

ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA

THURSDAY, SEPTEMBER 17, 2015 – 9:00 A.M. – 3:30 P.M.

FRIDAY, SEPTEMBER 18, 2015 – 9:00 A.M. START

OCP COUNCIL CHAMBERS

1. **Noting Members Present**
2. **Declaration of Conflict**
3. **Approval of Agenda**
4. **President's Opening Remarks**
 - 4.1 Briefing Note - President's Report to Council Appendix 1
 - 4.2 Briefing Note - June 2015 Council Meeting Evaluation Appendix 2
5. **Annual Council Member Orientation and Committee Chair Training**
9:15 a.m. to 11:15 a.m. - conducted by Mr. Richard Steinecke
6. **Approval of Minutes of Previous Meeting**
 - 6.1 Minutes of June 2015 Council Meeting Appendix 3
7. **Notice of Motions Intended to be Introduced**
 - 7.1 Motion re Pre-54 Charter Provisions..... Appendix 4
8. **Motions, Notice of Which Had Previously Been Given**
Moved at June 2015 Council meeting: *That at the next Council meeting, Council consider whether registration as a lobbyist is appropriate*
 - 8.1 Briefing Note – Lobbyist Registration Appendix 5
9. **Inquiries**
10. **Registrar's Report on Election of Members to Council Appendix 6**
11. **Elections Committee Report No. 1 Appendix 7**
12. **Appointment of Tellers**
13. **Election of President**
14. **Election of Vice President**

15. **Past President Award**
16. **Appointment of Nominating Committee**
17. **Election of Executive Committee Members**
18. **Election of Committee Chairs**
19. **Matters Arising from Previous Meetings**
 - 19.1 Briefing Note - Registrar's Report to Council Appendix 8
 - Bill 21, *Safeguarding Health Care Integrity Act/Drug and Pharmacies Regulation Act*
 - Amendments to the *Food and Drug Regulations* (Shortages and discontinuation of sale of drugs)
 - Health Canada - Renewed Inspections of Pharmacies
 - Health Canada - Consultation on Loss or Theft Reporting
 - Transparency
 - Framework for Relevance/suitability
 - Sexual Abuse Task Force
 - Travel Vaccines
 - Protection of Patient Privacy
 - DIDFA/ODB - Pharmacy-related cost saving initiatives
 - Pharmacist Prescribing
 - Physician Assisted Dying - Ontario Consultation
 - FHRCO Update (Clinic Regulation, Naturopaths)
 - Strategic Plan Update
20. **For Decision**
 - 20.1 Briefing Note – Code of Ethics Task Force (Draft Code and Documents) . Appendix 9
 - 20.2 Briefing Note – Executive Committee (By-laws Amendments to Fees and Public Register) Appendix 10
 - 20.3 Briefing Note – Finance and Audit Committee (2016 Proposed Budget) . Appendix 11
 - 20.4 Briefing Note – Finance and Audit Committee (Appointment of Auditors) Appendix 12
21. **For Information**
 - 21.1 Briefing Note – Statutory and Standing Committee Reports Appendix 13
22. **Other Matters**
 - 22.1 Approval of Appointments to Statutory and Standing Committees
23. **Unfinished Business**
24. **Registrar's Annual Performance Appraisal – *in camera***
25. **Motion of Adjournment**

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

Thank you.



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Mark F. Scanlon, President

TOPIC: President's Report to September 2015 Council

ISSUE: As set out in the Governance Manual, the President is required to submit a report of activities at each Council meeting. As well, annually, a summary report of attendance record of Council members at Council and Committee meetings is to be provided so that Council can hold itself accountable on this measure of performance.

BACKGROUND: I respectfully submit a report on my activities since the June 2015 Council Meeting. In addition to regular meetings and phone calls with the Registrar and the Vice President, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period. Where applicable, meetings have been categorized into general topics or groups. Also, per the Governance Manual, "*The Council member's duty of diligence fosters preparation and attendance at all Council meetings (unless the Council member's absence is unavoidable), participation in Council debates (including constructively expressing differing opinions), voting on all matters unless there is a conflict of interest or a compelling reason for abstaining, completing agreed upon activities between meetings, and serving on College Committees with equal attentiveness*", I have attached for information, a summary of Council member attendance at meetings, which can be found at the end of my report. Note that in the case of Discipline, ICRC and Registration Committees, panel attendance has not been reflected in this Report.

Other Stakeholder Meetings:

June 16th - Peterborough Opioid Safety Committee
August 29th – UW School of Pharmacy Graduation Dinner

College Meetings:

May 20th – Executive Committee Meeting
June 16th – Executive Committee, Reinstatement Application
June 24th - Discipline Hearing - Teleconference
July 22nd – Code of Ethics Task Force – Teleconference with Staff & Ethicist
July 28th – Executive Meeting Agenda Planning – Teleconference, Marshall & Esmail
August 6th – Code of Ethics Task Force (Participated via Teleconference)
August 24th – Discipline Hearing
August 27th – Elections Committee Meeting

August 27th – Executive Committee Meeting
 September 8th - 11th – Discipline Hearing
 September 16th – New Council Member Orientation
 September 16th – Council Reception

COUNCIL AND COMMITTEE MEETING ATTENDANCE

COUNCIL

Meeting Dates: √ = attended X = not attended	Sep. 15 2014	Sep. 16 2014	Dec. 8 2014	Mar 10 2015	Jun. 15 2015
Elected Members					
Regis Vaillancourt – H	√	√	√	√	√
Christine Donaldson – H	√	√	√	√	√
Esmail Merani – K	√	√	√	√	√
Chair: Mark Scanlon – K	√	√	√	√	√
Jillian Grocholsky – L	√	√	√	√	√
Michael Nashat – L	√	√	X	√	√
Farid Wassef – L	√	√	√	X	√
Fayez Kosa – M	X	√	√	√	X
Don Organ – M	√	√	√	√	√
Laura Weyland – M	√	√	√	√	√
Bonnie Hauser – N	√	√	√	√	√
Chris Leung – N	√	√	√	√	√
Ken Potvin – N	√	√	√	X	√
Jon MacDonald – P	√	√	√	√	√
Doug Stewart – P	√	√	√	√	√
Michelle Filo – T	√	√	√	√	√
Goran Petrovic - TH	√	√	√	X	√
Public Members					
Kathy Al-Zand	√	√	√	√	X
Linda Bracken	√	√	√	√	√
Bob Ebrahimzadeh	√	X	√	X	√
David Hoff	√	√	√	√	√
Javaid Khan	√	√	√	√	√
John Laframboise*				√	√
Lew Lederman	√	√	√	√	√
Katie Mahoney**					√
Aladdin Mohaghegh	X	X	√	√	√
Sylvia Moustacalis	√	√	√	√	√
Shahid Rashdi	√	√	√	√	X
Joy Sommerfreund	√	√	√	√	√
Dean/Hallman Director					
Heather Boon	√	√	X	√	√
David Edwards	√	√	√	X	√

* Appointed to Council on January 5, 2015

** Appointed to Council on May 6, 2015

ACCREDITATION COMMITTEE

Meeting Dates: √ = attended X = not attended	Oct. 16 2014	Jan.14 2015	Feb.25 2015	Apr. 8 2015	May 20 2015	July 22 2015
Elected Members						
Bonnie Hauser	√	√	√	√	√	√
Michael Nashat	√	√	√	√	√	√
Michelle Filo	√	√	X	√	√	√
Regis Vaillancourt	√	√	√	√	√	√
Public Members						
Chair: David Hoff*	√	√	√	√	X	*
Katie Mahoney***						
Joy Sommerfreund	√	√	√	√	√	√
NCCM						
Timothy Brady	√	√	√	√	√	√
Tracy Wiersema**	√	√	√	√	√	√

* No longer on Accreditation Committee

** Appointed Chair of Accreditation Committee on June 22, 2015

*** Appointed to Accreditation Committee on June 22, 2015

COMMUNICATIONS COMMITTEE

Meeting Dates: √ = attended X = not attended	Nov. 4, 2014	Feb. 4, 2015
Elected Members		
Fayez Kosa	√	√
Jon MacDonald	√	X
Goran Petrovic	√	√
Ken Potvin	√	√
Public Members		
Lew Lederman	√	√
Chair: Joy Sommerfreund	√	√
NCCM		
Miranda Foster	√	√

NCCM = Non-Council Committee Member

DISCIPLINE COMMITTEE

Meeting Dates: √ = attended X = not attended	Orientation Nov. 10, 2014	Mid Year May 7, 2015
Elected Members		
Jillian Grocholsky	√	√
Christopher Leung	√	√
Don Organ	√	√
Ken Potvin	√	√
Mark Scanlon	√	X
Doug Stewart	√	√
Farid Wassef	√	√
Laura Weyland	√	√
Public Members		
Kathy Al-Zand	√	√
Linda Bracken	√	√
Chair: Bob Ebrahimzadeh	√	√
Javaid Khan	√	√
John Laframboise*		√
Lew Lederman	√	√
Aladdin Mohaghegh	X	√
Sylvia Moustacalis	√	√
Shahid Rashdi	√	√
NCCM		
Lavinia Adam	√	√
Cheryl Bielicz	X	√
Erik Botines	√	X
Dina Dichek	√	√
Jim Gay	X	√
Mike Hannalah	√	
Helen Lovick	√	√
Doris Nessim	√	X
Akhil Pandit Pautra	√	√
Rachelle Rocha	√	X
Jeannette Schindler	√	X
Connie Sellors	X	√
Robert Spadorcia	√	X
David Windross	√	√

* Appointed to Council on January 5, 2015

NCCM = Non-Council Committee Member

DRUG PREPARATION PREMISES (DPP) COMMITTEE

Meeting Dates: √ = attended X = not attended	Oct 16 2014	Apr 8 2015
Elected members		
Michelle Filo	√	√
Bonnie Hauser	√	√
Michael Nashat	√	√
Regis Vaillancourt	√	√
Public Members		
Chair: David Hoff	√	√
Joy Sommerfreund	√	√
NCCM		
Timothy Brady	√	√
Tracy Wiersema	√	√

NCCM = Non-Council Committee Member

EXECUTIVE COMMITTEE

Meeting Dates: √ = attended X = not attended	Nov. 13 2014	Feb. 10 2015	Feb. 25 2015	May 20 2015	June 16 2015	Aug. 27 2015
Elected Members						
Chair: Mark Scanlon	√	√	√	√	√	√
Chris Leung	√	√	√	√	√	√
Esmail Merani	√	√	√	√	√	√
Regis Vaillancourt	√	√	√	√	√	√
Public Members						
David Hoff*	√	√	√	X	√	
Aladdin Mohaghegh	√	X	√	√	X	√
Joy Sommerfreund	√	√	√	√	X	√
Sylvia Moustacalis**						√

* No longer on Council

** Appointed to Executive Committee on June 22, 2015

FINANCE AND AUDIT COMMITTEE

Meeting Dates: √ = attended X = not attended	Dec. 8 2014	Feb. 10 2015	April 23 2015	Aug 20 2015
Elected Members				
Jon MacDonald	√	√	√	√
Esmail Merani	√	√	x	x
Doug Stewart	√	√	√	√
Public Members				
Chair: Javid Khan	√	√	√	√
Linda Bracken	√	√	√	√

FITNESS TO PRACTISE COMMITTEE

Meeting Dates: √ = attended X = not attended	Orientation March 23	Panel Meetings January 5
Elected Members		
Chair: Regis Vaillancourt	√	√
Fayez Kosa	√	√
Public Members		
Linda Bracken	√	√
Shahid Rashdi	√	√
NCCM		
Barb DeAngelis	√	√

NCCM = Non-Council Committee Member

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Meeting Dates: √ = attended X = not attended	Orientation Oct. 22, 2014	Mid Year Apr. 18, 2015
Elected Members		
Heather Boon	x	x
Christine Donaldson	√	x
Bonnie Hauser	x	√
Chris Leung	√	√
Michael Nashat	x	x
Don Organ	√	√
Goran Petrovic	√	x
Ken Potvin	x	x
Mark Scanlon	√	x
Doug Stewart	√	√
Farid Wassef	√	√
Chair: Laura Weyland	√	√
Public Members		
Kathy Al-Zand	√	√
Linda Bracken	√	√
Javaid Khan	√	x
John Laframboise*		√
Aladdin Mohaghegh	x	√
Sylvia Moustacalis	√	√
Joy Sommerfreund	√	
David Hoff	√	√
NCCM		
Elaine Akers	x	√
Kalyna Bezchlibnyk-Butler	x	x
Gerry Cook	x	√
Eva Janecek-Rucker	√	x
Elizabeth Kozyra	√	√
Akhil Pandit-Pautra	x	√
Hitesh Pandya	√	√
Saheed Rashid	x	x
Rachelle Rocha	x	√
Satinder Sanghera	x	√
Dan Stringer	x	√
Asif Tashfin	√	x
Tracy Wiersema	√	√

* Appointed to Council on January 5, 2015

NCCM = Non-Council Committee Member

PATIENT RELATIONS COMMITTEE

Meeting Dates: √ = attended X = not attended	May 4 2015
Elected Members	
Chair: Bonnie Hauser	√
Jon MacDonald	x
Public Members	
Kathy Al-Zand	√
Javid Khan	√
Sylvia Moustacalis	√
NCCM	
Gerry Cook	√

NCCM = Non-Council Committee Member

PROFESSIONAL PRACTICE COMMITTEE

Meeting Dates: √ = attended X = not attended	Feb 24. 2015
Elected Members	
Christine Donaldson	√
Jillian Grocholsky	√
Esmail Merani	√
Chair: Michael Nashat	√
Don Organ	√
Farid Wassef	√
Public Members	
David Hoff	√
John Laframboise*	
Lew Lederman	√
NCCM	
Kathryn Djordjevic	√
Helen Lovick	x

*Appointed to Professional Practice Committee on June 22, 2015

NCCM = Non-Council Committee Member

QUALITY ASSURANCE COMMITTEE

Meeting Dates: √ = attended X = not attended	Nov. 10 2014	Jan. 9 2015	Mar. 23 2015	May 25 2015
Elected Members				
Chair: Jon MacDonald	√	√	√	√
Christine Donaldson	x	√	x	√
Michelle Filo	√	√	x	√
Michael Nashat	√	√	√	x
Public Members				
Shahid Rashdi	x	x	x	x
Aladdin Mohaghegh	√	√	√	√
Sylvia Moustacalis	√	√	√	√
NCCM				
Victor Naidoo**	√	x		
Zita Semeniuk	√	√	√	√
Puja Shanghavi*			√	√
Irene Sing	√	√	x	√

* Appointed to Quality Assurance Committee on March 18, 2015

**No longer on Quality Assurance Committee effective March 17, 2015

NCCM = Non-Council Committee Member

REGISTRATION COMMITTEE

Meeting Dates: √ = attended X = not attended	Oct. 28 2014	Jan. 19 2015	May 6 2015
Elected Members			
Chair: Christine Donaldson	√	√	√
Jillian Grocholsky	x	√	√
Michelle Filo	√	x	√
Public Members			
Kathy Al-Zand	√	√	√
Linda Bracken	√	√	√
Aladdin Mohaghegh	√	√	√
Academic Appointments			
David Edwards	√	√	x
Sharon Lee*	√	x	√
NCCM			
Deep Patel	√	√	√

*Also a Non-Council Committee member

NCCM = Non-Council Committee Member



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Mark F. Scanlon, President

TOPIC: June 2015 Council Evaluation Report to September 2015 Council

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

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

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

Answer Options	Always	Frequently	Often	Occasionally	Never	Response Count
1. In accordance with the governance philosophy, topics were related to the interest of the public and the purpose of OCP	8	0	0	0	0	8
2. Members were well prepared to participate effectively in discussion and decision making	5	3	0	0	0	8
3. In accordance with the governance philosophy, Council worked interdependently with staff	6	2	0	0	0	8
4. There was effective use of time	7	1	0	0	0	8
5. There was an appropriate level of discussion of issues	7	1	0	0	0	8
6. The discussion was focused, clear, concise, and on topic	7	1	0	0	0	8

2. Did the meeting further the public interest?

YES = 8 = 100%

NO = 0 = 0%

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

- Generally all the issues were appropriately discussed and the decision-making process worked well.
- DPRA amendments - extensive information shared in a very focused manner that made it easy to review.
- I feel that each discussion and decisions made through the process worked well because of forthright and open discussion, and respect for all viewpoints.
- All issues were discussed and worked well. Ample time for thorough discussion and decision making.

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

- The matter regarding registering as a lobbyist could have been better explained. However, when issues regarding this matter were raised, there was a fulsome discussion on the matter and appropriate action was taken.
- Discussion regarding the Lobbyist registration act - debate was premature as more information needed to support/decide on stance.
- Not applicable.
- None.

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

Answer Choices	Responses
Completely Satisfied	7
Mostly Satisfied	1
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	8

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

- Meeting was well conducted. Sylvia Moustacalis
- None – enjoyed Cid's presentation on ethics also; learn something new every time I hear her speak.

Respectfully submitted,



Mark F. Scanlon, President



**Ontario College
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING
OF COUNCIL
JUNE 15, 2015**

DRAFT

	Page
Noting Members Present	3,4
President's Opening Remarks	4
For Information	
Presentation: Dr. Nancy Waite - OCP Professorship and Ontario Pharmacy Research Collaboration Updates	5
Briefing Note - President's Report to Council	5
Briefing Note – March 2015 Council Meeting Evaluation.....	5
Declaration of Conflict	5
Approval of Agenda	5
Approval of March 2015 Council Meeting Minutes	5
Notice of Motions Intended to be Introduced	6
Motions, Notice of Which Had Previously Been Given	6
Inquiries	6
Matters Arising from Previous Meetings	
Briefing Note - Registrar's Report to Council.....	6
For Information	
Presentation: Dr. Cidalia Paiva - Code of Ethics Project	8
Matters Arising from Previous Meetings	
Briefing Note - Approval of proposed amendments to the DPRA Regulation	9
Matters Arising from Previous Meetings	
Briefing Note - Registrar's Report to Council (continued)	10
Presentation by Investigations and Resolutions Program.....	10
For Decision	
Briefing Note –Professional Practice Committee - – Fax Transmission of Prescriptions Policy	10
Other Matters	
Appointment of Elections Committee	11
Motion respecting Future Council Meeting Dates	11
Unfinished Business	12
Motion respecting Circulation of Draft Minutes	12
Motion of Adjournment	12

MONDAY JUNE 15, 2015 – 9:01 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

1. Noting Members Present

Elected Members

District H Dr. Regis Vaillancourt, Ottawa
District H Ms. Christine Donaldson, Windsor
District K Dr. Esmail Merani, Carleton Place
District K Mr. Mark F. Scanlon, Peterborough
District L Ms. Jillian Grocholsky, Fonthill
District L Dr. Michael Nashat, Brampton
District L Mr. Farid Wassef, Stouffville
District M Mr. Fayez Kosa, Toronto - **Regrets**
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
Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa - **Regrets**
Ms. Linda Bracken, Marmora
Mr. Bob Ebrahimzadeh, Woodbridge
Mr. David Hoff, Oakville
Mr. Javaid Khan, Markham
Mr. John Laframboise, Ottawa
Mr. Lewis Lederman, Ottawa
Mr. Aladdin Mohaghegh, Toronto
Ms. Sylvia Moustacalis, Toronto
Mr. Shahid Rashdi, Mississauga - **Regrets**
Ms. Joy Sommerfreund, London

Staff present

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

1. Noting Members Present

Member attendance was noted.

2. President's Opening Remarks

President Scanlon welcomed members of Council and observers to the meeting. He then welcomed Ms. Katie Mahoney, Public Member from Mississauga who was appointed to College Council on May 6th. Ms. Mahoney was invited to briefly introduce herself to Council. President Scanlon then advised Council that as set out in the governance manual, Ms. Moustacalis had been appointed as her mentor, and since Ms. Mahoney had been appointed to serve on the Accreditation Committee, Ms. Sommerfreund (who also serves on the Accreditation Committee) had been appointed to mentor her.

Council further noted that Mr. David Hoff's (Public Member) appointment to Council would be expiring on June 21st. Mr. Hoff is currently serving as Chair of Accreditation and Drug Preparation Premises Committee (DPP), and is a member of the Executive and Professional Practice Committees. President Scanlon advised that as of June 22, the following changes will be made to the Committee appointments to replace Mr. Hoff:

- Ms. Moustacalis on Executive Committee
- Ms. Wiersema as Chair of Accreditation and DPP Committees
- Ms. Mahoney on Accreditation and DPP Committees
- Mr. Laframboise on Professional Practice Committee

Mr. Hoff was then invited to say a few words to Council.

Next, Mr. Scanlon advised that Mr. Ebrahimzadeh (Public Member) had tendered his resignation effective August 31st and read an excerpt from his resignation letter to the Minister. In his letter, Mr. Ebrahimzadeh stressed the need for appointment of more public members to Council in order for the College to be able to continue with the increased activities in all areas of the College. Mr. Ebrahimzadeh was also invited to say a few words to Council.

The President went on to advise that Elections will be held in Electoral Districts H and N this year and that Mr. Potvin had indicated that he would not be seeking re-election while Ms. Hauser could not run for another term as she would have completed her nine consecutive years on Council. Both members were invited to briefly address Council. He announced that Drs. Austin and Hindmarsh had been appointed as scrutineers for the upcoming elections.

For Information

11.2 OCP Professorship and Ontario Pharmacy Research Collaboration - Presentation

Referring to the agenda, and noting that the presentation on OCP Professorship and Ontario Pharmacy Research Collaboration was scheduled to start at 9:15 a.m., Mr. Scanlon welcomed Dr. Nancy Waite and invited her to make her presentation to Council.

Dr. Waite is the Associate Director of Practice-Based Education and Professional Outreach and the Ontario College of Pharmacist's Professor for Pharmacy Innovation at the School of Pharmacy, University of Waterloo. She also co-leads the Ontario Pharmacy Research Collaboration, a study that fosters innovation in pharmacy practice and evaluates the effectiveness of pharmacist-led medication management services. From 9:15 a.m. to 10:15 a.m., Dr. Waite made a presentation to Council and responded to questions from the floor.

2.1 Briefing Note - President's Report to Council

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

2.2 Briefing Note – March 2015 Council Meeting Evaluation

President Scanlon reported that 12 responses had been received and that feedback regarding the March Council meeting had been positive on the whole. He noted that lack of preparation for the meetings and members' use of cellphones to check emails during meetings was cited as a cause of concern and he reminded members of their obligations when attending meetings.

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 March 2015 Council Meeting

It was moved and seconded that the Minutes of the March 2015 Council meeting be approved. There were three abstentions (Mr. Ebrahimzadeh, Ms. Mahoney and Mr. Potvin as they had not attended the March Meeting). **CARRIED.**

6. Notice of Motions Intended to be Introduced

There were none.

7. Motions, Notice of Which Had Previously Been Given

There were none.

8. Inquiries

There were none.

9. Matters Arising from Previous Meetings

9.1 Briefing Note - Registrar's Report to Council

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

Council noted for information that in December 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. Mr. Moleschi advised Council that together with Deputy Registrar, Ms. Resnick, he has been working with Ministry officials to ensure that this important topic is addressed and that the College continues to support the mandate of this Sexual Abuse Task Force (SAFT). Council members were referred to the College's submission on this issue and Mr. Moleschi added that the Patient Relations Committee, which provides direction for the College on measures for preventing and dealing with sexual abuse of patients, met in May and is examining opportunities for improvement which have been identified through the process of responding to the Task Force (e.g. in the area of education of students, applicants and members regarding sexual abuse, boundary violations, and mandatory reporting, as well as training of those who serve on the screening and adjudicative panels which consider allegations of sexual abuse). The Registrar went on to add that the work being done on the Code of Ethics and the Transparency Initiative, especially in the area of communication with the public and the public register, will also support recommendations which are anticipated to be made by the Task Force. Mr. Ebrahimzadeh, Mr. Lederman and Ms. Moustacalis, all of whom had attended meetings with the SATF, provided their perspective to Council.

With respect to the Transparency initiative, the Registrar added that staff was working on a tool/decision-making framework with which to assess information to potentially be made public pursuant to current by-laws. In response to questions from the floor, he advised that work was currently underway at the College and at the FHRCO (Federation of Health Regulatory Colleges of Ontario) levels to ensure that members of the public are able to easily access the information they need on the website.

Referring to Bill 21 (Safeguarding Health Care Integrity Act, 2014), the Registrar advised that the proposed amended regulation to the Drug and Pharmacies Regulation Act (DPRA) would be discussed later in the agenda. He added that on a related matter, the College has been made aware that a Bill concerning the Fentanyl Patch for Patch program has passed second reading

and as has been previously reported to Council, the College continues to work with stakeholders such as law enforcement, various levels of government, colleges and associations of prescribers and dispensers to determine the most appropriate actions to support the goals of the program (safe and effective pain management and the prevention of opiate misuse).

With respect to expanding the scope of practice, as outlined in the summary of the Ontario Budget, the government has indicated a willingness to allow pharmacists to provide travel vaccinations. The Registrar advised Council that the College is working closely with the Ministry on this particular initiative and has met to discuss the possibility of establishing a Working Group to move this along. He further added that competencies for the provision of vaccinations by pharmacists are already in place.

Next, the Registrar reported that as part of its mandate, ehealth had been tasked with establishing a Comprehensive Drug Profile Strategy. He advised Council that a steering committee has been established and that as the College's representative, he anticipates updating Council on progress in this area.

Mr. Moleschi then went on to report that he had been elected to serve a second term as President of FHRCO, the Federation of Health Regulatory Colleges of Ontario. The group has met regularly over the past three months to share information and to work together and move forward collectively on various regulatory initiatives, including transparency. Of note, on April 1st, 2015, two Colleges were proclaimed - the College of Homeopaths of Ontario and the College of Registered Psychotherapists of Ontario. Also, the Federation is working on creating educational/training tools on prevention of sexual abuse and assisting those who report abuse for use by FHRCO Councils, Committees and Staff. A Working Group has been established to help move this initiative forward. As well, a Legislative and Policy Issues Committee (comprising FHRCO members and MOHLTC) has been established to work on streamlining the regulation process. Council noted that this College's approach to amending the regulation to the Drug and Pharmacies Regulation Act (DPRA) has been shared with the FHRCO Executive.

Also of note during this reporting period was the increase in the number of presentations made by the Registrar to various stakeholders with the underlying theme of introducing the new practice-based assessment and the shift in focus from compliance to legislation to adherence to Standards of Practice and the Code of Ethics.

Council noted for the information that the NAPRA Board (National Association of Pharmacy Regulatory Authorities) approved the most current Draft Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations and Draft Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations. It is expected that the Model Standards will be available in August/September 2015. Mr. Moleschi advised that NAPRA intends to commence working on the Model Standards for Pharmacy Compounding of non-sterile preparations shortly. Mr. Organ took the opportunity to thank members of the staff and the Professional Practice Committee of the College for their hard work in addressing the compounding guidelines.

Referring next to the Strategic Plan, Mr. Moleschi advised Council that following the Strategic Planning session in March, staff took Council feedback and created a concise framework to illustrate the plan. Council heard that the previous five strategic directions were consolidated into three broad strategic priorities. All the priorities align with the values established by Council three years ago and affirmed in March 2015. Essentially, the first strategic priority "Core Programs – Fulfillment of Mandate" is the essence of why we exist, the objective being to meet

or exceed societal expectation. The Registrar then proceeded to speak to the various outcomes, activities, timelines and costs associated with this priority.

Under Strategic Priority #2 – “Optimize Practice within Scope” – the focus will be on members (pharmacists and pharmacy technicians), as well on pharmacy operators raising the bar, providing value and behaving as a profession. The Code of Ethics and Standards of Practice and Standards of Operation will be the foundational pieces for this priority.

Strategic Priority #3 – “Inter and Intra Professional Collaboration” focuses on organizing teams, both pharmacy professional teams and inter-professional teams, to improve patient outcomes. This includes understanding where we are and what barriers exist, encouraging new approaches, educating and sharing successes, collaborating to add value to health care teams and addressing issues with transition of care.

Registrar Moleschi went on to advise that over the summer months, staff will develop a budget to support the activities outlined in the plan which will be monitored by the Executive Committee, and reported to Council each quarter. As well, he continued, in-depth presentations of the core programs will continue to occur at each meeting.

With respect to a question from the floor regarding expanding the scope of practice and minor ailments, the Registrar advised that he has already commenced work on this issue and has commissioned some research in this area so as to be prepared for future discussions with the Ministry of Health and Long-Term Care.

The Registrar next reported that at a recent meeting of the Executive Committee of FHRCO, members had considered the changes to the Lobbyists Registration Act, and the potential ramifications for Colleges, and as a result, he had registered as a lobbyist. Discussion ensued regarding what lobbying meant, as well as the benefits, implications and the perception of being a lobbyist. Several members expressed concern and requested more information on the matter. **A motion was moved and seconded that at the next Council meeting, Council consider whether registration as a lobbyist is appropriate.** Council members voted in favour of the motion. There was one abstention (Mr. Potvin). **CARRIED.**

For Information

11.1 Code of Ethics Project – Presentation

President Scanlon next provided Council with an update on the Code of Ethics project. Council noted that the Code of Ethics Task Force was established in December 2014 with a mandate to review and update the current code so that it more appropriately addresses current practice and better enables pharmacists and pharmacy technicians to apply it in practice. A Project Consultant, Dr. Paiva, was contracted to assist with the project.

At 1:05 p.m., President Scanlon introduced Dr. Cidalia Paiva and invited her to make a presentation to Council. Dr. Paiva has created and supported the development and implementation of customized programs in ethics for numerous healthcare regulatory bodies and professional associations and has provided ethics consulting services to various organizations.

Council noted that the Task Force has now held a series of meetings to work through the initial draft documents and has held focus groups and working sessions with stakeholders to receive feedback. Final draft documents will be brought to the September 2015 Council meeting for approval for posting for a 60-day public consultation. Following consideration of feedback received during the public consultation, the Task Force anticipates finalizing the Code of Ethics documents for final approval by Council at its meeting in December 2015. The presentation was followed by some discussion during which Dr. Paiva provided clarification and responded to questions from the floor. The session ended at 2:19 p.m.

9. Matters Arising from Previous Minutes

9.2 Briefing Note – Approval of proposed amendments to the DPRA Regulation

Together with Ms. Campbell, Mr. Moleschi provided some background and clarification on the proposed amendments to the DPRA Regulation. As has been reported on previous occasions, the passing of Bill 21 (Safeguarding Health Care Integrity Act, 2014) extends the College's authority to license and inspect pharmacies within public and private hospitals, and also includes future authority over institutional pharmacy locations. As a result, the current regulation to the Drug and Pharmacies Regulation Act, which only addresses community pharmacy practice, required amendments.

Council noted that the amended regulation adds provisions for hospital pharmacies and proposes an outcomes-based approach to the language, aiming to improve the relevance of the regulatory framework over time. By removing specific expectations from the regulation and moving these into standards, policies, guidelines and processes, the College will be able to respond to changes in practice and public expectations in a more timely manner.

Council was reminded that at its meeting in March, the proposed regulation was approved for circulation for public and member feedback. In addition, College staff met with major stakeholders from the hospital and community pharmacy sectors, and the Ministry of Health and Long-Term Care. The feedback indicated that there was support for the outcomes-based approach to the regulation, leaving specifics to supplemental documents. Several stakeholders asked for clarification on how these supplemental documents would evolve over time — including the ability to provide feedback on new or changing expectations. Recognizing these concerns, a “Standard, Policy and Guideline Consultation Framework” has been created to ensure a principle-based approach for stakeholder consultation. In addition, the supplemental documents — which capture the intent of what was removed from the regulation as a result of the revision — were created to confirm that the College's expectations will remain the same both pre and post proclamation. Ms. Campbell provided further clarification on amendments made post-circulation (mostly to sections pertaining to remote dispensing and advertising) and responded to questions from the floor. Additionally, as already noted, with the exception of the new authority to license and inspect hospital pharmacies, the net result of the proposed DPRA regulation changes with the corresponding supplemental documents is that expectations of practice will not change when the proposed regulations are proclaimed and enacted into law.

With respect to the pending authority for hospital pharmacy oversight, Registrar Moleschi reported that the College is currently conducting baseline assessments of all Ontario hospital pharmacies, which are expected to be complete by the end of 2015. By-law amendments incorporating hospital pharmacy oversight (fees and filing of information) will be drafted and

brought forward to Council for approval for public consultation at the September meeting. Final approvals, reflective of feedback received, were expected in December, 2015.

Regarding ownership of pharmacies, a comment was made that the College should “level the playing field”. The current provisions of the DPRA (s.142) restrict pharmacy ownership to pharmacists or to corporations where a majority of shares are owned by pharmacists, and requires that the majority of corporate directors are pharmacists. However, the shareholding provisions do not apply to any corporation that operated a pharmacy on the 14th of May, 1954.

Mr. Moleschi explained that Bill 21 only made amendments to the Act that would allow for licensing and inspection of pharmacies within public and private hospitals – and the amendments to the regulations cannot override the provisions in the DPRA. The pre-54 shareholder exemption could only be addressed if/when the DPRA is opened for further amendments. He assured Council that should this opportunity arise, the issue of pre-54 exemption could be addressed at that time.

Following discussion, **a motion to approve the proposed Regulation to the Drug and Pharmacies Regulation Act for submission to the Ministry of Health and Long-Term Care was moved and seconded.** With the exception of two abstentions (Mr. Lederman and Mr. Nashat), all members voted in favour of the motion. There were no negative votes. **CARRIED.**

Council noted that the proposed regulation would be submitted to the Ministry of Health and Long-Term Care for their final consideration and ultimate proclamation. Until proclamation, the current DPRA regulation will remain in effect.

9. Matters Arising from Previous Meetings

9.1 Briefing Note - Registrar's Report to Council

Next, Ms. Gemus, Manager, Investigations and Resolutions, was invited to provide an overview of her program area. She was joined by Ms. Spadafore, Complaints Coordinator. Their presentation took place between 3:15 p.m. and 4:24 p.m. during which, they provided clarification and responded to questions from the floor.

10. For Decision

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

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

Mr. Nashat, Chair of the Professional Practice Committee, presented the Briefing Note to Council. Council noted that revisions to the policy on Fax Transmission of Prescriptions, which incorporates, updates and clarifies various provisions related to facsimile transmission of prescriptions were being presented to Council for approval. The review of the Faxed Prescriptions Policy by the Professional Practice Committee was prompted by a scheduled five-year review as well as the need to align with the position statement on the Authenticity of Prescriptions using Unique Identifiers for Prescribers published in July 2013.

