**2014**	2013
	(note 2)		
Administration			
Personnel *(note 10)*	**$ 9,754,544**	**$ 9,601,031**	$ 8,213,211
General			
Association fees	**110,000**	**110,291**	103,870
Audit	**23,000**	**15,250**	20,000
Bank charges	**306,100**	**342,851**	305,347
Consulting - general	**364,675**	**505,350**	159,254
Continuing education initiatives	**10,000**	**13,272**	12,685
Courier and delivery	**3,800**	**4,084**	3,786
Donations, contributions and grants	**210,000**	**207,200**	203,300
DPP Inspection Costs	**8,000**	**-**	-
Election expenses	**4,000**	**3,639**	6,860
Examinations, certificates and registrations	**84,500**	**82,258**	116,204
Information systems, leasing and maintenance	**178,000**	**166,036**	169,174
Investigation	**-**	**-**	109,421
Investigation - cost recoveries	**-**	**-**	(170,000)
Insurance - errors and omissions	**10,000**	**5,316**	5,212
Legal	**197,000**	**137,200**	95,290
Office services - equipment leasing and maintenance	**22,005**	**30,250**	25,163
Postage	**30,198**	**31,478**	31,236
Publications - Annual Report and Pharmacy Connection	**66,000**	**37,978**	41,157
Subscriptions and publications	**5,300**	**8,048**	6,225
Supplies	**28,100**	**29,595**	31,505
Telecommunication	**156,230**	**154,683**	138,375
Travel and conferences	**264,200**	**260,839**	235,578
	11,835,652	**11,746,649**	9,862,853
Property			
Insurance	**12,400**	**12,226**	12,226
Maintenance and repairs	**130,656**	**144,935**	159,578
Taxes	**119,872**	**111,904**	114,205
Utilities	**60,118**	**59,474**	68,374
	323,046	**328,539**	354,383
Rental income	**(206,483)**	**(217,990)**	(221,041)
	$ 116,563	**$ 110,549**	$ 133,342

Draft - Feb 9/15

ONTARIO COLLEGE OF PHARMACISTS

STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2014

	2014				2013
	Invested in Property and Equipment	**Internally Restricted**	**Unrestricted**	**Total**	Total
Balance - at beginning of year	**$ 4,581,319**	**$ 6,700,000**	**$ 836,228**	**$ 12,117,547**	$ 10,782,046
Excess (deficiency) of revenues over expenses for the year	**(422,346)**	**-**	**459,485**	**37,139**	1,335,501
Inter-fund transfers representing:					
Purchase of capital assets (net of disposals)	**183,053**	**-**	**(183,053)**	**-**	-
Internally restricted	**-**	**1,000,000**	**(1,000,000)**	**-**	-
Balance - at end of year	**$ 4,342,026**	**$ 7,700,000**	**$ 112,660**	**$ 12,154,686**	$ 12,117,547

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ONTARIO COLLEGE OF PHARMACISTS

STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2014

		2014	2013
Cash flows from operating activities			
Excess of revenues over expenses for the year	**$**	**37,139**	$ 1,335,501
Item not requiring a current cash outlay			
Depreciation		**422,346**	384,149
		459,485	1,719,650
Changes in non-cash working capital balances			
Accounts receivable and cost recoveries		**(68,552)**	(19,718)
Prepaid expenses		**(76,148)**	(28,128)
Accounts payable and accrued liabilities		**150,581**	715,660
Deferred revenue		**(114,027)**	33,980
		351,339	2,421,444
Cash flows from investing activities			
Purchase of investments		**(86,257)**	(3,300,000)
Purchase of capital assets		**(174,250)**	(300,237)
Building renovations		**(8,803)**	(142,938)
		(269,310)	(3,743,175)
Change in cash during the year		**82,029**	(1,321,731)
Cash - at beginning of year		**519,048**	1,840,779
Cash - at end of year	**$**	**601,077**	$ 519,048

Draft - Feb 9/15

ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

Mission: The Ontario College of Pharmacists (the "College") regulates pharmacy to ensure that the public receives quality services and care. The vision of the College is to lead the advancement of pharmacy to optimize health and wellness through patient centred care.

The College is the registering and regulating body for pharmacy practice in Ontario. All persons within Ontario who wish to dispense prescriptions and sell products defined as drugs to the public must first have met the professional qualifications set by the College, and be registered as a pharmacist or pharmacy technician. Likewise, all pharmacies must meet certain standards for operations and be accredited by the College. In addition to setting initial standards, the College ensures ongoing adherence to the professional and operational standards.

The College is a not-for-profit organization, incorporated as a non-share capital corporation in 1871 under the laws of Ontario and, as such, is generally exempt from income taxes.

Draft - Feb 9/15

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared using Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies.

Financial Instruments

The College initially measures its financial assets and financial liabilities at fair value. The College subsequently measures all its financial assets and financial liabilities at amortized cost.

Financial assets and liabilities measured at amortized cost include cash balances with banks, short and long-term investments, accounts receivable and cost recoveries and accounts payable and accrued liabilities.

Property and Equipment

Property and equipment are recorded at cost. Depreciation is provided over the estimated useful lives of the assets at the following annual rates:

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

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount. There were no impairment indicators in 2014.

ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue Recognition

Fees

The College's principal source of revenue is membership fees which are recognized as revenue in the period to which the membership fees relate. Membership fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the statement of financial position and will be accounted for in income in the year to which they pertain.

Investment Income

Investment income consists of interest and is recorded as earned.

Other Revenues

All other revenues being examination and other fees, rental income and other miscellaneous income are recognized as revenue when services are provided or as earned.

Grants and Contributions

The College follows the deferral method of accounting for contributions which include government grants and other contributions. Operating grants are recorded as revenue in the year in which the related expenses are incurred. Where a portion of a grant relates to a future period, it is deferred and recognized in that subsequent period.

Use of Estimates

The preparation of the College's financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year.

Key areas where management has made difficult, complex or subjective judgments, often as a result of matters that are uncertain, include, among others, useful lives for depreciation and amortization of property and equipment and assets and liabilities valuation. Actual results could differ from these and other estimates, the impact of which would be recorded in future periods.

Draft - Feb 9/15

2. BUDGET FIGURES

The budget figures in the Statement of Operations are provided for information purposes, are unaudited and are approved by the Council.

ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

3. INVESTMENTS

Details of investments are as follows:

	2014	*2013*
Short-Term		
Guaranteed investment certificates		
Prime rate less 1.65%, maturing April 28, 2014	**$ -**	$ 2,000,000
Long-Term		
Guaranteed investment certificates		
2.30% to 2.55% (2.30% to 2.35% in 2013), maturing April 27, 2019 to October 18, 2019 (April 27, 2017 to October 18, 2018 in 2013)	**8,586,257**	6,500,000
	$ 8,586,257	$ 8,500,000

Investment Risk Management

Risk management relates to the understanding and active management of risks associated with all areas of the College's activities and operations. Investments are primarily exposed to interest rate risk. The College has formal policies and procedures for investment transactions and investments are made on the advice of portfolio manager.

Interest Rate Risk

Interest rate risk arises from the possibility that changes in interest rates will affect the value of fixed income securities held by the College. The value of fixed income investments will generally rise if interest rates fall and decrease if interest rates rise. The College is exposed to interest rate risk on its fixed rate investments.

4. PROPERTY AND EQUIPMENT

Details of property and equipment are as follows:

			Net Book Value	
	Cost	***Accumulated Depreciation***	***2014***	*2013*
Land	**$ 363,134**	**$ -**	**$ 363,134**	$ 363,134
Buildings	**5,994,347**	**2,497,851**	**3,496,496**	3,633,196
Furniture and equipment	**1,436,761**	**1,086,617**	**350,144**	411,934
Computer equipment and software	**2,157,110**	**2,024,858**	**132,252**	173,055
	$ 9,951,352	**$ 5,609,326**	**$ 4,342,026**	$ 4,581,319

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ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

5. NET ASSETS - INTERNALLY RESTRICTED

The Council of the College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Council. The internally restricted net assets at December 31, are as follows:

	2014	*2013*
Investigations and hearings reserve fund	**$ 2,200,000**	$ 1,650,000
Contingency reserve fund	**4,250,000**	3,800,000
Fee stabilization fund	**1,250,000**	1,250,000
	$ 7,700,000	$ 6,700,000

Investigations and Hearings Reserve Fund

The Investigations and Hearings Reserve Fund is designated to cover costs including legal costs, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, appeals and payments under the program for funding for therapy and counselling which exceed annual budget provisions for those activities.

Contingency Reserve Fund

The Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the provisions of the College's operating budget and to fund the College's obligations in extreme circumstances as determined and approved by the Council.

Fee Stabilization Fund

The Fee Stabilization Fund is designated to minimize or delay the impact of year-over-year changes in revenues or expenses on membership renewal fees.

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6. THE ONTARIO REGULATORS FOR ACCESS CONSORTIUM (ORAC) FUNDING

The Ministry of Citizenship and Immigration ("Ministry") has approved a grant to the College in the amount of $275,500 over three years for carrying out the Project - Showcase and Repository of Regulatory Practices to Facilitate Integration of Internationally Educated Individuals by ORAC. Revenues and expenses related to this grant are as follows:

	2014	*2013*
Funding received	**$ -**	$ 125,500
Less: expenses	**(84,656)**	(65,769)
Excess of revenue over expenses for the year	**(84,656)**	59,731
Deferred revenue - beginning of year	**116,414**	56,683
Surplus recovered to Ministry	**(31,758)**	-
Deferred revenue - end of year	**$ -**	$ 116,414

ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

7. NIAGARA APOTHECARY

Communication Committee expense includes an amount of $21,955 for the year ended December 31, 2014 (2013 - $22,989) representing the activity of the Niagara Apothecary as presented below:

	Budget	***Actual***	
	2014	***2014***	*2013*
	(note 2)		
Expenses			
Salaries and administration	**$ 29,320**	**$ 29,290**	$ 29,248
Insurance	**4,537**	**5,031**	4,801
Utilities	**5,100**	**5,607**	5,937
Building maintenance and repairs	**500**	**880**	-
Publicity	**150**	**125**	225
Miscellaneous	**500**	**1,714**	726
Cost of sales	**11,151**	**8,163**	8,114
	51,258	**50,810**	49,051
Sales, grants and donations	**36,099**	**28,855**	26,062
	$ 15,159	**$ 21,955**	$ 22,989

The College has agreed to maintain and operate the Niagara Apothecary to March 16, 2020.

8. FINANCIAL INSTRUMENTS AND RISK EXPOSURE

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College's main credit risks relate to accounts receivable and cost recoveries. The College is not exposed to significant credit risk.

Liquidity Risk

Liquidity risk is the risk that the College will encounter difficulty in meeting obligations associated with financial liabilities. The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities and commitments. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations.

Market Risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is not exposed to currency or price risks. The interest rate risk is disclosed in note 3.

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ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

9. COMMITMENTS

(a) The College is committed to annual payments of $200,000 for four years concluding in October 2016 to the University of Toronto to establish the Ontario College of Pharmacists of Toronto Enhancing the Scope of Practice Program, at the University of Toronto.

(b) The College contracted the Professional Health Program Services of the Centre for Addiction and Mental Health ("CAMH") effective October 1, 2014 (prior to October 1, 2014, these services were provided by the Ontario Medical Association) to monitor members deemed to be incapacitated in accordance with the provisions of the legislation. Members are monitored over a period of time, depending on the nature of their incapacity. During fiscal year 2014, the College expended $118,500 ($137,595 - 2013) towards the monitoring of identified members. The remaining commitment of the College is as follows:

2015	$ 84,000
2016	77,000
2017	49,000
2018	26,833
2019	4,667
	$ 241,500

(c) The College is committed to annual rental payments under leases for office equipment and automobiles, expiring from February 2015 to December 2018 as follows:

		Equipment	***Automobiles***
Fiscal year ending December 31	2015	$ 23,422	$ 37,584
	2016	23,422	24,222
	2017	23,422	7,634
	2018	23,422	-
		$ 93,688	$ 69,440

10. PENSION PLAN

The College sponsors a defined contribution pension plan for its employees. The contribution required by the College is a function of qualified employees' annual earnings. The pension expense recognized by the College for the year was $360,583 ($328,593 - 2013).

11. CREDIT FACILITY

The College has a credit facility available in the amount of $1,500,000 bearing interest at bank prime rate, subject to certain terms and conditions. At December 31, 2014, the facility had not been drawn upon.

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ONTARIO COLLEGE OF PHARMACISTS

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

12. GUARANTEES AND INDEMNITIES

The College has indemnified its past, present and future directors, officers and volunteers against expenses (including legal expenses), judgments and any amount actually or reasonably incurred by them in connection with any action, suit or proceeding, subject to certain restrictions, in which they are sued as a result of their involvement with the College, if they acted honestly and in good faith with a best interest of the College. The College has purchased directors' and officers' liability insurance to mitigate the cost of any potential future suits and actions, but there is no guarantee that the coverage will be sufficient should any action arise.

In the normal course of business, the College has entered into agreements that include indemnities in favour of third parties, either express or implied, such as in service contracts, lease agreements and purchase contracts. In these agreements, the College agrees to indemnify the counterparties in certain circumstances against losses or liabilities arising from the acts or omissions of the College. The terms of these indemnities are not explicitly defined and the maximum amount of any potential liability cannot be reasonably estimated.

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ONTARIO COLLEGE OF PHARMACISTS

SUMMARY FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

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Draft - Feb 9/15

INDEPENDENT AUDITOR'S REPORT ON SUMMARY FINANCIAL INFORMATION

TO THE MEMBERS OF COUNCIL ONTARIO COLLEGE OF PHARMACISTS

The accompanying summary financial statements of the Ontario College of Pharmacists, which comprise the summary balance sheet as at December 31, 2014 and the summary statement of operations and net assets for the year then ended, are derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated March 9, 2015.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements therefore, is not a substitute for reading the audited financial statements of the College.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Ontario College of Pharmacists for the year ended December 31, 2014 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
March 9, 2015

CHARTERED ACCOUNTANTS
Licensed Public Accountants

ONTARIO COLLEGE OF PHARMACISTS

SUMMARY BALANCE SHEET

AS AT DECEMBER 31, 2014

	2014	2013
ASSETS		
Current assets		
Cash and short-term investments	**$ 601,077**	$ 2,519,048
Accounts receivable and cost recoveries	**208,841**	140,288
Prepaid expenses	**223,870**	147,722
	1,033,788	2,807,058
Long-term investments	**8,586,257**	6,500,000
Property and equipment	**4,342,026**	4,581,319
	13,962,071	13,888,377
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	**1,706,248**	1,555,666
Deferred revenue	**101,137**	215,164
	1,807,385	1,770,830
NET ASSETS		
Net assets invested in property and equipment	**4,342,026**	4,581,319
Internally restricted		
Investigations and hearings reserve fund	**2,200,000**	1,650,000
Contingency reserve fund	**4,250,000**	3,800,000
Fee stabilization fund	**1,250,000**	1,250,000
Unrestricted	**112,660**	836,228
	12,154,686	12,117,547
	$ 13,962,071	$ 13,888,377

Draft - Feb 9/15

Approved on behalf of the Council:

_____, President _____, Chair of Finance Committee

ONTARIO COLLEGE OF PHARMACISTS

SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS

YEAR ENDED DECEMBER 31, 2014

	2014	2013
Revenues		
Member fees - Pharmacists	**$ 8,395,849**	$ 8,080,291
Member fees - Pharmacy Technicians	**1,104,000**	695,650
Pharmacy fees	**3,639,320**	3,521,900
DPP Revenue	**15,000**	7,500
Registration fees and income	**1,754,875**	1,544,077
Investment and other income	**344,286**	246,984
	15,253,330	14,096,402
Expenses		
Council and committees	**2,851,991**	2,314,788
Administration	**11,831,305**	9,928,622
Property	**110,549**	133,342
	14,793,845	12,376,752
Excess of revenues over expenses from operations for the year before depreciation	**459,485**	1,719,650
Depreciation	**422,346**	384,149
Excess of revenues over expenses for the year	**37,139**	1,335,501
Net assets - at beginning of year	**12,117,547**	10,782,046
Net assets - at end of year	**$ 12,154,686**	$ 12,117,547

Draft - Feb 9/15

Clarke Henning LLP

Chartered Accountants

801 - 10 Bay Street
Toronto, Ontario
Canada M5J 2R8
Tel: 416-364-4421
Fax: 416-367-8032

February 4, 2015

Members of the Finance and Audit Committee
Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

Dear Members of the Finance and Audit Committee:

ONTARIO COLLEGE OF PHARMACISTS
AUDIT OF 2014 FINANCIAL STATEMENTS

To identify and assess the risks of material misstatement in the financial statements, we are required to obtain an understanding of internal control relevant to the audit. This understanding is used for the purpose of designing appropriate audit procedures. It is not used for the purpose of expressing an opinion on the effectiveness of internal control. The limited purpose also means that there can be no assurance that all significant deficiencies in internal control, or any other control deficiencies, will be identified during our audit.

A deficiency in internal control exists when a control is designed, implemented or operated in such a way that it is unable to prevent, or detect and correct, misstatements in the financial statements on a timely basis, or when a control necessary to prevent, or detect and correct, misstatements in the financial statements on a timely basis is missing.

A significant deficiency in internal control is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

During the course of our audit of the financial statements of Ontario College of Pharmacists for the year ended December 31, 2014, we did not identify any of the following matters:

(a) any control deficiencies that, in our judgment, would be considered significant deficiencies;
(b) misstatements, other than trivial errors;
(c) fraud, intentional misstatements, errors;
(d) misstatements that may cause future financial statements to be materially misstated; or
(e) illegal, or possibly illegal acts.

This communication is intended solely for the information and use of the Finance and Audit Committee, the Council and management and is not intended to be, and should not be, used by anyone other than these specified parties. Accordingly, we assume no responsibility to any other party who may rely on it.

We would like to express our appreciation for the co-operation we received from management and staff with whom we worked during the audit.

Yours very truly,
CLARKE HENNING LLP

Vinay M. Raja, CPA, CA
Partner
vraja@clarkehenning.com

Copy: Mr. Marshall Moleschi, Registrar
Ms. Connie Campbell, Director, Finance & Administration

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Ontario College of Pharmacists
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COUNCIL BRIEFING NOTE

MEETING DATE: March 2015

FOR DECISION	**X**
FOR INFORMATION	

INITIATED BY: Accreditation Committee

TOPIC: Circulation of Draft Regulation to the DPRA

ISSUE: Bill 21 provides the College authority to regulate hospital pharmacies; however, the current regulation needs revision to include hospital pharmacies before that authority can be fully enacted. In addition, considering the general principles outlined in Ontario's Regulatory Policy (attached), the redrafted regulation reduces duplication with other laws and sets the outcomes and standards to be met by all pharmacies, leaving more specific requirements to accompanying documents.

BACKGROUND: The current regulation only addresses community pharmacy practice, and is written with a level of specificity which causes the regulation to become quickly outdated, and requires regulatory change in order to provide effective governance.

In drafting this regulation, the College considered the following principles:

1. Regulations will be performance-based.
2. Regulations will focus on high risk practices, those that impact patient safety
3. The approach to drafting regulations will be high level rather than specific. Standards, policies and guidelines will be utilized to address issues wherever possible.
4. The regulations will support practice evolution and change.
5. The regulations will be drafted without specificity to permit the contemplation of multiple classes of certificates of accreditation.

ANALYSIS: The results-based approach to regulation will set the objectives that the College wishes to achieve, without including the specific means to achieve them, which limits the ability of the regulation to remain relevant. Pharmacy practice is changing more rapidly than ever before as new technology becomes available and scopes of practice of practitioners change. Simply adding provisions for hospital pharmacies to the existing regulation framework will not provide the flexibility needed to adapt to practice change in any pharmacy setting.