It was moved and seconded that Council approve the revised Facsimile (Fax) Transmission of Prescriptions Policy. Council members voted in favour of the motion. There were no negative votes or abstentions. **CARRIED.**

12. Other Matters

12.1 Appointment of Elections Committee

President Scanlon announced that he had appointed Vice President, Mr. Merani and Ms. Sommerfreund to serve with him on the Elections Committee. **A motion to approve the appointment of the Elections Committee was moved and seconded. CARRIED.**

Council members were advised that towards the end of July, Ms. Rajdev will send an email requesting their committee preferences for the 2015-2016 Council year. President Scanlon advised Council members that, should they wish to nominate a fellow council member for an elected position, the best practice would be to first speak to that member and obtain their consent. He further advised that the Nominating Committee will endeavor to make sure Council members get to serve on as many Committees of their choice as is possible; however, it is necessary to make appointments to ensure that all Committees are fully constituted and that these appointments will be made at the end of the first day of Council in September.

12.2 Motion respecting Future Council Meeting Dates

President Scanlon next announced that in order to support planning for various College and program activities, the following dates/schedule was being proposed to Council approval:

2015

Thursday September 17 and Friday September 18
Monday December 7

2016

Tuesday March 29
Monday June 13
Monday September 19 and Tuesday September 20
Monday December 12

2017

Monday March 20
Monday June 12
Monday September 18 and Tuesday September 19
Monday December 11

A motion to approve the dates was moved and seconded. CARRIED.

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 re Circulation of Draft minutes

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

14. Motion of Adjournment

It was moved and seconded that the Council meeting be adjourned at 4:34 p.m. and to reconvene on Thursday, September 17, 2015, or at the call of the President. CARRIED.

**Ushma Rajdev
Council and Executive Liaison**

**Mark F. Scanlon
President**

INDEX

	Page
Appointment of Elections Committee	11
Approval of March 2015 Council Meeting Minutes	5
Bill 21, Safeguarding Health Care Integrity Act, 2014	6
Briefing Note - Approval of proposed amendments to the DPRA Regulation	9
Briefing Note - March 2015 Council Meeting Evaluation.....	5
Briefing Note - President's Report to Council	5
Briefing Note – Professional Practice Committee - Fax Transmission of Prescriptions Policy	10
Briefing Note - Registrar's Report to Council.....	6
Comprehensive Drug Profile Strategy	7
Drug and Pharmacies Regulation Act	9
Fax Transmission of Prescription Policy	10
Federation of Health Regulatory Colleges of Ontario (FHRCO) Update	6
Letter from D. Cole re New Regulatory Colleges under the RHPA	6
Letter from D. Cole re Transparency Submission.....	6
Letters re Task Force/Legislation to Prevent Sexual Abuse of Patients.....	6
Lobbyists Registration Act	8
Motion respecting Future Council Meeting Dates	11
NAPRA Meeting Update	6
Pharmacy Examining Board of Canada (PEBC) Update	6
Presentation by Investigations and Resolutions Program.....	10
Presentation: Dr. Cidalia Paiva - Code of Ethics Project	8
Presentation: Dr. Nancy Waite - OCP Professorship and Ontario Pharmacy Research Collaboration Updates	5
Sexual Abuse Task Force	6
Strategic Plan	7
Transparency Initiative	6

(August 20th, 2015)

COUNCIL OF THE ONTARIO COLLEGE OF PHARMACISTS

SEPTEMBER MEETING 2015

MOTION

WHEREAS:

1. Following Consultation, Council (at its June 2015 Meeting) approved proposed changes to Regulation 58/11 (the “Regulation”) to the *Drug and Pharmacies Regulation Act* (the “Act”) respecting, in particular, hospital pharmacies and an outcomes-based approach aimed at improving the relevance of the regulatory framework;
2. In its deliberations, the desirability of amending the Regulation further was raised, that is: the desirability of removing the anomaly of the so-called “Pre-54 Charters” Provision, and thus removing the system distortions and unjustifiable market-place advantages that now accompany them – so as to enhance Effective Regulation in the Public Interest;
3. The Pre-54 Charters Provision of the Regulation follows on corresponding Sub-Sections of the Act [Section 142(2) & (4)] in treating the shareholders of Pharmacy-Owning Corporations with a Pre-54 Charter (granted by government authority under then existing legislation) *more advantageously* than those without such charters (“Post-54 Charters”), and thus providing Pre-54 Charter-holders with what are now Unjustifiable Advantages, and overall, undercutting a “Level Playing Field”;
4. Subsection 142(2) & related subsection 142(4) of the Act currently read:

(2) No corporation shall own or operate a pharmacy unless a majority of each class of shares is owned by and registered in the name of pharmacists or in the name of health profession corporations each of which holds a valid certificate of authorization issued by the College.

(4) Subsection (2) does not apply to any corporation operating a pharmacy on the 14th day of May, 1954.

These two subsections are, of course, the “Root” of the anomaly to be remedied (the provisions of the Regulation, being the “Branches” so to speak) and would require amendment of the Act by the Legislature to accomplish their removal. The College can deal with amending the Regulation itself directly, and can – again itself – recommend amendment of the Act to the Government – all in accordance with normal procedures;

5. FIRST:

With respect to the Regulation: This anomaly would be addressed as follows -

By deleting reference to Shareholders in Section 8, so that only Directors are referred to;

Section 8(1) currently reads:

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

1. *The applicant files a completed application ...*
2. *The applicant provides further information if requested ...*
3. *All information is full, accurate and complete.*
4. *The past and present conduct of each person who is an applicant, and in the case of a corporation,*
 - (I) *of each director, and,*
 - (II) *other than the case of a corporation referred to in section 142(4) of the Act, of each shareholder who directly or indirectly owns five percent or more of the voting shares of that corporation,*

affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.

The amendment would thus be accomplished by deleting subparagraph (II) in its entirety; keeping the words of current subparagraph (I) but deleting its number, and deleting the “and” at the end, so that paragraph 4 would read:

The past and present conduct of each person who is an applicant, and in the case of a corporation, of each director, affords reasonable grounds for the belief that the pharmacy will be operated with decency, honesty and integrity and in accordance with the law.

SECOND:

With respect to the Act (and recognizing that the Government’s Legislative drafters might well choose different wording to accomplish the same purpose): This anomaly could be addressed several ways –

The Mover & Seconder ***Recommend as the Best Way, which we call “Option A”:***

“OPTION A”

“Option A” would Level The Playing Field by removing the whole Pre-54 structure.

By amending the Act to simply eliminate the provision and its exception altogether, that is: by deleting subsections 142(2) and 142(4) in their entirety.

But (though reluctant to complexify matters), recognizing that the Council may wish to consider an Alternative Amendment that continues *some form* of a Shareholder component (despite the difficulties set out in paragraph 6 below) ...

The Mover & Seconder set out a *possible* –

But Not Recommended By Us – “Option B”:

“OPTION B”

“Option B” would continue use of the “Pre-54” concept, but “Level The Playing Field”, by giving all Pharmacy-Owning Corporations the ability – by the “choice” of shareholder vote (and giving notice of this vote to the College) – to “opt into” the same exception that benefits the Pre-54 Charter Corporate Owners.

Accordingly, by “Option B”: Subsection 142(4) of the Act would be amended to read*:
(*Subject, as earlier indicated, to the word-choices of Government Legislative drafters.)

(4) Subsection (2) does not apply to any corporation operating a pharmacy on the 14th day of May, 1954, nor does it apply to any other corporation operating or intending to operate a pharmacy that by a majority vote of each class of its shares opts that Subsection (2) does not apply, to be effective once notice of this opting is sent to the College. (Proposed Amendment underlined.)

6. From our perspective (as Mover & Seconder), and based on the Facts & Analyses as we understand them to be ...

The reasoning for amending the Regulation and the Act as described, briefly put, is:

- (a) It is the *Statutory Duty* of the College (and us, as its governing Council) & the Policy of the Government (represented by the Ministry of Health and Long-Term Care [the “Ministry”]) that *the practice of Pharmacy in Ontario be Regulated in the Public Interest, with Serving & Protecting Patients Paramount.*
- (b) The importance of the Pharmaceutical component of the Health Care System has increased greatly (in recent years and continues to do so), as has its Cost. In sum: the World has changed; Science has changed; and Pharmacy – including its role in the Health Care System & its Marketplace – has changed.

So that it is even more critical that the area *be Regulated in as Effective & Efficient, as Fair & Proper, as Transparent & Accountable fashion as can be done* – including providing a “Level Playing Field” for all its Pharmacy-Owner participants.

This is the context for the amendment of the Regulation & the Act.

- (c) Simply put, it is past due time for this Statutory Structure, rooted in a threshold time (set over 60 years past) of May 14th, 1954: to be addressed afresh.
- (d) A fresh view clearly indicates that – whatever may have been its original merits – in current circumstances: this Structure now operates Unfairly to give the holders of “Pre-54 Charters” an Unjustifiable Advantage over more recent entrants in the Pharmacy Field (who have not been willing or able to buy one), and thus *undercuts what must be the Basic Regulatory Goal of having a “Level Playing Field”*.
- (e) Moreover, this Unjustifiable Advantage: (i) Unduly Restricts Competition, and (ii) Prevents a better and broader Capitalization of the Field to the ultimate benefit of Patient-Consumers, Pharmacy Owners, and the Marketplace overall.
- (f) Further, in current circumstances: this distinction Distorts the Market – for No Proper Purpose: by creating Two Classes of Pharmacy Ownership (Pre- & Post-54), with (given the prices that these Pre-54 Charters are said to fetch) *very significant financial benefits to the former over the latter*.
- (g) Neither the Government Nor the College – *whatever may originally have been the perceived merits of such a provision & whatever may currently be the positions taken and the expenditures made by the Pre-54 holders (for the “asset” of such a Charter)* – should now countenance, much less support: such a distorted non-market-based approach, especially an approach such as this which is actually rooted in & perpetuated by Statute Law.
- (h) As far as an overview look can tell: Only Ontario (and possibly Quebec) makes such a distinction. Indeed, the federal Competition Bureau in its 2007 Report “Self-regulated professions – Balancing competition and regulation”, in its section on Pharmacists (after noting Ontario’s restriction of pharmacy ownership to pharmacists and pharmacist partnerships – which they said Quebec then also had) Recommended:

The provincial colleges and boards of pharmacy should review their restrictions on the ownership and business structure of pharmacies with a view to eliminating unnecessary obstacles to efficient business models.

- (i) Corporate Law and the Regulation of Corporate activity in recent years and today, *focuses predominantly on the Directors of a Corporation, rather than on the Shareholders* (unless a Court has actually reviewed the situation, as a real case before it, and found that the Shareholders have treated the Corporate vehicle as a sham).

- (j) Finally, but very importantly, the current Uneven Structure (focusing on Shareholders & dealing differently with them) already for some years ...

Seems to have made it difficult (and surely *more difficult* than would otherwise have been the case) for the College, as Regulator, to effect Common Standards (that is: to properly develop & fairly apply & administer them), and

Now – Even with what must amount (in effect) to a diversion of effort & funding from other Regulatory functions (indeed other *priority* Regulatory functions) ...

Simply put: Seems to be becoming less-and-less Workable.

THEREFORE:

MOVED BY (PUBLIC MEMBER): LEW LEDERMAN QC.

SECONDED BY (ELECTED MEMBER): FARID WASSEF R.Ph.

That Council:

- (i) Approves in Principle this draft Amendment to the Regulation; and
- (ii) Instructs College Management (coordinating as per normal course with the Ministry):
 - (a) To send it (complete with Preamble & Reasons) for Feedback, and
 - (b) After Feedback: to return to Council (with Feedback) for final consideration; and
- (iii) Approves in Principle this Proposed “OPTION A” Amendment to the Act; and
- (iv) Instructs College Management (coordinating as per normal course with the Ministry):
 - (a) To send it (complete with Preamble & Reasons) to the Ministry For Information.
 - (b) To send it, when and as appropriate, (complete with Preamble & Reasons) for Feedback, and
 - (c) After Feedback: to return to Council (with the Feedback) for final consideration, with the intention, if finally approved: to then forward it to the Ministry, as Council’s Formal Recommendation: to be dealt with by them in accordance with their practice for legislative amendment; and
- (v) Appoints a Steering Group to oversee this Process, and, in particular, to handle Feedback Review, any Substantive Discussion with the Ministry, and Reports to Council – which Steering Group is to be composed of such Public Members of Council & such Elected Members of Council who are free of Conflicts (or Possible Conflicts), as should advise either the Mover or Secunder of this Motion of their wish to participate, and Chaired by one of them: selected by them by vote.



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Marshall Moleschi, CEO and Registrar

TOPIC: Lobbyist Registration

ISSUE: Consideration of the Registrar's Registration as Lobbyist

BACKGROUND: At the Council meeting in June, I announced my registration with the Ontario government's new "Lobbyist Registration System". This prompted discussion by Council and a motion was approved for Council to receive further information on the matter at the September meeting. Detailed below is information on the lobbyist registration system and what this means for the College.

The Lobbyist Registration System in Ontario

The general public's perception of a "lobbyist" is an individual that has an established relationship with government officials and works with several clients at any given time to influence government decisions in the clients' favour. However, in Ontario, the legislation that regulates lobbyists and their activities, is much broader and requires any individual, who deals with the government, in relation to their paid positions in an organization, to register.

In accordance with the *Lobbyist Registration Act 1998*, the following definitions outline the various types of lobbyists:

Consultants

A consultant lobbyist is a person who is paid to lobby on behalf of a client. Within specified time limits, he/she must register when he/she begins lobbying for a client, when information previously submitted changes, and when the lobbying activity is terminated or completed. Consultant lobbyists typically include government relations staff, lawyers, accountants and other professionals who provide lobbying services to their clients. A client can be a person, partnership or organization on whose behalf a consultant lobbyist undertakes to lobby. A consultant lobbyist must file a separate registration for each client.

In-house lobbyist (Persons and Partnerships)

An in-house lobbyist (persons & partnerships) is an employee who spends a significant part of his/her time lobbying on behalf of his/her employer. A separate registration must be filed for each in-house lobbyist (persons & partnerships).

In-house lobbyist (Organizations)

An in-house lobbyist (organization) is an employee or group of employees who collectively spend a significant part of their time lobbying on behalf of a not-for profit organization.

The senior officer must file a registration for the organization and list the in-house lobbyist(s) within the registration.

The following are specifically excluded from being in-house lobbyists:

1. Officers of the Assembly who are appointed on the address of the Assembly and individuals employed in the office of such officers
2. Public servants as defined under the Public Service of Ontario Act, 2006
3. Other classes of employees of Crown agencies as may be prescribed

The Act defines “lobby” as:

- (a) in relation to a consultant lobbyist referred to in section 4 and an in-house lobbyist referred to in section 5 or 6, to communicate with a public office holder in an attempt to influence,
- (i) the development of any legislative proposal by the Government of Ontario or by a member of the Legislative Assembly,
 - (ii) the introduction of any bill or resolution in the Legislative Assembly or the passage, defeat or amendment of any bill or resolution that is before the Legislative Assembly,
 - (iii) the making or amendment of any regulation as defined in Part III (Regulations) of the Legislation Act, 2006,
 - (iv) the development or amendment of any policy or program of the Government of Ontario or the termination of any program of the Government of Ontario,
 - (v) a decision by the Executive Council to transfer from the Crown for consideration all or part of, or any interest in or asset of, any business, enterprise or institution that provides goods or services to the Crown or to the public,
 - (vi) a decision by the Executive Council, a committee of the Executive Council or a minister of the Crown to have the private sector instead of the Crown provide goods or services to the Crown,
 - (vii) the awarding of any grant, contribution or other financial benefit by or on behalf of the Crown, and
- (b) in relation to a consultant lobbyist referred to in section 4 only,
- (i) to communicate with a public office holder in an attempt to influence the awarding of any contract by or on behalf of the Crown, or
 - (ii) to arrange a meeting between a public office holder and any other person; (“exercer des pressions”)

“Organization” as defined by the Act:

- (a) a business, trade, industry, professional or voluntary organization,
- (b) a trade union or labour organization,
- (c) a chamber of commerce or board of trade,
- (d) an association, a charitable organization, a coalition or an interest group,
- (e) a government, other than the Government of Ontario, and
- (f) a corporation without share capital incorporated to pursue, without financial gain to its members, objects of a national, provincial, territorial, patriotic, religious, philanthropic, charitable, educational, agricultural, scientific, artistic, social, professional, fraternal, sporting or athletic character or other similar objects; (“organisation”)

The Ontario College of Pharmacists – the “College”

The College is regulated by several pieces of provincial legislation and as part of its mandate, the College must meet with government officials on a regular basis to ensure that its members are compliant with legislation and to work collaboratively with the government on changes to legislation and regulations that may impact the College’s ability to protect patients.

Much of the College’s engagement with the government would not warrant registration as lobbying does not include making submissions to a Legislative Committee, submissions about the enforcement, interpretation of any act or regulation and submissions in direct response to written requests for advice or comments. However, on occasion the College’s discussions with government fall within a gray area. For example, requesting more public appointments to Council, reassuring government the public’s safety in the event of expanding scope of pharmacy practice or requesting government to not proceed with particular changes due to public safety concerns. These would all be considered an effort to influence government decisions.

Furthermore, although the College is governed by a Council that is partially comprised of public government appointees, it is not a government institution and is not funded by the government. It is an independent body and does not fall within the categories that are exempt from registration as described above. Only the Registrar would file a registration, and then any applicable staff would be identified within that registration. It does not include Council members.

It is also important to note that in recent years, there has been an effort to increase compliance of in-house lobbyists, which is the category that OCP falls within. The amendments included a change to the registration threshold from 50 hours to 30 hours. Despite the stricter guidelines, the Integrity Commissioner, Lynn Morrison, does not believe that the amendments went far enough, stating “I advocated for a lower threshold of five hours a year, arguing that if anyone spent that much time lobbying a public office holder, then that activity would be sufficiently important for them to be required to register.” Ms. Morrison’s comments clearly reflect that concerns are not limited to that of the activities of a traditional lobbyist.

ANALYSIS:

Benefits and Risks of registering as a lobbyist

Benefits:

- It ensures that the Registrar, on behalf of the College, is protected legally and ethically;
- The language in the registration promotes the work of the college and its mandate to protect the public; and
- Demonstrates to government that the College takes its transparency and public accountability obligations very seriously.

Risks:

The sole risk to registering is the potential backlash of the College being perceived as a lobbyist organization. However, the risk should be considered low and can easily be mitigated for the following reasons:

- The Registrar would fall within the in-house lobbyist category which is not considered to be a lobbyist in the traditional sense and therefore avoids the negative public perception that sometimes accompanies a professional lobbyist;
- It is only the Registrar and potentially other staff at OCP that would need to register, it does not apply to Council members;

- The general public does not follow the registry so the audience of concern is only government officials. Any concerns they may have would likely dissipate when understood this was a decision made out of respect for public accountability and transparency. Furthermore, the registration itself only emphasizes that the College's activities are in direct response to the government's request for information (See Appendix A);
- On the occasions whereby a lobbyist's behavior is questioned, it is almost always because the lobbyist has not properly disclosed their activities with the lobbyist Registrar and usually the person in question has a demonstrated relationship with the political party in power and most often it involves a financial transaction. Given this history, the only real threat to OCP would be not disclosing information to the lobbyist Registrar;
- Precedence exists as the Registrar of the Royal College of Dental Surgeons of Ontario registered as an in house lobbyist in April 2015. (See Appendix B to review registration) and;
- Given its historical practice of hiring lobbyist consultants, OCP has appeared on the registry for at least a decade and this has not created any negative impacts on the College's relationship with the government. It is our understanding that the FHRCO (Federation of Health Regulatory Colleges of Ontario) Colleges are considering, or are in the process of, registering as lobbyists to meet the legislative requirements.

The current provincial government has placed a high priority on transparency and accountability. The College's involvement with the sexual abuse task force and review of transparency of regulatory health colleges are examples of the direction the government is taking. The overall advice and direction from the government is to err on the side of providing more information than is required. In the current political environment, the College would benefit from registering with the office of the integrity commissioner for its own protection and to improve its own transparency.

RECOMMENDATION: Continue with the direction as originally proposed i.e. for the Registrar to be registered as an in-house lobbyist for the purposes of demonstrating, and improving, the College's transparency and public accountability obligations.

OPTIONS:

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Appendix A

Profile Information

Lobbyist Number

OL1515

Registration No.

OL1515-20150608016124

Initial Filing Date

2015/06/08

Last Amendment Date

2015/06/08

First Name

Marshall

Middle Initial

Last Name

Moleschi

Name of your Organization

Ontario College of Pharmacists

Language

English

Français

Business Address of Senior Officer

Street Number and Name

483 Huron Street

City

Toronto

Prov./State

Ontario

Postal Code/Zip

M5R 2R4

Country

Canada

Lobbying Employees

List the names and titles of each employee whose duties include lobbying, including the senior officer if applicable.

Name	Title
Marshall Moleschi	Registrar

List the names of employees who were listed in the last registration as having duties that included lobbying and who have ceased to lobby on behalf of the organization or to be employed by the organization. (Not required for an initial registration.)

Name
There are no records available

Organization Information

Briefly describe the organization's business or activities.

OCP is the registering and regulatory body for the profession of pharmacy in Ontario. OCP is dedicated to ensure the public receives quality services and care. Its mandate is to protect the public by ensuring all pharmacists and pharmacy technicians are held accountable in accordance with relevant legislation and regulations, standards of practice, code of ethics and policies and guidelines. The College also ensures pharmacies meet standards for operation and are accredited by the College. As the role of pharmacists continues to evolve, the College meets with government officials on a regular basis to ensure any changes to the Regulated Health Professions Act, Pharmacy Act and Drugs and Pharmacies Regulations Act continue to ensure patient safety.

Briefly describe the organization's membership or classes of membership, and list the names of the officers or directors of the organization.

The College is overseen by a Council comprised of elected practitioners and government appointed public members. Council is the policy-making group and Board of Directors for the College. Council meetings are open to the public and its activities are subject to review by the Minister of Health and Long-Term Care, Health Professions Appeal and Review Board and Health Professions Regulatory Advisory Council. The Current President of Council is Mark Scanion and Vice President is Esmail Merani. Council hires a Registrar to oversee the day-to-day

work and administrative staff of the College. The current registrar is Marshall Moleschi. The membership of the College consists of licenced pharmacists, pharmacy technicians, pharmacy students and interns and accredited pharmacies and drug preparation premises.

Has any organization or entity (or individual on its behalf) contributed \$750 or more to this lobbying activity?

If yes, provide name(s) and address(es)

Name	Business Address	City	Prov./State	Postal
There are no records available				

Government Funding

Has your organization received any government funding (federal, provincial and/or municipal) in its current fiscal year?

Yes No

Subject Matter

What is the subject-matter of your lobbying activity?

Colleges and universities, Health, Hospitals, Information technology

What will the subject-matter of your lobbying activity be six months from now?

Colleges and universities, Health, Hospitals, Information technology

Lobbying Activity

Tell us about your current lobbying activity. Complete all that apply. You must choose at least one option:

Legislative proposal **Yes**

Provide the name or description and describe your lobbying goal:

In 2014, the government announced a task force to review the Regulated Health Professions Act (RHPA) to modernize the legislation to prevent sexual abuse of patients by health professionals. As requested by the Minister of Health, the College is providing all information as requested by the task force.

Ministries

Ministry of Health and Long-term Care

Other

Agencies

-

Bill or resolution **No**

Regulation **Yes**

Provide the name or description and describe your lobbying goal:

The government recently passed legislation (Safeguarding Health Care Integrity Act) which requires the College to inspect and licence hospital pharmacies. In accordance with its mandate, the College is working with health ministry officials to draft any required amendments to the Drugs and Pharmacies Regulations Act (DRPA) to support these legislative changes.

Ministries

Ministry of Health and Long-term Care

Office of the Premier and Cabinet Office

Other

Agencies

-

Policy and/or program **Yes**

Provide the name or description and describe your lobbying goal:

The Minister of Health and Long Term Care has requested that all health regulatory colleges review their internal processes and implement changes to improve public transparency. The College continues to meet with government officials to discuss improvements to transparency policies.

Ministries
Ministry of Health and Long-term Care
Other

Agencies
-

Decision to privatize or outsource goods or services **No**

Grant and/or contribution and/or other financial benefit **No**

Lobbying Activity in 6 months

Tell us what your lobbying activity will be six months from now. Complete all that apply. You must choose at least one option:

Legislative proposal **Yes**

Provide the name or description and describe your lobbying goal:

In 2014, the government announced a task force to review the Regulated Health Professions Act (RHPA) to modernize the legislation to prevent sexual abuse of patients by health professionals. As requested by the Minister of Health, the College is providing all information as requested by the task force. In the 2015 budget, the government indicated interest in providing pharmacists with the ability to provide travel vaccinations to patients. Should this proceed it is anticipated that the College will be consulted prior to implementation to ensure public safety.

Ministries
Ministry of Health and Long-term Care
Other

Agencies
-

Bill or resolution **No**

Regulation **No**

Policy and/or program **Yes**

Provide the name or description and describe your lobbying goal:

The Minister of Health and Long Term Care has requested that all health regulatory colleges review their internal processes and implement changes to improve public transparency. The College continues to meet with government officials to discuss improvements to transparency policies.

Ministries

Ministry of Health and Long-term Care

Other

Agencies

-

Decision to privatize or outsource goods or services **No**

Grant and/or contribution and/or other financial benefit **No**

Communication Techniques

What techniques of communication have you used or expect to use in the course of your activities? Check all that apply:

Arranging Meeting(s), Attending Meeting(s), Telephone Calls, Presentations,
Written Communication (hard copy or electronic)

What techniques of communication do you expect to use in the course of your activities six months from now? Check all that apply:

Arranging Meeting(s), Attending Meeting(s), Telephone Calls, Presentations,
Written Communication (hard copy or electronic)

Appendix B

Profile Information

Lobbyist Number

OL1473

Registration No.

OL1473-20150409015935

Initial Filing Date

2015/04/09

Last Amendment Date

2015/04/09

First Name

Irwin

Middle Initial

W

Last Name

Fefergrad

Name of your Organization

Royal College of Dental Surgeons of Ontario

Language

English

Français

Business Address of Senior Officer

Street Number and Name

6 Crescent Road

City

Toronto

Prov./State

Ont.

Postal Code/Zip

M4W1T1

Country

Canada

Lobbying Employees

List the names and titles of each employee whose duties include lobbying, including the senior officer if applicable.

Name	Title
Irwin Fefergrad	Registrar

List the names of employees who were listed in the last registration as having duties that included lobbying and who have ceased to lobby on behalf of the organization or to be employed by the organization. (Not required for an initial registration.)

Name
There are no records available

Organization Information

Briefly describe the organization's business or activities.

The Royal College of Dental Surgeons of Ontario is created under the Regulated Health Professions Act with a mandate of protecting and acting in the public interest.

Briefly describe the organization's membership or classes of membership, and list the names of the officers or directors of the organization.

Every dentist in Ontario is licensed by the College under the RHPA. That entitles them to practice on the public.

Has any organization or entity (or individual on its behalf) contributed \$750 or more to this lobbying activity?

If yes, provide name(s) and address(es)

Name	Business Address	City	Prov./State	Postal Code
There are no records available				

Government Funding

Has your organization received any government funding (federal, provincial and/or municipal) in its current fiscal year?

Yes No

Subject Matter

What is the subject-matter of your lobbying activity?

Health

What will the subject-matter of your lobbying activity be six months from now?

Health

Lobbying Activity

Tell us about your current lobbying activity. Complete all that apply. You must choose at least one option:

Legislative proposal **Yes**

Provide the name or description and describe your lobbying goal:

Amending the Regulated Health Professions Act, as part of the government's initiative.

Ministries
Ministry of Health and Long-term Care
Other

Agencies
-

Bill or resolution **No**

Regulation **Yes**

Provide the name or description and describe your lobbying goal:

Meeting with the ministry of Health and Long-Term Care in fulfilling our statutory mandate, including but not limited to regulation development, accountability in our processes, giving advice to the ministry when asked. Our goal is to protect the public interest and improve standards of care consistent with the legislation.

Ministries

Ministry of Health and Long-term Care

Other

Agencies

-

Policy and/or program **No**

Decision to privatize or outsource goods or services **No**

Grant and/or contribution and/or other financial benefit **No**

Lobbying Activity in 6 months

Tell us what your lobbying activity will be six months from now. Complete all that apply. You must choose at least one option:

Legislative proposal **No**

Bill or resolution **No**

Regulation **Yes**

Provide the name or description and describe your lobbying goal:

Transparency to the public in the Register, greater standards around opiate prescription, strengthening sexual abuse prevention and education, responding to government's request for advice around amending the Regulated Health Professions Act, all the above is part of the government's directive.

Ministries

Ministry of Health and Long-Term Care

Other

Agencies

-

Policy and/or program **No**

Decision to privatize or outsource goods or services **No**

Grant and/or contribution and/or other financial benefit **No**

Communication Techniques

What techniques of communication have you used or expect to use in the course of your activities? Check all that apply:

Arranging Meeting(s), Attending Meeting(s), Telephone Calls, Informal Communication, Presentations, Written Communication (hard copy or electronic),

Other: submissions as requested from government

What techniques of communication do you expect to use in the course of your activities six months from now? Check all that apply:

Arranging Meeting(s), Attending Meeting(s), Telephone Calls, Informal Communication, Presentations, Written Communication (hard copy or electronic),



REGISTRAR'S REPORT ON ELECTIONS OF MEMBERS TO COUNCIL

SEPTEMBER 2015

Elections were held in districts H and N.

The following members were elected by acclamation in Electoral District H (2 seats):

Christine Donaldson
Regis Vaillancourt

I hereby submit the election returns (attached.)

A handwritten signature in black ink, appearing to read "M. Moleschi", is positioned below the text. The signature is fluid and cursive, with a large loop at the end.

M. Moleschi
Registrar



August 6, 2015

To the President and Members of Council of the Ontario College of Pharmacists:

We, the undersigned scrutineers, hereby certify that we attended the College commencing at 9.00 a.m. on Thursday, August 6, 2015, and verified the votes in the elections for Council for 2015.

The results are as follows:

District N Election:

Gerry Cook
Christopher Leung
Karen Riley

A handwritten signature in black ink, appearing to read 'Zubin', is written above a horizontal line.

Dr. Zubin Austin
Scrutineer

A handwritten signature in black ink, appearing to read 'Wayne Hindmarsh', is written above a horizontal line.

Dr. Wayne Hindmarsh
Scrutineer



**Ontario College
of Pharmacists**

Putting patients first since 1871

Poll Result

District N 2015

Report date: Wednesday 05 August 2015 17:00 EDT

District N Election 2015

As at Poll close: Wednesday 05 August 2015 17:00 EDT

Number of voters: 524 · Group size: 1999 · Percentage voted: 26.21

Ranked by votes

Rank	Candidate	Votes	%
1	Chris Leung	251	47.90
2	Gerry Cook	191	36.45
3	Karen Riley	186	35.50
4	Nick Malian	165	31.49
5	Fel De Padua	129	24.62
6	Ken Relph	85	16.22
7	Kuveshan Naidoo	69	13.17
8	Rita Ricciatti	55	10.50
9	Kiran Basra	48	9.16
10	Sanjiv Maindiratta	41	7.82
11	Puja Shanghavi	26	4.96



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION **X**

FOR INFORMATION

INITIATED BY: Elections Committee

TOPIC: Consideration of slate of candidates for Council Elections

ISSUE: Council Member preferences to Chair or serve on College Committees for the 2015-2016 Council year

BACKGROUND: The Elections Committee is formed pursuant to College by-laws and comprises the President, one elected member and one public member of Council. At the June 2015 Council meeting, President Scanlon appointed Mr. Merani and Ms. Sommerfreund to the Elections Committee. The duty of the Elections Committee is to invite expressions of interest in sitting on and chairing Committees from all members of Council, seek candidates for the offices of President and Vice-President and where there are not sufficient expressions of interest to fill every Committee, recruit additional Committee members sufficient to fully constitute every Committee.

ANALYSIS: The Committee is pleased to note a high degree of interest in serving Council, and our Report attachment reflects this range of interest. We hope that by circulating this material, Council members will be better able to fully consider the candidates, as well as decide on their own involvement. It is to be remembered that the College officers, Executive Committee members and Committee Chairs must be elected by Council, and the Report from the Nominating Committee and Committee Chairs appointing remaining members of our statutory and standing committees must be approved by Council.

Also, per the by-laws, during the elections process, names can be withdrawn or members nominated in addition to the election slate being presented. Based on the above, all members are involved in the process.

As the duties of the Patient Relations and Communication Committees have similar mandates it would be prudent to combine the activities into a single committee. Under legislation, the Patient Relations is a Statutory Committee. In addition to its statutory obligations, the committee is “to provide guidance to Council on matters concerning patient relations”. Communications Committee is a standing committee of the College with a mandate to “provide direction to Council, through the Executive committee, on all matters supporting public education and outreach, including but not limited to raising awareness of the value of both the profession and the College”.

Accordingly, the suggestion is to have the Patient Relations Committee also serve as the Communications Committee for the coming year. If there is value, the by-laws can be amended prior to next September to dissolve the Communications Committee and absorb the duties into the Patient Relations Committee.

Conflicts

Any Committee which refers matters to Discipline would be a source of potential conflict. The Pharmacy Act however, is quite clear that no member of the Discipline Committee can serve on the Accreditation Committee.

Also, because of its power to refer a matter to the Fitness to Practise Committee, it may not be appropriate for a member of the Investigations, Complaints & Reports Committee to serve on the Fitness to Practise Committee.

Council also approved a policy in September 2001 whereby the Chair of the Discipline Committee should not also be a member of the Executive Committee.

NOTE: As in previous Council meetings, after the election of the President and Vice-President, Executive and Committee Chairs has taken place, Council meeting will proceed according to the Agenda and adjourn early on the first day, after which, the Nominating Committee and Chairs of the Statutory and Standing Committees will convene to discuss the appointments.

The finalized slate will be provided to Council for approval the following day.