By including specific expectations in policy, guidelines, processes and by-laws, the College will be able to respond to changes in practice in a timely manner. Attached are some examples of the regulatory framework which will include guidance material that either already exists, or will be developed, to support those changes.

RECOMMENDATION: **Circulate the attached draft of the Regulation to the Drug and Pharmacies Regulation Act**

OPTIONS:

The College has been working toward the initially established timelines which would put us in a position to issue certificates of accreditation to hospital pharmacies by end of year 2015. To meet this timeline, a version of the regulation needs to be circulated now with comments and inputs incorporated for Council consideration at the June meeting enabling official submission by mid year.

Given the tight timelines under which the regulation was drafted, in addition to attracting feedback from external stakeholders, the circulation period will provide the opportunity for reflection and adjustment as necessary by internal stakeholders.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Drug and Pharmacies Regulation Act
Loi sur la réglementation des médicaments et des pharmacies

ONTARIO REGULATION 58/11

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PART I
INTERPRETATION

Interpretation

1. (1) In this Regulation,

"automated pharmacy system" means a mechanical system that performs operations or activities with respect to the storage and packaging of drugs or medications, and with respect to their dispensing or distribution directly to patients;

"controlled drug" means a substance set out in the Schedule to Part G of the *Food and Drug Regulations* under the *Food and Drugs Act* (Canada) and includes a substance that contains one or more controlled drugs and one or more medicinal ingredients in a recognized therapeutic dose that are not controlled drugs;

"dispensary" means the area of a pharmacy, that is accredited as a community pharmacy, where drugs are stored and prepared for dispensing and distribution and to which the public has no access, but does not include an automated pharmacy system;

"document" includes a prescription, record and report;

"holder of the certificate" means the person to whom a certificate of accreditation has been issued;

"National Drug Schedules" means the National Drug Schedules that are part of the National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, as those Schedules are amended from time to time;

"medications" means drugs and other substances usually maintained in a pharmacy, including substances used in the compounding of drugs;

"narcotic drug" means a substance referred to in the Schedule to the *Narcotic Control Regulations* under the *Controlled Drugs and Substances Act* (Canada) or anything that contains any substance set out in that Schedule;

"owner" means any person or persons who own the pharmacy, and where the owner is or includes a corporation, includes each director of the corporation.

"Symbol" means the College's trademarked symbol in its unaltered form and any other trademarks that may be developed and adopted from time to time by the College;

"Prescription Drug List" means the list established under section 29.1 of the *Food and Drugs Act* (Canada), as amended from time to time;

"sell" includes offer for sale, expose for sale, have in possession for sale, and distribute, whether or not the distribution is for consideration;

"targeted substance" means a targeted substance as defined in the Benzodiazepines and Other Targeted Substances Regulations under the *Controlled Drugs and Substances Act* (Canada);

(2) In this Regulation, unless the context provides otherwise, reference to a "pharmacy" includes a hospital pharmacy.

"Remote dispensing location"

2. For purposes of the Act and this Regulation, "remote dispensing location" means:

(a) in a pharmacy that is accredited as a community pharmacy, a place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present; and

(b) in a pharmacy that is accredited as a hospital pharmacy, a place where drugs are dispensed or supplied to patients of the hospital under the supervision of a pharmacist who is not physically present.

PART II
DRUGS

Drug schedules

3. (1) Schedules I, II, III and U are established for the purposes of the Act.

(2) The following substances are prescribed as being included in Schedule I for the purposes of the Act:

1. The substances listed in Schedule I of the National Drug Schedules.
2. The substances listed in the Prescription Drug List.
3. The substances listed in the Schedules to the *Controlled Drugs and Substances Act* (Canada).

(3) The substances listed in Schedule II of the National Drug Schedules are prescribed as being included in Schedule II for the purposes of the Act.

(4) The substances listed in Schedule III of the National Drug Schedules are prescribed as being included in Schedule III for the purposes of the Act.

(5) The substances listed in the Unscheduled Category of the National Drug Schedules are prescribed as being included in Schedule U for the purposes of the Act.

(6) The substances listed in Schedules A and B to this Regulation are not drugs for the purposes of the Act.

(7) Despite clause (f) of the definition of "drug" in subsection 1 (1) of the Act, any substance that is a natural health product containing pseudoephedrine or its salts, or ephedrine or its salts, or any combination of any of them, is a drug for the purposes of the Act.

Location of Schedule I, II and III drugs

4. In a pharmacy accredited as a community pharmacy,

(a) Schedule I drugs shall only be available for sale from,

(i) the dispensary, or

(ii) where sold in a remote dispensing location, the dispensary or an automated pharmacy system,

(b) Schedule II drugs shall only be available for sale from,

(i) the dispensary or other area in the pharmacy to which the public does not have access and which does not permit self-selection of drugs by patients, or

(ii) where sold in a remote dispensing location, the dispensary or an automated pharmacy system,

(c) Schedule III drugs shall only be available for sale from,

(i) the dispensary or an area in the pharmacy that allows for self-selection of drugs by patients and where a member is available for consultation, or

(ii) where sold in a remote dispensing location, an area in the remote dispensing location to which the public does not have access.

Transferring prescriptions

5. Subject to compliance with any other applicable federal or provincial laws, a prescription shall be transferred from a pharmacy that is accredited as a community pharmacy on the request of the patient or a person acting on behalf of the patient.

PART III
CERTIFICATES OF ACCREDITATION: ISSUANCE AND RENEWAL

Definition

6. In this Part,

"applicant" means each proposed owner of the pharmacy.

Classes of accreditation

7. (1) The following classes of accreditation are hereby established:

(a) community pharmacy; and

(b) hospital pharmacy.

(2) A pharmacy that holds a certificate of accreditation to operate a pharmacy as of the date this Regulation comes into force is deemed to be accredited as a community pharmacy.

Qualifications for the issuance of a certificate of accreditation of any class

8. (1) An applicant is qualified for the issuance of a certificate of accreditation to establish and operate a pharmacy of any class if:

1. The applicant files a completed application in the form required by the College and pays the required fees.
2. The applicant provides further information to the College if requested by the Registrar or the Accreditation Committee.
3. All information provided by the applicant to the College is full, accurate and complete.
4. The past and present conduct of each person who is an applicant, and in the case of a corporation, 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.

(2) It is a condition for the issuance of a certificate of accreditation that the Registrar or the Accreditation Committee be satisfied that the pharmacy meets the applicable standards for accreditation.

Additional requirements, remote dispensing location

9. An applicant is qualified for the issuance of a certificate of accreditation to establish and operate a pharmacy of any class that permits the operation of remote dispensing locations if, in addition to the requirements set out in section 8, there are reasonable grounds for the belief that the applicant will be able to supervise all aspects of the operation of the proposed remote dispensing locations properly and effectively.

Deemed reasonable grounds for belief

10. For the purposes of paragraph 4 of subsection 8 (1), and without limiting its generality, there shall be deemed to be reasonable grounds for the belief that the pharmacy will not be operated with decency, honesty and integrity and in accordance with the law where any one or more of the following has occurred:

1. A false or misleading statement or representation was made in the application or in any information provided to the College in respect of the application.
2. There was a failure or refusal to provide information requested under paragraph 2 of subsection 8 (1).

Issuance, name and address

11. (1) A certificate of accreditation shall be issued in the specific name of the person who owns the pharmacy and for the specific municipal address or addresses at which the pharmacy is to be operated.

(2) A certificate of accreditation that permits the operation of remote dispensing locations shall specify the locations of the permitted remote dispensing locations.

Amendment

12. If an owner wishes to:

(a) operate a remote dispensing location where the certificate of accreditation does not already permit the operation of remote dispensing locations, or

(b) operate a remote dispensing location at a location other than the location specified on the certificate of accreditation,

the owner shall apply for an amended certificate of accreditation.

Expiry of certificates of accreditation

13. (1) Subject to subsections (2) to (5), every certificate of accreditation automatically expires on the 10th day of May in each year unless renewed on or before that date.

(2) A certificate of accreditation shall be deemed to have expired if there is a permanent discontinuance of service at, or closure of, the pharmacy.

(3) The permission granted in a certificate of accreditation to operate a remote dispensing location shall be deemed to have expired if there is a permanent discontinuance of service at, or closure of, the pharmacy whose certificate of accreditation permits its operation.

(4) Where the Registrar refers an application for the renewal of a certificate of accreditation to the Accreditation Committee, the certificate of accreditation does not expire until the decision of the Accreditation Committee becomes final.

(5) Where the Accreditation Committee directs the Registrar not to renew the certificate of accreditation of a pharmacy, the certificate of accreditation shall be deemed to have expired as of the date the decision of the Accreditation Committee becomes final.

Qualifications for renewal of any class

14. (1) An owner is qualified for the renewal of a certificate of accreditation if:

(a) The owner files a completed application in the form required by the College and pays the required fees.

(b) The owner provides further information to the College if requested by the Registrar or the Accreditation Committee,

(c) All information provided by the owner to the College is full, accurate and complete.

(d) There is no default in the payment of any fees required to be paid to the College or any money owed to the College concerning the pharmacy.

(e) The criteria for the issuance of the certificate of accreditation continue to be satisfied.

(f) The operation of the pharmacy is in compliance with the Act, the regulations under the Act and the by-laws of the College governing the establishment and operation of a pharmacy.

(2) A certificate of accreditation shall not be renewed where an inspection of the pharmacy or of any of its remote dispensing locations has taken place under the Act and where the inspector identified a failure to conform to the requirements of the Act and its regulations that poses a risk of harm to the public, unless the Registrar is satisfied that such failure has been addressed either to the Registrar's satisfaction or, failing that, to the satisfaction of the Accreditation Committee.

Removal of terms, conditions and limitations

15. Where terms, conditions and limitations are imposed on the certificate of accreditation, the Registrar may remove any or all of them,

(a) where the Registrar is satisfied that the terms, conditions or limitations have been complied with; or

(b) with the approval of the Accreditation Committee.

Revocation

16. (1) The Registrar may propose to the Accreditation Committee the revocation of a certificate of accreditation where the Registrar is satisfied that the certificate was issued or renewed based on the false or misleading information of an applicant or owner.

(2) The Accreditation Committee may direct the Registrar to revoke a certificate of accreditation where it is satisfied that it was issued or renewed based on the false or misleading information of an applicant or owner and where it is satisfied that it is appropriate to do so.

PART IV
STANDARDS FOR ACCREDITATION AND OPERATION

Remote dispensing locations

17. For greater clarity, every standard for accreditation that applies to a pharmacy applies to a remote dispensing location, unless the standard provides otherwise.

Standards for accreditation of any class

18. (1) The standards for accreditation are those set out in sections 19 to 23.

(2) Every owner and designated manager shall ensure that the standards for accreditation of a pharmacy are maintained.

(3) The additional standards for accreditation relative to a remote dispensing location are those set out in sections 24 to 27.

STANDARDS FOR ACCREDITATION OF ANY CLASS

Requirements of a pharmacy

19. Every pharmacy must,

(a) be safe, clean, orderly, and properly maintained;

(b) be suitable for the pharmacy services provided therein;

(c) be designed, constructed and maintained so as to ensure the integrity, and the safe and appropriate storage, of all drugs, other medications, natural health products, and substances and preparations referred to in Schedule U;

(d) have procedures in place to protect the privacy of persons who receive pharmacy services and the confidentiality of their information;

(e) be secure and safeguarded from unauthorised access;

(f) contain equipment, technology, and facilities that are,

(i) safe to use and fit for their purpose, including, as applicable, for the preparation, dispensing, distribution, storage, and compounding of drugs and other medications;

(ii) safeguarded from unauthorised access; and

(iii) in a state of good repair;

(g) have information management systems that,

(i) support the delivery of patient care,

(ii) permit information to be recorded, displayed, stored and exchanged; and

(iii) facilitate information exchange with external systems, while preserving the confidentiality, security and integrity of all personal information;

(h) have an environment, including the provision of equipment, systems and staffing, that are necessary for the members practising in the pharmacy to meet the standards of practice of the profession;

(i) have available the references and resources that are required by members practising in the pharmacy to meet the standards of practice of the profession and to support the pharmacy services they provide;

(j) have the Symbol clearly displayed so as to be easily visible to patients or the public either before or immediately after entering the pharmacy; and

(k) have systems in place to maintain an audit trail of the acquisition and movement of drugs.

Recordkeeping

20. (1) In every pharmacy, the following records and documents shall be maintained:

(a) those required under the Act and its regulations;

(b) those required to be made by members under the *Pharmacy Act, 1991* and its regulations and any federal or provincial legislation governing the purchase or sale of drugs;

(c) those required to be made by members practising in the pharmacy in order to meet the standards of practice of the profession; and

(d) those relating to the acquisition and movement of drugs.

(2) The records and documents referred to in subsection (1) shall be maintained in the pharmacy in an electronic format and in a manner that is secure, auditable, traceable and allows for their easy retrieval.

(3) The records and documents referred to in subsection (1) in respect of a remote dispensing location shall be maintained in the pharmacy whose certificate of accreditation permits its operation.

Length of retention

21. Subject to the Act, records and other documents relating to the care of a patient shall be maintained for a period of at least 10 years from the last recorded pharmacy service provided to the patient, or until 10 years after the day on which the patient reached or would have reached the age of 18 years, whichever is longer.

Dispensary, pharmacies accredited as community pharmacies

22. (1) Subject to subsection (2), every pharmacy that is accredited as a community pharmacy shall have a dispensary which shall be designed, constructed and maintained so that it is not accessible to the public.

(2) A remote dispensing location in which all drugs are dispensed or distributed from an automated pharmacy system is not required to have a dispensary.

Lock and leave, pharmacies accredited as community pharmacies

23. Where, pursuant to subsection 146 (2) of the Act, a pharmacy that is accredited as a community pharmacy is operated without the supervision of a pharmacist who is physically present, the public shall be completely restricted, by physical impediments, from access to any drugs referred to in Schedule I, II or III that are in the pharmacy.

ADDITIONAL STANDARDS FOR ACCREDITATION THAT APPLY TO REMOTE DISPENSING LOCATIONS

Access and supervision

24. A remote dispensing location shall only be accessible to the public or to hospital patients, as applicable, when a pharmacist:

(a) is physically present in the pharmacy whose certificate of accreditation permits its operation; and

(b) is communicating with pharmacy technicians, members of the public, or hospital patients, as applicable, at the remote dispensing location by means of a live, two-way audio-visual link.

Technology

25. Every automated pharmacy system that is contained in a remote dispensing location must employ technology for the creation and transmission of a digitally scanned image of a paper-based prescription which has been approved by the Council for this purpose.

Controlled drugs, narcotic drugs and targeted substances

26. No controlled drugs, narcotic drugs, verbal prescription narcotics or targeted substances shall be located at or available from a remote dispensing location.

Information and notices to be displayed

27. (1) At every remote dispensing location, contact information for the pharmacy under whose certificate of accreditation the remote dispensing location operates shall be clearly and prominently displayed.

(2) The containers in which drugs are dispensed, supplied or sold from a remote dispensing location shall be clearly marked with,

(a) contact information for the pharmacy under whose certificate of accreditation the remote dispensing location operates, and

(b) information identifying from which remote dispensing location the drug was dispensed, supplied or sold, as applicable.

(3) At every remote dispensing location operating under the certificate of accreditation of a pharmacy that is accredited as a community pharmacy, the notices required by the regulations under the *Drug Interchangeability and Dispensing Fee Act* shall be displayed, including at a remote dispensing location that operates without a dispensary.

PART V
ADVERTISING

Definitions

28. In this Part and for the purposes of section 32,

"advertise" includes advertising through any medium and includes the publication, display, distribution or use of an advertisement;

"advertisement" includes an announcement, directory listing or other form of communication similar to an advertisement.

Advertising requirements

29. (1) No person shall advertise or permit, directly or indirectly, another person to advertise a pharmacy or its services in a manner that,

(a) is false, misleading or deceptive, including as a result of the inclusion or omission of information;

(b) is not dignified and in good taste;

(c) contains anything that cannot be verified;

(d) contains testimonials, comparative statements or endorsements relating to the quality of drugs or services provided in the pharmacy or in any other pharmacy;

(e) inappropriately uses a term, title or designation to indicate or imply that a member practising in the pharmacy has a specialization in the profession; or

(f) contains any representations as to the safety or effectiveness or an indication for use of a Schedule I drug.

(2) Where an advertisement includes price information relating to a Schedule I drug the advertisement shall,

(a) include the following information with respect to the drug:

(i) the quantity, strength, brand name, and dosage form of the drug being advertised at the advertised price;

(ii) the total cost for the drug to the purchaser including any dispensing fee; and

(iii) the time period during which the advertised price will be available; and

(b) give equal prominence to each drug advertised and, for each of those drugs, equal prominence shall be given to all the information required under paragraph (a).

ODBA information

30. Nothing in this Part prohibits the advertising of the co-payment or dispensing fee charged in a pharmacy for supplying a drug that is a listed drug product under the *Ontario Drug Benefit Act* to an eligible person under that Act.

PART VI
PROPRIETARY MISCONDUCT

Definition

31. In this Part,

"prescription information" means information that relates to the prescribing and dispensing of drugs pursuant to prescriptions in a pharmacy.

Acts of proprietary misconduct

32. The following are acts of proprietary misconduct for the purpose of section 140 of the Act:

1. Contravening a term, condition or limitation imposed on a certificate of accreditation.
2. Failing to maintain any of the standards of accreditation.

RELATIONSHIP WITH THE COLLEGE

3. Failing to reply within a reasonable time to a written or electronic inquiry or request from the College.
4. Failing to co-operate with an inspector of the College.
5. Failing to comply with an order of a Committee or a panel of a Committee of the College.
6. Failing to carry out or abide by an undertaking given to the College or breaching an agreement with the College, a Committee or a panel of a Committee of the College or the Registrar.

RECORDS AND INFORMATION PRACTICES

7. Failing to keep records as required respecting the operation of the pharmacy and the patients and practice of members practising in the pharmacy.
8. Falsifying a record relating to the pharmacy or a patient's health record.
9. Signing or issuing a document that contains a false or misleading statement.
10. Failing to keep confidential personal health information or other personal information concerning a patient, except with the consent of the patient or the patient's authorized representative or as otherwise permitted or required by law.
11. Disclosing prescription information to another person unless:
    (i) the disclosure is made in accordance with a written agreement between the owner and the person to whom the disclosure is made, and that agreement requires that any prescription information that is disclosed will not include anything that would be reasonably expected to identify a patient; and
    (ii) the designated manager or contact person of the pharmacy, as applicable, is aware of the existence of the written agreement referred to in paragraph 1.
12. Failing to respond, or to respond accurately, to an inquiry about whether or not prescription information in the pharmacy is disclosed to third parties, or, where there is a response, failing to provide to the person making the inquiry either the nature of the information that is disclosed to third parties, or to whom such information is disclosed.

BUSINESS PRACTICES

13. Operating a pharmacy while in a conflict of interest as defined by sections 34 of this Regulation.
14. Submitting an account or charge that is false or misleading.
15. Charging a fee or an amount that is excessive in relation to the service or product provided.
16. Charging a person, including the executive officer under the *Ontario Drug Benefit Act*, more for a Schedule I drug than what was advertised, pursuant to subparagraph 29(2)(a)(ii), as the total cost for the drug including any dispensing fee.
17. Soliciting or permitting the solicitation of an individual unless,
    (i) the person who is the subject of the solicitation is advised, at the earliest possible time during the communication, that the purpose of the communication is to solicit use of the pharmacy's services, and
    (ii) the communication ends immediately if the person who is the subject of the solicitation so elects.
18. Entering into any agreement that restricts a person's choice of a pharmacy or pharmacist without the consent of that person.