RECOMMENDATION: The attached slate of candidates is being commended for Council's consideration.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

CANDIDATES FOR ELECTION:

CANDIDATE FOR PRESIDENT: Esmail Merani

CANDIDATE FOR VICE PRESIDENT: Regis Vaillancourt

CANDIDATES FOR ELECTION TO THE EXECUTIVE COMMITTEE:

President, Vice President, Past President, (i.e. four members of Council who are members of the College) and 3 public members	
Elected	Public
Christine Donaldson	Kathy Al-Zand
Fayez Kosa	Linda Bracken
Esmail Merani (President)	Sylvia Moustacalis
Michael Nashat	Joy Sommerfreund
Mark Scanlon (Past President)	
Regis Vaillancourt (Vice President)	

CANDIDATES FOR ELECTION OF COMMITTEE CHAIRS:

ACCREDITATION & DPP: Fayez Kosa/Regis Vaillancourt

COMMUNICATIONS: Joy Sommerfreund

DISCIPLINE: Lew Lederman/Doug Stewart

FINANCE AND AUDIT: Javaid Khan

FITNESS TO PRACTISE: Fayez Kosa/Mark Scanlon

INVESTIGATIONS, COMPLAINTS & REPORTS COMMITTEE: Gerry Cook/Laura Weyland

PATIENT RELATIONS: Javaid Khan/Joy Sommerfreund

PROFESSIONAL PRACTICE: Fayez Kosa/Chris Leung/Michael Nashat

QUALITY ASSURANCE: Jon MacDonald

REGISTRATION: Christine Donaldson/Fayez Kosa

Committee Preferences 2015-2016

	EXECUTIVE 4 Elected 3 Public (to include President, VP, immediate Past President)	ACCREDITATION At least: 2 Elected 2 Public 2 NCCM DRUG PREPARATION PREMISES (same members as Accreditation)	COMMUNICATIONS At least: 3 Elected 2 Public 1 NCCM (include at least 1 Member of the Executive and Patient Relations Committees)	DISCIPLINE At least: 6 Elected 6 Public 5 NCCM	FINANCE & AUDIT At least: 3 Elected 1 Public	FITNESS TO PRACTISE At least: 2 Elected 2 Public 1 NCCM	INQUIRIES, COMPLAINTS & REPORTS At least: 5 Elected 5 Public 7 NCCM	PATIENT RELATIONS At least: 2 Elected 3 Public 1 NCCM	PROFESSIONAL PRACTICE At least: 2 Elected 2 Public 2 NCCM	QUALITY ASSURANCE At least: 2 Elected 3 Public 3 NCCM	REGISTRATION At least: 2 Elected 2 Public 1 NCCM 1 Dean 1 Rep of PT Program in Ontario Accredited by CCAPP
ELECTED MEMBERS											
H – Christine Donaldson	X						X		X	X	C
H – Regis Vaillancourt	Vice President	C		X		X					
K – Mark Scanlon	Past President			X	X	C	X	X		X	
K – Esmail Merani	President										
L – Jillian Grocholsky *			X	X					X		X
L – Michael Nashat	X	X							C		
L – Farid Wassef				X					X		
M – Fayez Kosa	X	C	X	X	X	C	X		C		C
M – Don Organ				X					X		
M – Laura Weyland				X			C				
N – Gerry Cook					X		C	X	X		
N – Chris Leung *				X			X		C		
N – Karen Riley		X	X			X		X			
T– Michelle Filo		X					X				X
TH – Goran Petrovic			X				X				
P – Jon MacDonald *					X					C	
P – Doug Stewart				C	X		X	X			
	EXECUTIVE	ACCREDITATION & DPP	COMMUNICATIONS	DISCIPLINE	FINANCE & AUDIT	FITNESS TO PRACTISE	ICRC	PATIENT RELATIONS	PROFESSIONAL PRACTICE	QUALITY ASSURANCE	REGISTRATION

Committee Preferences 2015-2016

	EXECUTIVE 4 Elected 3 Public (to include President, VP, immediate Past President)	ACCREDITATION At least: 2 Elected 2 Public 2 NCCM DRUG PREPARATION PREMISES (same members as Accreditation)	COMMUNICATIONS At least: 3 Elected 2 Public 1 NCCM (include at least 1 Member of the Executive and Patient Relations Committees)	DISCIPLINE At least: 6 Elected 6 Public 5 NCCM	FINANCE & AUDIT At least: 3 Elected 1 Public	FITNESS TO PRACTISE At least: 2 Elected 2 Public 1 NCCM	INQUIRIES, COMPLAINTS & REPORTS At least: 5 Elected 5 Public 7 NCCM	PATIENT RELATIONS At least: 2 Elected 3 Public 1 NCCM	PROFESSIONAL PRACTICE At least: 2 Elected 2 Public 2 NCCM	QUALITY ASSURANCE At least: 2 Elected 3 Public 3 NCCM	REGISTRATION At least: 2 Elected 2 Public 1 NCCM 1 Dean 1 Rep of PT Program in Ontario Accredited by CCAPP
PUBLIC MEMBERS											
Kathy Al-Zand	X			X			X	X			
Linda Bracken	X			X		X					X
Ronald Farrell				X			X				
Javaid Khan					C			C			
John Laframboise				X			X				
Lew Lederman				C	X				X		
Katie Mahoney		X		X				X			
Aladdin Mohaghegh				X			X				
Sylvia Moustacalis	X			X				X			
Shahid Rashdi											
Joy Sommerfreund	X	X	C			X		C			
DEANS											
Heather Boon, U of T *											
David Edwards, U of W											X
	EXECUTIVE	ACCREDITATION & DPP	COMMUNICATIONS	DISCIPLINE	FINANCE & AUDIT	FITNESS TO PRACTISE	ICRC	PATIENT RELATIONS	PROFESSIONAL PRACTICE	QUALITY ASSURANCE	REGISTRATION

(s. 8.28 of the by-laws)

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

* appoint wherever needed



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Marshall Moleschi, CEO and Registrar

TOPIC: Report to September 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 June 2015 Council Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the President and the Vice President, summarized below are some of the meetings I attended and matters that I dealt with on behalf of the College during the reporting period.

Ministry/Legislative Initiatives

Bill 21 Safeguarding Health Care Integrity Act/Drug and Pharmacies Regulation Act (DPRA)
Although Bill 21 has been passed in the legislature, provisions relating to the College's oversight of hospital pharmacies will not come into effect until the required amendments to the *Drug and Pharmacies Act* (DPRA) have been approved by government. As reported at previous Council meetings, the College commenced work on amending the regulation to the DPRA which adds provisions for hospital pharmacies and incorporates an outcomes-based approach to the language, designed to improve the relevance of the regulatory framework over time. The proposed regulation, approved by Council at its meeting in June 2015, has been submitted to the Ministry of Health and Long-Term Care for final consideration and ultimate proclamation.

Proposed Regulatory Amendments to the Food and Drug Regulations

We were recently made aware of the proposed regulatory amendments to the *Food and Drug Regulations* regarding shortages and discontinuation of sale of drugs. This relates to the decision of Health Canada to introduce a mandatory drug shortage and discontinuation reporting system. For more information on the subject, here is the link to the Canada Gazette I publication: <http://gazette.gc.ca/rp-pr/p1/2015/2015-06-20/html/reg2-eng.php>. The National Association of Pharmacy Regulatory Authorities (NAPRA) response to Health Canada is attached for information and Council will be kept apprised of developments in this area.

Health Canada – Renewed Inspections of Pharmacies

The Government of Canada recently announced federal funding to increase the number of annual pharmacy inspections carried out by Health Canada. Working with pharmacies across the country, this will help to ensure the safe handling, storage and security of prescription drugs in Canada, and reduce opportunities for the diversion of prescription drugs for illegal sale and use. New funding in the amount of nearly \$13 million over five years will be used to undertake approximately 1000 inspections over the first four years, with approximately 180 inspections being conducted on an ongoing annual basis from then on.

Health Canada – Consultation on Loss or Theft Reporting

Health Canada has asked for a consultation on Loss or Theft Reporting DRAFT Guidance Document and Form for Controlled Substances and precursors.

Canada is signatory to the Single Convention on Narcotic Drugs, 1961, the Convention on Psychotropic Substances, 1971, the Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988 and is party to the resolutions set by the International Narcotics Control Board (INCB). Part of the mandate of the INCB is to prevent diversion of controlled substances and precursors to illicit markets. The Office of Controlled Substances (OCS) within the Controlled Substances and Tobacco Directorate (CSTD) plays an important role in ensuring that controlled substances are used for licit purposes and as such, uses multiple avenues to accomplish that task, by administration of legislation and activities governing the possession, import, export, production, and sale or provision of substances listed in the schedules to the Controlled Drugs and Substances Act (CDSA). Prevention of diversion is also accomplished through gathering information regarding losses and thefts of controlled substances and precursors. These can be primary sources of substances for the illicit market.

Furthermore, as per INCB guidelines, Canada is also required to submit information regarding yearly losses and thefts that have occurred nationally to the United Nations, so as to create a more concrete picture regarding the diversion of controlled substances across the country.

In recent years the OCS has been working on making sure that loss and/or thefts of controlled substances and precursors are tracked as accurately as possible so as to provide another source of data to prevent diversion. This guidance document and form are intended to harmonize the submission of data on losses and/or thefts that may have occurred. It provides information on what constitutes a loss, the data that needs to be provided regarding said loss and instructions on how to provide the data to this office.

Since pharmacy in Ontario may be affected by new proposed changes to federal legislation that gives direction on the recording of controlled drugs and narcotics, OCP will be contributing to the consultation by coordinating a response through NAPRA.

Transparency

The Ministry of Health is expected to propose various amendments to the *Regulated Health Professions Act (RHPA)* that would emphasise a commitment to public transparency as opposed to patient privacy. On July 8, the Board of Directors of FHRCO, the Federation of Health Regulatory Colleges, received an update from Ms. Denise Cole, Assistant Deputy Minister, Health Human Resources Strategy Division at the Ministry of Health and Long-Term Care, regarding the ministry's activities vis-à-vis transparency. She presented the ministry's strategy to enhance transparency and openness of the health regulatory colleges and took feedback from the colleges on this strategy.

The vision of the Ministry is that Ontario's health professional regulatory colleges will be **Open by Default** – Colleges will be trusted sources of credible, relevant and timely information about regulated health professionals for the public.

To this end, the Ministry proposes: making more information available, making the decision-making process more open and accountable, making the regulatory framework drive a culture of transparency and making information easier to understand. Short and long-term deliverables, with aggressive timelines were discussed and it is anticipated that more information on the activities will be forthcoming to Council, either for information, or for discussion and decision.

Framework for Relevance/suitability

Directly related to the Transparency Initiative, and following Council's consideration and approval in March, the amended by-laws related to the work of the Inquiries, Complaints and Reports Committee (ICRC), and some information generated through other processes (e.g. criminal charges and other regulatory authorities) were invoked. At the time of approval, it was noted that criteria and processes for determining the relevance to suitability to practice were required, and the College committed to communicating this information once it was established.

A review of existing by-laws and legislation identified additional circumstances than those in the amended by-laws where the Registrar is required to make a determination about the relevance of a member's conduct to his/her suitability to practice. This highlighted the need to develop criteria and processes that would be amenable to broad application to a variety of circumstance.

A tool and framework have been developed to determine the risk the member's conduct poses to the public and the corresponding action required. In circumstances where the outcome determined is to post a charge or finding, additional processes will ensure procedural fairness. The four general criteria identified as being relevant to suitability to practice are:

1. Ethical Delivery of Quality Healthcare
2. Honesty and Integrity
3. Governability
4. Financial Responsibility

To initiate implementation of the tool and framework, a review of College records of members known to have charges over the past 10 years, or findings made by a court after April 1, 2015 has been undertaken and a guidance document drafted. Training and orientation will be provided to all committees that will use the tool and framework over the coming year.

Council will be provided with data and examples of conduct that result in posting of information on the website, or other decisions concerning relevance to practice.

Sexual Abuse Task Force

The College continues work with the ministerial task force that Minister Hoskins formed to review and modernize laws that deal with sexual abuse of patients by health professionals. Although expected to present recommendations by late spring, the task force may intend making recommendations to coincide with announcements regarding new transparency measures noted previously.

Travel Vaccinations

As previously reported, the Ontario Budget 2015 commits the government to consider allowing Ontarians to receive travel vaccines in their local pharmacies. To this end, the College was

invited to provide perspective on how best to provide Ontarians the choice and how to support the *Patients First: Action Plan for Health Care* objective of providing faster access to the right care and giving Ontarians more options for care closer to home. Currently, and since 2012, trained pharmacists have been given the ability to administer influenza vaccine to individuals five years of age and older with a valid health card, under the Universal Influenza Immunization Program.

At the inauguration meeting on June 26, members of the Working Group met to discuss deliverables and key considerations, including the draft Terms of Reference, as well as next steps that will allow for Ministry objectives to be achieved by end of calendar year 2015.

New Measures to Protect Patient Privacy

In early June, an announcement was made that the province would be introducing new measures to protect the personal health information of patients. The province intends to introduce amendments to *the Personal Health Information Protection Act (PHIPA)* that, if passed, would strengthen privacy rules, make it easier to prosecute offences and increase fines. The legislation would also re-introduce Bill 78, *Electronic Personal Health Information Protection Act, 2013*.

The most significant privacy enhancements would be as follows:

- Increasing accountability and transparency by making it mandatory to report privacy breaches to the Information and Privacy Commissioner and, in certain cases, to relevant regulatory colleges
- Strengthening the process to prosecute offences under PHIPA by removing the requirement that prosecutions must be commenced within six months of the alleged privacy breach
- Further discouraging "snooping" into patient records by doubling the fines for offences under PHIPA from \$50,000 to \$100,000 for individuals and from \$250,000 to \$500,000 for the organization
- Clarifying the authority under which health care providers may collect, use and disclose personal health information in electronic health records

Proposal to amend Ontario Reg. 201/96 under the Ontario Drug Benefit Act & Reg. 935 under the Drug Interchangeability and Dispensing Fee Act

The Ministry of Health and Long-Term Care is proposing to reform the Ontario Drug Benefit (ODB) program in order to make it more efficient, effective and sustainable. As a result, amendments to Ontario Regulation 201/96 made under the Ontario Drug Benefit Act are required to implement a number of changes to pharmacy payments and practices, as well as changes to particular programs, to reflect best evidence, increased value for money, and achieve better outcomes. The proposed initiatives would take effect on October 1, 2015.

A copy of the draft regulations that propose to amend Ontario Regulation 201/96 and Regulation 935 are available on the Regulatory Registry website at:

<http://www.ontariocanada.com/registry/view.do?postingId=19202&language=en>
<<http://www.ontariocanada.com/registry/view.do?postingId=19202&language=en>>

Bill 49, Making Healthier Choices Act, 2015

As previously reported, Bill 49 was passed in the Legislature late May. Once proclaimed, e-cigarettes will be regulated as all other tobacco products, including prohibiting their sale in pharmacies.

Pharmacist Prescribing

In June, I was invited to participate in an event at the McMaster Health Forum – a stakeholder dialogue on the subject of “**Exploring Models for Pharmacist Prescribing in Ontario**”. The dialogue was an exciting opportunity to collaborate with leading thinkers and doers in this field. The day included deliberation about the issue, deliberation about policy and program options, and deliberation about implementation and considerations. More information on this can be found here: <https://www.mcmasterhealthforum.org/hse>

Physician Assisted Dying

In February 2015, the Supreme Court of Canada unanimously struck down the *Criminal Code* prohibition against physician-assisted dying. The ruling applies to a competent adult who:

- Clearly consents to the termination of life; and
- Has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition

The court gave federal and provincial governments 12 months to respond to the ruling.

In response to this ruling, Ontario has launched a public consultation on the implementation of physician-assisted dying. Documents released by the Ministry on this issue are attached for information.

Inter-Professional Relationships

Federation of Health Regulatory Colleges of Ontario (FHRCO) Update

As I embark upon my second year as President, I am pleased to report that the Federation continues to work on many important projects. Of particular interest to this College is the production of video segments for use by Colleges for Council member training.

On July 1, 2015, the Ministry announced the establishment of a new regulatory College for Naturopaths – the College of Naturopaths of Ontario - whose members join other professionals who fall under the *Regulated Health Professions Act, 1991*. Like every other health regulatory college, the College of Naturopaths of Ontario will hold its members accountable for their conduct and practice, set requirements for entering the profession, establish standards for practicing, and administer quality assurance programs.

In early 2015, nine health regulatory Colleges formed the Clinic Regulation Working Group to jointly explore the regulation of clinics in Ontario in order to strengthen protection of the public interest. The Working Group established parameters for clinic regulation, reviewed research about regulatory options, and discussed alternative models for clinic regulation in Ontario.

The model recommended by the Working Group is new legislation that closely mirrors the *Regulated Health Professions Act*. Clinics would be regulated by a separate regulatory body, whose Council would be comprised of representatives from the health regulatory colleges and members publicly appointed by government. The proposed legislative model would prohibit the delivery of defined health care services in clinics that are not registered. A working definition of “clinic” is any office or location where a member of a health regulatory college provides or supervises healthcare treatment or services or where healthcare treatment or services are provided under delegation and/or authorization from a member of a health regulatory college. Exceptions will also be defined, which may include sole proprietors, clinics regulated under

other legislation, and potentially others. The proposed new legislation may impact some members of the College and further updates on this project will be provided to Council as they become available.

Presentations/Other Stakeholder Meetings

Pharmacists Prescribing

Since the June Council Meeting, I have attended meetings with various stakeholders, including a McMaster Health forum where participants explored models for pharmacist prescribing in Ontario. The goal was to spark insights about and generate action on this pressing health issue. More information on aim of this dialogue was to spark insights and to speak frankly on this issue.

National Association of Pharmacy Regulatory Authorities (NAPRA)

Also during this quarter, I attended a NAPRA meeting where the registrar's group met and discussed issues of mutual interest, including: implementation of compounding standards; competencies to support NAPRA standards for pharmacy compounding of sterile products; and pharmacy technician mobility agreements. Further information on these matters will be forthcoming following the NAPRA Board meeting in November.

Strategic Plan Update

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

In March 2015, Council participated in a facilitated session to review the current Strategic Priorities, mission and vision statements and core values. While the current Strategic Directions were considered to still be valid and appropriate, there was consensus that each direction should be reviewed with a "patients first" lens to ensure that patients continue to remain front-and-centre in all our activities. In June 2015, Council reviewed and approved an operational plan that supported these directions, including setting out activity aimed at guiding a meaningful shift in how the profession and the College meet the expectations of a changing society. Effective August 17th, in order to meet these challenges, I made changes to the organizational structure as follows:

Ms. Susan James has assumed the newly created role of Director, Competence. She will be charged with rationalizing the competence measurement and assessment functions of the College including hospital practice assessments, community practice assessments, member competence at registration and ongoing member competence. She will also retain her responsibility for directing the Projects team.

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

This reporting activity also includes regular program updates/presentations from the program managers. At this September Council meeting, I will invite Ms. Sandra Winkelbauer, Manager, Continuing Competency Programs, to present to Council.

September 2, 2015

Linda Rheume
Office of Legislative and Regulatory Modernization
Policy, Planning and International Affairs Directorate
Health Products and Food Branch
Health Canada
Address Locator 3105A
Holland Cross, Tower B, 5th floor
1600 Scott St.
Ottawa, Ontario K1A 0K9
By E-mail: LRM_MLR_consultations@hc-sc.gc.ca

Re: Proposed Regulations Amending the *Food and Drug Regulations* (Shortages and Discontinuation of Sale of Drugs)

Dear Ms. Rheume,

This is further to the publication in the Canada Gazette Part I of the proposed Regulations Amending the *Food and Drug Regulations* (Shortages and Discontinuation of Sale of Drugs) on June 20, 2015.

As indicated in previous correspondence and discussions, NAPRA supports mandatory reporting of drug shortages and discontinuations by industry. Mandatory reporting requirements will help to ensure that patients and health professionals receive accurate and timely information on drug availability, which will in turn help to minimize the impact on patient care. While this is an important first step in protecting the health and safety of Canadians, we believe that further action by Health Canada is needed.

Timelines

We recognize that it is not always possible to predict drug shortages and feel that the proposed requirement for authorization holders to report drug shortages 6 months prior to an anticipated shortage or within 2 days of becoming aware of an actual or anticipated shortage seems reasonable. However, there is a need to further define the terms “anticipated shortage” and shortages that are “likely to occur” as used in proposed regulatory amendments. If these terms are not further defined, the requirements will be extremely difficult to enforce, which will decrease the likelihood of receiving information on anticipated shortages. Further guidance on these terms is required to ensure that Canadians receive the benefits of “advanced notice” outlined in the regulatory impact analysis statement (RIAS).

2.

Drug discontinuations, on the other hand, are conscious decisions that can be predicted in advance. The proposed timeline for manufacturers to report discontinuations to the third party website within 2 days of the decision to discontinue is insufficient. The proposed changes do not indicate that a minimum amount of time must elapse between the decision to discontinue and the end of production. This means that a manufacturer could decide to discontinue a drug's production immediately and would only have to report this discontinuation 2 days after the fact. The RIAS notes that discontinuations of drugs without proper notice can pose a risk to the health and safety of Canadians. It provides an example of the abrupt discontinuation of an epilepsy drug which risked de-stabilizing the health of many children across Canada. As written, the proposed reporting requirements do not mitigate the risks noted in this example, as there is no guarantee that more than a few days or weeks' notice will be provided, depending on how quickly the manufacturer stops production after the decision is made. NAPRA has previously communicated its support of a report entitled *Drug Shortages - A Public Health Issue That Demands a Coordinated Response* and of private member's bill C-523 introduced to parliament in June 2013, both of which recommend 12 months advanced notice of drug discontinuations. The report goes on to specify that decisions to discontinue or halt production of a certain drug should be submitted to an entity for approval based on a risk/benefit analysis and that Health Canada should have the power to refuse or delay the production stoppage should the risks to the public be deemed too great. This would allow time to implement alternate solutions, such as production transfer to another manufacturer. As noted in the report, such an approach would be consistent with frameworks in other jurisdictions such as the United States and the European Union. NAPRA would like to reiterate its support of the recommendations in this report.

Reporting requirements

As noted during preliminary consultations in March 2015, NAPRA supports the inclusion of "actual or anticipated reasons" for drug shortages in the reporting requirements. This information will help health professionals determine how best to minimize the impact on the patient and will be invaluable for future analysis of the data. NAPRA also supports the requirement for authorization holders to notify Health Canada when a drug is not being sold in Canada, but the Drug Identification Number (DIN) is still active. This will provide health professionals with a clearer picture of the drugs that are available in Canada which will assist in determining the best alternatives for patients in cases of shortages. In addition to the proposed reporting requirements, we suggest that authorization holders be required to submit a mitigation plan to Health Canada. While we would not expect industry to be able to suggest alternate treatment plans for patients, we would expect them to mitigate effects on patients by resolving the shortage as quickly as possible. We believe industry has a responsibility to be transparent and share their plans for efficient resolution of drug shortages.

Third party website

NAPRA agrees that a drug shortages and discontinuations reporting website should not be run by industry, due to the inherent conflict of interest this presents. However, we do not necessarily agree that the website should be contracted to a third party. We would require further information on the oversight and accountability of the third party in order to be able to comment on the suitability of this framework. We

.../3

3.

believe that in order for a mandatory reporting system to be effective, there must be an analysis of the data collected and it is not clear how this will occur in the context of third party data collection.

Further action required by Health Canada

During the consultations in March 2015, NAPRA suggested that a mandatory reporting system may not contribute significantly to improve the current issues with drug shortages without a comprehensive strategy for review and analysis of the data. Ensuring that accurate and timely information on shortages and discontinuations is publically available is important and will enable health professionals to better anticipate and thus minimize the impact on patients. However, it is equally important to try to resolve shortages as quickly as possible and prevent or minimize future shortages. Simply making the information available will do nothing to affect the duration or incidence of shortages. There must also be a strategy for evaluating and analyzing the information to inform the development of future mitigation and prevention strategies. NAPRA was disappointed that this feedback was not taken into consideration prior to the publication of these regulatory amendments. We suggest that this is an area in which Health Canada should take a leadership role.

The RIAS (p.1383, 1384) states that the information reported will allow Health Canada and other stakeholders to undertake mitigation measures, but leaves the impression that Health Canada prefers to pass off the responsibility for leading these efforts to another party. While NAPRA agrees that the prevention and mitigation of drug shortages is a multistakeholder responsibility, we disagree with the concept that “P/Ts” and “health care organizations” have more effective tools to mitigate and prevent drug shortages than the federal government (p.1376). In fact, the vast majority of the principal causes of drug shortages noted in the report entitled *Drug Shortages - A Public Health Issue That Demands a Coordinated Response* are related to industry. Only a few of the causes of drug shortages noted in the report were related to health organizations/ practitioners. Provincial/territorial governments and health organizations do have a role to play in a few areas such as inventory control and optimizing alternate treatment plans for patients. However, only Health Canada has the authority to implement the changes to the industry required to minimize the duration and affect the root causes of shortages. Thus, we suggest that Health Canada should be responsible for analyzing national drug shortages and discontinuation data and leading the coordination of efforts to minimize the effects and incidence of drug shortages in accordance with the above mentioned report. If the information is to be reported to a third party, there must be a means for Health Canada to acquire the data and ensure appropriate analysis.

We urge Health Canada to re-examine the report entitled *Drug Shortages - A Public Health Issue That Demands a Coordinated Response*. NAPRA believes that Health Canada has a role beyond simply ensuring that accurate and timely information is available. In addition to developing a comprehensive strategy to review and analyze the data collected, we encourage Health Canada to implement the many recommendations in this report.

Other comments

In addition to the above concerns, we wish to offer the following more specific comments for the consideration of the department.

- The paragraph on p.1380 or the RIAS “Dosage errors from using new and unfamiliar medications frequently occur as a consequence of drug shortages, as physicians and pharmacists prescribe drug that they are less likely to prescribe or dispense. Even when appropriate substitutions exist, dosage conversion factors may be unknown” is somewhat confusing. We suggest clarifying the intent of this paragraph.
- The wording of sections C.01.014.9 (h) and C. 01.014.10 (h) of the regulatory changes implies that there would be an entry on the website for each package size of the same DIN. This could be very confusing and might make it difficult to find information.
- We also suggest consulting stakeholders on the proposed website to see if its functionality and organization meet their needs. If the website is not easy to use, it will be more difficult to access the information, which may delay the ability to address drug shortages.

In summary, NAPRA agrees with mandatory reporting of drug shortages and drug discontinuations by industry, but feels that the regulatory requirements could be tightened to ensure more useful and timely information. In addition, we believe that this information will not contribute significantly to resolving the issues with drug shortages unless accompanied by a comprehensive strategy to review and analyze the data collected. We respectfully submit that Health Canada is the best placed organization to implement such a strategy and to lead the coordination of efforts to prevent and mitigate drug shortages.

We thank you for taking our feedback into consideration. Should you have any questions or require additional information, please do not hesitate to contact me by e-mail at cbouchard@napra.ca or by phone at 613-569-9658, ext. 224.

Sincerely,



Carole Bouchard, B.Pharm., M.A.P.
Executive Director

cc. NAPRA Members (Provincial/territorial pharmacy regulatory authorities)

From: [Zimmerman, Shannon \(MOHLTC\)](#)
To: [Ushma Rajdev](#)
Subject: Minister Hoskins Announcement on Physician Assisted Dying
Date: Friday, August 14, 2015 11:09:24 AM
Attachments: [bg_physician_assisted_dying_Ontario_consultation_FINAL_20150813.pdf](#)
[bg_physician_assisted_dying_Advisory_Group_FINAL_20150813.pdf](#)
[nr_physician_assisted_dying_FINAL_FR_20150814.pdf](#)
[bg_physician_assisted_dying_Advisory_Group_FINAL_FR_20150814.pdf](#)
[bg_physician_assisted_dying_Ontario_consultation_FINAL_FR_20150814.pdf](#)
[nr_physician_assisted_dying_FINAL_20150813.pdf](#)

Morning,

I wanted to connect with you regarding the announcement Ministers Hoskins and Meilleur made this morning with respect to Ontario's work and policy design on physician assisted dying in response to the Supreme Court decision. As you are likely aware, the Federal government has launched a consultation on this issue but its scope is limited to the criminal code.

Ontario has been working closely with our provincial and territorial partners on a policy design process as we do not think that a patchwork of provincial and territorial approaches to physician-assisted dying is in the best interest of Ontarians or Canadians. This is why we have worked with interested provinces and territories to establish an expert panel on physician-assisted dying that we announced at 10 a.m. The expert panel – with members from across the country – will provide advice that may inform the development of policies, practices, and safeguards required for the implementation of physician-assisted dying within their jurisdictions.

Independently of the expert panel, Ontario will also be announcing that it will be engaging with Ontarians on physician-assisted dying as well as end-of-life care through in-person and online consultations. It will be made clear that this engagement will be in Ontario only and completely separate from the panel's work.

Should your association like to provide a statement of support we would greatly appreciate it.

Please feel free to get in touch with me if you have any questions or concerns.

Shannon Zimmerman

Policy Advisor

Office of the Hon. Eric Hoskins

Minister of Health & Long-Term Care

(o) 416.327.4388

(c) 416.219.9933



BACKGROUND

Ministry of Health and Long-Term Care
Ministry of the Attorney General

Ontario Consulting On Physician-Assisted Dying, End-of-Life Care

August 14, 2015

End-of-life decision-making and care is a challenging and sensitive issue for patients, families and health care providers. Physician-assisted dying is part of a larger conversation on how to provide support for people at the end of their lives with compassion and dignity, while respecting their wishes for the type of care that they want to receive.

In February 2015, the Supreme Court of Canada unanimously struck down the *Criminal Code* prohibition against physician-assisted dying. The ruling applies to a competent adult who:

- Clearly consents to the termination of life; and
- Has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition

The court gave federal and provincial governments 12 months to respond to the ruling.

In response to this ruling, Ontario is launching a public consultation on the implementation of physician-assisted dying. This consultation is in addition to the establishment of a provincial-territorial [expert advisory group](#) that will consult with experts across Canada.

Ontarians will have the opportunity to participate through in-person consultations and are invited to share their ideas through a [confidential online survey](#).

The feedback from this public consultation will be used to inform the Ontario government's approach to the sensitive and complex topic of end-of-life decisions, with a focus on the voices of patients and families. The consultation will help ensure that any future laws or policies meet the needs of people, respect personal wishes and support death with dignity.

These consultations are part of Ontario's [Open Government](#) commitment to engage more voices and gather public input before policies are made. The Open Government initiative is giving the public more opportunities to weigh in on government decision-making, strengthen transparency and accountability, and improve access to government data and services.

Shae Greenfield, Minister Hoskins' Office, 416-325-5230
Christine Burke, Minister Meilleur's Office, 416-326-3266
David Jensen, Ministry of Health and Long-Term Care,
416-314-6197
Brendan Crawley, Ministry of the Attorney General, 416-326-2210

ontario.ca/health-news
Disponible en français



BACKGROUND

Ministry of Health and Long-Term Care
Ministry of the Attorney General

Provincial-Territorial Expert Advisory Group Convened On Physician-Assisted Dying

August 14, 2015

The following provinces and territories have joined together to form an expert advisory group to provide advice that will inform the development of policies, practices, and safeguards required when physician-assisted dying is legalized in their jurisdictions. This work is in addition to the federal government's external panel, which is developing options that will inform the federal government's legislative response to the Supreme Court's decision.

- Alberta
- British Columbia (observer)
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Saskatchewan
- Yukon

The provincial-territorial expert advisory group will seek advice from stakeholders and those with expertise in this area, and will consider key policy questions related to how the provinces and territories implement the Court's decision, as their jurisdictions are responsible for delivering health care and regulating health care professions.

Provincial-Territorial Expert Advisory Group

The members of the provincial-territorial expert advisory group on physician-assisted dying include patient, health care, ethics and legal experts from across Canada.

- Dr. Jennifer Gibson (Co-Chair) - Director of the University of Toronto Joint Centre for Bioethics
- Maureen Taylor (Co-Chair) - Physician Assistant in Infectious Diseases and Medical Journalist
- Dr. Doug Cochrane - Patient Safety and Quality Officer for British Columbia and Chair of the BC Patient Safety and Quality Council
- Dr. Jocelyn Downie - Professor in the Faculties of Law and Medicine at Dalhousie University
- Ruth Goba - Interim Chief Commissioner of the Ontario Human Rights Commission

- Dr. Nuala Kenny - Professor Emeritus of Bioethics at Dalhousie University and Former Ethics and Health Policy Advisor to the Catholic Health Alliance of Canada
- Arthur Schafer - Director of the Centre for Professional and Applied Ethics at the University of Manitoba
- Dr. Trevor Theman - Registrar of the College of Physicians and Surgeons of Alberta
- Dr. Karima Velji - President of the Canadian Nurses Association and Integrated Vice President, Mental Health Services, for London Health Science Centre and St. Joseph's Health Care London

The expert advisory group is expected to complete its final report before the end of 2015. Federal, provincial and territorial governments have until February 2016 to implement responses in advance of the Supreme Court's decision taking effect.

Shae Greenfield, Minister Hoskins' Office, 416-325-5230
Christine Burke, Minister Meilleur's Office, 416-326-3266
David Jensen, Ministry of Health and Long-Term Care,
416-314-6197
Brendan Crawley, Ministry of the Attorney General, 416-326-2210

ontario.ca/health-news
Disponible en français



Strategic Priorities 2015 - 2018

Progress Update – September 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 Priority #1: CORE PROGRAMS – FULFILLMENT OF MANDATE - Processes meet or exceed societal expectations. (Members, Premises)					
Values – Transparency, Accountability, Excellence					
Outcomes/KPI	Activity	Strategic Initiatives Focus			Noteworthy Accomplishments
		PF	EC	CQI	
Fair and objective assessment framework.	Refine assessment tools and activities. <u>Premises:</u> Current authority and others i.e. long-term care, family health teams. <u>Members:</u> Pharmacists - at entry, in practice, (site based and standardized). Pharm techs – as above.	High	Med	High	<ul style="list-style-type: none"> Community Pharmacy assessment format further refined; established new procedure/guidelines for sharing assessment expectations to increase readiness. Reached 500 members mark in Pilot of Member practice assessment. Standard setting for the entry to practice assessment tool completed; applicants within pilot now receiving individualized profiles of competency gaps for targeted training.
A decision-making framework that is consistently applied across the organization.	Utilize risk tools for use at adjudicative committees. Develop informed and objective decision-makers – training/legal support. Define and mine data to support decisions. Develop or acquire analytic and technical expertise.	Low	Low	High	<ul style="list-style-type: none"> “Relevance to Suitability to Practice and Ownership” framework developed and in testing to determine effectiveness for consistent decisions. Public Register redesign project resulted in drafting of by-law amendments; expectations for enhanced navigation and search functionality to improve access and transparency finalized. Knowledge Management division of duties defined and structure established to maximize value from analytic, technical and monitoring resources. Narcotic Monitoring data analyzed to identify public risk and opportunities for education. Organizational restructuring complete consolidating competence related programs under a single umbrella. College provided input to external stakeholders (CIHI and HPDB) to improve data quality on the demographic, geographic, educational and employment information about pharmacy profession.
A defined Professional Development Framework that incorporates coaching, remediation and monitoring.	Raise awareness of Standards of Practice and Code of Ethics. Develop and refine tools and resources that apply to all members. Develop specific tools and resources that apply to identified applicants/members/premises. Develop model for coaching and remediation/monitoring.	Med	High	Med	<ul style="list-style-type: none"> Training undertaken by Community Practice Advisors on effective coaching techniques to promote Standards of Practice. Guidance documents for operational and community pharmacy assessments finalized for posting to website and pre-circulation in advance of site visit. Code of Ethics updated for consideration by Council. Review of existing OCP remediation processes and environmental scan of practices in other regulatory bodies completed.