PHARMACY SERVICES AND PROFESSIONALISM MATTERS

19. In a pharmacy that is accredited as a community pharmacy, returning to stock or selling or dispensing again a drug that was previously sold or dispensed, except that it will not be proprietary misconduct to
    (i) return to stock or re-sell or re-dispense a drug that does not require refrigeration, that is listed on Schedule II or Schedule III and that is in its original, unopened packaging, or
    (ii) accept the return of a drug from a patient for purposes of re-packaging and re-dispensing the drug to the same patient, as long as that the drug is suitable for re-packaging.

20. In a pharmacy that is accredited as a hospital pharmacy, returning to stock or selling or dispensing again a drug, that was previously sold or dispensed, except that it will not be proprietary misconduct to return to stock or re-sell or re-dispense a drug

    (i) that is returned to the pharmacy in a sealed dosage unit or container as originally dispensed,

    (ii) that is returned with the labelling intact and includes a legible drug lot number and expiry date, and

    (iii) the integrity of which can be verified.

21. Dispensing, selling or compounding a drug, or administering a substance, that is not of good quality or does not meet the standards required by law, or, in the case of a drug, does not contain a substance that the drug is meant to contain.

22. Permitting, counselling or assisting, whether expressly or by implication, any member to contravene, or to practise in a manner that is inconsistent with, a term, condition or limitation on that member's certificate of registration.

23. Permitting, counselling or assisting a person who is not a member to represent himself or herself as a member or to perform a controlled act that the person is not authorized to perform.

24. Inappropriately using a term, title or designation in respect of the practice of a member practising in the pharmacy.

25. Inappropriately using a term, title or designation indicating or implying that a member practising in the pharmacy has a specialization in the profession.

MISCELLANEOUS MATTERS

26. Contravening the Act, the *Pharmacy Act, 1991*, the *Regulated Health Professions Act, 1991*, the *Narcotics Safety and Awareness Act, 2010*, the *Drug Interchangeability and Dispensing Fee Act*, the *Ontario Drug Benefit Act* or the regulations under those Acts.

27. Contravening any federal, provincial or territorial law or any municipal by-law,

    (i) with respect to the distribution, purchase, sale, or dispensing or prescribing of any drug product, the administering of any substance, or the piercing of the dermis,

    (ii) the purpose of which is to protect or promote public health, or

    (iii) that is otherwise relevant to the operation of the pharmacy or the provision of pharmacy services.

28. Using, or knowingly permitting the premises in which a pharmacy is located, or the area adjacent to such a premise to be used, for unlawful purposes.

29. Permitting, consenting to, approving, counselling or assisting, whether expressly or by implication, the commission of an offence against any Act relating to the practice of pharmacy or the sale of drugs.

30. Engaging in conduct or performing an act relevant to the operation of a pharmacy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Conflict of interest, definitions

33. In this section, and in sections 34 and 35,

"benefit" means any incentive or inducement of more than nominal value, whether direct or indirect, and includes a rebate, credit or gift;

"child" means a child within the meaning of the *Family Law Act*;

"non-arm's length relationship" means a relationship between two parties such that one party has the ability to exercise, directly or indirectly, control or significant influence over the operating and financial decisions of the other party and includes a relationship between a responsible person and a related person or a related corporation;

"parent" means a parent within the meaning of the *Family Law Act*;

"related corporation" means a corporation wholly or substantially owned or controlled, whether directly or indirectly, by the responsible person or a related person of the responsible person;

"related person" means any person who has one of the following relationships to the responsible person or to the spouse of the responsible person, whether based on blood, marriage, common-law or adoption:

    (c) A child or the spouse of a child.

(d) A grandchild or the spouse of a grandchild.

(e) A parent or the spouse of a parent.

(f) A grandparent or the spouse of a grandparent.

(g) sibling or spouse of a sibling;

"responsible person" means the designated manager and the owner of the pharmacy;

"spouse" means,

1. a spouse as defined in section 1 of the *Family Law Act*, or

2. either of two persons who live together in a conjugal relationship outside marriage.

Conflict of interest

34. It is a conflict of interest for a responsible person to do, or to cause or permit another person to do, directly or indirectly, any of the following:

(a) refer a patient to another person if the responsible person, or a person in a non-arm's length relationship with the responsible person, requests, accepts or receives a benefit by reason of the referral;

(b) offer, make or confer a benefit to a person by reason of the referral of a patient to a pharmacy with which the responsible person is associated;

(c) offer, make or confer a benefit to a patient in relation to the sale of a drug or the provision of pharmacy services other than,

(i) an adjustment in the fee or amount that would otherwise be charged with regard to that patient for that drug or that professional pharmacy service, or

(ii) the provision to a patient, at no charge, of an item of a nominal value, to be used in maintaining or promoting well-being or health;

(d) enters into any agreement or arrangement that influences or encourages, or appears to influence or encourage, a prescriber to promote the services of the pharmacy with which the responsible person is associated;

(e) enters into any agreement or arrangement that adversely influences or appears to adversely influence the exercise of professional expertise or judgment or the ability of a member working in the pharmacy to engage in the practice of the profession in an ethical manner or in accordance with the standards of practice of the profession.

Examples of not being in conflict

35. (1) No conflict of interest arises under subclause 34 (a) or (b),

(a) solely as a result of a referral to a person who is in a non-arm's length relationship with the responsible person where,

(i) no direct benefit is received by the responsible person, and

(ii) before making the referral, the nature of the relationship between the responsible person and the person in the non-arm's length relationship is disclosed to the patient; or

(b) solely as a result of a referral from a person who is in a non-arm's length relationship with the responsible person where,

(i) no direct benefit is received by the responsible person, and

(ii) before any pharmacy services are provided, the nature of the relationship between the responsible person and the person in the non-arm's length relationship is disclosed to the patient.

(2) No conflict of interest arises under section 34 in connection with the paying of rent with respect to premises leased for the purposes of operating a pharmacy if the rent reflects the normal rent payable for the same type of premises in the same geographical area.

(3) No conflict of interest arises under section 34 in connection with a responsible person or a related person or a related corporation having a financial interest in the manufacturer, vendor or supplier of a drug or substance if,

(a) before any pharmacy services are provided in relation to the drug or substance, the fact of the financial interest is disclosed to the patient; or

(b) the manufacturer, vendor or supplier of the drug or substance is a corporation, the shares of which are publicly traded through a stock exchange, and none of the responsible person, a related person, a related corporation, or any combination thereof, wholly or substantially owns the corporation, or has the ability to exercise, directly or indirectly, control or significant influence over its operating or financial decisions.

PART VII
INFORMATION, EXAMINATION AND AUDIT

Information return

36. The owner of a pharmacy shall, within 30 days of a written request from the Registrar, complete and file with the College a return in Form 1 (Return by Owner of a Pharmacy) as set out on the website of the College.

Examination and audit

37. (1) The Registrar may at any time require an examination and audit to be made by such persons appointed by the Registrar, including without limitation a public accountant, for the purposes of ascertaining whether information provided to the College by the owner, the designated manager, or anyone acting on their behalf, including the information contained in the Form 1 return, is correct.

(2) Where the Registrar appoints a person under subsection (1), the owner and the designated manager shall co-operate fully and shall provide to the person appointed all evidence, vouchers, records, books, documents and papers that may be requested for the purpose of the examination and audit and the person so appointed shall report the results of the examination and audit to the Registrar forthwith after completing the examination and audit.

SCHEDULE A

1.	Acid (calcium d-pantothenate)
2.	Acid (dexpanthenol)
3.	Alginic acid
4.	Allantoin
5.	Aloe
6.	Aloin
7.	Alum
8.	Aralia racemosa
9.	Arrowroot
10.	Attapulgite (activated)
11.	Balmony
12.	Balsam tolu
13.	Balsam mecca
14.	Benzoic acid
15.	Benzoin
16.	Benzyl alcohol
17.	Bile extract
18.	Bile salts
19.	Caffeine
20.	Caffeine citrate
21.	Calcium carbonate
22.	Calcium gluconate, except in injectable form for parenteral nutrition
23.	Calcium glycerophosphate
24.	Calcium hydroxide
25.	Calcium lactate
26.	Calcium phosphate (dibasic)

27.	Calcium undecylenate
28.	Canada balsam
29.	Capsicum oleoresin
30.	Castor oil
31.	Cocoa butter
32.	Cod liver oil
33.	Copper sulfate, except in injectable form for parenteral nutrition
34.	Creosote
35.	Cynara scolymus
36.	Eucalyptol
37.	Eucalyptus
38.	Eucalyptus oil
39.	Eugenol
40.	Fennel
41.	Fir
42.	Gelatin
43.	Gentiana lutea
44.	Ginger
45.	Glycerine
46.	Guaiacol
47.	Guaifenesin
48.	Hamamelis virginiana
49.	Hemlock spruce
50.	Honey
51.	Juniper tar
52.	Lanolin
53.	Linseed
54.	Liquid paraffin (mineral oil)
55.	Magnesium sulfate (epsom salts)
56.	Motherwort common
57.	Myrrh
58.	Oats
59.	Octocrylene
60.	Oil of anise
61.	Oil of cajeput
62.	Oil of camphor
63.	Oil of cinnamon
64.	Oil of clove
65.	Oil of dill
66.	Oil of fennel
67.	Oil of fir
68.	Oil of hemlock canadian
69.	Oil of mustard expressed
70.	Oil of peppermint
71.	Oil of pine needles
72.	Oil of sassafras
73.	Oil of sweet almond
74.	Oil of thyme
75.	Oil of turpentine
76.	Olive oil
77.	Ox bile extract
78.	Pancreatin, except in products for the treatment of established pancreatic insufficiency
79.	Papain
80.	Pectin
81.	Pepsin
82.	Peptone
83.	Petrolatum
84.	Petrolatum liquid
85.	Pine tar
86.	Plantago seed
87.	Poplar bud

88.	Prune
89.	Saccharine and sodium saccharine
90.	Sassafras
91.	Shark liver oil
92.	Simethicone
93.	Sodium alginate
94.	Sodium benzoate
95.	Sodium bicarbonate
96.	Sodium carbonate
97.	Sodium carboxymethyl cellulose
98.	Sodium chloride, except in injectable form for parenteral nutrition or single ingredient solutions for parenteral or ophthalmic use in concentrations of more than 0.9% (note: does not apply to contact lens solutions intended to be rinsed off prior to insertion into eye)
99.	Sodium citrate, except for parenteral use
100.	Sodium dioctyl sulfosuccinate
101.	Sodium lauryl sulfate
102.	Sodium monofluorophosphate
103.	Sodium oleate
104.	Sodium phosphate dibasic
105.	Sodium tartrate
106.	Spruce gum
107.	Strawberry
108.	Sulfur
109.	Tartaric acid
110.	Thymol
111.	Turpentine
112.	White petroleum
113.	White pine
114.	Wild cherry
115.	Yeast

SCHEDULE B
PART I

1.	2-phenylbenzimidazole-5-sulfonic acid
2.	4-methylbenzylidene camphor
3.	Acetaminophen — when sold in standard unit doses of 325mg 25 or less
4.	Acetylsalicylic acid — when sold in standard unit doses of 325 mg 51 or less
5.	Alpha-galactosidase
6.	Aluminium chlorohydrate
7.	Aluminum chloride — when in an antiperspirant preparation, not more than 5 per cent
8.	Aluminum chlorohydrate
9.	Aluminum hydroxide
10.	Aluminum hydroxide — magnesium carbonate codried gel
11.	Aluminum potassium sulfate
12.	Aluminum sesquichlorohydrate
13.	Aluminum zirconium tetrachlorohydrex glycine
14.	Aluminum zirconium trichlorohydrex glycine
15.	Ammonium bicarbonate
16.	Ammonium carbonate
17.	Ammonium chloride
18.	Ammonium hydrozide (anethole)
19.	Bacitracin and its salts and derivatives — for topical use
20.	Beef, iron and wine
21.	Benzalkonium chloride — in liquid preparations in

	concentrations not more than 2 per cent
22.	Benzethonium chloride — in liquid preparations in concentrations not more than 1 per cent
23.	Biguanide polyaminopropyl
24.	Bioflavanoids
25.	Biotin
26.	Bismuth subcarbonate (oxycarbonate)
27.	Bismuth subgallate
28.	Bismuth subsalicylate
29.	Boldo
30.	Buchu
31.	Butyl methoxydibenzoylmethane
32.	Carbetapentane citrate
33.	Cascara sagrada and its extracts and derivatives
34.	Cetrimide
35.	Cetylpyridinium gluconate
36.	Chamomile
37.	Charcoal (activated) — except for use in poisoning treatment
38.	Chloral hydrate — for topical use
39.	Chlorhexidine gluconate
40.	Chlorhydrol — when in an antiperspirant preparation
41.	Chlorobutanol
42.	Chloroxylenol
43.	Chlorpheniramine maleate and its salts and preparations — except for parenteral use
44.	Choline
45.	Cinnamedrine
46.	Citric acid
47.	Clove
48.	Coal tar — in concentrations of up to and including 10 per cent
49.	Cochineal
50.	Cocillana
51.	Croton oil
52.	Culver’s root
53.	Dea methoxycinnamate
54.	Dimethicone
55.	Disodium edetate
56.	Disodium lauroamphodiacetate conc.
57.	Domiphen bromide
58.	Docusate and its salts
59.	Dyclonine hydrochloride for use in lozenges only
60.	Edetic acid
61.	Essence of peppermint
62.	Frangula
63.	Glycyrrhiza glabra
64.	Glycyrrhizin
65.	Gramicidin and its salts — for topical use
66.	Hexylresorcinol
67.	Homosalate
68.	Hydrogen peroxide — not more than 3 per cent
69.	Hydroquinone — when in skin bleaching preparations, not more than 2 per cent
70.	Hydroxyquinoline
71.	Inositol
72.	Irgasan DP 300 — when in an antiperspirant preparation, not more than 0.4 per cent
73.	Iron and its salts and derivatives — in preparations containing 30 mg or less elemental iron per dosage unit or 5 ml oral liquid
74.	Juglans
75.	Ketoconazole and its salts — as a shampoo
76.	Lactic acid (CDSS) (in preparations in concentrations

	greater than 10 per cent — Schedule 3)
77.	Lidocaine (hydrochloride) and its salts — for topical use on the skin, including lozenge
78.	Linum usitatissimum
79.	Magaldrate
80.	Magnesium carbonate
81.	Magnesium chloride
82.	Magnesium citrate except for cathartics
83.	Magnesium hydroxide
84.	Magnesium oxide
85.	Magnesium trisilicate
86.	Menthol
87.	Menthyl anthranilate
88.	Merbromin (mercurochrome) solution — not more than 2 per cent
89.	Methyl salicylate (in liquid dosage forms in concentrations up to and including 30%)
90.	Methylbenzethonium chloride — when in an antiperspirant preparation not more than 0.25 per cent
91.	Methylene blue except for parenteral use
92.	Miconazole and its salts — for topical use
93.	Naphazoline (hydrochloride) and its salts — in oral preparations for adult use and in ophthalmic products
94.	Octyl methoxycinnamate
95.	Octyl salicylate
96.	Oil of eucalyptus
97.	Oxybenzone
98.	Oxymetazoline — in nasal preparations for adult use and in ophthalmic products, except for pediatric use
99.	Padimate O
100.	Pamabrom
101.	Pheniramine maleate and its salts
102.	Phenoxyethanol
103.	Phenyl salicylate
104.	Phenylephrine (hydrochloride) and salts and preparations for oral use, in nasal preparations for adults and in ophthalmic preparations in concentrations of 2.5 per cent or less
105.	Phosphorus (calcium hypophosphite)
106.	Phosphorus (calcium phosphate (dibasic))
107.	Phosphorus (potassium hypophosphite)
108.	Phosphorus (sodium hypophosphite)
109.	Phytolacca decandra
110.	Polyaminopropyl biguanide
111.	Polyethylene glycol (400) — for topical administration
112.	Polyhexanide
113.	Polymyxin B (polymyxin B sulfate) and its salts and derivatives — for topical use, or in oral cavity or nasal passages
114.	Polyoxypropylene-polyoxyethylene BL copolymer
115.	Polyquaternium-1
116.	Potassium acid tartrate (cream of tartar)
117.	Potassium bicarbonate — in preparations with not more than 5 mmol/single dose
118.	Potassium chlorate — in preparations with not more than 5 mmol/single dose
119.	Potassium chloride — as a salt substitute
120.	Potassium iodide — not more than 0.01 per cent when in salt substitutes
121.	Potassium nitrate (saltpetre)
122.	Pramoxine hydrochloride
123.	Propylene glycol — topical application
124.	Pyrilamine maleate

125.	Ranitidine and its salts — when sold in a dosage form containing not more than the equivalent of 75 mg of ranitidine
126.	Resorcinol
127.	Rhubarb root
128.	Salicylic acid and its salts — in topical preparations in concentrations up to/including 40 per cent
129.	Sanguinaria canadensis
130.	Seidlitz powders
131.	Selenium and its salts — in a preparation for internal use when sold as a nutritional supplement
132.	Selenium sulfide — when in an anti-dandruff preparation not more than 1 per cent
133.	Senecio aureus
134.	Senega
135.	Senna and its extracts and derivatives
136.	Silver acetate
137.	Sodium acid pyrophosphate
138.	Sodium fluoride — when in dentifrices not more than 0.25 per cent
139.	Sodium glycerophosphate
140.	Sodium phosphate except for cathartics
141.	Sodium potassium tartrate (rochelle salts)
142.	Sodium salicylate
143.	Sodium sulfate
144.	Spirit of aromatic ammonia
145.	Spirit of nitrous ether
146.	Squill
147.	Stannous fluoride — when in dentifrices not more than 0.4 per cent
148.	Storax
149.	Strontium chloride — when in dentifrices not more than 10 per cent
150.	Sulisobenzone
151.	Tannic acid
152.	Taraxacum officinale weber
153.	Tea tree oil
154.	Terpin hydrate
155.	Tetrahydrozoline hydrochloride — except in nasal preparations for pediatric use
156.	Tetrapotassium pyrophosphate
157.	Tetrasodium pyrophosphate
158.	Teucrium scorodonia
159.	Titanium dioxide
160.	Titanium dioxide coated mica
161.	Triclocarban
162.	Triclosan
163.	Trolamine salicylate
164.	Undecylenic acid
165.	Urea hydrogen peroxide
166.	Viburnum opulus
167.	Xanthoxylum
168.	Xylitol
169.	Xylometazoline hydrochloride — except for nasal preparations for pediatric use
170.	Yellow dock
171.	Zinc oxide
172.	Zinc phenolsulphonate
173.	Zinc pyridinethione — when in anti-dandruff preparations, not more than 2 per cent
174.	Zinc sulphate — in preparations containing 25 mg or less of elemental zinc
175.	Zirconium hydrochloride — when in an antiperspirant preparation, not more than 5 per cent

Ontario

Ontario Regulatory Policy

Purpose

Ontario is creating more open and responsive ways for government to work with business to deliver results, while protecting the public interest. This is an essential ingredient of Ontario's economic prosperity and recognizes the need to use 21st century tools and methods to regulate in a globalized business environment.

The purpose of this document is to set out the overall policy under which Ontario regulations will be developed and implemented. This policy sets out:

- the scope of regulation to which this policy applies;
- the principles on which Ontario regulatory development and implementation are based;
- regulatory impact assessment requirements; and
- transparency and consultation requirements for proposed regulations.

Scope

This policy applies to regulations that affect business made or approved by the Lieutenant Governor-in-Council or by a Minister that are subject to Part III of the *Legislation Act*, *2006*. A regulation that affects business includes, but is not limited to, a measure that has one or more of the following effects:

- The measure changes the cost of compliance.
- The measure affects the efficiency of a business.
- The measure affects competition among the economic viability of businesses.
- The measure affects the ability of a business to maintain or create jobs.
- The measure affects the market access of goods, services, persons or investment from other Canadian jurisdictions and/or from jurisdictions outside of Canada.
- The measure affects the ability of a business to innovate.