Strategic Priority #2: OPTIMIZE PRACTICE WITHIN SCOPE - Patients receive quality health care services from pharmacy professionals.					
Values – Transparency, Accountability, Excellence					
Outcomes/KPI	Activity	Strategic Initiatives Focus			Noteworthy Accomplishments
		PF	EC	CQI	
Pharmacists consistently practising to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	Med	High	Med	<i>Items marked with * apply equally to pharmacists, technicians and pharmacies; items reflecting a ** apply to both pharmacist and technicians.</i> <ul style="list-style-type: none"> Community Practice Advisors providing coaching and guidance at practice assessments to promote Standards of Practice. *Training of sub-set of Community Practice Advisors on conducting assessments on pharmacies that specialize in compounding completed. Coaching now based on current guidelines, consistent with hospital assessment criteria. Practitioners suitable to act as preceptors or mentors for members who require remediation of certain areas of their practice identified. In collaboration with UofT a video was developed to demonstrate approaches for pharmacists to practice to full scope titled “Managing relationships with patients”. **Comprehensive education and communication strategy for new members developed for the new Code of Ethics. **Enhanced search functionality added to OCP website CE listings. **External College presentation (Moving the Mountain) outlining expectations on Standards of Practice and Code of Ethics presented to two additional corporate groups. As part of the new SPT program, 70 new assessors trained to date to use the new assessment tool which allows for individualized feedback and training if necessary. **Two more learning modules related to Jurisprudence completed and posted to the website - RHPA/Pharmacy Act and FDA. College provided advice to Pharmacy Travel Vaccine WG on key considerations and steps required to permit travel vaccines to be administered to patients in community pharmacies.
Pharmacy Technicians consistently practising to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	Med	High	Med	<i>Items identified above with an * or ** apply equally to Pharmacy Technicians.</i>

Strategic Priority #2: OPTIMIZE PRACTICE WITHIN SCOPE - Patients receive quality health care services from pharmacy professionals.					
Values – Transparency, Accountability, Excellence					
Outcomes/KPI	Activity	Strategic Initiatives Focus			Noteworthy Accomplishments
Pharmacies meeting Standards of Operation and consistently providing an environment to support pharmacy professionals practising to established expectations including the Standards of Practice and Code of Ethics.	Educate and reinforce to the “controllers of the pharmacies” their obligations. Develop and communicate Standards of Operation.	Med	Med	Med	<p><i>Items identified with an * apply equally to Pharmacies.</i></p> <ul style="list-style-type: none"> • Community Practice Advisors conducting operational pharmacy assessments as well as member assessments. As of July 948 pharmacies assessed using revised assessment approach. • 150 baseline assessments for Hospital Pharmacies complete. Results of findings to date submitted to the Ministry to support the passage of the amended regulations under the DPRA. • Independent expert engaged to clarify expectations in development and use of PPMS in advance of 2016 implementation.

Strategic Priority #3: INTER & INTRA PROFESSIONAL COLLABORATION - High performing health professional teams in place to achieve coordinated patient-centered care.					
Values – Transparency, Accountability, Excellence					
Outcomes/KPI	Activity	Strategic Initiatives Focus			Noteworthy Accomplishments
		PF	EC	CQI	
Pharmacy Team: Pharmacy services are organized to empower pharmacists and pharmacy technicians to practice to their full scope. Pharmacists and pharmacy technicians maximize their respective roles.	Gather data to determine the degree to which pharmacies are meeting expectations and understand the barriers. Educate members through videos, sharing best practices. OCP to encourage and support experimental models that integrate technicians in practice.	Med	High	High	<ul style="list-style-type: none"> Community Pharmacy assessment report gathering data regarding member practice and integration of technicians. A video that illustrates the benefits and options for the integration of pharmacy technicians into community pharmacy practice was developed and communicated to the profession. Two College presentations delivered at the first OPA Pharmacy Technician conference in Ottawa – one on Understanding Professional Responsibility and the other on Scope of Practice for Pharmacy Technicians. Workshop evaluations were positive.
Health Care Team: Pharmacists and pharmacy technicians exercise their responsibility within the patient’s professional team.	Develop and provide guidance to members on how they can educate and collaborate with other health care professions. Develop guidance on expectations at transitions of care. Gather information from patients on their understanding of the pharmacy services role in health care team.	High	High	Med	<ul style="list-style-type: none"> In collaboration with UofT a video was developed to demonstrate approaches for developing relationships with physicians titled “What would the doctor think”. College invited to participate on a Steering Committee for a Comprehensive Drug Profile Strategy initiated by Ministry of Health. College provided advice to Pharmacy Travel Vaccine WG on key considerations and steps required to permit travel vaccines to be administered to patients in community pharmacies. Colleges of Nurses, Naturopathic Doctors and MOH engaged in consultation about overlapping scopes and impact on access and quality of care for patients.



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION X

FOR INFORMATION

INITIATED BY: Code of Ethics Task Force, Mark Scanlon (Chair)

TOPIC: Revised Code of Ethics

ISSUE: The last substantial update to the Code of Ethics was in 1996 and minor changes were approved by Council in 2006 to be inclusive of pharmacy technicians. The profession requires a revised Code of Ethics that better reflects current practice and clearly establishes the standards of ethical conduct for pharmacists and pharmacy technicians.

BACKGROUND: Over the past 20 years pharmacy practice has undergone significant transformation. In recent years there have been a number of important changes which have necessitated a review and update of the Code of Ethics such as:

- In 2007 draft legislation - *Bill 171 The Health Systems Improvement Act* - was passed by the Ontario Legislature to enable the regulation of pharmacy technicians. Currently, nearly 3,500 technicians have been integrated into the workforce and the College continues to support initiatives that are necessary to further develop pharmacy technicians in their expanded role as regulated healthcare professionals.
- In October 2012, the provincial government announced regulations permitting the expanded scope of practice for pharmacy which included prescribing, renewing and adapting prescriptions, and administering a drug by injection or inhalation. As pharmacists become more involved in the provision of clinical services and decision-making there is a heightened importance to clearly articulate expectations regarding roles and responsibilities.
- In March 2013 following an alleged under-dosing of chemotherapy drugs in four hospitals in Ontario and one in New Brunswick it was recommended that the College oversee and license all pharmacies operating within Ontario's clinics and hospitals. Draft legislation – *Bill 21 Safeguarding Health Care Integrity Act, 2014* – was passed by Ontario Legislature in December, 2014 and upon enactment will provide the College with the authority to license and inspect pharmacies within public and private hospitals.
- The alleged under-dosing of chemotherapy drugs, identified a need to more clearly outline the expectations of members regarding professional responsibilities in practice, and stress that these expectations exist regardless of role or practice setting. In the absence of current resources to provide this type of guidance, a task force was formed to review the lessons learned and make recommendations that raise awareness with members to ensure safe practice for patients. This resulted in the development of the Professional Responsibility Principles approved by Council in March 2014.

- Over the past two years there has been strong public interest and focus on accountability and transparency with respect to self-regulated health professions and the responsibility of meeting the public's evolving expectations. Although it has always been understood that these are pillars of good governance and foundational to any work that is done, in recent years the College has engaged in a number of initiatives, such as improvements to the public register, the development of a more robust consultation process and enhanced practice assessments that shifts focus to an evaluation against practice standards.
- In December 2014, the Minister formed a sexual abuse task force to review and modernize laws that deal with sexual abuse of patients by health professionals. A revised Code is anticipated to further clarify and guide members with respect to expectations related to professional/patient boundaries and address the imbalance of power within the professional/patient relationship.

Development of a Revised Code of Ethics

To reflect the above changes in the practice environment, a task force to review and update the College's Code of Ethics was announced at the September 2014 Council meeting. During the early part of 2015 the task force engaged the expertise of an ethicist to assist in the development of the revised Code of Ethics (Appendix A) and supplementary document (Appendix B).

Following the completion of a needs assessment by task force members and key College staff, as well as a comprehensive review of Codes of Ethics from relevant health regulatory professions across Canada, the United States, Australia and the United Kingdom, and current literature review of healthcare ethics, initial documents were drafted.

Multiple focus groups with key stakeholders from a variety of practice settings and perspectives provided initial comments and feedback to shape the revised Code and supplementary document. The task force reviewed all of the feedback provided and developed the proposed draft for public consultation.

ANALYSIS: The proposed draft of the Code of Ethics is a comprehensive document that outlines for members and the public, the core ethical principles in healthcare that dictate a healthcare professional's ethical duty to patients and society. The document supports these principles with standards that indicate how a member is expected to fulfil his/her ethical responsibilities. Although more explicitly conveyed, expectations outlined in the Code are unchanged from current and align with those currently communicated through relevant legislation, Standards of Practice, and College policies and guidelines.

The adoption of a more comprehensive Code is consistent with the evolution of Code development that has been implemented across Canada and internationally in recent years. Additionally, providing members with more detailed documents outlining practice expectations supports the College's focus on the Code of Ethics and Standards of Practice as the foundational documents that articulate the minimum expectation of practice for all registered pharmacists and pharmacy technicians.

Following public consultation the task force will review the feedback received and develop a final draft of the Code to present to Council at the December 2015 meeting. Once the final Code has been approved a comprehensive communications and education plan will be put in place to support current and new practitioner's understanding and application of the Code in practice.

RECOMMENDATION: That Council approve the proposed draft for a 45-day public consultation period.

RATIONALE: The College has committed to enhancing transparency and providing an opportunity for consultation on all matters that will significantly impact member practice. Approval of the proposed draft is required to enable the College to meet the anticipated completion date of December 2015 while fulfilling its commitment to transparency and more robust consultation.

APPENDIX A: REVISED CODE OF ETHICS

Ontario College of Pharmacists Code of Ethics

Role and Purpose of the Code of Ethics

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

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

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

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

Who does the Code of Ethics Apply to?

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

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

Compliance with the Code of Ethics

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

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

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

APPENDIX A: REVISED CODE OF ETHICS

Understanding the Professional Role and Commitment of Healthcare Professionals

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

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

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

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

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

Where does this obligation come from?

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

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

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

Ethical Principles that Govern Healthcare Practice

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

Beneficence (to benefit):

The first foundational principle that forms and guides our commitment to *serve* and protect the best interests of our patients establishes the fact that our primary role and function as healthcare

APPENDIX A: REVISED CODE OF ETHICS

professionals is to benefit. We need to remember that our patients seek our care and services because they believe and trust that we will apply our knowledge, skills and abilities to help make them better.

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

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

Respect for Persons/Justice:

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

Accountability (Fidelity):

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

Code of Ethics and Standards of Application

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

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

1. Principle of Beneficence

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

Application

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

Standards

- 1.1 Members ensure that their primary focus at all times is the well-being and best interests of the patient.

APPENDIX A: REVISED CODE OF ETHICS

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

2. Principle of Non Maleficence

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

Application

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

Standards

- 2.1 Members refrain from participating in behaviours/attitudes which could potentially result in harm and utilize their professional judgment to make every reasonable and conscientious effort to prevent harm to patients and society.

APPENDIX A: REVISED CODE OF ETHICS

- 2.2 Members practice only within their scope of practice, recognize their limitations and when necessary, refer the patient to a colleague or other healthcare professional whose expertise can best address the patient's needs.
- 2.3 Members disclose medical errors and "near misses" and share information appropriately to manage risk of future occurrences.
- 2.4 Members act with honesty and transparency if harm does occur and assume responsibility for disclosing this harm to the patient and initiating steps to mitigate the harm.
- 2.5 Members challenge the judgment of their colleagues or other healthcare professionals if they have good reason to believe that their decisions or actions could adversely affect patient care.
- 2.6 Members provide the patient with relevant and sufficient information regarding the potential harms identified in terms of risks and the most frequent and serious side effects associated with the medication therapy or pharmacy service.
- 2.7 Members ensure that when they are involved in the patient's transition from one healthcare provider or healthcare facility to another the relevant patient information is provided to the receiving healthcare provider or healthcare facility to ensure safe and effective transition of care.
- 2.8 Members provide only medications and health-related products that are from safe and proven sources, of good quality, and meet the standards required by law.
- 2.9 Members respect the patient's right to privacy and confidentiality and take every reasonable precaution to protect patient confidentiality by preventing unauthorized or accidental disclosure of confidential patient information.
- 2.10 Members ensure that the healthcare professional/patient relationship is not exploited by the member for any personal, physical, emotional, financial, social or sexual gain.
- 2.11 Members do not under any circumstances participate in sexual behaviour including, but not limited to:
 - i. Sexual intercourse or other forms of sexual relations between the member and the patient;
 - ii. Touching of a sexual nature, of the patient by the member; or
 - iii. Behaviour or remarks of a sexual nature, by the member towards the patient.
- 2.12 Members do not under any circumstances participate in any form of harassment including, but not limited to:
 - i. Bullying or intimidating;
 - ii. Offensive jokes or innuendos;
 - iii. Displaying or circulating offensive images or materials; or
 - iv. Offensive or intimidating communications (phone calls, emails, text messages, etc.).
- 2.13 Members must, in circumstances where they are unwilling to provide a product or service to a patient on the basis of moral or religious grounds, ensure the following:
 - i. their conscientious objection is conveyed to the pharmacy manager, not the patient;
 - ii. there is an alternative provider available to enable the patient to obtain the requested product or service, which minimizes inconvenience or suffering to the patient.
- 2.14 Member may only consider ending the professional/patient relationship when the member has met the following conditions:
 - i. In his/her judgement the professional/patient relationship is compromised and/or issues cannot be resolved;
 - ii. Considers the condition of the patient;
 - iii. Considers the availability of alternative services; and
 - iv. Provides the patient with notice and sufficient opportunity to arrange alternate services.
- 2.15 Members assume responsibility for making reasonable efforts to ensure continuity of patient care when they are unable or unwilling to provide requested pharmacy services.

APPENDIX A: REVISED CODE OF ETHICS

- 2.16 Members in emergency situations, including pandemics and other public health emergencies where the health of the patient or the public is at risk, have a duty to provide patient care within their professional competence and expertise.
- 2.17 Members maintain appropriate human resources to facilitate compliance with Standards of Practice and relevant legislation, policies and guidelines governing the practice of pharmacy and the operation of pharmacies to ensure that professional performance and the health of others in the work place are not compromised.
- 2.18 Members raise concerns to the appropriate authority if they reasonably believe human resources, policies, procedures, working conditions or the actions, professional performance or health of others may compromise patient care or public safety.
- 2.19 Members assign tasks only to those individuals who are competent and trained to do them.
- 2.20 Members ensure that they remain current with respect to professional knowledge and skills and are committed to continuous lifelong learning and professional improvement throughout their professional working life.

3. Principle of Respect for Persons/Justice

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

Application

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

Standards

- 3.1 Members recognize and respect the vulnerability of patients.
- 3.2 Members respect and value the autonomy and dignity of patients.
- 3.3 Members practice patient-centred care and treat patients with sensitivity, caring, consideration and respect.
- 3.4 Members listen to patients to seek understanding of their needs, values and desired health goals and respect their right to be an active decision-maker in their healthcare.
- 3.5 Members respect the patient's values, customs and beliefs and their right to hold these as self-governing decision-makers.
- 3.6 Members respect the patient's right to privacy and do not disclose confidential information without the consent of the patient unless authorized by law or by the need to protect the welfare of the individual or the public.
- 3.7 Members seek only that information that is reasonable to make informed decisions about the patient's health and the treatment alternatives that align with the patient's treatment goals, unless otherwise authorized by law.
- 3.8 Members respect the patient's right to accept or refuse treatment and/or services offered, without prejudice.
- 3.9 Members respect the patient's right to choose a pharmacy and/or pharmacy professional and facilitate the patient's wish to change or transfer pharmacy care and services as requested.
- 3.10 Members obtain the patient's consent, implied or expressed, prior to the provision of pharmacy care or services.

APPENDIX A: REVISED CODE OF ETHICS

- 3.11 Members respect the right of a competent minor to provide informed consent and make decisions about their healthcare.
- 3.12 Members recognize and respect the right of a legally authorized substitute decision-maker to make decisions on the incompetent patient's behalf.
- 3.13 Members recognize the known wishes/intentions of a patient who is not competent where those wishes/intentions, through a personal directive, were expressed before the person became incompetent.
- 3.14 Members ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.
- 3.15 Members recognize the power imbalance inherent in the healthcare professional/patient relationship and assume responsibility for maintaining appropriate professional boundaries at all times.
- 3.16 Members provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.
- 3.17 Members advocate for the fair treatment and fair distribution of resources for those in their care.
- 3.18 Members make fair decisions about the allocation of resources under their control based on the needs of persons, groups or communities to whom they are providing care and services.

4. Principle of Accountability (Fidelity)

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

Application

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

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

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

Standards

A. General Responsibilities

- 4.1 Members abide by the spirit of this Code which applies to the practice of the profession of pharmacy and the operation of pharmacies.
- 4.2 Members conduct themselves with personal and professional integrity at all times and ensure that they demonstrate good character and maintain good standing with the College.
- 4.3 Members do not justify unethical behaviour by rationalizing that such behaviour is not expressly prohibited in a Standard of this Code and therefore permissible.

APPENDIX A: REVISED CODE OF ETHICS

- 4.4 Members ensure that they only practice when they are competent, with respect to both relevant knowledge and skill and physical, emotional and mental capacity, to do so.
- 4.5 Members assume responsibility for all decisions and actions they undertake in professional practice, including failure to make a decision and take appropriate action when necessary.
- 4.6 Members do not perform controlled acts under their scope of practice for an unethical or illegal purpose.
- 4.7 Members ensure that all professional documentation is accurately maintained in accordance with practice standards.
- 4.8 Members maintain confidentiality in creating, storing, accessing, transferring and disposing of records they maintain and control.
- 4.9 Members understand that their trust in the care provided by colleagues and other healthcare professionals must be balanced with critical evaluation.
- 4.10 Members must be diligent in identifying and responding to red flag situations that present in practice.
- 4.11 Members report professional incompetence or unethical behaviour by colleagues or other healthcare professionals to the appropriate regulatory authority.
- 4.12 Members take appropriate steps to prevent and report the misuse or abuse of substances by themselves, patients, colleagues, other healthcare professionals or other pharmacy employees.
- 4.13 Members do not practice under conditions which compromise their professional judgment and impede their ability to provide quality patient care and services.
- 4.14 Members participate in responsible and ethical communication and ensure that any comments or images communicated are not offensive and do not in any manner discredit the member or the profession.
- 4.15 Members ensure that when power imbalances exist in professional working relationships they do not exploit these relationships for personal, physical, emotional, financial, social or sexual gain.
- 4.16 Members participate in any inspection, assessment, review or audit conducted by the College or any other authorized person or organization and abides by any undertakings or restrictions placed on their practice as result of an investigation.
- 4.17 Members recognize that self-regulation of the profession is a privilege and that each pharmacist and pharmacy technician has a professional responsibility to merit this privilege by maintaining public trust and confidence in each member individually and the profession as a whole.

B. Participate in Ethical Business Practices

- 4.18 Members recognize that their patient's best interests must always override their own interests or the interests of the business which the member owns, has a financial interest in or is employed by.
- 4.19 Members only provide pharmacy care and services that are of good quality and intended to optimize the patient's health outcomes and do not compromise patient care for corporate or business interests or financial gain.
- 4.20 Members will not provide pharmacy services, care or products where there is no potential benefit to the patient.
- 4.21 Members do not influence, persuade or pressure patients to accept pharmacy services in order to retain the patient's business.
- 4.22 Members will not compromise their professional integrity in order to further institutional or business interests and promote financial gain to the detriment of the patient and public interest.
- 4.23 Members are honest in dealings with patients, colleagues, other healthcare professionals, the College, other organizations or service suppliers related to the practice of the profession and to the operation of the pharmacy.

APPENDIX A: REVISED CODE OF ETHICS

- 4.24 Members are transparent in the fees that they charge and ensure that these are communicated to patients in advance of the provision of the service or product provided.
- 4.25 Members do not submit charges to patients or to any third party drug payment plan for services that they know or ought to know are false and fraudulent.
- 4.26 Members do not participate in any practice that involves falsifying patient health records or member practice records.
- 4.27 Members must ensure that they do not participate in any form of advertising or promotion that contravenes this Code, Standards of Practice or relevant legislation, policies or guidelines, reflects poorly on the profession or breaches public trust and confidence.

C. Avoid Conflict of interest

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

- 4.28 Members avoid situations that are or may reasonably be perceived to construe a conflict of interest.
- 4.29 Members avoid dual relationships and other situations which may present a conflict of interest and potentially affect the member's ability to be impartial and unbiased in their decision-making.
- 4.30 Members declare any personal or professional interests and inform the relevant party(s) if they are involved in a real, perceived or potential conflict of interest and resolve the situation in the best interests of the patient and public safety as soon as possible.
- 4.31 Members involved in decision-making must disclose any relationship they are involved in that may influence or appear to others to influence their objectivity.
- 4.32 Members enter into relationships with industry which are appropriate and in compliance with this Code and which allow them to maintain their professional integrity and retain public trust and confidence.
- 4.33 Members do not provide rewards or incentives that have the potential to adversely influence patient decisions which may result in harm to the patient.
- 4.34 Members do not ask for or accept gifts, inducements or referrals that may affect or be perceived to affect their professional judgment.
- 4.35 Members ensure that they do not participate in referral programs with other members or with members of other healthcare professions for the expressed purpose of benefiting financially.
- 4.36 Members limit their treatment of self and the members of their immediate family to minor conditions and emergency circumstances unless another appropriate healthcare professional is not readily available.

APPENDIX B: SUPPLEMENTARY DOCUMENT



Ontario College
of Pharmacists

Putting patients first since 1871

Code of Ethics
DECLARATION OF COMMITMENT

I commit to serve and protect my patients and society

In keeping this promise:

I will put my patients first.

I will “do good” and benefit my patients and society.

I will “do no harm” and whenever possible prevent harm from occurring.

I will protect my patients’ vulnerability and respect their rights as autonomous persons.

I will act as a responsible and accountable fiduciary of the public trust.

I will act with integrity and will honour the ideals, values and commitments of my profession.

I will faithfully abide by my profession’s Code of Ethics.

I make this commitment as a healthcare professional to my patients, society, my profession and to myself.

Name

Signature

OCP Number

Date



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION **X**

FOR INFORMATION

INITIATED BY: **Executive Committee**

TOPIC: Proposed Bylaw Amendments for Consultation

ISSUE: Proposed Bylaw Amendments to Fees, Public Register and miscellaneous housekeeping issues

BACKGROUND: The proposed 2016 Operating and Capital budget to be considered by Council at the September 2015 meeting includes changes to fees for Registration and Community Pharmacy applications and renewals and introduces fees for application, issuance and renewal of Certificates of Accreditation for Hospital Pharmacies.

In addition, the proposed DPRA Regulation amendments approved by Council and submitted to government earlier this year require supporting changes to the College By-Laws to ensure consistency and clarity of references to hospital and community pharmacies.

As part of the College's ongoing commitment to transparency and enhanced public reporting, a full review of the College's Public Register was undertaken in preparation for development of a re-designed Register. As a result of the review, By-Law amendments are necessary to provide authority for the collection and posting of additional information on members and pharmacies on the Register.

Lastly, changes to the By-Law to support organizational structure and housekeeping amendments were incorporated in the proposed amendments. A summary and explanation of the proposed By-Law amendments is attached.

ANALYSIS:

As per subsection 94 (2) of the Health Professions Procedure Code, proposed By-Law amendments related to information to be posted to the public register as well as to fees must be circulated to members prior to approval by Council. Proposed changes will be posted to the College website to solicit feedback from the public, members and other stakeholders. Comments received will be provided to Council at its December 2015 meeting. The By-Law amendments relating to Hospital Pharmacy Accreditation will come into effect upon the proclamation of the amended DPRA Regulation, whereas, all other by-law amendments will come into effect upon approval by Council in December.

PROPOSED BY-LAW AMENDMENTS

Existing Provision	Proposed Provision	Intent of the Provision
Article 1 INTERPRETATION		
1.1 Meaning of Words. In this By-Law, and in all other By-Laws and resolutions of the College, unless the context otherwise requires:		
	1.1.2 “Applicant” means an applicant as defined in the <i>Drug and Pharmacies Regulation Act Regulations</i> ;	Supports DPRA Regulation amendments.
	1.1.13 “Contact Person” means the person designated as the contact person for a hospital pharmacy or institutional pharmacy pursuant to section 146.1 of the <i>Drug and Pharmacies Regulation Act</i> ;	Supports DPRA Regulation amendments
1.1.14 “Deputy Registrar” means the Deputy Registrar of the College	1.1.16 “Deputy Registrar” means the person who, from time to time, holds the title of Deputy Registrar of the College	Housekeeping
	1.1.18 “Director of Competence” means the person who, from time to time, holds the title of Director of Competence of the College	Housekeeping
1.1.16 “Director of Finance and Administration” means the Director of Finance and Administration of the College	1.1.19 “Director of Finance and Administration” means the person who, from time to time, holds the title of Director of Finance and Administration of the College	Housekeeping
1.1.17 “Director of Professional Development” means the Director of Professional Development of the College	1.1.17 “Director of Professional Development” means the Director of Professional Development of the College	
1.1.18 “Director of Professional Practice” means the Director of Professional Practice of the College;	1.1.18 “Director of Professional Practice” means the Director of Professional Practice of the College	
	1.1.24 “Effective Date” means the date on which: (a) sections 1 to 5 of Schedule 2 of the <i>Safeguarding Health Care Integrity Act, 2014</i> , S.O. 2014, c. 14 are proclaimed in force; and (b) the College’s proposed regulation to replace O. Reg. 58/11 comes into effect;	Enables the delayed effectiveness of by-laws relating to hospital pharmacy oversight.

Existing Provision	Proposed Provision	Intent of the Provision
	1.1.27 “Owner” means an owner of a pharmacy as defined in the <i>Drug and Pharmacies Regulation Act Regulations</i>	Supports DPRA Regulation amendments.
1.1.27 “President” and “Vice-President” mean, respectively, the President and the Vice-President of the College	1.1.30 “President” and “Vice-President” mean, respectively, the persons who, from time to time, hold the titles of the President and the Vice-President of the College	Housekeeping
1.1.30 “Registrar” means the Registrar and Chief Executive Officer of the College	1.1.33 “Registrar” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College	Housekeeping
Article 10 BUSINESS OF THE COLLEGE		
10.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two of the Registrar, the Deputy Registrar, the Director of Finance and Administration, the Director of Professional Development, or the Director of Professional Practice, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity.	10.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two of the Registrar, the Deputy Registrar, the Director of Finance and Administration, and the Director of Professional Development, or the Director of Professional Practice Competence, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity	Housekeeping
Article 11 THE REGISTER		
11.4.11 Where a Member is a Designated Manager of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that designation.	11.4.11 Where a Member is a Designated Manager or Contact Person of a pharmacy, a notation of the name and location of each pharmacy at which the Member holds that designation.	Supports the DPRA Regulation amendments.
	11.4.13.4 The information described in paragraphs 11.4.13.1, 11.4.13.2 and 11.4.13.3 in respect of a former Member if the former Member’s membership is revoked, suspended, resigned or otherwise terminates while the offence proceedings are pending or after being notified by the College that the information may	Section 11.4 deals with additional information to be kept in the Register. The existing paragraphs 11.13.1, 11.13.2 and 11.13.3 deal with the posting of information, related to federal and provincial offences, if the Registrar determines it is relevant to the Member’s suitability to practice.

Existing Provision	Proposed Provision	Intent of the Provision
	be placed on the register.	New paragraph allows the College to post the information even if the Member's membership is terminated, for any reason, while the offence proceedings are pending or after the College notifies the member that the information may be placed on the register.
	11.4.27 The language(s) in which the Member can provide professional services as reported by the Member.	Allows the College to report language of practice, based on a self declaration by the member.
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.	11.4.28 Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.	Housekeeping; moved to improve ease of reading.
11.5.1 The, outcome and/or status of inspections of Drug Preparation Premises (including conditions and/or reasons for fail results) carried out under Part IX of the Pharmacy Act Regulations, including the relevant date.	11.5.1 The purpose (after January 1, 2016), outcome and/or status of inspections of Drug Preparation Premises (including conditions and/or reasons for fail results) carried out under Part IX of the Pharmacy Act Regulations, including the relevant date.	Adds the ability to post the purpose of an inspection, as referenced in the Minister's letter dated (Spring 2015).
	11.5.2 Any other information which the College and a designated Member for the drug preparation premises have agreed shall be available to the public.	Enables the College to post additional information about a DPP, such as the name and address.
11.7 Information to be kept in Register - Pharmacies. The following information referable to pharmacies shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:		
11.7.2 The Accreditation Number of the pharmacy	11.7.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.	Supports the DPRA Regulation amendments.
11.7.4 The name of the Designated Manager of the pharmacy	11.7.4 The name of the Designated Manager or Contact Person of the pharmacy.	Supports the DPRA Regulation amendments.
11.7.5 The outcome and/or status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current outcome and/or status of any inspection	11.7.5 The purpose (after January 1, 2016), outcome and/or status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current	Adds the ability to post the purpose of an inspection, as referenced in the Minister's letter dated (Spring 2015).

Existing Provision	Proposed Provision	Intent of the Provision
conducted after July 1, 2013 and the outcome and/or status of every inspection conducted thereafter.	purpose (after January 1, 2016), outcome and/or status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and/or status of every inspection conducted thereafter.	
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 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:	Deletion sections have been amended to provide greater flexibility for deletion of redundant information and retention of relevant information.
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.	11.8.1 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. Unless otherwise indicated, where the information described in paragraphs 11.3, 11.4, 11.5, 11.6 and 11.7 changes, the College may maintain the previous information on the Register, in addition to the new, changed information, as long as it may be relevant for the public to know in the opinion of the Registrar.	Historical data on members, DPPs, HPCs, and pharmacies can be retained if relevant.
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.	11.8.2 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. Despite paragraphs 11.4, 11.5, 11.6 and 11.7, and subject to paragraphs 11.8.3, 11.8.4 and 11.8.5, the College is not required to maintain and may delete from the Register information about a Member, a drug preparation premises, a health professional corporation, or a pharmacy once three years has passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the drug preparation premises, Certificate of Authorization or Certificate of Accreditation as the case may be.	Generally, records of people and places will be removed from the register after 3 years.