Proposed regulatory amendments or new regulations that are considered to affect business are required to be posted for consultation purposes on the government's Regulatory Registry for a mandatory 45-day minimum time period. The Regulatory Registry is a website (www.ontariocanada.com/registry) where businesses can find out about Ontario government regulatory proposals and approved regulations that affect business. The Regulatory Registry is linked to the Twice Annual Effective Dates initiative where regulations affecting business come into effect on January 1st and July 1st of each year.

Principles

The development and implementation of regulations by the Ontario Government are guided by general principles of good regulatory governance, including:

i) Regulations respond to a clearly identified need for regulation.

Regulations must be justified by a solid business case, serve clearly stated public policy goals and be effective in achieving those goals. The problem to be solved must be clearly articulated and alternatives to making a regulation must be carefully considered before developing or amending a regulation.

ii) Regulations are developed and implemented in a transparent manner.

The public and businesses affected by regulations must be afforded timely and meaningful opportunity to provide input and comments on proposed regulations.

iii) Regulations are designed to be least trade restrictive.

Regulations must not be prepared or applied in a way that creates unnecessary obstacles to international or internal trade. For this purpose, regulations must be non-discriminatory and not be more trade-restrictive than necessary to fulfil a legitimate public policy objective, such as environmental protection, health and occupational health and safety, consumer protection, public safety, etc., taking into account the risks that non-fulfilment of this objective would create.

iv) Regulations are based on assessed risks, costs and benefits and minimize impacts on a fair, competitive and innovative market economy.

A clear assessment of the total costs and benefits, including those to business, the public and government administration, are critical to make judgements about the reasonableness and practicality of a regulation. The assessment of costs and benefits must be based on the risks posed in the absence of regulation (that is, be based on a clearly identified need) and take into account the overall impact on the competitiveness of those subject to regulation.

v) Differences and duplication of regulation is minimized, where appropriate.

Regulatory differences among jurisdictions, especially within Canada, may compromise competitiveness, increase the burden on business and lead to barriers to international and internal trade. Enhanced communications and coordination with other governments within Canada and internationally reduces unnecessary overlapping or conflicting regulations.

vi) Regulations must be results-based, where appropriate and to the extent practicable.

Performance-based regulations set the standard or objective that must be met, rather than the specific means of achieving the standard or objective. Where appropriate and to the extent possible, focusing on outcomes provides greater flexibility for achieving compliance, promotes more efficiency and effectiveness of regulation and reduces the burden on those subject to regulation.

vii) Regulations are timely and reviewed on a routine basis and are not maintained if the need giving rise to their adoption no longer exists.

Many regulations must be reviewed on a regular basis to determine whether the need for them continues to exist. New technologies, changes in the industrial composition of the economy, developments in supply chain management practices and the reform and development of international product, environmental or other standards all give rise to the need to reassess existing regulations to ensure that they remain appropriate and effective.

viii) Regulations are made easily accessible and written in language that can be easily understood by the public and business.

Transparent regulatory procedures ensure that the public interest is not subordinate to those of regulated entities and stakeholders. Posting of regulatory proposals and final regulations to the Regulatory Registry ensures that the public as well as domestic and foreign businesses can easily identify all the requirements applicable to them.

ix*) Regulations are introduced in a predictable manner.*

Regulations impacting business generally come into effect twice a year: either on January 1st or July 1st. Having regulations come into force on two fixed dates per year gives business greater predictability, encourages greater compliance and helps them to plan.

Regulatory Impact Assessment

Regulatory impact assessments are widely used in many places to measure the benefits and costs of new or amended regulations. These tests allow decision-makers to correlate the need for a regulation with the regulatory instrument being proposed, to set out the assessed risks, costs and benefits or regulatory proposals, to compare the effectiveness of non-regulatory alternatives, and to assess the impact on a range of economic factors, including trade, investment and labour mobility. A pragmatic and realistic approach dictates that the resources invested in regulatory impact assessment increase with the potential impact of the regulation.

Proposed Ontario regulations must be accompanied by a regulatory impact assessment that addresses, at a minimum, the impact on the access of persons, goods, services and investments from other jurisdictions, including jurisdictions within Canada.

Transparency and Consultation

Final regulations are to be promptly published or otherwise made available to the public.

Proposed regulations that may have an impact on business are required to be posted on the Regulatory Registry with a minimum public comment period of 45 days. For those proposed regulations that may have a significant effect on the access of persons, goods, services or investments, the posting on the Regulatory Registry shall include a summary of the proposed regulatory measure, and where possible, the draft regulatory text. Written comments received are to be taken into account in finalizing the regulation.

Exceptions to the requirement to post proposed regulations for consultation purposes on the Regulatory Registry include those that:

- Concern an emergency declared under the *Emergency Management and Civil Protection Act* or that require extraordinary measures on an urgent basis, for example, urgent public or animal health and safety issue, disaster relief, environmental spills and clean up.
- Are financially sensitive, that is, they concern program expenditures or contain financial information that could hurt or prejudice individuals, businesses or the government if made public prematurely, such as Budget or tax-related regulations (regulatory requirements relating to administrative processes and formalities attached to the collection of fiscal revenues, including fees and royalties, by government should not be considered financially sensitive).
- Involve privacy issues, that is, would disclose personal information or could create an unfair competitive advantage if released.
- Are French translations of an existing English regulation, or are removing a form or other graphic material from the regulation.
- Implement a provision of a legally binding contract.
- Correct errors in an existing regulation.
- Involve situations where, as a consequence of a legislative requirement, publication would adversely affect the administration or operation of a government program.

However, ministries are expected to post the approved regulations on the Regulatory Registry as soon as practicable.

April 1, 2010

PROPOSED REGULATION: APPROACH

Proposed Regulation:	Current Regulation	Supporting References / Rationale
STANDARDS FOR ACCREDITATION OF ANY CLASS **Requirements of a Pharmacy** **19.** (1) Every pharmacy must, (g) have information management systems that, (i) support the delivery of patient care, (ii) permit information to be recorded, displayed, stored and exchanged; and (iii) facilitate information exchange with external systems, while preserving the confidentiality, security and integrity of all personal information;	**Dispensary** **21.** (3) The dispensary shall have, (f) a computer system which, (i) meets the requirements of subsection (4), and (ii) allows members practising at the pharmacy to access Internet sites and other electronic resources required by them to meet the standards of practice of the profession and to display and print information from those sites as well as resource materials required by subsection 25 (1); (g) equipment to allow the pharmacy to receive, send and make accurate copies of both electronic and non-electronic documents; (h) equipment to allow the pharmacy to scan documents including written prescriptions and to store those scanned documents electronically; (i) equipment to allow the pharmacy to receive and make telephone calls; (j) equipment and systems needed for the input, storage and retrieval of all records and documents to allow the pharmacy to meet the requirements of the Act and its regulations as well as to allow the members practising in the pharmacy to comply with the *Pharmacy Act, 1991* and its regulations and to meet the standards of practice of the profession including but not limited to those requirements respecting recordkeeping and labelling;	**Pharmacy Practice Management Systems: Requirements to Support NAPRA's "Model Standards of Practice for Canadian Pharmacists"** A working group formed from among the Registrars and subject matter specialists from other pharmacy regulatory authorities developed requirements for pharmacy practice management systems used by pharmacy personnel across Canada: these requirements were presented to the Board of NAPRA and approved in principle. The "Model Standards of Practice" developed by NAPRA and the pan-Canadian Drug Messaging Standard (CeRx and MR2009) developed by Canada Health Infoway have informed the working group's discussions. The purpose of these requirements is to instruct pharmacists, pharmacy managers, pharmacy owners, pharmacy practice management system vendors, and developers of federal/provincial/territorial electronic health records about the minimum functionality required by systems used in pharmacy practice in order for pharmacists and pharmacy technicians to comply with their respective standards of practice.

Proposed Regulation:	Current Regulation	Supporting References / Rationale
ADDITIONAL STANDARDS FOR ACCREDITATION THAT APPLY TO REMOTE DISPENSING LOCATIONS **Technology** **25.** Every automated pharmacy system that is contained in a remote dispensing location must employ technology for the creation and transmission of a digitally scanned image of a paper-based prescription which has been approved by the Council for this purpose.	**Safety and security, remote dispensing locations** **29.** Every automated pharmacy system that is contained in a remote dispensing location must, (a) at all times be locked by key, combination or other mechanical or electronic means so as to prevent unauthorized access; (b) be sufficiently affixed within the remote dispensing location so that it cannot be moved by unauthorized persons; (c) use bar-coding, micro chips or other technologies that ensure that drugs are accurately loaded into the automated pharmacy system, and that verify that the correct drugs are selected robotically during the dispensing process and that correct labels are affixed to the containers for the drugs; and (d) employ technology for the creation and transmission of a digitally scanned image of a paper-based prescription, which technology must have been approved by the Council as, (i) enabling a member who is practising at the pharmacy that receives the transmission to authenticate the prescription, including the prescriber's signature, and to verify that the prescription has not been altered; (ii) employing reasonable technical and administrative safeguards, including strong encryption of data during transmission or storage on mobile media, to ensure the confidentiality and integrity of all personal information contained in the prescription or its accompanying data streams of audio-visual communications; and (iii) employing reasonable technical and administrative safeguards, including strong encryption and authentication, to ensure that only the pharmacy that operates the remote dispensing location can exercise remote control of the automated pharmacy system. O. Reg. 58/11, s. 29.	College staff members don't necessarily have the expertise to ensure the security provisions employed to create and transmit digital images are adequate. The onus is to be placed on the applicant to submit externally validated certification that the standards approved by Council are being met. This proposed Standard is both high-level and outcome based, as per the principles agreed upon by Council. It was determined that (a) – (c) are operational issues and will be addressed in a guidance document. The wording in the current (d) forms the basis of the new proposed Standard and the subheadings will be developed in the form of a policy.

Proposed Regulation:	Current Regulation	Supporting References / Rationale
Transferring prescriptions **5.** Subject to compliance with any other applicable federal or provincial laws, a prescription shall be transferred from a pharmacy that is accredited as a community pharmacy on the request of the patient or a person acting on behalf of the patient.	**Transferred prescriptions** **43.** (1) Subject to subsections (2) to (7), a prescription shall be transferred from a pharmacy upon the request of the patient or a person acting on behalf of the patient. O. Reg. 58/11, s. 43 (1). (2) A prescription shall not be transferred from a pharmacy where, (a) all of the drugs authorized to be dispensed by the prescription have already been dispensed; (b) the prescription is one for a narcotic drug, a verbal prescription narcotic or a controlled drug; or (c) subject to subsection (3), the prescription has been previously transferred by that pharmacy. O. Reg. 58/11, s. 43 (2). (3) A prescription that has been transferred from a pharmacy and subsequently transferred back to that pharmacy shall not be considered to have been previously transferred for the purposes of clause (2) (c). O. Reg. 58/11, s. 43 (3). (4) Where a prescription is transferred from a pharmacy, the pharmacy shall provide the following information to the pharmacy to which the prescription is transferred: 1. The name and address of the patient for whom the drug was prescribed. 2. The name and, if applicable, strength of the drug prescribed. 3. The directions for use, as prescribed. 4. The name and address of the prescriber. 5. The identity of the manufacturer of the drug product most recently dispensed. 6. The identification number of the prescription. 7. The total quantity of the drug remaining to be dispensed under the prescription. 8. The date the drug was first dispensed under the prescription	**FOOD AND DRUG ACT (EXCERPTS)** **C.01.041.1** Subject to paragraph C.01.041.3(2)(*b*), a pharmacist or pharmacy technician may transfer to another pharmacist or pharmacy technician a prescription for a prescription drug. **C.01.041.2** (1) Before a pharmacist sells a drug under a prescription that was transferred under section C.01.041.1, the pharmacist or a pharmacy technician shall o (*a*) create a written record of the name and address of the pharmacist or pharmacy technician who transferred the prescription and, if applicable, the number of authorized refills remaining and the date of the last refill; and o (*b*) obtain a copy of the written prescription or of the written record that was created under subsection C.01.041(2), as the case may be, or, in the case of a verbal transfer, create a written record that includes the information referred to in that subsection. (2) The pharmacist shall retain the documents referred to in subsection (1) for at least two years after the day on which the prescription was filled. **C.01.041.3** (1) A pharmacist or a pharmacy technician who transfers a prescription under section C.01.041.1 shall indicate the date of transfer on the original of the written prescription or of the written record created under subsection C.01.041(2) or in a record kept under the name of the patient in question, as the case may be. (2) When the pharmacist or pharmacy technician has transferred the prescription, o (*a*) the pharmacist shall not make any additional sales under the prescription; and o (*b*) the pharmacist or pharmacy technician shall not transfer the prescription to another pharmacist or pharmacy

Proposed Regulation:	Current Regulation	Supporting References / Rationale
	and the date of the last refill. 9. The quantity most recently dispensed, if different from the quantity prescribed. 10. The name of the member who is responsible for the transfer of the prescription by the pharmacy. O. Reg. 58/11, s. 43 (4). (5) The information required by subsection (4) shall be provided, (a) under the signature of a member who is practising at the pharmacy transferring the prescription; or (b) verbally by a member who practises at the pharmacy making the transfer to, (i) in the case of a pharmacy in Ontario, a member who is practising at the pharmacy to which the prescription is to be transferred, and (ii) in the case of a pharmacy outside Ontario, a person authorized to practise pharmacy at the pharmacy to which the prescription is to be transferred. O. Reg. 58/11, s. 43 (5). (6) A prescription shall not be transferred from a pharmacy unless a record is made in that pharmacy containing, (a) the date of the transfer of the prescription; (b) the identity of the pharmacy to which the prescription was transferred; (c) the name of the member who was responsible for the transfer of the prescription by the pharmacy; and (d) where the prescription was transferred verbally, the name of the person to whom the transfer was made. O. Reg. 58/11, s. 43 (6). (7) A drug shall not be dispensed in a pharmacy pursuant to a transferred prescription unless all of the following conditions have been met: 1. The prescription was transferred to that pharmacy from a pharmacy duly licensed or accredited in a province or territory	technician. **C.01.042.** A person referred to in paragraph C.01.041(1)(*a*) shall not refill a prescription for a prescription drug unless authorized by the practitioner and, in the case of such an authorization, they shall not refill a prescription more than the number of times specified by the practitioner. **C.01.042.1** A person referred to in paragraph C.01.041(1)(*a*) shall indicate on the original of or on the copy of the written prescription or the written record created under subsection C.01.041(2) or in a record kept under the name of the patient in question, as the case may be, (*a*) the date on which the prescription was filled; (*b*) the date of each refill, if applicable; (*c*) the quantity of drug sold when the prescription was filled and, if applicable, for each refill; and (*d*) the name of the person who sold the drug.

Proposed Regulation:	Current Regulation	Supporting References / Rationale
	of Canada. 2. A record has been made in that pharmacy which includes all of the information required by subsection (4). 3. Where the prescription was transferred verbally, i. the information required by subsection (4) was received by and recorded by a member who was practising at the pharmacy, and ii. a prescription was recorded and signed by the member	

Drug and Pharmacies Regulation Act: Regulation Revision Framework

1. Regulations will be performance-based.

2. Regulations will focus on high risk practices, those that impact patient safety

3. The approach to drafting regulations will be high level rather than specific. Standards, policies and guidelines will be utilized to address issues wherever possible.

4. The regulations will support practice evolution and change.

5. The regulations will be drafted without specificity to permit the contemplation of multiple classes of certificates of accreditation.

Regulation Part	Proposed Approach	Rationale
PART I **INTERPRETATION**	Definitions from Bill 21 will be considered throughout the drafting process	Establishes the need for review and revision of the regulation
PART II **DRUG SCHEDULES**	Revise to permit flexibility Combine and simplify provisions related to remote dispensing	Retains the national scheduled model and supports change Oversight applies to "the sale in a pharmacy" Community pharmacies and remote dispensing locations impacted for now.
PART III **CERTIFICATES OF ACCREDITATION: ISSUANCE AND RENEWAL**	Update definitions to incorporate all classes of applicant Simplify language and combine any provisions where possible. Combine qualification for both issuance and renewal where possible.	Adds flexibility and reduces duplication to ensure Regulations are easily accessible and understood. To follow the registration model where policy is drafted to support regulations and to prescribe changing expectations.
PART IV **STANDARDS FOR ACCREDITATION AND OPERATION**	Address specific standards through the development of policies and guidelines. Maintain an emphasis on the outcomes that are critical for patient safety. Ensure that standards and requirements apply to all classes of certificate of accreditation	Maintains flexibility while ensuring the enforcement of standards that are important to public safety. Accountability is aligned with College governance mechanisms and policies and guidelines are proposed by Committee and approved by Council.
PART V **LOCK AND LEAVE**	Maintain an emphasis on outcomes and reduce duplication where provisions reiterate requirements	Maintains flexibility while ensuring the enforcement of standards that are important to public safety
PART VI **PRESCRIPTIONS, REFILLS AND TRANSFERS**	Align the provisions to current Federal and Provincial practices Evaluate requirements to support patient safety and continuity of care	Maintains flexibility and reduces duplication while addressing details through the development of policies and guidelines

Regulation Part	Proposed Approach	Rationale
	Explore the use of the exceptions in the *Regulated Health Professions Act* to eliminate the need to register as a student.	Aligns with the framework in place with respect to other health professions and reduces barriers to entry to practice.
PART VII CHILD RESISTANT PACKAGING	To remove this Part and address the requirements through the development of policy	This topic will be addressed with other operational issues, outside of the Regulations
PART VIII ADVERTISING	Rewrite to decrease the business focus of the regulations, to ensure public safety and to reflect the input of the Competition Bureau.	The focus of the College is on public protection and safety.
PART IX PROPRIETARY MISCONDUCT/ CONFLICT OF INTEREST	Proposed changes will align to those proposed with respect to the Professional Misconduct Regulations.	The proposed changes to the Professional Misconduct Regulations have been reviewed and commented upon by members during the consultation process. The Ministry is consulting on these provisions as well.
PART X RECORDKEEPING	To focus on the need for records to be available, secure, retrievable, auditable and traceable.	To align with the development of information management systems used by pharmacy professionals and to ensure that pharmacies will meet the minimum national requirements
PART XI INFORMATION, EXAMINATION AND AUDIT	No change proposed .	On review, no changes were required with respect to the impact on hospital pharmacies.
PART XII (OMITTED)		

DPRA AMENDMENT PROJECT TIMELINE

		Oct/Nov				December					January				February				March					April				May				June			
Project Tasks	Week of:	1-Oct	11-Oct	25-Oct	24-Nov	1-Dec	8-Dec	15-Dec	22-Dec	29-Dec	5-Jan	12-Jan	19-Jan	26-Jan	2-Feb	9-Feb	16-Feb	23-Feb	2-Mar	9-Mar	16-Mar	23-Mar	30-Mar	6-Apr	13-Apr	20-Apr	27-Apr	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun
Project and PM role defined		X																																
PM secured and core team convened			X																															
Project charter reviewed and signed				X																														
Legal drafting commenced					X																													
Executive previews framework					X																													
Council previews Framework																																		
First Draft Due																																		
Progress update to Accreditation Committee																																		
Progress update to Executive Committee																																		
Final draft due																																		
Regulation to Accreditation then Executive Committee																																		
Regulation to Council																																		
Regulation approved by Council for circulation																																		
60 days circulation																																		
Meetings with stakeholder groups																																		
Summary of feedback and recommendations prepared																																		
Final Regulation to Accreditation Committee																																		
Final Regulation to Executive Committee																																		
Regulation and report provided to Council																																		
Council approves Regulation																																		
Regulation is submitted to government																																		