Existing Provision	Proposed Provision	Intent of the Provision
<p>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.</p>	<p>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. Despite paragraph 11.8.2, but subject to 11.8.4 and 11.8.5 and the Code, the College shall maintain on the Register all of the information about a Member where the Register contains information about the Member resulting from a direction or order of a Committee of the College or resulting from an offence proceeding.</p>	<p>Despite deletion provisions, the record of any member that contained information resulting from a direction or order of a Committee (e.g. discipline finding or ICRC specified education or remediation program) or resulting from and offence proceeding will be maintained on the Register indefinitely.</p>
<p>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.</p>	<p>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. The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 11.4.13, 11.4.27 11.4.29, 11.7.17 or 11.7.22, where the Registrar is satisfied that the information is no longer of importance relevant for to the public to know.</p>	<p>Information that has been agreed upon to be placed on the register can be removed where it is no longer relevant to the public to know.</p>
<p>11.8.5 Any information which would 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.</p>	<p>11.8.5 Any information which would 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. The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 11.4.20.2 and 11.4.20.3 ...</p>	<p>The language is changed to be clear that the College is able to delete otherwise public information about the outcome of an ICRC decision (e.g. posting of a caution or specified continuing education or remediation program) if the outcome changes, such as may occur following an appeal of the original decision.</p>
<p>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</p>	<p>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</p>	<p>Deleted</p>

Existing Provision	Proposed Provision	Intent of the Provision
Certificate terminated or expired more than two years prior to the last updating of the Register.	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.	Replaced with revised s.11.8.4
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.	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.	Replaced with revised 11.8.5
11.9 Disclosure. All of the information referred to in paragraphs 11.4, 11.6 and 11.7 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the Code, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.	11.9 Disclosure. All of the information referred to in paragraphs 11.4, 11.5 , 11.6 and 11.7 is designated as information that may be withheld from the public for the purposes of subsection 23(6) of the Code, such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.	Adds reference to 11.5.
Article 12 FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS		
12.2 Filing of Information by Applicants for a Certificate of Accreditation		

Existing Provision	Proposed Provision	Intent of the Provision
<p>12.2.1 Every applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 days before the date on which the applicant proposes to commence operation of the pharmacy:</p> <p>(a) the full name of the owner of the pharmacy and, where the owner is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;</p> <p>(b) where the owner is:</p> <p>(i) a corporation or partnership, the business address of the corporation or partnership; or</p> <p>(ii) an individual, the home address of the individual;</p>	<p>12.2.1 Every applicant Applicant for a Certificate of Accreditation shall file the following information with the Registrar at least 30 days before the date on which the applicant Applicant proposes to commence operation of the pharmacy:</p> <p>(a) the full name of the owner of the pharmacy Applicant and, where the owner Applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;</p> <p>(b) where the owner Applicant is:</p> <p>(i) a corporation or partnership, the business address of the corporation or partnership; or</p> <p>(ii) an individual, the home address of the individual;</p>	<p>Supports the DPRA Regulation.</p>
<p>12.2.1 (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the <i>Drug and Pharmacies Regulation Act Regulations</i>.</p>	<p>12.2.1 (f) such additional information as the College requires in its application form for issuance of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the <i>Drug and Pharmacies Regulation Act Regulations</i>; and</p> <p>(g) any other information that the College deems may assist it in carrying out its objects.</p>	<p>Expands the authority to collect information during opening.</p>
<p>12.2.3 Every applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager of the pharmacy.</p>	<p>12.2.3 Every applicant Applicant for a Certificate of Accreditation shall, on or before the day the person commences to operate the pharmacy, notify the College of the name of the Designated Manager or Contact Person of the pharmacy, as applicable.</p>	<p>Housekeeping; supports DPRA Regulation.</p>
<p>12.2.4 Where any of the information that an applicant has provided to the College under subparagraph 12.2.1, 12.2.2 or 12.2.3 has changed, the operator of the pharmacy shall provide notification of the change to the College within 30 days of its effective date.</p>	<p>12.2.4 Where any of the information that an applicant Applicant has provided to the College under subparagraph 12.2.1, 12.2.2 or 12.2.3 has changed, the operator Applicant or Owner, as applicable, of the pharmacy shall provide notification of the change to the College within 30 days of its effective date.</p>	<p>Housekeeping; supports DPRA Regulation</p>
<p>12.3 Filing of Information by Pharmacies.</p>		

Existing Provision	Proposed Provision	Intent of the Provision
12.3.1 In connection with the annual renewal of a Certificate of Accreditation, every operator of a pharmacy shall provide the following information respecting the pharmacy to the College	12.3.1 In connection with the annual renewal of a Certificate of Accreditation, every operator Owner of a pharmacy shall provide the following information respecting the pharmacy to the College:	Supports DPRA Regulation
12.3.1 (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the <i>Drug and Pharmacies Regulation Act Regulations</i>	12.3.1 (e) such additional information as the College requires in its application form for renewal of a Certificate of Accreditation, or as the College otherwise requests or requires pursuant to the <i>Drug and Pharmacies Regulation Act Regulations</i> .; and (f) any other information that the College deems may assist it in carrying out its objects.	Expands ability to collect information upon renewal.
12.3.2 Where any of the information that an operator of a pharmacy has provided to the College under subparagraph 12.3.1 has changed, the operator of the pharmacy shall provide notification of the change to the College within 30 days of its effective date.	12.3.2 Where any of the information that an operator Owner of a pharmacy has provided to the College under subparagraph 12.3.1 has changed, the operator Owner of the pharmacy shall provide notification of the change to the College within 30 days of its effective date.	Supports DPRA Regulation
12.3.3 In addition to the requirements in subparagraphs 12.3.1 and 12.3.2, every operator of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the operator of the pharmacy is required to provide to the College pursuant to the By-Laws, the <i>Drug and Pharmacies Regulation Act</i> or the <i>Drug and Pharmacies Regulation Act Regulations</i>	12.3.3 In addition to the requirements in subparagraphs 12.3.1 and 12.3.2, every Operator Owner of a pharmacy shall comply, within the time stipulated by the Registrar, with all requests by the Registrar for the provision of any information or documentation that the operator Owner of the pharmacy is required to provide to the College pursuant to the By-Laws, the <i>Drug and Pharmacies Regulation Act</i> or the <i>Drug and Pharmacies Regulation Act Regulations</i> .	Supports DPRA Regulation
12.4 Filing of Information for Closing Pharmacies.		
12.4.1 Every person who permanently closes a pharmacy shall, within seven days of closing the pharmacy, notify the Registrar of the closing and within 30 days of the closing shall file with the Registrar a signed statement setting out:	12.4.1 Every Subject to subparagraph 12.4.2, every person who permanently closes a pharmacy, shall, within seven days of closing the pharmacy, notify the Registrar of the closing and within 30 days of the closing shall file with the Registrar a signed statement setting out:	Housekeeping

Existing Provision	Proposed Provision	Intent of the Provision
	<p>12.4.2 Where a person permanently closes a remote dispensing location, the signed statement referred to in subparagraph 12.4.1 need only set out the information in subparagraph 12.4.1(a) and (d).</p>	<p>Requiring information to be provided to the College upon closing of an RDL.</p>
Article 13 MEMBER FEES		
13.1 Application and Issuance Fees		
<p>13.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee of \$130.00 plus applicable taxes, which shall be due and payable immediately upon the College opening a registration file for such person.</p>	<p>13.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee of \$130.00 plus applicable taxes, which shall be due and payable immediately upon the College opening a registration file for such person. as follows:</p> <p>(a) on or before December 31, 2015, \$130.00 plus applicable taxes; and</p> <p>(b) on or after January 1, 2016, \$300.00 plus applicable taxes, which fee shall be due and payable immediately upon the College opening a registration file for such person.</p>	<p>In accordance with proposed 2016 operating and capital budget.</p> <p>Effective date language is required due to hospital pharmacy fees taking effect only on hospital pharmacy proclamation.</p>
<p>13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee of \$205.00 plus applicable taxes, which shall be due and payable upon the applicant submitting his or her completed application to the Registrar</p>	<p>13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee as follows:</p> <p>(a) on or before December 31, 2015, \$205.00 plus applicable taxes; and</p> <p>(b) on or after January 1, 2016, \$75.00 plus applicable taxes,</p> <p>13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee of \$205.00 plus applicable taxes,</p> <p>which shall be due and payable upon the applicant submitting his or her completed application to the Registrar.</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>

Existing Provision	Proposed Provision	Intent of the Provision
<p>13.1.3 The fee for the issuance of a Certificate of Registration as a Pharmacist is the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes.</p>	<p>13.1.3 The fee for the issuance of a Certificate of Registration as a Pharmacist is as follows: (a) 13.1.3 The fee for the issuance of a Certificate of Registration as a Pharmacist is on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes.; and (b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>
<p>13.1.4 The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes.</p>	<p>13.1.4 The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is as follows: (a) 13.1.4 The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes.; and (b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>
<p>13.2 Examination Fee. An Applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee of \$200.00 plus applicable taxes.</p>	<p>13.2 An Applicant applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee of \$200.00 plus applicable taxes. as follows: (a) on or before December 31, 2015, \$200.00 plus applicable taxes; and (b) on or after January 1, 2016, \$100.00 plus applicable taxes.</p>	<p>In accordance with proposed 2016 operating and capital uddget.</p>
Article 14 PHARMACY TRANSACTION FEES		
<p>14.1 Application Fee.</p>		

Existing Provision	Proposed Provision	Intent of the Provision
<p>14.1.1 Subject to subparagraph 14.1.2, the application fee for a certificate of accreditation to establish and operate a pharmacy shall be \$250.00 plus applicable taxes.</p>	<p>14.1.1 Subject to subparagraph 14.1.2, the application fee for a certificate Certificate of accreditation Accreditation to establish and operate a pharmacy shall be \$250.00 plus applicable taxes as follows:</p> <p>(a) on or before December 31, 2015, \$250.00 plus applicable taxes;</p> <p>(b) between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes;</p> <p>and</p> <p>(c) on and after the Effective Date:</p> <p>(i) \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or</p> <p>(ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>
<p>14.1.2 Where an applicant who has acquired two or more existing pharmacies applies for certificates of accreditation to establish and operate the pharmacies, the application fee shall be \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application.</p>	<p>14.1.2 Where an Applicant who has acquired two or more existing pharmacies applies for certificates of accreditation to establish and operate the pharmacies, the application fee shall be \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application as follows:</p> <p>(a) on or before December 31, 2015, \$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application;</p> <p>(b) between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application; and</p> <p>(c) on and after the Effective Date:</p> <p>(i) for the first application, \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and</p> <p>(ii) for each additional application, \$50.00 plus</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>

Existing Provision	Proposed Provision	Intent of the Provision
	<p>applicable taxes for a Certificate of Accreditation of the community pharmacy class; and (iii) for greater certainty, this subparagraph 14.1.2 shall not apply to an Applicant seeking a Certificate of Accreditation of the hospital pharmacy class.</p>	
<p>14.2 Issuance Fee. 14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a certificate of accreditation to establish and operate a pharmacy shall be \$750.00 plus applicable taxes.</p>	<p>14.2 Issuance Fee. 14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a certificate of Accreditation Certificate of Accreditation to establish and operate a pharmacy shall be \$750.00 plus applicable taxes.: (a) until the Effective Date, \$750.00 plus applicable taxes; and (b) on and after the Effective Date: (i) \$750.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; and (ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>
<p>14.2.2 Subject to subparagraph 14.2.4, the additional fee for the issuance of a certificate of accreditation to establish and operate a pharmacy that permits the operation of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.</p>	<p>14.2.2 Subject to subparagraph 14.2.4 and 14.2.5, the additional fee for the issuance of a certificate of accreditation Certificate of Accreditation to establish and operate a pharmacy that permits the operation of remote dispensing locations, shall be \$500.00 plus applicable taxes for each remote dispensing location to be operated.</p>	<p>Housekeeping</p>
<p>14.2.3 The fee for the issuance of a certificate of accreditation to establish and operate a pharmacy for an applicant who has acquired or relocated an existing pharmacy shall be \$250.00 plus applicable taxes.</p>	<p>14.2.3 The Subject Subject to subparagraph 14.2.5, the fee for the issuance of a certificate of Accreditation Certificate of Accreditation to establish and operate a pharmacy for an applicant Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.</p>	<p>Housekeeping</p>
<p>14.2.4 There shall be no additional fee for the</p>	<p>14.2.4 There Subject to subparagraph 14.2.5,</p>	<p>Housekeeping</p>

Existing Provision	Proposed Provision	Intent of the Provision
<p>issuance of a certificate of accreditation that permits the operation of remote dispensing locations if the certificate of accreditation is issued to an applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.</p>	<p>there shall be no additional fee for the issuance of a certificate of accreditation Certificate of Accreditation that permits the operation of remote dispensing locations if the certificate of accreditation Certificate of Accreditation is issued to an applicant Applicant who has acquired or relocated an existing pharmacy that permits the operation of remote dispensing locations.</p>	
	<p>14.2.5 For greater certainty, on and after the Effective Date subparagraphs 14.2.2, 14.2.3 and 14.2.4 shall only apply with respect to the issuance of a Certificate of Accreditation of the community pharmacy class.</p>	<p>Housekeeping</p>
<p>14.4 Lock and Leave.</p>		
<p>14.4.1 Subject to subparagraph 14.2.2, the fee for an application to the Registrar for approval to operate a pharmacy without the supervision of a pharmacist who is physically present, pursuant to subsection 146(2) of the <i>Drug and Pharmacies Regulation Act</i>, shall be \$250.00 plus applicable taxes.</p>	<p>14.4.1 Subject to subparagraph subparagraphs 14.2.2, and 14.2.3, the fee for an application to the Registrar for approval to operate a pharmacy without the supervision of a pharmacist who is physically present, pursuant to subsection 146(2) of the <i>Drug and Pharmacies Regulation Act</i>, shall be \$250.00 plus applicable taxes.</p>	
	<p>14.4.3 On and after the Effective Date, subparagraphs 14.4.1 and 14.4.2 shall be of no force or effect.</p>	<p>Supports DPRA Regulation amendments</p>
<p>Renewal Fee. The fee for the renewal of a certificate of accreditation shall be \$860.00 plus applicable taxes, and shall be paid on or before May 10 of each year.</p>	<p>14.5 Renewal Fee. The fee for the renewal of a certificate of accreditation shall be \$860.00 plus applicable taxes, and Certificate of Accreditation shall be paid on or before May 10 of each year. and shall be in the amount of:</p> <p>(a) on or before December 31, 2015, \$860.00 plus applicable taxes;</p> <p>(b) between January 1, 2016 and the Effective Date, \$940.00 plus applicable taxes;</p> <p>and</p> <p>(c) on and after the Effective Date:</p> <p>(i) \$940.00 plus applicable taxes for a Certificate</p>	<p>In accordance with proposed 2016 operating and capital budget.</p>

Existing Provision	Proposed Provision	Intent of the Provision
	<p>of Accreditation of the community pharmacy class; and (ii) \$5000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.</p>	

Legend:
Insertion
Deletion
Moved from
Moved to

~~March 10, Draft - August 26,~~ 2015

ONTARIO COLLEGE OF PHARMACISTS – BY-LAW NO. 34

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

TABLE OF CONTENTS

	Page
ARTICLE Article 1 INTERPRETATION.....	1
1.1 Meaning of Words.....	1
ARTICLE Article 2 PROFESSIONAL LIABILITY INSURANCE.....	3
2.1 Insurance Requirements for a Certificate of Registration.....	3
2.2 Evidence of Insurance.....	3
ARTICLE Article 3 RESTRICTION ON COUNCIL MEMBERS.....	3
3.1 Restriction on Council Members.....	3
ARTICLE Article 4 ELECTION OF COUNCIL MEMBERS.....	43
4.1 Electoral Districts K, L, M, N, P.....	43
4.2 Electoral District H.....	4
4.3 Electoral District T.....	4
4.4 Electoral District TH.....	4
4.5 Number of Members to be Elected.....	4
4.6 Voting Eligibility.....	54
4.7 Terms of Office.....	5
4.8 Election Date.....	65
4.9 Eligibility for Election.....	65
4.10 Registrar to Supervise Nominations.....	87
4.11 Notice of Election and Nominations.....	87
4.12 Nomination Procedure.....	87
4.13 Acclamation.....	8
4.14 Registrar’s Electoral Duties.....	98
4.15 Scrutineers.....	98
4.16 Ballots.....	108
4.17 Voting.....	109
4.18 Number of Votes to be Cast.....	119
4.19 Tie Votes.....	110
4.20 Recounts.....	110
4.21 Interruption of Service.....	110
4.22 Conduct of Council Members.....	1210
4.23 Filling of Vacancies.....	1412
4.24 Supplementary Election Procedures.....	1513

ARTICLE Article 5 MEETINGS OF COUNCIL.....	1513
5.1 Meetings of Council.....	1513
5.2 Meetings Held By Technological Means.....	1614
ARTICLE Article 6 REMUNERATION AND EXPENSES.....	1715
6.1 Remuneration and Expenses.....	1715
ARTICLE Article 7 COMMITTEES OF THE COLLEGE.....	1815
7.1 Statutory Committees under the Act.....	1815
7.2 Statutory Committee under the Pharmacy Act.....	1816
7.3 Standing Committees.....	1816
7.4 Appointment of Special Committees.....	1816
7.5 Reporting of Committees.....	1916
7.6 Non-Council Committee Members.....	1916
7.7 Appointment of Elections Committee.....	2017
7.8 Appointment of Drug Preparation Premises Committee.....	2017
7.9 Appointments of Statutory and Standing Committees.....	2017
7.10 Disqualification, Vacancies and Term Limits of Committee Members.....	2118
7.11 Quorum.....	2219
7.12 Voting.....	2219
7.13 Vacancies.....	2319
ARTICLE Article 8 COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES.....	2320
8.1 Composition of the Executive Committee.....	2320
8.2 Chair of the Executive Committee.....	2320
8.3 Duties of the Executive Committee.....	2320
8.4 Composition of the Registration Committee.....	2421
8.5 Duties of the Registration Committee. The Registration Committee shall:	2521
8.6 Composition of the Inquiries, Complaints and Reports Committee.....	2521
8.7 Duties of the Inquiries, Complaints and Reports Committee.....	2522
8.8 Composition of the Discipline Committee.....	2522
8.9 Duties of the Discipline Committee.....	2622
8.10 Composition of the Fitness to Practise Committee.....	2622
8.11 Duties of the Fitness to Practise Committee.....	2622
8.12 Composition of the Quality Assurance Committee.....	2623
8.13 Duties of the Quality Assurance Committee.....	2623
8.14 Composition of the Patient Relations Committee.....	2723

8.15	Duties of the Patient Relations Committee.....	<u>2723</u>
8.16	Composition of the Accreditation Committee.....	<u>2723</u>
8.17	Duties of the Accreditation Committee.....	<u>2724</u>
8.18	Composition of the Finance and Audit Committee.....	<u>2724</u>
8.19	Duties of the Finance and Audit Committee.....	<u>2824</u>
8.20	Composition of the Professional Practice Committee.....	<u>2825</u>
8.21	Duties of the Professional Practice Committee.....	<u>2925</u>
8.22	Composition of the Elections Committee.....	<u>2925</u>
8.23	Duties of the Elections Committee.....	<u>2925</u>
8.24	Composition of the Communications Committee.....	<u>2925</u>
8.25	Duties of the Communications Committee.....	<u>3026</u>
8.26	Composition of the Drug Preparation Premises Committee.....	<u>3026</u>
8.27	Duties of the Drug Preparation Premises Committee.....	<u>3026</u>
8.28	Maximum Number of Non-Council Committee Members. —.....	<u>3026</u>
ARTICLE <u>Article</u> 9 OFFICERS.....		<u>3026</u>
9.1	Election of the President and the Vice-President.....	<u>3026</u>
9.2	Duties of the President and the Vice-President.....	<u>3127</u>
ARTICLE <u>Article</u> 10 BUSINESS OF THE COLLEGE.....		<u>3127</u>
10.1	Seal.....	<u>3127</u>
10.2	Execution of Documents.....	<u>3227</u>
10.3	Banking and Finance.....	<u>3228</u>
10.4	Financial Year and Audit.....	<u>3328</u>
10.5	Inspectors.....	<u>3328</u>
10.6	Inspectors for the Purposes of Inspecting Drug Preparation Premises.....	<u>3328</u>
10.7	Grants.....	<u>3329</u>
10.8	Funds.....	<u>3329</u>
10.9	College Membership.....	<u>3429</u>
10.10	Deputy Registrar.....	<u>3429</u>
ARTICLE <u>Article</u> 11 THE REGISTER.....		<u>3429</u>
11.1	Member's Name. A Member's name in the Register shall be:	<u>3429</u>
11.2	Business Address and Telephone Number.....	<u>3429</u>
11.3	Information to be kept in Register - Members.....	<u>3430</u>
11.4	Additional Information to be kept in Register - Members.....	<u>3531</u>
11.5	Information to be kept in Register – Drug Preparation Premises.....	<u>4035</u>
11.6	Information to be kept in Register – Health Profession Corporations.....	<u>4035</u>

11.7	Information to be kept in Register - Pharmacies.....	4135
11.8	Deletion of Information.....	4337
11.9	Disclosure.....	4438
ARTICLE Article 12 FILING OF INFORMATION BY MEMBERS, PHARMACIES AND HEALTH PROFESSION CORPORATIONS.....		4438
12.1	Filing of Information by Members.....	4438
12.2	Filing of Information by Applicants for a Certificate of Accreditation.....	4639
12.3	Filing of Information by Pharmacies.....	4640
12.4	Filing of Information for Closing Pharmacies.....	4741
12.5	Filing of Information by Health Profession Corporations.....	4841
ARTICLE Article 13 MEMBER FEES.....		4842
13.1	Application and Issuance Fees.....	4842
13.2	Examination Fee.....	4943
13.3	Annual Fees.....	4943
13.4	Fee to Lift Suspension or for Reinstatement.....	5043
13.5	Election Recount Fee.....	5044
13.6	Other Fees.....	5044
ARTICLE Article 14 PHARMACY TRANSACTION FEES.....		5144
14.1	Application Fee.....	5144
14.2	Issuance Fee.....	5145
14.3	Fee for Amended Certificates - Remote Dispensing Locations.....	5146
14.4	Lock and Leave.....	5246
14.5	Renewal Fee.....	5246
14.6	Additional Renewal Fee.....	5246
ARTICLE Article 15 CERTIFICATE OF AUTHORIZATION FEES.....		5246
15.1	Application Fee.....	5246
15.2	Renewal Fee.....	5247
ARTICLE Article 16 CODES OF ETHICS AND CONDUCT.....		5247
16.1	Code of Ethics.....	5247
16.2	Code of Conduct.....	5247
ARTICLE Article 17 MAKING, AMENDING AND REVOKING BY-LAWS.....		5347
17.1	Requirements.....	5347
17.2	Repeal of Former By-Laws.....	5347
17.3	Effective Date.....	5347
17.4	Conflict.....	5347

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

Article 1 INTERPRETATION

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

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

- 1.1.15 ~~1.1.13~~ “**Council member**” or “**member of the Council**” means a person who has been elected or appointed as a member of the Council;
- 1.1.16 ~~1.1.14~~ “**Deputy Registrar**” means the person who, from time to time, holds the title of Deputy Registrar of the College;
- 1.1.17 ~~1.1.15~~ “**Designated Manager**” means the manager designated by the ~~owner~~Owner of a pharmacy as required by ~~Section~~section 146(1)(b) of the *Drug and Pharmacies Regulation Act*;
- 1.1.18 “**Director of Competence**” means the person who, from time to time, holds the title of Director of Competence of the College;
- 1.1.19 ~~1.1.16~~ “**Director of Finance and Administration**” means the person who, from time to time, holds the title of Director of Finance and Administration of the College;
- ~~1.1.17 “**Director of Professional Development**” means the Director of Professional Development of the College;~~
- ~~1.1.18 “**Director of Professional Practice**” means the Director of Professional Practice of the College;~~
- 1.1.20 ~~1.1.19~~ “**District**” or “**Electoral District**” means an Electoral District as set out in Article 4;
- 1.1.21 ~~1.1.20~~ “**Drug and Pharmacies Regulation Act**” means the *Drug and Pharmacies Regulation Act*, R.S.O. 1990, Chap. H.4, as amended;
- 1.1.22 ~~1.1.21~~ “**Drug and Pharmacies Regulation Act Regulations**” means the ~~Regulations~~regulations made under the *Drug and Pharmacies Regulation Act*;
- 1.1.23 ~~1.1.22~~ “**Drug Preparation Premises**” means ~~Drug Preparation Premises~~drug preparation premises as defined in Part IX of the *Pharmacy Act Regulations*;
- 1.1.24 “**Effective Date**” means the date on which: (a) sections 1 to 5 of Schedule 2 of the *Safeguarding Health Care Integrity Act*, 2014, S.O. 2014, c. 14 are proclaimed in force; and (b) the College’s proposed regulation to replace O. Reg. 58/11 comes into effect;
- 1.1.25 ~~1.1.23~~ “**Member**” means a member of the College;
- 1.1.26 ~~1.1.24~~ “**Narcotic Signer**” means a pharmacist who is designated by a pharmacy to be authorized to sign the documentation required under the *Controlled Drug and Substances Act* (Canada) or the regulations thereunder in order to obtain narcotics for the pharmacy;
- 1.1.27 “**Owner**” means an owner of a pharmacy as defined in the *Drug and Pharmacies Regulation Act Regulations*;
- 1.1.28 ~~1.1.25~~ “**Pharmacy Act**” means the *Pharmacy Act*, 1991, S.O. 1991, c.36;
- 1.1.29 ~~1.1.26~~ “**Pharmacy Act Regulations**” means the Regulations under the *Pharmacy Act*;

1.1.30 ~~1.1.27~~ “**President**” and “**Vice-President**” mean, respectively, the persons who, from time to time, hold the titles of the President and the Vice-President of the College;

1.1.31 ~~1.1.28~~ “**Professional Advocacy Association**” means an organization whose principal mandate is to represent the interests of and advocate on behalf of pharmacies (community and hospital), pharmacist or pharmacy technicians, or a segment of them, including those registered in or practising in Canada. Examples of a Professional Advocacy Association include the Ontario Pharmacists Association, the Canadian Pharmacists Association, the Canadian Association of Pharmacy Technicians and the Canadian Association of Chain Drug Stores.

1.1.32 ~~1.1.29~~ “**Register**” means the Register required to be kept pursuant to the Code;

1.1.33 ~~1.1.30~~ “**Registrar**” means the person who, from time to time, holds the title of Registrar and Chief Executive Officer of the College;

1.1.34 ~~1.1.31~~ “**Statutory Committees**” means the Committees listed in Section 10 of the Code as of the date of enactment of these By-Laws, and the Accreditation Committee as required under the *Pharmacy Act*.

Article 2 PROFESSIONAL LIABILITY INSURANCE

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

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

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

**Article 3
RESTRICTION ON COUNCIL MEMBERS**

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

**Article 4
ELECTION OF COUNCIL MEMBERS**

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

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

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

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

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

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

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

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

4.5 Number of Members to be Elected

- 4.5.1 The number of members of Council to be elected is:
 - (a) Three in each of Electoral Districts L, M, and N;
 - (b) Two in each of Electoral Districts K and P;

- (c) Two in Electoral District H;
- (d) One in Electoral District T; and
- (e) One in Electoral District TH.

4.6 Voting Eligibility

- 4.6.1 Every Member who holds a valid Certificate of Registration as a Pharmacist or a Pharmacy Technician, who practises or resides in Ontario, and who is not in default of payment of the annual fee, is entitled to vote in an election of members to the Council in the Electoral District in which his or her place of practice is located on June 1 immediately preceding the election.
- 4.6.2 A Member who holds a Certificate of Registration as a Pharmacist shall only be eligible to vote in one of Electoral Districts K, L, M, N, P and H and a Member who holds a Certificate of Registration as a Pharmacy Technician shall only be eligible to vote in one of Electoral Districts T or TH.
- 4.6.3 Neither a Registered Pharmacy Student nor an Intern is entitled to vote.
- 4.6.4 If, as of June 1 immediately preceding an election, a Member has no fixed place of practice, the Member may vote in the Electoral District in which he or she resides or, in the case of a Member who holds a Certificate of Registration as a Pharmacy Technician, in Electoral District T.
- 4.6.5 If, as of June 1 immediately preceding an election, a Member has a place of practice in more than one Electoral District, the Member shall declare to the Registrar which Electoral District is to be considered his or her place of practice for election purposes, and he or she may vote only in that Electoral District.
- 4.6.6 If the place of practice for election purposes of a Member is in a hospital in Ontario approved or licensed under a federal or provincial statute, he or she may only vote in Electoral District H (in the case of a Pharmacist) or Electoral District TH (in the case of a Pharmacy Technician).

4.7 Terms of Office

- 4.7.1 The term of office of a person elected to Council in 2010 in Electoral District M or Electoral District P shall be one (1) year, commencing at the first meeting of Council after the election.
- 4.7.2 The term of office of a person elected to Council in 2010 in Electoral District N or Electoral District H shall be two (2) years, commencing at the first meeting of Council after the election.
- 4.7.3 Subject to subparagraph ~~4.7.3.1~~, 4.7.3.1, the term of office of a person elected to Council in 2010 in Electoral District K, Electoral District L, Electoral District T or Electoral District TH shall be three (3) years, commencing at the first meeting of Council after the election.

- 4.7.3.1 Should an election of members of Council for Electoral District T and Electoral District TH not be held on the first Wednesday in August 2010, the term of office of a person elected to Council in the first election held in those Electoral Districts shall commence at the first meeting of Council after the election and shall expire on the same date as the term of office of a person elected to Council in 2010 in Electoral District K or Electoral District L.
- 4.7.4 The term of office of a person elected to Council in an annual August election after 2010 shall be three (3) years, commencing at the first meeting of Council after the election.

4.8 Election Date

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

4.9 Eligibility for Election

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

- (h) the Member is not an employee, officer or director of a Professional Advocacy Association, or, if the Member is such an employee, officer or director of a Professional Advocacy Association, the Member gives an undertaking to resign from such position upon being elected or acclaimed to the Council.

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

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

4.9.2 Every Member who proposes to run for election to the Council shall establish, to the satisfaction of the Elections Committee, that he or she meets the place of practice or residency requirement in the Member's Electoral District. In the event of a dispute about whether a Member meets those requirements, or otherwise regarding the eligibility of a Member for election to Council, the Elections Committee shall conduct an investigation and report its findings and recommendations to the Executive Committee. In the event that the Executive Committee finds that the Member does not meet the place of practice or residency requirement in the Member's Electoral District, or that the Member is not otherwise eligible for election, it shall disqualify the Member as a candidate.

4.9.3 No person who has a direct interest in the result of an election dispute shall participate in the investigation or consideration of such dispute as a member of the Elections Committee or in the discussion and voting by the Executive Committee.

4.10 Registrar to Supervise Nominations

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

4.11 Notice of Election and Nominations

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

4.12 Nomination Procedure

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

4.13 Acclamation

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

4.14 Registrar's Electoral Duties

- 4.14.1 The Registrar shall supervise and administer the election of candidates and for the purpose of carrying out that duty, the Registrar may:
 - (a) appoint returning officers or scrutineers;
 - (b) establish a deadline for the receipt of ballots;
 - (c) establish reasonable safeguards to ensure that the person voting is entitled to vote;
 - (d) ensure electronic communication and voting processes are reliable and secure;

- (e) establish procedures for the counting and verification of ballots;
- (f) provide for the notification of all candidates and Members of the results of the election;
and
- (g) provide for the destruction of ballots or the destruction of the record of ballots following an election.

4.14.2 No later than twenty-one (21) days before the date of an election, the Registrar shall provide to every Member eligible to vote in an Electoral District in which an election is to take place a list of the candidates in the Electoral District, secure access to a ballot, and an explanation of the voting procedures as set out in this By-Law.

4.15 Scrutineers

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

4.16 Ballots

- 4.16.1 The names of the candidates properly nominated in the Electoral District in which an election is to take place, and who have not withdrawn their candidacy by the deadline for so doing, shall appear on the ballot.
- 4.16.2 The Registrar shall prepare a list of the voting Members for each Electoral District in which the number of candidates is greater than the number of Members to be elected.
- 4.16.3 A Member who is eligible to vote and who does not receive, or loses, his or her secure access to a ballot may apply to the Registrar for replacement secure access to a ballot and the Registrar shall provide the Member with a replacement.

4.17 Voting

- 4.17.1 A ballot shall clearly indicate the candidate of the voting Member's choice and shall be submitted so that it is received not later than 5:00 p.m. on the day of the election.
- 4.17.2 For each ballot cast, the scrutineers shall ascertain that the voting Member is eligible to vote according to the list prepared by the Registrar.
- 4.17.3 The votes shall be counted or verified by the scrutineers at the head office of the College on the day following the election.
- 4.17.4 The verification of the votes shall be conducted in such a manner that no person shall know for whom any voting Member has voted.
- 4.17.5 The only persons permitted to be present during the verification shall be the scrutineers, the Registrar, such staff of the College as the Registrar authorizes, and the candidates. A candidate may appoint one (1) person to represent the candidate at the verification.

- 4.17.6 If the scrutineers cannot agree on any matter relating to the verification, the matter shall be decided by the Registrar.
- 4.17.7 Upon completing the verification, the scrutineers shall prepare for each Electoral District a return, in duplicate, setting out the number of votes cast for each candidate and the number of spoiled ballots. The returns shall be filed with the Registrar for each Electoral District.
- 4.17.8 In an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes.
- 4.17.9 In an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.
- 4.17.10 Upon receiving the returns from the scrutineers, the Registrar shall declare the candidate(s) who received the largest number of votes in each Electoral District in accordance with subparagraphs 4.17.8 and 4.17.9 to be elected as members of the Council, and shall notify each candidate of the election results.
- 4.17.11 The Registrar shall retain the ballots or the records of the ballots for thirty (30) days from the date the votes were counted and shall then destroy the ballots or the records of the ballots unless a candidate requests a recount.

4.18 Number of Votes to be Cast

- 4.18.1 In any election in an Electoral District in which a Member is eligible to vote, a Member may cast as many votes as there are members of Council to be elected in that Electoral District in that election.
- 4.18.2 A Member shall not cast more than one vote for any one candidate.

4.19 Tie Votes

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

4.20 Recounts

- 4.20.1 A candidate may make a written request to the Registrar for a recount, no more than thirty (30) days after the date of an election, upon paying the election recount fee to the Registrar.
- 4.20.2 If a recount is requested, the Registrar shall appoint a time and place for the recount. The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.
- 4.20.3 The recount shall be conducted in the same manner as the original counting and verification of votes, except that the votes shall be counted and verified by two (2) persons appointed by the President, and who were not scrutineers in the election.

4.20.4 The candidate may be present for the recount.

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

4.21 Interruption of Service

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

4.22 Conduct of Council Members

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

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

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

- (a) fails, without cause, to attend three (3) consecutive meetings of Council;
- (b) fails, without cause, to attend three (3) consecutive meetings of a Committee of which he or she is a member, or fails without cause to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
- (c) in the case of an elected member of Council, ceases to practise or reside in the Electoral District to which the member of Council was elected;
- (d) is in default of payment of any fees prescribed in the By-Laws;
- (e) is or becomes an employee, officer or director of a Professional Advocacy Association; (however, for greater certainty, a member of Council shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);
- (f) in the case of a dean of a faculty of pharmacy who is a Member,
 - (i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (ii) is found to be an incapacitated Member by a panel of the Fitness to Practice Committee;
- (g) initiates litigation against the College, the Council, a committee of the Council or a panel of a committee of the Council or any of its directors, officers, employees or agents; or
- (h) engages in conduct or an omission that is reasonably regarded by Council members as being disgraceful, dishonourable, unprofessional or unbecoming a Council member.

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

- (a) A written complaint shall be filed with the Registrar. A complaint can be made by a member of the public, a Council member or Committee member or by the Registrar.
- (b) The Registrar shall disclose the complaint to the Council member and shall report the complaint to the President or the Vice-President who shall bring the complaint to the Executive Committee. If the Executive Committee is unable to address the complaint, it may appoint another Committee to fulfill its duties under subparagraph ~~4.22.3~~4.22.3.
- (c) If the Executive or other Committee, after any inquiry it deems appropriate, concludes that the complaint warrants formal investigation, it shall appoint an independent third party, such as a retired Judge or a senior lawyer who does not otherwise act for the College, to conduct the investigation. In addition to any other investigative steps, the independent third party shall notify the Council member of the complaint and of his or her right to retain a lawyer and shall provide an opportunity for the Council member to respond to the complaint.
- (d) As soon as feasible, the independent third party shall report the results of the investigation in writing to the Executive or other Committee and to the Council member. The report shall include the independent third party's findings of fact and his or her opinion as to whether grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have been met and, if so, the apparent significance of the breach.
- (e) If the Executive or other Committee determines that formal governance action is warranted it shall be placed on the agenda of the next regular Council meeting unless a special meeting is called before then to address the matter. Participation in the investigation and referral process does not render the members of the Executive or other Committee ineligible to participate and vote on the matter at Council.
- (f) Before taking formal governance action, Council shall afford the Council member an opportunity to address the Council for a period of time permitted by the Council of no less than one hour. However, the Council member shall not take part in the deliberation or vote.
- (g) Council shall determine whether grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have been met and, if so, whether the breach warrants the imposition of a governance sanction.
- (h) The determination that grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have been met and the determination to impose a formal governance sanction must be approved by a vote of at least two-thirds (2/3) of the Council members eligible to vote. The vote shall be a recorded vote.
- (i) The formal governance sanction imposed by the Council may include one or more of the following:
 - (i) censure of the Council member verbally or in writing,
 - (ii) disqualification of an elected member of Council from the Council,

- (iii) sending a copy of the independent third party's report and the Council's determination to the Ministry of Health and Long Term Care respecting a person appointed by the Lieutenant Governor in Council, or
 - (iv) sending a copy of the independent third party's report and the Council's determination to the applicable Ontario university respecting a Council member who is a dean of a faculty of pharmacy.
- (j) Where Council determines that grounds for taking formal governance action against the Council member set out in subparagraph 4.22.2 have not been met and that formal governance action is not warranted, Council may direct the College to reimburse the Council member for all or part of the Council member's legal expenses.
- 4.22.4 An elected member of Council who is disqualified from sitting on the Council is thereby removed from Council and ceases to be a member of Council.

4.23 Filling of Vacancies

- 4.23.1 If the seat of an elected member of Council becomes vacant not more than twelve (12) months before the expiry of the term of office of that elected member of Council, the Council may:
- (a) leave the seat vacant; or
 - (b) direct the Registrar to hold a by-election in accordance with this By-Law for the Electoral District in which the elected member of Council sat.
- 4.23.2 If the seat of an elected member of Council becomes vacant more than twelve (12) months before the expiry of the term of office of that member of Council, the Council shall direct the Registrar to hold a by-election for the Electoral District in which the elected member of Council sat.
- 4.23.3 The provisions of this By-Law that apply to the conduct of elections shall apply to the conduct of by-elections, with all necessary modifications.
- 4.23.4 The term of office of a member of Council elected in a by-election under subparagraph 4.23.1 or 4.23.2 shall commence upon acclamation or election and shall continue until the term of office of the former member of Council would have expired.

4.24 Supplementary Election Procedures

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

until the end of the term of office prescribed in paragraph 4.7 for a member elected in the Electoral District in which that member was elected.

Article 5 MEETINGS OF COUNCIL

5.1 Meetings of Council.

- 5.1.1 The Council shall hold at least four regular meetings in the one-year period following each annual August election of members to the Council. The first regular Council meeting shall take place within 90 days following the August election. The dates for the remaining regular Council meetings shall be set at the first regular Council meeting following the August election.
- 5.1.2 The President may call a special meeting of Council at any time, provided that notice is given in accordance with the *Pharmacy Act Regulations* to each member of Council, the Members and the public, specifying the purpose of the meeting.
- 5.1.3 Notice of any special meeting of Council shall be sufficient if provided to each member of Council at his or her specified address as shown in the records of the College.
- 5.1.4 The President or, in his or her absence or failure to act, the Vice-President, shall call a special meeting of Council upon the written request of two-thirds (2/3) of the members of Council. In the event that the President or Vice-President are both unable, or fail, to call a meeting of Council, two-thirds (2/3) of the members of Council may call a meeting upon their written request delivered to the Registrar. Notice of the special meeting shall be given as set out in subparagraph 5.1.3.
- 5.1.5 Meetings of Council shall be held at the permanent office of the College, or at such other place or places as the Council may designate.
- 5.1.6 The quorum for the transaction of business at any meeting of the members of Council shall be a majority of members of Council.
- 5.1.7 Unless specifically provided for otherwise in the By-~~law~~Law, any question arising at any meeting of the Council shall be determined by a majority of votes of members of Council present at the meeting and eligible to vote.
- 5.1.8 At the regular meetings of members of Council, the business shall include:
 - (a) noting the names of the Council members present and absent;
 - (b) approving the agenda;
 - (c) notice of motions intended to be introduced;
 - (d) motions, notice of which has been previously given;
 - (e) inquiries;
 - (f) reports of Committees and consideration thereof;
 - (g) unfinished business from previous meetings;

- (h) items for the information of Council members;
 - (i) any referral for formal governance action made under subparagraph 4.22.3;
 - (j) other matters; and
 - (k) adjournment.
- 5.1.9 An item of business may be excluded only with the consent of two-thirds (2/3) of the members of Council present at a meeting and eligible to vote.
- 5.1.10 A Council member may place any item that can properly be discussed by Council on the Council agenda by making a notice of motion. Notices of all motions intended to be introduced shall be given in writing at a meeting of the Council on a day previous to the discussion or vote thereon unless this requirement is dispensed with by a vote of at least two-thirds (2/3) of all the members of Council present at the meeting and eligible to vote.
- 5.1.11 The Rules of Order set out in Schedule C of this By-Law apply to the conduct of Council meetings.

5.2 Meetings Held By Technological Means.

- 5.2.1 If two-thirds (2/3) of all members of Council, or of a Committee (as the case requires) who are eligible to vote consent thereto generally or in respect of a particular meeting, and each has adequate access, members of Council or of a Committee may participate in a meeting of, respectively, Council or of a Committee, by means of such conference telephone or other communications facilities as permit all persons participating in the meeting to hear each other, and a member of Council or of a Committee participating in such a meeting by such means is deemed to be present at the meeting.
- 5.2.2 At the outset of each meeting referred to in paragraph 5.2.1, the Chair shall call roll to establish quorum and whenever votes are required. If the Chair is not satisfied that the meeting may proceed with adequate security and confidentiality, he or she shall adjourn the meeting to a predetermined date, time and place, unless a majority of the Council or Committee members (as the case may be) present at such meeting and eligible to vote otherwise require.

Article 6 REMUNERATION AND EXPENSES

6.1 Remuneration and Expenses.

- 6.1.1 When they are on official College business, members of Council and Committees, working groups and task forces, other than persons appointed by the Lieutenant Governor in Council, shall be paid the following:
- (a) a travel allowance, which shall consist of a rate for distance traveled of 45 cents per kilometre; or air fare, bus or rail fare, plus transportation to and from air, bus or train terminals;
 - (b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;

- (c) an expense allowance of \$210.00 in lieu of the daily allowance described in subparagraph 6.1.1(b), whenever arrival is necessary the night prior to a scheduled meeting;
 - (d) a daily expense allowance of \$165.00 when on College business in the community in which the Council member resides, which amounts include travel allowance.
- 6.1.2 If the Council appoints a Member, other than a Council or Committee member, to represent the College at a meeting or conference, the Member shall be reimbursed for expenses incurred at the rate set out in subparagraph 6.1.1, plus registration fees, if applicable. The Member shall not accept reimbursement for expenses from any other body.
- 6.1.3 An amount in excess of the amounts authorized under subparagraph 6.1.1 may be paid to a Council member or Committee member provided the amount was specifically included in the College budget for the year in which the expenses are incurred, or with the express, prior authorization of the Executive Committee.

Article 7 COMMITTEES OF THE COLLEGE

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

- 7.1.1 Executive Committee;
- 7.1.2 Registration Committee;
- 7.1.3 Inquiries, Complaints and Reports Committee;
- 7.1.4 Discipline Committee;
- 7.1.5 Fitness to Practise Committee;
- 7.1.6 Quality Assurance Committee; and
- 7.1.7 Patient Relations Committee,

the composition of which are set out in the By-~~law~~[Law](#) and the duties of which are set out in the Act and the By-~~law~~[Law](#).

7.2 Statutory Committee under the Pharmacy Act. Pursuant to the *Pharmacy Act*, the College shall have an Accreditation Committee, the composition of which is set out in the By-~~law~~[Law](#) and the duties of which are set out in the *Drug and Pharmacies Regulation Act* ("~~DPRA~~") and this By-Law.

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

- 7.3.1 Finance and Audit Committee;
- 7.3.2 Professional Practice Committee;

- 7.3.3 Elections Committee;
- 7.3.4 Communications Committee; and
- 7.3.5 Drug Preparation Premises Committee.

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

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

7.6 Non-Council Committee Members.

- 7.6.1 This paragraph 7.6 applies with respect to the appointment of Members who are not members of Council to a Committee of the College.
- 7.6.2 A Member is eligible for appointment to a Committee if, on the date of the appointment:
 - (a) the Member holds a valid Certificate of Registration as a pharmacist or as a pharmacy technician;
 - (b) the Member either practises or resides in Ontario;
 - (c) the Member is not in default of payment of any fees prescribed in the By-Laws;
 - (d) the Member is not the subject of any disciplinary or incapacity proceeding;
 - (e) the Member's Certificate of Registration has not been revoked or suspended in the six (6) years preceding the date of the appointment;
 - (f) the Member's Certificate of Registration is not subject to a term, condition or limitation other than one prescribed by regulation;
 - (g) the Member has not been disqualified from serving on Council or a committee within the six years immediately preceding the appointment;
 - (h) the Member does not have a conflict of interest in respect of the Committee to which he or she is to be appointed; and
 - (i) the Member is not the ~~owner or designated manager~~Owner or Designated Manager of a pharmacy that, within the six years immediately preceding the appointment, has undergone a re-inspection, as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection.
 - (j) the Member is not an employee, officer or director of a Professional Advocacy Association or, if the Member is such an employee, officer or director of a Professional Advocacy Association the Member gives an undertaking to resign from such position upon being appointed (however, for greater certainty, a member of a Committee shall not be ineligible by reason of serving on an association or organization to which he or she has ~~be en~~been appointed by the Council as a representative of the College);

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

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

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

- 7.9.1 A Nominating Committee shall be formed on the first day of the Council meeting, consisting of the newly elected President and Vice-President, one elected Council member and one Council member appointed by the Lieutenant Governor in Council, such Committee members to be elected from among those Council members present. The Committee shall appoint its own Chair.
- 7.9.2 The Elections Committee shall give its report, consisting of the names of all members of Council who have expressed interest or willingness to sit on or chair a Committee, to the Nominating Committee.
- 7.9.3 The Nominating Committee shall nominate all eligible Council members who agree to sit on the Executive Committee and all eligible Council members who agree to chair the other Statutory Committees and standing Committees. The Chair of the Nominating Committee shall present the nominations to Council.
- 7.9.4 Elections to the Executive Committee:
 - (a) The President shall call for further nominations for the open positions on the Executive Committee;
 - (b) Should the number of nominees who are Members match the number of open positions on the Executive Committee for members of the Council who are Members in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed;
 - (c) Should the number of nominees who are appointed by the Lieutenant Governor-in-Council match the number of open positions on the Executive Committee for members of the Council appointed by the Lieutenant Governor-in-Council in accordance with the Committee composition provisions of this By-Law, all such nominees shall be declared appointed; and

- (d) Should the number of nominees in either category exceed the number of open positions in that category, an election shall be held following the procedure in subparagraph 9.1.2(b) of this By-Law. Should there be more than one open position in a category, Council members shall mark their ballots for up to the number of candidates that matches the number of open positions in the category. The candidate who received the fewest votes shall then be removed from the ballot, and the voting will continue until the number of candidates remaining matches the number of open positions in the category, and such candidates shall be declared appointed. Council members may only cast one vote per candidate on each ballot.
- 7.9.5 The President shall call for further nominations from among the Council members for Chairs of the other Statutory Committees and of the standing Committees. If more than one person is nominated to serve as Chair of a Committee, an election shall be held following the procedure in subparagraph ~~9.1.2~~9.1.2(b) of this By-Law.
- 7.9.6 The Nominating Committee shall confer with the newly elected Chair of each statutory and standing Committee to consider the appointment of the remaining members to that Committee in accordance with the Committee composition provisions of this By-Law. The Nominating Committee shall then prepare a report with respect to the proposed membership of each Committee, which the Chair of the Nominating Committee shall present to the Council for its approval. In making this report the Nominating Committee shall consider the benefits of having minimal overlap between the composition of the Executive Committee and the Finance and Audit Committee.

7.10 Disqualification, Vacancies and Term Limits of Committee Members

- 7.10.1 A member of a Committee is disqualified from sitting on the Committee if the member:
- (a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee; or
 - (b) is found to be an incapacitated Member by a panel of the Fitness to Practise Committee.
- 7.10.2 The Council may disqualify a member of a Committee from sitting on the Committee if the member:
- (a) fails, without cause, to attend three (3) consecutive meetings of the Committee or of a subcommittee of which he or she is a member;
 - (b) fails, without cause, to attend a scheduled hearing or review conducted by a panel to which he or she was appointed;
 - (c) ceases to either practise or reside in Ontario;
 - (d) is in default of payment of any fees prescribed in the By-Laws;
 - (e) becomes an employee, officer or director of a Professional Advocacy Association (however, for greater certainty, a member of a Committee shall not be disqualified by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College);

- (f) breaches the provisions of the By-Laws of the College, including the Schedules to the By-Laws, or the policies and procedures of the College in force at the relevant time; or
 - (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.
- 7.10.3 A person who is disqualified under subparagraph 7.10.1 or 7.10.2 from sitting on a Committee is thereby removed from the Committee and ceases to be a member of the Committee and, subject to subparagraph 7.10.5, the President shall appoint a successor as soon after the disqualification as is feasible.
- 7.10.4 The term of office of a person who is appointed as a successor to a Committee member under subparagraph 7.10.3 shall commence upon the appointment and shall continue until the term of office of the member of the Committee who is being replaced would have expired.
- 7.10.5 A vacancy in the membership or chair of a Committee shall be filled by appointment made by the President. In the case of a vacancy in the membership of a Committee, the President shall consult with the Chair of the Committee before making the appointment.
- 7.10.6 Nothing in paragraph 7.10 prevents the Council, or the Executive Committee acting on its behalf, from adding members to or removing members from a Committee at any time for administrative or logistical reasons.

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

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

7.13 Vacancies. Where this By-Law requires a Committee to have a minimum number of persons by using the phrase “at least” or words of a similar meaning, a vacancy which reduces the number of members of the Committee below the minimum number shall not affect the validity of any action or decision taken by the Committee or any panel of the Committee.

Article 8

COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES

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

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

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

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

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

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

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

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

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

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

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

- 8.7.1 perform such functions as are assigned to it by statute or regulation;
- 8.7.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 8.7.3 submit an annual report to the Council in accordance with the Code; and

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

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

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

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

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

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

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

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

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

8.9.4 provide guidance to the Council on matters concerning discipline.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 8.13.1 perform such functions as are assigned to it by statute or regulation;
- 8.13.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 8.13.3 submit an annual report to the Council in accordance with the Code;
- 8.13.4 provide guidance to the Council on matters concerning quality assurance; and
- 8.13.5 maintain a continuing review of the Quality Assurance Program.

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

- 8.14.1 at least two (2) members of the Council who are Members;
- 8.14.2 at least three (3) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- 8.14.3 at least one (1) Member who is not a member of the Council.

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

- 8.15.1 perform such functions as are assigned to it by statute or regulation;
- 8.15.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 8.15.3 submit an annual report to the Council in accordance with the Code; and
- 8.15.4 provide guidance to the Council on matters concerning patient relations.

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

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

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

- 8.17.1 perform such functions as are assigned to it by statute or regulation;
- 8.17.2 recommend to the Council, through the Executive Committee, changes to applicable statutes, regulations, By-Laws, policies and practices;
- 8.17.3 submit an annual report to the Council; and

8.17.4 provide guidance to the Council on matters concerning accreditation.

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

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

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

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

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

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

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

8.19.4 meet with the auditor each year,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 8.24.1 at least three (3) members of Council who are Members;
- 8.24.2 at least two (2) members of Council appointed by the Lieutenant Governor in Council; and
- 8.24.3 at least one (1) Member who is not a member of the Council.

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

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

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

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

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

- 8.27.1 administer and govern the College's Drug Preparation Premises inspection program in accordance with Part IX of the *Pharmacy Act Regulations*; and
- 8.27.2 deal with any other matters concerning the inspection of Drug Preparation Premises as directed by the Council.

8.28 Maximum Number of Non-Council Committee Members. ~~8.29~~ Council shall not appoint more members to a Committee that are not Council members than the number of Council members that it appoints to the Committee. However, a failure to comply with this provision does not affect the validity of the decisions made by the Committee.

Article 9 OFFICERS

9.1 Election of the President and the Vice-President.

- 9.1.1 The elections for President and Vice-President shall be held at the first regular meeting of the Council following the annual August election of Council members and shall be conducted by secret ballot.
- 9.1.2 The election of the President shall be conducted in the following manner:
 - (a) The outgoing President, or a person chosen by the Council, if the President is unable or unwilling to act, shall call on the Chair of the Elections Committee for the Elections Committee's report. The Chair shall present the list of all candidates for the office of President and hand it to the outgoing President. The President shall read the list and shall ask "Are there any further nominations?" Any Council member may then rise and, after addressing the Chair, nominate any other Council member for President. It is not necessary for the nomination to be seconded.
 - (b) If there is more than one candidate, the outgoing President shall appoint two tellers and direct them to distribute blank ballots, one to each member of the Council. After each Council member has voted, the tellers shall collect the ballots and one teller appointed shall report the vote without disclosing the count. The President shall declare the candidate receiving the overall majority of votes cast to be elected. If there are three (3) or more candidates and no candidate has received an overall majority of votes, the candidate who received the fewest votes shall be removed from the ballot and the vote shall be repeated until there are two candidates remaining. The vote shall then be repeated until one (1) of the candidates has an overall majority of votes. If three (3) votes result in a tie, the result shall be determined by lot by the first teller.
- 9.1.3 The procedure outlined in paragraph 9.1.2 shall then be repeated for the office of Vice-President.

9.2 Duties of the President and the Vice-President.

- 9.2.1 The President shall:
- (a) preside as Chair at all meetings of the Council;
 - (b) make all necessary rulings as to the order of business, subject to an appeal to the Council members present; and
 - (c) be *ex officio* a member of all Committees of the Council, except the Discipline Committee.
- 9.2.2 The Vice-President shall, in the event of the absence or inability of the President to act, perform the duties of the President.
- 9.2.3 In the event of the absence or inability of both the President and the Vice-President to act, the Council members present at a meeting of the Council may appoint one of the other members of the Council to preside at any meeting of the Council.
- 9.2.4 In the event of the death, or disqualification, or inability to act of a permanent nature of the President or the Vice-President, the Council shall elect Council members to fill these vacancies according to the provisions of these By-Laws for calling a meeting and electing the President and the Vice-President.
- 9.2.5 Where the President has lost the confidence of the Council, Council may, on a notice of motion to that effect or at a special meeting of the Council, disqualify the President from office by a vote of at least two thirds (2/3) of the Council members present and eligible to vote.

Article 10 BUSINESS OF THE COLLEGE

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

10.2 Execution of Documents.

- 10.2.1 Deeds, mortgages, conveyances, powers of attorney, transfers and assignments of property of all kinds including without limitation transfers and assignment of shares, warrants, bonds, debentures or other securities (collectively the “instruments”) may be signed on behalf of the College by the President or Vice-President and any one of the Registrar, the Deputy Registrar, the Director of Finance and Administration, the Director of Professional Development, or the Director of Professional Practice, provided that they have been signed in accordance with any policy of the College regarding the execution of instruments then in effect, and further provided that no individual shall execute, acknowledge, or verify any instrument in more than one capacity. All instruments so signed shall be binding upon the College without any further authorization or formality. In addition, the Council may from time to time direct by resolution the manner in which, and the person or persons by whom, any particular instrument or class of instruments may or shall be signed. Any signing officer may affix the corporate seal thereto.
- 10.2.2 Certificates of Registration shall be signed by the President and the Registrar.
- 10.2.3 Contracts may be signed on behalf of the College in accordance with any policy of the Finance and Audit Committee regarding the execution of such contracts.

10.2.4 The signature of any individual, authorized to sign on behalf of the College may be written, printed, stamped, engraved, lithographed or otherwise mechanically reproduced or may be an electronic signature. Anything so signed shall be as valid as if it had been signed manually, even if that individual has ceased to hold office when anything so signed is issued or delivered, until the individual's authorization to sign on behalf of the College is revoked by resolution of the Council.

10.3 Banking and Finance.

10.3.1 The banking business of the College shall be transacted with such chartered banks, trust companies or other financial institutions, as may, from time to time, be designated by or under the authority of the Council on recommendation of the Finance and Audit Committee through the Executive Committee. All such banking business, or any part thereof, shall be transacted on the College's behalf by one or more officers and or other persons as Council may designate, direct, or authorize, from time to time, by resolution and to the extent therein provided.

10.3.2 Cheques drawn on the bank, trust or other similar accounts of the College, drafts drawn or accepted by the College, promissory notes given by it, acceptances, bills of exchange, orders for the payment of money and other instruments of a like nature, may be made, signed, drawn, accepted or endorsed, as the case may be, any two of the Registrar, the Deputy Registrar, the Director of Finance and Administration, ~~and~~ the Director of ~~Professional Development, or the Director of Professional Practice~~ Competence, provided however that no individual shall execute, acknowledge, or verify any instrument in more than one capacity.

10.4 Financial Year and Audit.

10.4.1 The financial year of the College shall be the calendar year ending December 31st.

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

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

10.6 Inspectors for the Purposes of Inspecting Drug Preparation Premises. The Registrar may appoint inspectors for the purposes of Part IX of the *Pharmacy Act Regulations*. Inspectors so appointed shall have such authority and shall perform such duties as are set out in Part IX of the *Pharmacy Act Regulations*.

10.7 Grants.

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

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

10.8 Funds.

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

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

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

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

Article 11 THE REGISTER

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

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

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

11.2 Business Address and Telephone Number

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

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

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

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

11.4 Additional Information to be kept in Register - Members. For the purposes of paragraph 14 of subsection 23(2) of the Code, and subject to paragraphs 11.8 and 11.9, the following additional

information referable to Members shall be kept in the Register, and is designated as public pursuant to subsection 23(5) of the Code:

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

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

11.4.20 Where a Member's Certificate of Registration is reinstated, the effective date of the reinstatement.

11.4.20.1 Where, after April 1, 2015, the Registrar confirms whether the College is investigating a Member because there is a compelling public interest in disclosing this information pursuant to 36(1)(g) of the Act, the fact that the Member is under investigation.

11.4.20.2 Where, for a complaint filed after April 1, 2015 or for a matter in which an investigator is appointed under 75(1)(a) or 75(1)(b) of the *Code* after April 1, 2015, a panel of the Inquiries, ~~Reports and~~ Complaints and Reports Committee requires a Member to appear before a panel of the Committee to be cautioned,

- (a) ~~(a)~~ a notation of that fact,
- (b) ~~(b)~~ a summary of the caution,
- (c) ~~(c)~~ the date of the panel's decision, and
- (d) ~~(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 and Reports Committee takes other action requiring a member to complete a specified continuing education or remediation program,

- (a) ~~(a)~~ a notation of that fact,
- (b) ~~(b)~~ a summary of the continuing education or remediation program,
- (c) ~~(c)~~ the date of the panel's decision, and
- (d) ~~(d)~~ if applicable, a notation that the panel's decision is subject to review and therefore is not yet final, which notation shall be removed once the review is finally disposed of.

11.4.21 Where an allegation of a Member's professional misconduct or incompetence has been referred to the Discipline Committee, where a Member has been referred by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act*, or where the Registrar has referred an application for reinstatement to the Discipline Committee under section 73 of the *Code* and the matter is outstanding,

- (a) the date of the referral;
- (b) a brief summary of each specified allegation;
- (c) the notice of hearing;

- (d) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for the continuation of the hearing if the hearing has commenced;
- (e) if the hearing is awaiting scheduling, a statement of that fact; and
- (f) if the hearing of evidence and arguments is completed and the parties are awaiting a decision of the Discipline Committee, a statement of that fact.

11.4.22 Where the results of a disciplinary proceeding are contained in the Register, the date on which the panel of the Discipline Committee made the finding of professional misconduct or incompetence and the date on which the panel ordered any penalty.

11.4.23 A summary of any reprimand given publicly after November 1, 2006 to a Member as part of the order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise [without reference to the By-Laws] available to the public under the Code.

11.4.24 Where the question of a Member's capacity has been referred to the Fitness to Practise Committee and is outstanding,

- (a) a notation of that fact; and
- (b) the date of the referral.

11.4.25 Where the College is aware that a finding of professional misconduct or incompetence has been made against a Member outside of Ontario by a body that governs pharmacists or pharmacy technicians,

- (a) a notation of that fact;
- (b) the date of the finding and the name of the governing body that made the finding;
- (c) a brief summary of the facts on which the finding was based;
- (d) the penalty; and
- (e) where the finding or penalty is under appeal, a notation of that fact, which notation shall be removed once the appeal is finally disposed of.

~~11.4.25.1 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.~~

11.4.26 Where a decision of a panel of the Discipline Committee has been published by the College with the Member's or former Member's name included after December 31, 1999,

- (a) a notation of that fact; and
- (b) identification of, a link to, or a copy of the specific publication containing that decision.

[11.4.27 The language\(s\) in which the Member can provide professional services as reported by the Member.](#)

11.4.28 Where the College is aware that a Member is currently registered or licensed to practise the profession in another jurisdiction, a notation of that fact.

11.4.29 ~~11.4.27~~ Any other information not otherwise referred to in paragraph 11.4, which the College and the Member have agreed shall be available to the public.

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

11.5.1 The purpose (after January 1, 2016), outcome and ~~or~~ status of inspections of Drug Preparation Premises (including conditions and ~~or~~ reasons for fail results) carried out under Part IX of the *Pharmacy Act Regulations*, including the relevant date.

11.5.2 Any other information which the College and a designated Member for the Drug Preparation Premises have agreed shall be available to the public.

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

11.6.1 The address and telephone number of each location at which the health profession corporation carries on business.

11.6.2 The Certificate of Authorization number of the health profession corporation and the date upon which that Certificate was first issued.

11.6.3 Where the Certificate of Authorization has been revoked, a notation of that fact, the date when the revocation occurred and a brief summary of the reasons for the revocation.

11.6.4 Where the Certificate of Authorization was revised or a new Certificate of Authorization was issued to the health profession corporation, a notation of that fact and the date when that occurred.

11.6.5 The name, as set out in the College's Register, of each of the shareholders, officers and directors of the health profession corporation who are Members and the title or office, if any, held by each.

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

11.7.1 The pharmacy's name, address, telephone and fax number.

11.7.2 The class of Certificate of Accreditation and Accreditation Number of the pharmacy.

11.7.3 The date the pharmacy opened.

11.7.4 The name of the Designated Manager or Contact Person of the pharmacy, as applicable.

- 11.7.5 The purpose (after January 1, 2016), outcome and ~~of~~ status of inspections of the pharmacy, including the relevant date. This subparagraph applies to the most current purpose (after January 1, 2016), outcome and ~~of~~ status of any inspection conducted after July 1, 2013 and the purpose (after January 1, 2016), outcome and ~~of~~ status of every inspection conducted thereafter.
- 11.7.6 Any terms, conditions and limitations on the Certificate of Accreditation.
- 11.7.7 Where terms, conditions or limitations on the Certificate of Accreditation have been varied or removed, the effective date of their variance or removal.
- 11.7.8 Where the Certificate of Accreditation has been revoked or suspended, or has expired, a notation of that fact, the date when the revocation or suspension or expiry occurred and a brief summary of the reasons for the revocation or suspension.
- 11.7.9 Where a suspension of the Certificate of Accreditation has been lifted or otherwise removed, the effective date of its lifting or removal.
- 11.7.10 Where the Certificate of Accreditation has been amended, a notation of that fact and the date when it occurred.
- 11.7.11 A notation of every referral by the Accreditation Committee to the Discipline Committee under section 140 of the *Drug and Pharmacies Regulation Act* of the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, until the matter has been resolved, which notation shall include:
- (a) the date of the referral;
 - (b) a brief summary of each specified allegation; and
 - (c) the anticipated date of the hearing, if the hearing date has been set, or the next scheduled date for the continuation of the hearing if the hearing has commenced.
- 11.7.12 The result, including a synopsis of the decision, of every disciplinary proceeding against the person who has been issued the Certificate of Accreditation, a Designated Manager of the pharmacy or, where the person who has been issued the Certificate of Accreditation is a corporation, the directors of the corporation, unless a panel of the Discipline Committee makes no finding with regard to the proceeding.
- 11.7.13 Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.
- 11.7.14 A summary of any reprimand given publicly after November 1, 2006 to a Designated Manager of the pharmacy as part of an order of a panel of the Discipline Committee, unless the results of the proceeding before the Discipline Committee are not otherwise available to the public under the *Drug and Pharmacies Regulation Act* or the Code.
- 11.7.15 Where a Certificate of Accreditation is subject to an interim order of the Discipline Committee, a notation of that fact, the nature of the order and its effective date.

11.7.16 Where, during or as a result of a proceeding that was commenced pursuant to section 140 of the *Drug and Pharmacies Regulation Act*, a person or corporation ceases to operate a pharmacy and agrees never to operate a pharmacy again in Ontario, a notation of same.

11.7.17 Where applicable, a summary of any restriction on a pharmacy's ability to operate:

- (a) resulting from an undertaking given to the College or an agreement entered into with the College; or
- (b) of which the College is aware and which has been imposed by a court or other lawful authority, in which event the summary of the restriction shall also include the source of the restriction.

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

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

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

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

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

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

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

11.8 Deletion of Information.

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

11.8.2 ~~Notwithstanding~~Despite paragraphs 11.4, 11.5, 11.6 and 11.7, and subject to paragraphs 11.8.3, 11.8.4 and 11.8.5, the College is not required to maintain and may delete from the Register: information about a Member, a Drug Preparation Premises, a health professional corporation, or a pharmacy once three years has passed since the revocation, suspension or other termination of the Certificate of Registration, operation of the Drug Preparation Premises, Certificate of Authorization or Certificate of Accreditation as the case may be.

~~11.8.1 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 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.~~

11.8.3 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. ~~Despite paragraph 11.8.2, but subject to 11.8.4 and 11.8.5 and the Code, the College shall maintain on the Register all of the information about a Member where the~~

Register contains information about the Member resulting from a direction or order of a Committee of the College or resulting from an offence proceeding.

11.8.4 ~~11.8.7 Any~~The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 11.4.13, ~~11.4.27~~11.4.29, 11.7.17 or 11.7.22 where the Registrar is satisfied that the information is no longer ~~of importance to~~relevant for the public to know.

11.8.5 ~~11.8.8 Any~~The College is not required to maintain and may delete from the Register any information which would otherwise have been required to be maintained under subparagraphs 11.4.20.2 and 11.4.20.3 where, after a review, the Inquiries, ~~Reports and~~ Complaints and Reports Committee has been required to remove or vary the appearance for a caution or a specified continuing education or remediation program. Where the original requirement to appear for a caution or to complete a specified continuing education or remediation program has been varied, the Registrar may enter a summary of the process leading up to and the results of the variation.

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

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

12.1 Filing of Information by Members.

12.1.1 The College shall forward to each Member who holds a ~~certificate of registration~~Certificate of Registration as a Pharmacist or Pharmacy Technician each year, and may forward to any Member at any time, in a form approved by the Registrar, a request for information that includes, but is not limited to:

- (a) the Member's home address and home telephone number, being the address and telephone number of the principal Ontario residence of the Member or, if the Member does not have a residence in Ontario, the Member's principal residence and, where available, the Member's e-mail address;
- (b) where a Member is engaged in the practice of pharmacy, whether inside or outside of Ontario, the name, address, telephone number and facsimile number of each person or business for or through which the Member engages in the practice or, in the case of a Member whose practice consists of providing temporary or relief services and who maintains no permanent place of practice, the name, address, telephone number and facsimile number of each agency or other person or business for or through which the Member provides such services;
- (c) the Member's preferred address, preferred telephone number and where applicable, the Member's preferred e-mail address for communications from the College;

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

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

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

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

12.2 Filing of Information by Applicants for a Certificate of Accreditation

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

- (a) the full name of the ~~owner of the pharmacy~~Applicant and, where the ~~owner~~Applicant is a corporation, the full name and residential addresses of the directors and officers of the corporation and the corporation number;
- (b) where the ~~owner~~Applicant is:
 - (i) a corporation or partnership, the business address of the corporation or partnership; or
 - (ii) an individual, the home address of the individual;

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

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

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

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

12.3 Filing of Information by Pharmacies.

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

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

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

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

12.4 Filing of Information for Closing Pharmacies.

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

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

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

12.5 Filing of Information by Health Profession Corporations.

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

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

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

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

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

Article 13 MEMBER FEES

13.1 Application and Issuance Fees

13.1.1 Every person, other than a person who already holds a Certificate of Registration, who wishes to apply for a Certificate of Registration of any class, shall pay an initial application fee ~~of \$130.00 plus applicable taxes, which shall be due and payable immediately upon the College opening a registration file for such person as follows:~~

(a) on or before December 31, 2015, \$130.00 plus applicable taxes; and

(b) on or after January 1, 2016, \$300.00 plus applicable taxes.

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

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

(a) on or before December 31, 2015, \$205.00 plus applicable taxes; and

(b) on or after January 1, 2016, \$75.00 plus applicable taxes.

~~13.1.2 Every applicant for a Certificate of Registration of any class shall pay an application fee of \$205.00 plus applicable taxes, which shall be due and payable upon the applicant submitting his or her completed application to the Registrar.~~

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

(a) ~~13.1.3 The fee for the issuance of a Certificate of Registration as a Pharmacist is~~ on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, either as a Registered Pharmacy Student or as an Intern, plus applicable taxes; ~~and~~

(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.

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

(a) ~~13.1.4 The fee for the issuance of a Certificate of Registration as a Pharmacy Technician is~~ on or before December 31, 2015, the applicable annual fee, plus an additional \$410.00 for each structured practical training program that the applicant completed, plus applicable taxes; ~~and~~

(b) on or after January 1, 2016, the applicable annual fee plus applicable taxes.

13.2 Examination Fee. An ~~Applicant~~applicant for a Certificate of Registration who wishes to write the examination in pharmaceutical jurisprudence approved by the College shall pay an examination fee ~~of \$200.00 plus applicable taxes~~ as follows:

(a) on or before December 31, 2015, \$200.00 plus applicable taxes; and

(b) on or after January 1, 2016, \$100.00 plus applicable taxes.

13.3 Annual Fees.

13.3.1 Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part A of the Register shall pay an annual fee of \$600.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the annual fee for that year shall be \$300.00 plus applicable taxes.

13.3.2 Every person who holds a Certificate of Registration as a Pharmacist and is listed in Part B of the Register shall pay an annual fee of \$300.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacist, if the Certificate of Registration is issued on or after September 1, the annual fee for that year shall be \$150.00 plus applicable taxes.

13.3.3 Every person who holds a Certificate of Registration as a Pharmacy Technician shall pay an annual fee of \$400.00 plus applicable taxes, except that in the year in which the person is first registered as a Pharmacy Technician, if the Certificate of Registration is issued on or after September 1, the annual fee for that year shall be \$200.00 plus applicable taxes.

13.3.4 The annual fee must be paid on or before March 10, except that in the year in which a person is first registered, if the Certificate of Registration is issued after March 10, the annual fee must be paid on the date the person is registered.

13.3.5 No later than 30 days before the annual fee is due, the Registrar shall notify the Member of the amount of the fee and the day on which the fee is due.

13.3.6 A Member who fails to pay an annual fee on or before the day on which the fee is due shall pay a penalty in addition to the annual fee. If the Member pays the annual fee within 30 days of when it is due, the penalty shall be \$100.00 plus applicable taxes. If the Member pays the annual fee 30 days or more after it is due, the penalty shall be \$150.00 plus applicable taxes.

13.4 Fee to Lift Suspension or for Reinstatement.

13.4.1 Where a Member's Certificate of Registration has been suspended by the Registrar for failure to pay a required fee, the fee that the Member shall pay for the lifting of the suspension shall be: (a) the fee the Member failed to pay; (b) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (c) a penalty of \$150.00 plus applicable taxes.

13.4.2 Where a Member's Certificate of Registration has been suspended by the Registrar pursuant to the *Pharmacy Act Regulations*, the fee that the Member shall pay for the lifting of the suspension shall be (a) the annual fee for the year in which the suspension is to be lifted, if the Member has not already paid it; and (b) a penalty of \$150.00 plus applicable taxes.

13.4.3 The fee that a Member shall pay for the reinstatement of his or her Certificate of Registration shall be \$250.00 plus applicable taxes.

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

13.6 Other Fees.

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

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

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

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

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

**Article 14
PHARMACY TRANSACTION FEES**

14.1 Application Fee.

14.1.1 Subject to subparagraph 14.1.2, the application fee for a ~~certificate of accreditation~~ Certificate of Accreditation to establish and operate a pharmacy shall be ~~\$250.00 plus applicable taxes~~ as follows:

- (a) on or before December 31, 2015, \$250.00 plus applicable taxes;
- (b) between January 1, 2016 and the Effective Date, \$500.00 plus applicable taxes; and
- (c) on and after the Effective Date;

- (i) \$500.00 plus applicable taxes for a Certificate of Accreditation of the community pharmacy class; or
- (ii) \$3000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

14.1.2 Where an ~~applicant~~Applicant who has acquired two or more existing pharmacies applies for certificates of accreditation to establish and operate the pharmacies, the application fee shall be ~~\$250.00 plus applicable taxes for the first application, and \$50.00 plus applicable taxes for each additional application.~~as follows:

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

14.2 Issuance Fee.

14.2.1 Subject to subparagraph 14.2.3, the fee for the issuance of a ~~certificate of accreditation~~Certificate of Accreditation to establish and operate a pharmacy shall be ~~\$750.00 plus applicable taxes.~~

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

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

14.2.3 ~~The~~Subject to subparagraph 14.2.5, the fee for the issuance of a ~~certificate of accreditation~~Certificate of Accreditation to establish and operate a pharmacy for an

~~applicant~~Applicant who has acquired or relocated an existing pharmacy shall be as follows \$250.00 plus applicable taxes.

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

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

14.3 Fee for Amended Certificates - Remote Dispensing Locations.

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

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

14.4 Lock and Leave.

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

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

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

14.5 **Renewal Fee.** The fee for the renewal of a ~~certificate of accreditation shall be \$860.00 plus applicable taxes, and~~Certificate of Accreditation shall be paid on or before May 10 of each year ~~and shall be in the amount of:~~

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

- (ii) \$5000.00 plus applicable taxes for a Certificate of Accreditation of the hospital pharmacy class.

14.6 Additional Renewal Fee. The additional renewal fee for the renewal of a ~~certificate of accreditation~~ Certificate of Accreditation for each pharmacy that, within the twelve (12) months prior to the renewal, has undergone a re-inspection as a result of deficiencies noted in an initial inspection, for a third time or more after the initial inspection, shall be \$1,000.00 plus applicable taxes for each such re-inspection, and shall be paid on or before May 10th of each year. The additional renewal fee shall not apply where the re-inspection was pursuant to an order of the Discipline Committee.

Article 15 CERTIFICATE OF AUTHORIZATION FEES

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

15.2 Renewal Fee.

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

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

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

Article 16 CODES OF ETHICS AND CONDUCT

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

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

Article 17 MAKING, AMENDING AND REVOKING BY-LAWS

17.1 Requirements.

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

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

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

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

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

17.3 Effective Date. This By-Law shall come into force and effect on the date that it is approved by the Council. Upon this By-Law coming into force and effect, By-Law No. ~~23~~ shall hereby be repealed.

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

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

President
(Corporate Seal)

Vice-President

SCHEDULE A

CODE OF ETHICS FOR MEMBERS OF THE ONTARIO COLLEGE OF PHARMACISTS

Preamble

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

Principle One

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

Principle Two

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

Principle Three

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

Principle Four

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

Principle Five

Each member acts with honesty and integrity.

Principle Six

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

Principle Seven

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

Principle Eight

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

SCHEDULE B

THE “CODE OF CONDUCT” FOR COUNCIL AND COMMITTEE MEMBERS

Members of Council and Committees will,

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

- (m) ~~(m)~~ respect the boundaries of staff whose role is not to report to or work for individual Council or Committee members including not contacting staff members directly, except on matters where the staff member has been assigned to provide administrative support to that Committee or the Council or where otherwise appropriate; and
- (n) ~~(n)~~ be respectful of others and not engage in behaviour that might reasonably be perceived as verbal, physical or sexual abuse or harassment.

~~Schedule C~~ SCHEDULE C

~~Rules of Order of the Council~~

RULES OF ORDER OF THE COUNCIL

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

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

Document comparison by Workshare Compare on August-26-15 2:42:29 PM

Input:	
Document 1 ID	interwovenSite://WS_EAST/CANADA_EAST/91511321/1
Description	#91511321v1<CANADA_EAST> - Draft By-Law No. 4 (Aug 2015)
Document 2 ID	interwovenSite://WS_EAST/CANADA_EAST/91511321/10
Description	#91511321v10<CANADA_EAST> - Draft By-Law No. 4 (Aug 2015)
Rendering set	Standard

Legend:	
Insertion	
Deletion	
Moved from	
Moved to	
Style change	
Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

Statistics:	
	Count
Insertions	400
Deletions	315
Moved from	14
Moved to	14
Style change	0
Format changed	0
Total changes	743

COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION X

FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: 2016 Operating and Capital Budget

ISSUE: Approval of the 2016 Operating and Capital Budget and corresponding fee structure.

BACKGROUND: The 2016 budget supports the strategic plan developed by Council in March 2015 and the Operational Plan presented to Council in June. The expense budget is set out in accordance with the accountabilities established in the College's Governance Model. The revised fee structure was established with consideration to both internal and external relativity. The Executive Summary and attached budget schedules outline the assumptions respecting membership volumes, College activity and philosophy respecting distribution of fees across the various member classes.

ANALYSIS: A chart outlining relevant fees across Ontario and Canada and a chart listing the changes in OCP's fees over the past decade are attached for information/reference.

RECOMMENDATION: That Council approve the attached Operating and Capital Budget as follows:

- a) the expenses noted in schedules B, C and D
- b) a capital budget of \$182,000
- c) revenue noted in schedule A which reflects
 - i) no changes to member fees
 - ii) changes to community pharmacy fees as follows:
 - renewal fees from \$860 to \$940
 - application fees for new openings from \$250 to \$500
 - application fees for openings – acquisitions from \$250 to \$500
 - iii) changes to fees for registration activity as follows:
 - filing fees from \$130 to \$300
 - application fees (all classes) from \$205 to \$75
 - Structured Practical Training fees (all classes) from \$410 to \$0
 - Jurisprudence examination fees from \$200 to \$100
 - iv) introduction of hospital pharmacy fees as follows:
 - application fees of \$3,000
 - issuance fees of \$3,000
 - renewal fees of \$5,000

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Ontario College of Pharmacists Proposed 2016 Budget - Executive Summary

The following pages provide an overview of the projected financial status for the College at the end of the 2015 operating year and the proposed revenue and expenditures for 2016.

Review of Projected 2015

Revenue projections for the year indicate we will be within a half a percent of budget with pharmacy activity higher than expected but technician registration levels significantly lower. The budget anticipated that many technicians who had completed all requirements would proceed to licensure given the deadlines put in place by hospital employers. Throughout 2015, due to concern that the hospital populations would not be well serviced given the supply of registered technicians, some of those deadlines were relaxed resulting in further deferral of registration by prospective technicians.

Committee costs are projected to exceed budget with the majority of the additional spending relating to Discipline activity. We anticipate 32 matters to be heard in fiscal 2015, approximately 10% higher than what was budgeted. There is a lack of predictability on total costs as the caseload and the complexity of the cases is unprecedented. Several multiple day hearings are planned which, if settled in advance of the scheduled hearings as is often the case, could result in lower costs. The Inquiries, Complaints and Reports Committee (ICRC) will likely exceed budget as the committee continues to work through the backlog; now focused on reports and Registrar Investigations (section 75s). While the budget anticipated a series of district meetings during the year, meetings were deferred pending the completion of the Code of Ethics review.

With respect to College administration, consulting costs for developing a position on Minor Ailments, external support to implement a structured CQI (Continuous Quality Improvement) approach to operations and external services to analyze data derived from the provincial Narcotic Monitoring Systems were not contemplated in the budget but were initiatives that could not reasonably be deferred. Legal costs for drafting the *Drug and Pharmacies Regulations Act* (DPRA) regulations exceeded budget as did travel costs due to the two-person team approach taken for baseline assessments for hospital pharmacy readiness. Activity related to developing policy on practice initiatives and the costs for monitoring incapacitated members through the Centre for Addiction and Mental Health (CAMH) Work Stress and Health Program were lower than expected due to the national focus on practice initiatives such as sterile compounding and a lower number of identified members in need of monitoring. Property costs exceeded budget due to unexpected maintenance costs associated with freezing pipes early in 2015 and increased utility costs.

The cumulative impact of the variances noted above is a projected excess of revenue over expenses of \$102,000 before capital and a deficit of \$356,000 after capital bringing the total reserves of \$7.4M in line with the restricted reserve values established by the Finance and Audit Committee.

Overview of Year 2016 Proposed Operating Budget

In June of this year, Council received the Operational Plan that supported the strategic priorities set by Council at their planning event in March 2015. The Plan reflected the high level activity aimed at increasing the relevance and value to society of both the profession and the College as regulator. The Plan also affirmed transparency, accountability and excellence as values and

codified Patients First, Effective Communication and Continuous Quality Improvement as strategic initiatives. It built on the Governance Review undertaken the previous year which addressed accountabilities for meeting the objectives set out in the Plan. The 2016 budget reflects the respective expenses in accordance with these accountabilities.

In addition, the budget reflects the outcome of a global review of our fee structure. The review prompted changes to the philosophy behind revenue collection for facilities, members and applicants and better aligned us with our counterparts across the country. In the revised fee structure, initial registration costs will be heavily subsidized by the profession and costs for issuance and renewal of community pharmacy accreditation certificates will rise to accommodate increased scrutiny of the character of the operator at both entry and at annual renewal.

Committee costs are those associated with the accountabilities of the committees, with program delivery costs now appropriately allocated under College administration - \$2,469,000. Council costs include a more robust orientation program which will include governance, fiduciary duties, conflict of interest and other elements such as the principles and concerns raised by the Task Force on the Prevention of Sexual Abuse. Full scale district meetings will be held across the province to further engage the membership in embracing the principles of professional responsibility and the new code of ethics. The Accreditation Committee will refine its processes for assessing suitability for issuance and renewal of both community and hospital pharmacy accreditation certificates. The Communications Committee, with input from the public, will influence website messaging aimed at enhancing the public's understanding of College processes including the display of information on the public register as part of the transparency initiative. Discipline activity will increase due to the large case load resulting from an increasing number of section 75 referrals. The ICRC Committee activity should return to more reasonable levels and the QA committee will examine how the QA program activity will be impacted by member practice assessment during pharmacy visits. (Redrafting of the QA Program regulations will bring clarity to the role and accountability of the QA Committee which will be reflected in future year budgets.) The Patient Relations Committee will focus activity on ensuring patient voices are considered in practice matters and funds have been allocated for special committees to complete the Code of Ethics review.

Salary costs are expected to increase by \$900,000 over projected 2015 costs, with total personnel costs including benefits budgeted at \$11,650,000. A third of the salary increase relates to routine salary administration for existing employees while the remainder is for the addition of full time and temporary staff to execute the strategies outlined in the Operational Plan. Temporary resources are allotted to implement a more robust information management system and to establish a structure for managing remediation initiatives. Additional practice assessors are required to meet the expectations for frequency of site assessments and a registration manager is required to backfill the position vacated by Susan James who assumed the role of Director, Competency this summer. Benefit costs reflect the revised staffing numbers and increases to the group benefit program prompted by higher usage. Personnel Costs – Other relate to staff professional development and training, association dues and recruitment.

The College's general administrative expenses for 2016 are budgeted as \$3,179,000. This expense category now reflects the costs of program implementation such as the Structured Practical Training Program, monitoring of incapacitated members through CAMH's Work Stress and Health Program and cost of developing the jurisprudence exam. Increasing the use of production videos to convey College expectations and developing education modules for the Code of Ethics roll-out are examples of budgeted communication initiatives. The practice input expense line provides for activity aimed at engaging members and the public on policy initiatives

in accordance with the Policy Consultation Framework developed as part of the DPRA Regulation redrafting. Consulting costs relate primarily to outsourcing the development of technology solutions to support our changing practice assessment model and moving more of our processes to web-based self-service solutions. Legal costs include drafting new regulations for Registration and Quality Assurance and for responding to anticipated changes to the *Regulated Health Professions Act* and its supporting Code. Software maintenance will increase due to increase in user licenses and both telephone and internet line services will be added to increase capacity.

Anticipating a change in tenancy at 186 St. George, property costs, including the Niagara Apothecary will increase by \$74,600 to a total of \$238,200. Despite the growth in the employee count, the College is able to accommodate operations and increase meeting space in its two buildings due to its telecommuting strategy. Plans are underway to add meeting space for larger groups, an ever increasing need given the number of hearing days planned for the next two years.

Capital expenditures for 2016 for Information Technology, Leasehold Improvements and Furniture are budgeted at \$182,000. As many capital improvements have recently been completed, the capital budget for 2016 is nominal. Software license upgrades and miscellaneous facility improvements are accounted for in this budget.

Revenue is expected to increase by \$1.7M over 2015 projections with total revenue budgeted at \$17,588,200. The 2016 budget anticipates that throughout 2016 all 240 (approximate) hospital pharmacies will apply and be issued initial certificates of accreditation. A flat rate for hospital pharmacy accreditation is contemplated regardless of bed size or services provided, similar to the structure in place for community pharmacy where prescription volumes and specialty services vary significantly, yet all pharmacies pay the same fee for accreditation. Registration income will be reduced significantly through a combination of eliminating training fees, reducing application and examination fees and increasing the initial filing. This strategy was preferred as it equalizes the costs of registration in Ontario for those internationally trained who are now required to register through the national Gateway and those who enter directly from within the province or from another province. The lower overall cost of registration brings Ontario in line with the cost of registration in other provinces. Pharmacy fees at application and renewal will increase to reflect the increased activity relating to screening applicants and owners to ensure that their past and present conduct provide assurance that the pharmacy will be operated with decency, honesty and integrity. The proposed increase in pharmacy fees still results in Ontario having the lowest accreditation fee in the country.

Bottom line Given the Revenue and Expenses outlined above, the 2016 budget reflects an excess of Revenue over Expenses of \$53,641 before capital expenditures. By-law amendments reflecting the fee adjustments have been drafted for circulation prior to approval by Council in December 2015.

9/1/2015 12:17 PM

Ontario College of Pharmacists
Summary - Budget 2016

	2015 Projected	2015 Budget	2016 Budget	Var. 2015 Projected to 2015 Budget		Var. 2016 Budget to 2015 Budget		Var. 2016 Budget to 2015 Projected	
				\$	%	\$	%	\$	%
REVENUE - "Schedule A"	15,878,460	15,972,875	17,600,700	(94,415)	-0.59%	1,627,825	10.19%	1,722,240	10.85%
EXPENDITURES									
Schedule "B" - Council & Committee Expenses	2,293,673	1,997,968	2,468,900	295,705	14.80%	470,932	23.57%	175,227	7.64%
Schedule "C" - College Administration	13,318,277	13,260,276	14,827,426	58,001	0.44%	1,567,150	11.82%	1,509,149	11.33%
Schedule "D" - Property & Niagara Apothecary	163,649	115,019	238,233	48,630	42.28%	123,214	107.12%	74,584	45.58%
TOTAL EXPENDITURES	15,775,599	15,373,263	17,534,559	402,336	2.62%	2,161,296	14.06%	1,758,960	11.15%
EXCESS OF REVENUE OVER EXPENDITURES	102,861	599,612	66,141	(496,751)	-82.85%	(533,471)	-88.97%	(36,720)	-35.70%
<i>Capital Expenditures</i>	(458,695)	(467,350)	(182,000)	8,655	-1.85%	285,350	-61.06%	276,695	-60.32%
<i>Surplus (Deficit) After Capital Expenditures</i>	(355,834)	132,262	(115,859)	(488,096)	-369.04%	(248,121)	-187.60%	239,975	-67.44%

9/1/2015 12:17 PM

**SCHEDULE A
Revenue**

	2015 Projected	2015 Budget	2016 Budget	Var. 2015 Projected to 2015 Budget		Var. 2016 Budget to 2015 Budget		Var. 2016 Budget to 2015 Projected	
				\$	%	\$	%	\$	%
Pharmacist Fees	8,791,000	8,716,500	9,106,500	74,500	0.85%	390,000	4.47%	315,500	3.59%
Pharmacy Technician Fees	1,521,550	1,840,000	1,876,000	(318,450)	-17.31%	36,000	1.96%	354,450	23.30%
Community Pharmacy Fees	3,669,535	3,553,000	4,186,200	116,535	3.28%	633,200	17.82%	516,665	14.08%
Hospital Pharmacy Fees	0	0	1,440,000	0	0.00%	1,440,000	0.00%	1,440,000	0.00%
DPP Revenue	10,000	10,000	12,500	0	0.00%	2,500	25.00%	2,500	25.00%
Professional Health Corporation	86,150	74,000	80,000	12,150	16.42%	6,000	8.11%	(6,150)	-7.14%
Registration Fees and Income	1,565,225	1,554,375	696,500	10,850	0.70%	(857,875)	-55.19%	(868,725)	-55.50%
Investment Income	235,000	225,000	203,000	10,000	4.44%	(22,000)	-9.78%	(32,000)	-13.62%
TOTAL REVENUE	15,878,460	15,972,875	17,600,700	(94,415)	-0.59%	1,627,825	10.19%	1,722,240	10.85%

9/1/2015 12:17 PM

SCHEDULE B
Council & Committee Expenses

	2015 Projected	2015 Budget	2016 Budget	Var. 2015 Projected to 2015 Budget		Var. 2016 Budget to 2015 Budget		Var. 2016 Budget to 2015 Projected	
				\$	%	\$	%	\$	%
Council	118,025	130,000	130,000	(11,975)	-9.21%	0	0.00%	11,975	10.15%
District *	700	50,000	50,000	(49,300)	-98.60%	0	0.00%	49,300	7042.86%
Committees:									
Accreditation	66,790	64,000	70,000	2,790	4.36%	6,000	9.38%	3,210	4.81%
Communication *	79,489	86,500	12,500	(7,011)	-8.11%	(74,000)	-85.55%	(66,989)	-84.27%
DPP Committee	0	5,000	5,000	(5,000)	-100.00%	0	0.00%	5,000	0.00%
Discipline	1,276,719	895,000	1,410,000	381,719	42.65%	515,000	57.54%	133,281	10.44%
Executive *	20,000	24,000	24,000	(4,000)	-16.67%	0	0.00%	4,000	20.00%
Finance	7,500	5,000	7,000	2,500	50.00%	2,000	40.00%	(500)	-6.67%
Fitness to Practice *	53,157	57,500	62,000	(4,343)	-7.55%	4,500	7.83%	8,843	16.64%
ICRC	149,959	110,000	153,000	39,959	36.33%	43,000	39.09%	3,041	2.03%
Patient Relations	1,101	2,000	5,000	(899)	-44.95%	3,000	150.00%	3,899	354.13%
Professional Practice	3,588	10,000	4,000	(6,412)	-64.12%	(6,000)	-60.00%	412	11.48%
Quality Assurance *	485,125	513,168	502,400	(28,043)	-5.46%	(10,768)	-2.10%	17,275	3.56%
Registration *	11,520	15,800	14,000	(4,280)	-27.09%	(1,800)	-11.39%	2,480	21.53%
Special Committees *	20,000	30,000	20,000	(10,000)	-33.33%	(10,000)	-33.33%	0	0.00%
Total Committees	<u>2,174,948</u>	<u>1,817,968</u>	<u>2,288,900</u>	<u>356,980</u>	<u>19.64%</u>	<u>470,932</u>	<u>25.90%</u>	<u>113,952</u>	<u>5.24%</u>
Total Council/District/Committee	<u>2,293,673</u>	<u>1,997,968</u>	<u>2,468,900</u>	<u>295,705</u>	<u>14.80%</u>	<u>470,932</u>	<u>23.57%</u>	<u>175,227</u>	<u>7.64%</u>

* Budget and actuals adjusted to reflect reporting of program costs under College Administration

9/1/2015 12:17 PM

SCHEDULE C
College Administration

	2015 Projected	2015 Budget	2016 Budget	Var. 2015 Projected to 2015 Budget		Var. 2016 Budget to 2015 Budget		Var. 2016 Budget to 2015 Projected	
				\$	%	\$	%	\$	%
Personnel:									
Salaries	8,671,012	8,665,914	9,560,345	5,098	0.06%	894,431	10.32%	889,333	10.26%
Benefits	1,574,611	1,534,776	1,745,266	39,835	2.60%	210,490	13.71%	170,655	10.84%
Other Personnel Costs - (Education & training, professional dues)	257,056	287,150	342,830	(30,094)	-10.48%	55,680	19.39%	85,774	33.37%
Total Personnel Costs	10,502,679	10,487,840	11,648,441	14,839	0.14%	1,160,601	11.07%	1,145,762	10.91%
General:									
Association Fees -General	12,151	15,000	15,000	(2,849)	-18.99%	0	0.00%	2,849	23.45%
Association Fees - NAPRA	103,589	117,000	120,000	(13,411)	-11.46%	3,000	2.56%	16,411	15.84%
Audit	18,000	23,000	20,000	(5,000)	-21.74%	(3,000)	-13.04%	2,000	11.11%
Bank Charges	366,282	361,000	389,201	5,282	1.46%	28,201	7.81%	22,919	6.26%
Consulting	405,805	321,000	317,850	84,805	26.42%	(3,150)	-0.98%	(87,955)	-21.67%
Communication Initiatives *	0	0	204,000	0	0.00%	204,000	0.00%	204,000	0.00%
Continuing Education Initiatives	13,000	13,065	10,000	(65)	-0.50%	(3,065)	-23.46%	(3,000)	-23.08%
Courier/Delivery	6,060	5,200	6,050	860	16.54%	850	16.35%	(10)	-0.17%
Donations, Contributions and Grants	202,050	206,200	205,000	(4,150)	-2.01%	(1,200)	-0.58%	2,950	1.46%
DPP Inspection Costs	1,102	5,000	5,000	(3,898)	-77.96%	0	0.00%	3,898	353.72%
Election Expenses	3,700	6,000	5,000	(2,300)	-38.33%	(1,000)	-16.67%	1,300	35.14%
Examinations, Certificates and Registration *	208,705	198,500	183,000	10,205	5.14%	(15,500)	-7.81%	(25,705)	-12.32%
Government Relations *	42,000	45,000	42,000	(3,000)	-6.67%	(3,000)	-6.67%	0	0.00%
Information Systems Leasing & Maintenance	221,000	221,000	260,050	0	0.00%	39,050	17.67%	39,050	17.67%
Insurance - E & O	5,413	6,000	5,800	(587)	-9.78%	(200)	-3.33%	387	7.15%
Legal *	237,557	173,000	250,000	64,557	37.32%	77,000	44.51%	12,443	5.24%
Office Equipment Leasing & Maintenance	28,820	29,000	29,000	(180)	-0.62%	0	0.00%	180	0.62%
Postage	33,121	29,000	36,000	4,121	14.21%	7,000	24.14%	2,879	8.69%
Practice Input Initiatives *	14,725	55,000	110,000	(40,275)	-73.23%	55,000	100.00%	95,275	647.03%
Professional Health Program *	123,000	200,000	160,000	(77,000)	-38.50%	(40,000)	-20.00%	37,000	30.08%
Publications-Pharmacy Connection & Annual Report	51,500	54,000	51,500	(2,500)	-4.63%	(2,500)	-4.63%	0	0.00%
Structured Practical Training *	131,047	121,500	114,500	9,547	7.86%	(7,000)	-5.76%	(16,547)	-12.63%
Subscriptions	3,030	5,141	4,800	(2,111)	-41.06%	(341)	-6.63%	1,770	58.42%
Supplies/Stationery	29,121	30,514	28,414	(1,393)	-4.57%	(2,100)	-6.88%	(707)	-2.43%
Telecommunications	157,337	165,466	186,470	(8,129)	-4.91%	21,004	12.69%	29,133	18.52%
Travel and Conferences	397,483	366,850	420,350	30,633	8.35%	53,500	14.58%	22,867	5.75%
Total General Expenses	2,815,598	2,772,436	3,178,985	43,162	1.56%	406,549	14.66%	363,387	12.91%
Total Administration Expenses	13,318,277	13,260,276	14,827,426	58,001	0.44%	1,567,150	11.82%	1,509,149	11.33%

9/1/2015 12:17 PM

SCHEDULE D
Property & Niagara Apothecary

	2015		2016	Var. 2015 Projected to 2015 Budget		Var. 2016 Budget to 2015 Budget		Var. 2016 Budget to 2015 Projected	
	Projected	Budget	Budget	\$	%	\$	%	\$	%
Property									
483 Huron:									
Insurance - Property	9,948	9,300	10,750	648	6.97%	1,450	15.59%	802	8.06%
Maintenance & Repairs	113,289	97,649	118,509	15,640	16.02%	20,860	21.36%	5,220	4.61%
Taxes	26,462	26,400	28,408	62	0.23%	2,008	7.61%	1,946	7.35%
Utilities	53,050	48,000	58,500	5,050	10.52%	10,500	21.88%	5,450	10.27%
Total 483 Huron	202,749	181,349	216,167	21,400	11.80%	34,818	19.20%	13,418	6.62%
186 St George									
Insurance - Property	3,268	3,100	3,550	168	5.42%	450	14.52%	282	8.63%
Maintenance & Repairs	37,154	30,100	42,136	7,054	23.44%	12,036	39.99%	4,982	13.41%
Taxes	83,485	93,400	87,300	(9,915)	-10.62%	(6,100)	-6.53%	3,815	4.57%
Utilities	7,973	8,000	8,500	(27)	-0.34%	500	6.25%	527	6.61%
Total 186 St George before Rental/Recovery	131,880	134,600	141,486	(2,720)	-2.02%	6,886	5.12%	9,606	7.28%
Deduct: Rental Income/Recovery, TMI									
Rental Income	(117,655)	(134,668)	(89,125)	17,013	-12.63%	45,543	-33.82%	28,530	-24.25%
Recovery, TMI	(78,654)	(87,287)	(55,020)	8,633	-9.89%	32,267	-36.97%	23,634	-30.05%
Net Rental Income/Recovery, TMI	(196,309)	(221,955)	(144,145)	25,646	-11.55%	77,810	-35.06%	52,164	-26.57%
Total 186 St George	(64,429)	(87,355)	(2,659)	22,926	-26.24%	84,696	-96.96%	61,770	-95.87%
Total Property Expenses	138,320	93,994	213,508	44,326	47.16%	119,514	127.15%	75,188	54.36%
Niagara Apothecary *									
Salaries & Administration	30,866	30,100	31,900	766	2.54%	1,800	5.98%	1,034	3.35%
Insurance	7,817	4,900	5,700	2,917	59.53%	800	16.33%	(2,117)	-27.08%
Utilities	6,571	5,800	5,900	771	13.29%	100	1.72%	(671)	-10.21%
Building improvements & maintenance	50	500	500	(450)	-90.00%	0	0.00%	450	900.00%
Publicity	225	225	225	0	0.00%	0	0.00%	0	0.00%
Miscellaneous	500	500	500	0	0.00%	0	0.00%	0	0.00%
Cost of Sales	8,000	12,000	9,000	(4,000)	-33.33%	(3,000)	-25.00%	1,000	12.50%
Income	(28,700)	(33,000)	(29,000)	4,300	-13.03%	4,000	-12.12%	(300)	1.05%
Total Niagara Apothecary	25,329	21,025	24,725	4,304	20.47%	3,700	17.60%	(604)	-2.38%
Total Property & Niagara Apothecary	163,649	115,019	238,233	48,630	42.28%	123,214	107.12%	74,584	45.58%

SCHEDULE A.1
Revenue Projection

September 2015 Council
Appendix 11

Account	Code	@ \$	Projected	Projected	2015	2015 Budget	2016	2016 Budget	Var. 2015 Projected		Var. 2016 Budget		Var. 2016 Budget	
			2015 #s	2015 \$	Budget #s	\$	Budget #s	\$	to 2015 Budget	%	to 2015 Budget	%	to 2015 Projected	%
Pharmacist Renewal - Part A@2015 rate	3000	600	13,443	8,065,800	13,590	8,154,000	14,150	8,490,000	(88,200)	-1.08%	336,000	4.12%	424,200	5.26%
Pharmacist Renewal - Part B	3006	300	877	263,100	850	255,000	900	270,000	8,100	3.18%	15,000	5.88%	6,900	2.62%
Pharmacist- Late Payment Fees				32,350		20,000		20,000	12,350	61.75%	0	0.00%	(12,350)	-38.18%
Pharmacist A-New Registration,Mar 10 to Aug 31 @2015 rate	3003	600	508	304,800	275	165,000	280	168,000	139,800	84.73%	3,000	1.82%	(136,800)	-44.88%
Pharmacist A - New Registration, Sep 1 to Dec 31@2015 rate	3005	300	402	120,600	400	120,000	520	156,000	600	0.50%	36,000	30.00%	35,400	29.35%
Part B New Registration				600					600	0.00%	0	0.00%	(600)	-100.00%
Pharmacist - Reinstatement	3009	250	15	3,750	10	2,500	10	2,500	1,250	50.00%	0	0.00%	(1,250)	-33.33%
Total Pharmacist Fees				<u>8,791,000</u>	<u>15,325</u>	<u>8,716,500</u>		<u>9,106,500</u>	<u>74,500</u>	<u>0.85%</u>	<u>390,000</u>	<u>4.47%</u>	<u>315,500</u>	<u>3.59%</u>
Pharmacy Technician - Renewal	3010	400	2,975	1,190,000	3,600	1,440,000	4,040	1,616,000	(250,000)	-17.36%	176,000	12.22%	426,000	35.80%
Pharmacy Technician - Late Payment Fees				7,750		0		0	7,750	0.00%	0	0.00%	(7,750)	-100.00%
Pharmacy Technician -New Registration,Mar 10 to Aug 31	3008	400	658	263,200	800	320,000	500	200,000	(56,800)	-17.75%	(120,000)	-37.50%	(63,200)	-24.01%
Pharmacy Technician - New Registration, Sep 1 to Dec 31	3011	200	303	60,600	400	80,000	300	60,000	(19,400)	-24.25%	(20,000)	-25.00%	(600)	-0.99%
Total Pharmacy Technician Fees				<u>1,521,550</u>		<u>1,840,000</u>		<u>1,876,000</u>	<u>(318,450)</u>	<u>-17.31%</u>	<u>36,000</u>	<u>1.96%</u>	<u>354,450</u>	<u>23.30%</u>
DPP Inspection Fee	3121	2,500	4	10,000	4	10,000	5	12,500	0	0.00%	2,500	25.00%	2,500	25.00%
<i>Pharmacy Renewal (2016 @\$940)</i>	3100	860	3,886	3,341,960	3,850	3,311,000	4,030	3,788,200	30,960	0.94%	477,200	14.41%	446,240	13.35%
Corporate Transaction Fee	3108	75	41	3,075	0	0	0	0	3,075	0.00%	0	0.00%	(3,075)	-100.00%
RDL Opening - Application Fee	3114	250	3	750	0	0	20	5,000	750	0.00%	5,000	0.00%	4,250	566.67%
<i>RDL Opening - Issuance Fee</i>	3119	750	3	2,250			20	15,000	2,250	0.00%	15,000	0.00%	12,750	566.67%
Lock & Leave - Application Fee	3120	250	3	750	0	0	0	0	750	0.00%	0	0.00%	(750)	-100.00%
<i>Pharmacy Opening - Application Fee (2016 @\$500)</i>	3103	250	180	45,000	130	32,500	150	75,000	12,500	38.46%	42,500	130.77%	30,000	66.67%
Pharmacy Opening - Issuance Fee	3115	750	180	135,000	130	97,500	150	112,500	37,500	38.46%	15,000	15.38%	(22,500)	-16.67%
<i>Pharmacy Acquisition - Application Fee (2016 @\$500)</i>	3101	250	190	47,500	150	37,500	180	90,000	10,000	26.67%	52,500	140.00%	42,500	89.47%
Pharmacy Acquisition - Issuance Fee	3116	250	190	47,500	150	37,500	180	45,000	10,000	26.67%	7,500	20.00%	(2,500)	-5.26%
<i>Pharmacy Relocation - Application Fee(2016@500)</i>	3102	250	61	15,250	50	12,500	50	25,000	2,750	22.00%	12,500	100.00%	9,750	63.93%
Pharmacy Relocation - Issuance Fee	3117	250	70	17,500	50	12,500	50	12,500	5,000	40.00%	0	0.00%	(5,000)	-28.57%
Pharmacy Reinspection Fee	3105	1,000	13	13,000	12	12,000	18	18,000	1,000	8.33%	6,000	50.00%	5,000	38.46%
Total Community Pharmacy Fees				<u>3,669,535</u>		<u>3,553,000</u>		<u>4,186,200</u>	<u>116,535</u>	<u>3.28%</u>	<u>633,200</u>	<u>17.82%</u>	<u>516,665</u>	<u>14.08%</u>
Certification of Authorization - New	3106	1,000	29	29,000	20	20,000	20	20,000	9,000	45.00%	0	0.00%	(9,000)	-31.03%
Certificate of Authorization - Renewals & Late Payment				57,150		54,000		60,000	3,150	5.83%	6,000	11.11%	2,850	4.99%
Total Certificate of Authorization (PHC)				<u>86,150</u>		<u>74,000</u>		<u>80,000</u>	<u>12,150</u>	<u>16.42%</u>	<u>6,000</u>	<u>8.11%</u>	<u>(6,150)</u>	<u>-7.14%</u>
<i>Pharmacy Renewal</i>	new	5,000					0	0						
<i>Pharmacy Opening - Application Fee</i>	new	3,000					240	720,000	0	0.00%	720,000	0.00%	720,000	0.00%
<i>Pharmacy Opening - Application Fee</i>	new	3,000					240	720,000	0	0.00%	720,000	0.00%	720,000	0.00%
Total Hospital Pharmacy Fees								<u>1,440,000</u>	<u>0</u>	<u>0.00%</u>	<u>1,440,000</u>	<u>0.00%</u>	<u>1,440,000</u>	<u>0.00%</u>
<i>Filing Fee - Pharmacist (2016 @\$300)</i>	3303	130	800	104,000	750	97,500	700	210,000	6,500	6.67%	112,500	115.38%	106,000	101.92%
<i>Filing Fee - Pharmacy Technician (2016 @\$300)</i>	3311	130	350	45,500	350	45,500	300	90,000	0	0.00%	44,500	97.80%	44,500	97.80%
<i>Pharmacists Application Fee (2016@ \$75)</i>	3304	205	900	184,500	700	143,500	800	60,000	41,000	28.57%	(83,500)	-58.19%	(124,500)	-67.48%
<i>Student Application Fee (2016 @\$75)</i>	3299	205	615	126,075	500	102,500	550	41,250	23,575	23.00%	(61,250)	-59.76%	(84,825)	-67.28%
<i>Intern Application Fee (2016@\$75)</i>	3300	205	480	98,400	375	76,875	450	33,750	21,525	28.00%	(43,125)	-56.10%	(64,650)	-65.70%
<i>Pharmacy Technician Application Fee (2016 @\$75)</i>	3312	205	1,050	215,250	1,500	307,500	800	60,000	(92,250)	-30.00%	(247,500)	-80.49%	(155,250)	-72.13%
SPT Studentship Training - Pharmacist	3305	410	160	65,600	150	61,500	0	0	4,100	6.67%	(61,500)	-100.00%	(65,600)	-100.00%
SPT for Internship Training - Pharmacist	3306	410	300	123,000	300	123,000	0	0	0	0.00%	(123,000)	-100.00%	(123,000)	-100.00%
SPT - Pharmacy Technician	3313	410	450	184,500	350	143,500	0	0	41,000	28.57%	(143,500)	-100.00%	(184,500)	-100.00%
<i>JP Exams - Pharmacist (2016 @\$100)</i>	3307	200	1,200	240,000	1,000	200,000	1,200	120,000	40,000	20.00%	(80,000)	-40.00%	(120,000)	-50.00%
<i>JP Exams - Pharmacy Technician (2016 @\$100)</i>	3314	200	800	160,000	1,200	240,000	800	80,000	(80,000)	-33.33%	(160,000)	-66.67%	(80,000)	-50.00%
JP Exam Late Fees & Other Miscellaneous Fees				18,400		13,000		1,500	5,400	41.54%	(11,500)	-88.46%	(16,900)	-91.85%
Total Registration Fees				<u>1,565,225</u>		<u>1,554,375</u>		<u>696,500</u>	<u>10,850</u>	<u>0.70%</u>	<u>(857,875)</u>	<u>-55.19%</u>	<u>(868,725)</u>	<u>-55.50%</u>
Investment Income	3400			235,000		225,000		203,000	10,000	4.44%	(22,000)	-9.78%	(32,000)	-13.62%
Grand Totals Revenue				<u>15,878,460</u>		<u>15,972,875</u>		<u>17,600,700</u>	<u>(94,415)</u>	<u>-0.59%</u>	<u>1,627,825</u>	<u>10.19%</u>	<u>1,722,240</u>	<u>10.85%</u>

Canadian Pharmacist/Pharmacy Fees								
	Member Annual Fee - Pharmacist	Member Annual Fee- Pharmacy Technician	Registration Fees - Pharmacist	Registration Fees - Pharmacy Technician	Community - Pharmacy Annual Fee	Community - Pharmacy Opening Fees	Community - Pharmacy Changes Fees	Hospital - Pharmacy Annual Fee
Provinces in Canada								
Ontario (2015)	\$300 to 600	\$400	\$535 to \$1,765	\$535 to \$945	\$860	\$1,000	\$500	0
Ontario (2016)	\$300 to 600	\$400	\$475 to \$625	\$475	\$940	\$1,250	\$750	\$5,000
Alberta	\$230 to \$792	\$225 to \$468	\$676 to \$1,205	\$676	\$1,127 to \$2,301	\$0	\$352	0
British Columbia	\$504 to \$530	\$336 to \$353	\$218 to \$974	\$238 to \$769	\$1,331	\$0	\$0	\$1,331
Manitoba	\$115 to \$838	\$50	\$290 to \$800	\$73	\$1,111 to \$7,726	\$750	\$243 to \$500	\$1,111 to \$7,726
New Brunswick	\$185 to \$910	\$100 to \$500	\$650 to \$800	\$400 to \$550	\$1,120	\$500	\$0	0
Newfoundland & Labrador	\$125 to 700	\$ 80 to \$465	\$250 to \$400	\$250 to \$400	\$1,045	\$200	\$200	0
Nova Scotia	\$215 to \$890	\$215 to \$585	\$380 to \$950	\$380 to \$730	\$1,260	\$300	\$640 to \$645	0
Prince Edward Island	\$200 to \$980	\$350 to \$450	\$100 to \$675	\$100 to \$250	\$1,100	\$100	\$100 to \$200	\$150 to \$600
Quebec	\$916	0	\$1,250 to \$1,575	0	0	0	0	0
Saskatchewan	\$75 to 975	0	\$690 to \$1,975	0	\$1,400	0 to \$755	0	0
Yukon Territories	\$100	0	\$200	0	0	0	0	0
Northwest Territories	\$250	0	\$0	0	0	0	0	0
Other Colleges in Ontario								
College of Massage Therapists	\$175 to \$578							
Royal College of Dental Surgeons	\$2,160							
College of Physiotherapists	\$635							
College of Physicians & Surgeons	\$1,570							
College of Nurses	\$175							

Ontario College of Pharmacists - Changes in Fees

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Member Fees										
Pharmacists:										
Part A	\$537.91	NC	NC	\$600	NC	NC	NC	NC	NC	NC
Part B	\$537.91	NC	\$268.95	\$300	NC	NC	NC	NC	NC	NC
Pharmacy Technician	-	-	\$355.02	\$400	NC	NC	NC	NC	NC	NC
Community Pharmacy										
Renewals	\$771.72	NC	NC	\$860	NC	NC	NC	NC	NC	\$940
Openings (total application/issuance)	\$1,000	NC	NC	NC	NC	NC	NC	NC	NC	\$1,250
Relocation (total application/issuance)	\$500	NC	NC	NC	NC	NC	NC	NC	NC	\$750
Acquisition (total application/issuance)	\$500	NC	NC	NC	NC	NC	NC	NC	NC	\$750
Registration Fees										
Filing Fee	\$118.33	NC	NC	\$130	NC	NC	NC	NC	NC	\$300
Application Fees	\$184.89	NC	NC	\$205	NC	NC	NC	NC	NC	\$75
Training Fees	\$369.78	NC	NC	\$410	NC	NC	NC	NC	NC	\$0
Examination Fees	\$153.19/\$306.39	NC	NC	\$200	NC	NC	NC	NC	NC	\$100
Hospital Pharmacy (new)										
Renewals										\$5,000
Openings (total application/issuance)										\$6,000
*NC - No Change										



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION **X**
FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Appointment of Auditors

ISSUE: The Finance and Audit Committee is obligated to annually appoint the auditors for each fiscal year.

BACKGROUND: Clarke Henning LLP has provided auditing and financial services to the College since 2008. The audit and financial services were taken to market in 2014 to ensure the services continued to provide value and were priced appropriately. After careful consideration, the Committee concluded that Clarke Henning LLP was best suited to continue to provide audit services to the College.

ANALYSIS: The FAC is satisfied that the firm is meeting the College's requirements and recommends they be reappointed for fiscal year 2016.

RECOMMENDATION: That Clarke Henning LLP Chartered Accountants be appointed as Auditors for the College for the fiscal year 2016.

OPTIONS:

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):



COUNCIL BRIEFING NOTE

MEETING DATE: September 2015

FOR DECISION

FOR INFORMATION X

INITIATED BY: Marshall Moleschi, CEO and Registrar

TOPIC: Reporting by committees

ISSUE: Receipt of annual reports of statutory and standing committees of the College.

BACKGROUND: Attached for Council's information are annual reports of the statutory and standing committees of the College.

ANALYSIS: Section 11 of the Code (*Health Professions Procedural Code, Schedule 2, Regulated Health Professions Act 1991*), each statutory committee of the College is required to "monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council". This requirement is also reflected in the College's By-Law No. 3. In an effort to provide a complete overview, reports from the standing committees of the College are also included for Council's information. It is to be noted that none of the material in the reports is new and is a re-cap of what has occurred and been reported since the previous Council year.

RECOMMENDATION: **Receive the annual reports of all College committees for information.**

OPTIONS:

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Accreditation Committee – September 2014 to August 2015

Committee Role: The Drug and Pharmacies Regulation Act (DPRA) provides the Accreditation Committee with its authority regarding the issuance and annual renewal of pharmacy licenses (certificates of accreditation) that are required in order to operate a pharmacy in Ontario. The Committee reviews all issuance and renewal applications that the Registrar proposes to deny and directs the Registrar to either issue/renew, refuse or to impose terms, conditions and limitation on the certificate of accreditation.

The Accreditation Committee also considers assessment results of pharmacies identified by staff based on the level of risk. The Committee may conclude a matter if all issues previously identified have been addressed and the Committee is satisfied that compliance has been achieved. The Committee has the authority to order a re-assessment at cost to the pharmacy to verify that all issues addressed on the pharmacy's Action Plan have been implemented and are effective.

Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the DPRA and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the Committee may refer the person who has been issued a certificate of accreditation, the designated manager of the pharmacy or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee for a hearing and determination.

Members: David Hoff (Chair), Timothy Brady, Michelle Filo, Bonnie Hauser, Katie Mahoney, Michael Nashat, Joy Sommerfreund, Regis Vaillancourt, Tracy Wiersema

Meetings Held: October 16, January 14, February 25, April 8, May 20, July 22, September 8.

Key Highlights: The Committee reviewed and recommended the proposed amendments to the Regulation to the *Drug and Pharmacies Regulation Act* (DPRA) to Council for approval. . As a result of the College's new software system application (Hedgehog) and new and enhanced database (RADAR), the Committee has been introduced to new assessment reports and action plans.

At their July meeting, the committee reviewed 18 applications for renewal of certificates of accreditation that were referred to it by the Registrar.

For statistics relating to committee considerations, please refer to the College's annual report.

Ongoing Work: The Committee will continue with its review of assessment reports as the practice based assessment process evolves and consider any issuance and renewal applications that the Registrar forwards to them. It will also continue to evaluate its own decision-making policies and procedures.

Communications Committee - September 2014 to August 2015

Committee Role: The Communications Committee is responsible for overseeing the development and implementation of the College's public education initiatives. The Committee provides guidance to Council on all matters supporting public education and outreach, including raising awareness of the value of both the profession and the College.

Members: Joy Sommerfreund (Chair), Gerry Cook, Javaid Khan, Jon MacDonald, Goran Petrovic, Ken Potvin

Meetings Held: October 17, June 16

Key Highlights: In addition to supporting the ongoing work of the Federation of Health Regulatory Colleges of Ontario (FHRCO) Communications Committee, which generates an annual public awareness campaign (print, radio and video) for all health regulatory colleges in Ontario, the OCP Communications Committee focused on the following projects between September 2013 and August 2014:

1. **Website Re-design** - The Committee's role in the website re-design project, which started early in 2013, was — in keeping with the committee's mandate — to act as general consultants regarding the "public portal" of the new site. The Committee focused heavily on the main "public" page, discussing the type of content that should be offered, the order of the quick links and the language used to describe information targeted to the public. In particular, the Committee composed the descriptor of the College's mandate that appears on the main "public" page of the website: *The College serves and protects the public's interest by holding pharmacists and pharmacy technicians accountable for the safe, effective and ethical delivery of pharmacy services.*
2. **Public Awareness Video Production** - The Committee also identified the need and approved the script for the development of a short (2 - 3 minute) informational video entitled "The Role of the College". The video is targeted to the public and explains the mandate of the College and provides information about how the College helps members of the public if they have questions or concerns about their pharmacist, pharmacy technician or pharmacy. The video is in the final stages of production and will be posted on the College website and shared with members and the public via e-Connect, and through social media channels.

Ongoing Work: The Committee will continue to consult on the "public portal" of the College's website to ensure the most relevant content and information is available for the public. It will also monitor developments related to the transparency initiative and subsequent enhancements to the College's public register to identify opportunities for the development of communication materials (i.e. print material, videos) which inform the public of enhancements that have been made.

Discipline Committee - September 2014 to August 2015

Committee Role: Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against members, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. The majority of matters are resolved by way of an uncontested hearing in which the member admits to the allegations and the supporting facts, and the member and College make joint submissions as to the appropriate sanction. In circumstances where the member denies the allegations, the College is required to prove its case by presenting evidence to the panel, following which the panel will make a determination in relation to each allegation. Upon making findings of professional misconduct or incompetence against a member, the panel has the authority to revoke, suspend or limit the member's registration, impose a fine, and/or reprimand the member.

Information about any current allegations or previous findings of professional misconduct or incompetence relating to a member are outlined on the College's Public Register, including any terms, conditions, or limitations imposed on a member's certificate of registration.

Members: Bob Ebrahimzadeh (Chair), Lavinia Adam, Kathy Al-Zand, Cheryl Bielicz, Erik Botines, Linda Bracken, Dina Dichek, Jim Gay, Jillian Grocholsky, Mike Hannalah, Javaid Khan, John Laframboise, Lew Lederman, Chris Leung, Helen Lovick, Aladdin Mohaghegh, Sylvia Moustacalis, Doris Nessim, Don Organ, Akhil Pandit Pautra, Ken Potvin, Shahid Rashdi, Rachelle Rocha, Mark F. Scanlon, Jeannette Schindler, Connie Sellors, Robert Spadorcia, Doug Stewart, Farid Wasef, Laura Weyland, and David Windross

Committee Meetings Held: October 14, 2014, November 10, 2014, and May 7, 2015

Panel Meetings Held: 39 Pre-Hearing Conferences, 28 Motions (10 oral, 18 in writing), 18 Uncontested Hearings, and 5 Contested Hearings

Key Highlights: The Discipline Committee's Rules of Procedure came into effect on February 1, 2015. The key objectives of the revisions were to incorporate best practices, rectify deficiencies within the Rules, and revise processes to address concerns relating to public protection, fairness, transparency and efficiency. Examples of changes made to the Rules include the establishment of a Hearings Office to increase the Committee's independence from the College's Prosecution team, and the creation of Forms that parties must submit at various stages in the proceedings. As a result of the changes to the Rules, a number of administrative processes that support the Committee's work were also reviewed and revised.

For statistics relating to Discipline Committee proceedings, please refer to the College's annual report.

Ongoing Work: The Chair will continue to review the administrative processes that support the Committee's work, including processes related to changes arising from the new Rules and increasing the Committee's independence from the College's Prosecution team. The

Committee will continue to receive training on the new Rules and will work towards ensuring they are consistently followed.

It is anticipated that Ontario Regulation 681/93 Professional Misconduct, which was submitted to the Government in 2014, will come into effect in 2015. The impact of the new Regulations on the Committee will be considered and any necessary training will be provided.

Drug Preparation Premises (DPP) Committee - September 2014 to August 2015

Committee Role: Regulatory changes under Regulation 965 under the *Public Hospitals Act* took effect in September 2013 requiring that all Ontario hospitals purchase drugs only from regulated or approved entities, including "drug preparation premises" that pass an inspection from the Ontario College of Pharmacists (OCP). OCP brought forward new regulations to increase oversight. This included amending Ontario Regulation 202/94 under the *Pharmacy Act, 1991* giving the college the authority to inspect non-pharmacy, "drug preparation premises." The DPP Committee was created as a Statutory Committee as a part of these changes.

The DPP Committee considers all matters relating to the operation of drug preparation premises in Ontario. The DPP Committee is responsible for oversight of DPPs including ensuring requirements defined in legislation and policy and inspection criteria are adhered to. The committee reviews DPP inspection reports and makes decisions on inspection outcomes.

Members: David Hoff (Chair), Timothy Brady, Michelle Filo, Bonnie Hauser, Michael Nashat, Joy Sommerfreund, Regis Vaillancourt and Tracy Wiersema

Meetings Held: October 16, 2014 and April 8, 2015

Key Highlights: The committee reviewed four DPP inspection reports at the October 2014 meeting. These DPPs were initially inspected in August 2013 when OCP was given the authority for DPPs. The committee reviewed one DPP inspection report at the April 2015 meeting. This site was initially inspected in February 2014.

Ongoing Work: The Committee will continue to follow up with the DPPs. Annual inspections are being planned for all DPPs. The inspection criteria are currently under review and will be changed to reflect the NAPRA model standards for compounding. Scope of DPP activities posted on the public register is also under review.



Executive Committee - September 2014 to August 2015

Committee Role: The Executive Committee exercises all the powers and duties of the Council between Council meetings that require attention. It reviews correspondence and documents relating to policies of the Colleges and ensures that the policies of Council are carried out. As well, it receives reports from other committees, has the financial authority (as stated in the by-laws) to approve all required operating and capital expenditures not included in the budget.

The Executive Committee is comprised of the President, the Vice President, the immediate Past President, an elected member of Council as well as three public members. The Committee is resourced by the Registrar.

Members: Mark Scanlon (President and Chair), Esmail Merani (Vice President), Chris Leung (Past President), Regis Vaillancourt, David Hoff (until June 21, 2015), Aladdin Mohaghegh, Sylvia Moustacalis (from June 22 to September 16, 2015), Joy Sommerfreund

Meetings Held: November 13, 2014, February 10, 2015, February 25, 2015 (conjoint meeting with the Accreditation Committee), May 20, 2015, June 16, 2015 and August 27, 2015

Key Highlights: As noted above, the Executive Committee is required to ensure that the policies of Council are carried out and has the power and duties of the Council to deal with matters that require urgent attention.

In response to the 2013 incident of chemotherapy under-dosing in four Ontario hospitals and one in New Brunswick, the government commissioned Dr. Jake Thiessen to do an independent review and produce a report — a Review of the Oncology Under-dosing Incident which was released to the public by the Minister of Health and Long-Term Care on August 7, 2013. Dr. Thiessen's recommendation number 12 suggested that the College license all pharmacies operating within Ontario's clinics or hospitals. In response, the government introduced draft legislation that will provide the College with the authority to license and inspect hospital pharmacies throughout Ontario.

The original draft legislation — Bill 117: Enhancing Patient Care and Pharmacy Safety Act — was initially introduced in October 2013 but did not pass before the dissolution of the legislature in the spring of 2014. Similar legislation was reintroduced in July 2014 as part of the proposed Bill 21: Safeguarding Health Care Integrity Act, 2014. Specifically Bill 21: Safeguarding Health Care Integrity Act, 2014:

- Provides the College with the authority to license and inspect pharmacies within public and private hospitals, in the same manner it currently licenses and inspects community pharmacies
- Provides the College with the ability to enforce licensing requirements with regard to hospital pharmacies
- Allows the College to make regulations to establish the requirements and standards for licensing, operation and inspection of hospital pharmacies
- Provides government with the ability to extend the College's oversight to other institutional pharmacy locations in the future, as appropriate

Although Bill 21 has been passed in the legislature, provisions relating to the College's oversight of hospital pharmacies will not come into effect until the required amendments to the *Drug and Pharmacies Act* (DPRA) have been approved by government. Accordingly, the College commenced work on amending the regulation to the DPRA which adds provisions for hospital pharmacies and incorporates an outcomes-based approach to the language, designed to improve the relevance of the regulatory framework over time. By removing specific expectations from the regulation and moving these into standards, policies, guidelines and processes, the College will be able to respond to changes in practice and public expectations in a more timely manner. Council approved the proposed regulation at its meeting in June 2015 and the College submitted the proposed regulation to the Ministry of Health and Long-Term Care for final consideration and ultimate proclamation.

For detailed information on this key initiative, please refer to the College website.

In September 2014, College Council announced the establishment of a task force to review and update the College's Code of Ethics so that it more appropriately addresses current practice and clearly establishes the standards of ethical conduct for pharmacists and pharmacy technicians. Since then, Council has received regular updates and Council will be considering the final draft of the Code to the September 2015 Council meeting for approval for a 60-day public consultation period. The College anticipates that the revised Code of Ethics and supplementary documents will be brought to Council at their December 2015 meeting for final approval.

Ongoing Work: The Committee will continue to ensure that Council policies are carried out and that the College continues to meet its objects as stated in the *Regulated Health Professions Act*.



Finance and Audit Committee - September 2014 to August 2015

Committee Role: The Finance and Audit Committee (FAC) is responsible for supervising and making recommendations regarding College assets and liabilities. The Committee reviews and recommends to Council the annual operating and capital budget, monitors and reports on the financial status and directs the audit process.

Members: Javaid Khan (Chair), Linda Bracken, Jon MacDonald, Esmail Merani, Doug Stewart, Mark Scanlon (President)

Meetings Held: December 8, 2014, February 10, 2015, April 23, 2015, August 20, 2015

Key Highlights: At its orientation meeting the FAC was provided, by the College audit firm Clarke Henning, an in-depth educational overview of the audit function; this included the firm's role as the College's auditor as well as clarification on their own role as members of OCP's Finance and Audit Committee.

The Committee met again in February to review the audit findings, set the reserve values for the year and to review the financial position presented in the audited financial statements. The Committee was pleased that no irregularities were detected through the audit.

In April, following Council's strategic planning retreat and prior to the 2016 budget-setting, the FAC met to discuss the philosophy behind the fee setting process and to rationalize the relationship between the fees of various member groups. The Committee reviewed the fees levied by other provincial pharmacy regulators as well as other health profession fees in Ontario. They provided general direction to College staff for the development of the coming year budget.

In late August, the FAC met again to review the six month operating statements and consider the 2016 budget prepared by staff. They sought clarification on reasons for variances against budget for specific expense areas and the process followed by staff in managing the College expenses to the global budget. Satisfied that the Registrar and his staff are effectively managing the resources, the Committee was pleased to recommend approval of the budget, which reflected a new revenue stream for hospital pharmacy and changes to fees for registration and community pharmacy accreditation, delivering a balanced budget for the coming year.

Ongoing Work: Ongoing focus will be on understanding the financial risk protection systems in place and to ensuring that sufficient funds are available to meet the objectives of the new Strategic Plan.

Fitness to Practise Committee - September 2014 to August 2015

Committee role: After conducting inquiries into a member's health, the Inquiries Complaints and Reports Committee can refer a member to the Fitness to Practise Committee for incapacity proceedings.

The Fitness to Practise Committee may hold a hearing to determine whether a member is incapacitated, and if so whether terms, conditions or limitations should be placed on the member's certificate of registration, or whether the member's certificate of registration should be suspended. When a member is referred to the Fitness to Practise Committee regarding possible incapacity, or when a member's ability to practise is restricted further to a finding of incapacity, that information is available to the public through the Public Register. Unlike disciplinary proceedings, incapacity proceedings are not public.

The majority of proceedings before the Fitness to Practise Committee result in a voluntary admission by the member of incapacity, which is supported by a medical opinion. In many instances of voluntary admissions, the member has enrolled in a monitoring contract with the Ontario Pharmacy Support Program ("OPSP") offered through the [Centre for Addiction and Mental Health](#) (CAMH). The OPSP provides case management, and monitoring services for our members. The primary objective is to ensure that members receive appropriate treatment and monitoring and remain in stable recovery thereby allowing them to practise safely when they return to a practice environment. The OPSP is available to all College members, and access to the service can be directly and anonymously by the member or can be facilitated by the College. There is no cost to the member for the service; the cost is paid by the College.

In these cases, the member's case is still reviewed by the Committee, but the College and the Member may seek to waive the notice and procedural requirements set out in the applicable legislation, which require that a hearing into the member's capacity be convened before the Committee. Instead, the member may enter into a Memorandum of Agreement with the College ("MOA") agreeing she or he is incapacitated and the resulting terms, conditions or limitations to be placed on the member's certificate of registration. Through the MOA, both parties authorize a Panel of the Committee to issue a Consent Order finding the member incapacitated without a formal hearing.

Members: Regis Vaillancourt (Chair); Faye Kosa; Linda Bracken; Shahid Rashdi; Barb DeAngelis.

Meetings Held: March 23, 2015;

Panel Meetings Held: January 5, 2015;

For statistics relating to Fitness to Practise proceedings, please refer to the College's annual report.

Ongoing Work:

Currently, there are a number of members who are the subject of health inquiries and who may be referred to the Fitness to Practise Committee in the 2015-2016 Council year.

We continue to develop our relationship with the staff at CAMH supporting the OPSP. Quarterly meetings between College staff and OPSP staff have been scheduled through 2016.

Inquiries, Complaints and Reports Committee - September 2014 to August 2015

Committee Role: The Inquiries, Complaints and Reports Committee (“ICRC”) is a screening committee that conducts investigations into Member-specific issues related to professional misconduct, incompetence, and incapacity from various sources including formal complaints, mandatory reports, and other information that comes to the attention of the Registrar.

The committee Chair appoints panels, consisting of at least three members of the ICRC, including at least one public member. Chairs of each ICRC panel (appointed by the committee Chair) finalize the written decisions and reasons of the ICRC for each matter.

Unless the ICRC decides to refer specified allegations of professional misconduct to the Discipline Committee or to conduct an incapacity investigation, complaints decisions are reviewable by the Health Professions Appeal and Review Board.

Members: Laura Weyland (Chair), Elaine Akers, Kathy Al-Zand, Kalyna Bezchlibnyk-Butler, Heather Boon, Linda Bracken, Steve Clement (resigned December 10, 2014), Gerry Cook, Christine Donaldson, Bonnie Hauser, David Hoff (term expired June 21, 2015), Gurjit Husson (resigned December 31, 2014), Eva Janecek, Javaid Khan, Elizabeth Kozyra, John Laframboise (effective February 17, 2015), Chris Leung, Aladdin Mohaghegh, Sylvia Moustacalis, Michael Nashat, Don Organ, Akhil Pandit Pautra, Hitesh Pandya, Goran Petrovic, Ken Potvin, Saheed Rashid, Rachelle Rocha, Satinder Sanghera, Mark Scanlon, Beth Sproule (resigned October 10, 2014), Doug Stewart, Dan Stringer, Joy Sommerfreund, Asif Tashfin, Farid Wassef, Tracy Wiersema

Meetings Held: October 22, 2014 (Orientation), December 15, 2014 (Health Inquiry Panel Orientation), April 28 (Mid-year Meeting)

Panel Meetings Held: Full-day Panel Meetings: 37, Health Inquiry Panel Meetings: 3, Panel Teleconferences: 15

Key Highlights:

The ICRC has implemented the dispositions recommended by the Advisory Group on Regulatory Excellence (AGRE). In particular, the ICRC has ceased issuing Written Cautions and issues Recommendations /Advice rather than Reminders. In addition, for any matter filed after April 1, 2015, and for which the ICRC has decided to require a member to complete a specified continuing education or remediation program (SCERP) or receive a Caution, a summary of the decision and or the Caution will be posted on the Public Register.

The ICRC is expected to issue its first decisions and reasons in matters which require information to be posted on the Public Register sometime in September, 2015.

In addition to the annual ICRC orientation, an additional orientation was held for ICRC members interested in sitting on health inquiry panel (HIP) meetings. Additional sessions on the same topic will be held in the new Council year to familiarize new ICRC members with the health inquiry process.

For additional statistics relating to ICRC activity, please refer to the College's annual report.

Ongoing Work:

Since January 1, 2014, the Investigations and Resolutions Department of the College has been involved in a business process redesign project, of which the initial phase involved eliminating a backlog of complaint files. This phase of the project is completed, and the focus in this Council year has been on eliminating a backlog of Registrar's inquiries and complex complaints.

The ICRC will continue its involvement with the Investigations and Resolutions department business process redesign project, which includes a long term goal to dispose of files and issue decisions within specific legislated and/or targeted timelines.

A review of the ICRC's Risk Assessment Tool will be conducted during the first half of the new Council year for the purpose of assessing its effectiveness and currency.

In addition to the implementation of continuous quality improvement, and to ensure investigations are disposed of in a timely manner, the ICRC will be continue to hold a minimum of three panel meetings per month.

Patient Relations Committee - September 2014 to August 2015

Committee Role: The Patient Relations Committee (PRC) advises Council with respect to the Patient Relations Program, defined as “a program to enhance relations between members and patients”. This includes measures for preventing and dealing with sexual abuse of patients, specifically the requirement for the College to have a Sexual Abuse Prevention Plan, as well as the provision of funding for therapy and counselling to a patient who has been sexually abused.

Members: Bonnie Hauser (Chair), Kathy Al-Zand, Gerry Cook, Javaid Khan, Jon MacDonald, Sylvia Moustacalis

Meetings Held: May 4, 2015

Key Highlights: The PRC continues to direct the work of the Communications Committee with respect to public education and outreach, including, but not limited to, raising awareness of the role and mandate of the College.

In December 2014, the Minister of Health and Long-Term Care established a Task Force to review the legislation to prevent sexual abuse of patients; in February 2015 the Task Force requested a response from each health regulatory college concerning complaints and outcomes from 2004 to present related to sexual abuse, boundary violations of a sexual nature or other matters pertaining to the mandate of the Task Force.

The PRC considered the College’s response, subsequent communication with the Task Force, and meetings between the Task Force and both staff and public members of the College.

The PRC has begun to develop an action plan based on gaps identified to this point, specifically around

- targeted training on sexual abuse for Discipline Committee members
- awareness of the provisions in *the Regulated Health Professions Act* related to sexual abuse of members and mandatory reporting, for all prospective and current members
- awareness of the public of the responsibility and accountability of members, as well as the role of the College

The PRC considered the progress of the Transparency Project in the context of the relationship of a member and patient.

Ongoing Work: The Committee will consider the report of the Sexual Abuse Task Force and advise Council of any necessary measures, as well as continuing to provide direction on the transparency initiative and the effectiveness of the updated College website in assisting patients to better understand their rights in dealing with members and the College.



Committee Annual Report

Professional Practice Committee – September 2014 to August 2015

Committee Role: The Professional Practice Committee provides direction and guidance to the Council, through the Executive Committee, on matters pertaining to pharmacy practice and ethics. It develops guidelines, policies and position statements maintaining ongoing review of standards of practice of the profession.

Members: Michael Nashat (Chair), Kathryn Djordjevic, Christine Donaldson, Jillian Grocholsky, David Hoff, John Laframboise, Lew Lederman, Helen Lovick, Esmail Merani, Don Organ, Farid Wassef

Meetings Held: February 24

Key Highlights: The Committee recommended that Council approve the updated Facsimile (Fax) Transmission of Prescriptions Policy.

In February, NAPRA circulated for consultation, their proposed *Model Standards for Pharmacy Compounding of Non-hazardous and Hazardous Sterile Preparations*. The Committee reviewed the draft *Model Standards* as well as the College's proposed response to the documents. It provided comments for inclusion and endorsed the College submission.

Ongoing Work: When the NAPRA standards are approved and circulated, the Committee will consider next steps such as adoption by reference and College activity in the areas of implementation and communication.

Quality Assurance Committee - September 2014 to August 2015

Committee Role: The Quality Assurance Committee has oversight of the quality assurance program which includes maintenance of a learning portfolio, two-part register and practice review (including self-assessment and peer review) and remediation. The Committee is continually reviewing the program and appoints quality assurance assessors. The Committee reviews peer review reports and requires those individuals whose knowledge, skill and judgement have been assessed and found to be unsatisfactory to participate in specified continuing education or remediation programs. The Committee can also direct the Registrar to impose terms, conditions or limitations for a specified period on the certificate of registration of a member whose knowledge, skill and judgement has been assessed or reassessed and found to be unsatisfactory or who has been directed to participate in specified education or remediation and has not completed those programs successfully.

The Committee may sit as a panel to consider any matter arising out of a peer review, or any matter relating to the imposition of terms, conditions or limitations on a member's registration.

Members: Jon MacDonald (Chair), Christine Donaldson, Michelle Filo, Michael Nashat, Aladdin Mohaghegh, Sylvia Moustacalis, Shahid Rashdi, Zita Semeniuk, Puja Shanghavi, Irene Sing

Meetings Held: November 10, January 9, March 23, May 25

Key Highlights: The Quality Assurance Committee reviewed the revised model, assessment tools and rubric for the practice based quality assurance activity.

The Quality Assurance Committee revised the policy regarding reassessment of pharmacists that fell below the standards in only one component of the Peer Review.

For statistics relating to Quality Assurance Committee considerations, please refer to the College's annual report.

Ongoing Work: The Committee will be engaged in revising Quality Assurance regulations and the development of a practice based assessment activity for technicians.

Registration Committee - September 2014 to August 2015

Committee Role: The Registration Committee oversees the development of registration requirements, including examinations and in-service training, and promoting registration practices that are transparent, objective, impartial, fair, and free of unintentional mobility barriers. Committee recommends to Council changes to the registration requirements defined in legislation and policy, and monitors and reports on registration programs that the College administers and/or approves as part of the registration process.

Panels of the Registration Committee are responsible for reviewing all applications that do not meet the requirements for issuance of a certificate of Registration. Panels decide if the applicant meets the registration requirements and directs the Registrar to either register the applicant with or without any additional training, education or examination, terms conditions or limitations, or to deny registration. All decisions of the Registration Committee panels are appealable to the Health Professions Review and Appeal Board.

Members: Christine Donaldson (Chair), Kathy Al-Zand, Linda Bracken, David Edwards, Michelle Filo, Jillian Grocholsky, Sharon Lee, Aladdin Mohaghegh, Deep Patel

Meetings Held: October 28, 2014, January 19, May 6, 2015

Panel Meetings Held: September 26, October 31, November 27, December 17, January 28, Jan 29, February 6, February 25, March 3, March 25, March 26, April 29, May 27, June 25, July 15, July 23, August 25

Key Highlights: The re-design and implementation of a more individualized approach to the SPT Program continues to be a primary focus for the Registration Committee. Piloting of the new model for a select group of interns began in early in 2015. An SPT re-design Advisory Group was established to provide feedback and direction about the operational process and policies needed to support the program, with representation from Registration Committee, faculty members, preceptors and newly registered pharmacists. The Advisory Group brings recommendations to the Committee, based on their discussions about the structure of the program and preceptor criteria, recruitment and training for the new model.

At the December Council meeting, Committee brought forward amendments to Council resolutions under the registration regulation. These were related to the University of Toronto and University of Waterloo entry level PharmD programs and the new U of T PharmD for Pharmacists Program. These amendments to existing resolutions included the recognition that graduates of these programs meet education and structured practical training requirements for registration.

Over the course of the year the Registration Committee reviewed and revised its Non-Objective Evidence of Language Proficiency policy, based on discussions with experts in this area and analysis of an environmental scan of language proficiency policies among Canadian pharmacy regulatory authorities and a number of Ontario regulators for other professions. The new Non-Objective Evidence of Language Proficiency policy was introduced on July 1, 2015. In an effort to streamline the registration process and meet the requirements of the fair registration

practices legislation, the Committee also reviewed registration policies based on analysis of panel decisions.

For statistics relating to registration panel considerations, please refer to the College's annual report.

Ongoing Work: Committee oversight of continued development and implementation of the new SPT program, first with interns and subsequently with students and pharmacy technician applicants, will be ongoing. The Committee will also evaluate the College's registration practices in accordance with the College's new strategic directions and initiatives. (e.g. introduce a risk framework for panel decisions) and any recommendations and best practices identified by the Office of the Fairness Commissioner.