



## **COUNCIL MEETING**

**TUESDAY, MARCH 29, 2016– 9:00 A.M.**

**COUNCIL CHAMBERS, 483 Huron Street, Toronto**

- 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 - December 2015 Council Meeting Evaluation.....Appendix 2
- 5. Approval of Minutes of Previous Meeting**
  - 5.1 Minutes of December 2015 Council Meeting .....Appendix 3
- 6. Notice of Motions Intended to be Introduced**
- 7. Motions, Notice of Which Had Previously Been Given**
- 8. Inquiries**
- 9. Matters Arising from Previous Meetings**
  - 9.1 Briefing Note - Registrar's Report to Council .....Appendix 4
    - *Immunization 2020/Travel Vaccinations*
    - *Bill 21/ Drug and Pharmacies Regulation Act*
    - *Transparency*
    - *Health Information Protection Act*
    - *Fentanyl Patches*
    - *Registered Nurse (RN) Prescribing*
    - *Health Workforce Planning and Regulatory Affairs Division (HWPRA) Division*
    - *Physician-Assisted Death*

- *Professional Misconduct Regulation*
- *Federation of Health Regulatory Colleges of Ontario*
- *National Association of Pharmacy Regulatory Authorities*
- *Practice Assessment of Competence at Entry*
- *Appointment of Inspectors*
- *Operational Plan Update (Includes presentation by Community Practice Program)*
- *Risk Management Report*

**10. For Decision**

- 10.1 Briefing Note – Finance and Audit Committee .....Appendix 5  
 - *Audited Financial Statements for 2015*  
 - *Presentation of Audited Financial Statements by Auditor at 11:00 a.m.*
- 10.2 Briefing Note - Executive Committee .....Appendix 6  
 - *By-law amendments – Council Appointed Non-Profession Committee Members*
- 10.3 Briefing Note – Executive Committee .....Appendix 7  
 - *Regulations for Circulation re Expanded Immunization by Pharmacists*

**11. For Information**

**12. Other Matters**

- 12.1 Presentation by Mr. John Amodeo, Director, Corporate Management Branch  
 Corporate Services Division, Ministry of Health and Long Term Care  
*Re: Overview of Services*  
 Time: 10:00 a.m. to 10:45 a.m.
- 12.2 Presentation by Dr. Kelly Grindrod, University of Waterloo  
*Re: Pharmacy 5 in 5 Initiative*  
 Time: 2:00 p.m. to 2:45 p.m.

**13. Unfinished Business**

**14. Motion of Adjournment**

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

***Please note:** The College is a scent free environment. Scented products such as hairsprays, perfume, and scented deodorants may trigger reactions such as respiratory distress and headaches. In consideration of others, people attending the College are asked to limit or refrain from using scented products. Your co-operation is appreciated.*

*Thank you.*



## COUNCIL BRIEFING NOTE

MEETING DATE: March 2016

**FOR DECISION**

**FOR INFORMATION**

**X**

**INITIATED BY:** Esmail Merani, President

**TOPIC:** President's Report to March 2016 Council

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

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

### **Other Stakeholder Meetings:**

December 8<sup>th</sup> – OCP/OPA Annual Conjoint Executive Committee Meeting re discussion on matters of mutual interest

January 6<sup>th</sup> – Attendance at the Ottawa Carleton Pharmacists Association meeting re OCP activities over the past year.

### **College Meetings:**

January 5<sup>th</sup> - Call with Registrar Marshall Moleschi re Various College Updates

January 19<sup>th</sup> - Meeting with Registrar Marshall Moleschi and Vice President Regis Vaillancourt re Various College Updates

February 17<sup>th</sup> – Call with Past President Mark Scanlon

February 18<sup>th</sup> – Finance and Audit Committee Meeting

February 24<sup>th</sup> – Call with Registrar Marshall Moleschi re Various College Updates

March 10<sup>th</sup> – Council Chair Training

March 10<sup>th</sup> - Executive Committee Meeting

**Ontario College of Pharmacists  
Rules of Order – Quick Reference Sheet**

Motion	Required to be Seconded?	Open for Discussion?	Can be Amended?	Vote <sup>1</sup> Required to Pass
<b>Main Motion</b>	√	√	√	Majority
<b>Motion to Amend</b>	√	√	X	Majority
<b>Motion to Postpone<sup>2</sup></b>	√	√	√	Majority
<b>Motion to Refer to a Committee<sup>3</sup></b>	√	√	√	Majority
<b>Motion to Vote Now<sup>4</sup></b>	√	X	X	2/3 <sup>rds</sup>
<b>Motion to Recess<sup>5</sup> or Adjourn</b>	X	X	X	Majority
<b>Special Motions / Actions</b>				
<b>Add New Item to the Agenda for that Day<sup>6</sup></b>	√	√	√	2/3 <sup>rds</sup>
<b>Reconsider (at the Same Meeting)</b>	√	√	√	2/3 <sup>rds</sup>
<b>To Request Information</b>	N/A	N/A	N/A	Discretion of the Chair
<b>To Object to Procedure or a Personal Affront</b>	N/A	N/A	N/A	Discretion of the Chair
<b>To Appeal the Ruling of the Chair</b>	√	X	X	Majority

<sup>1</sup> Only those present and voting are counted.

<sup>2</sup> Either to postpone indefinitely or to a specified time.

<sup>3</sup> Motion should specify which Committee and when it should come back to Council.

<sup>4</sup> This motion would end the discussion, even for speakers on the list waiting to speak.

<sup>5</sup> Most recesses are done on consensus. A vote is only needed when consensus is not present.

<sup>6</sup> A Council member can place an item on the agenda for the next Council meeting day by filing a notice of motion.



**COUNCIL BRIEFING NOTE**  
**MEETING DATE: March 2016**

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Esmail Merani, President

**TOPIC:** December 2015 Council Evaluation Report to March 2016 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 December 2015 Council meeting, we again provided Council members with the opportunity to provide their feedback via electronic survey. A summary of the input is being provided to Council for information.

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

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

**2. Did the meeting further the public interest?**

YES = 1 = 100%

NO = 0 = 0%

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

(No response given)

**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**

(No response given)

**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	1
Mostly Satisfied	0
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	1

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

- I had some concern with the microphones during the meeting. I understand that having members stand to address Council is part of our procedures but doing so moves the speaker further away from the microphone. I found a number of the speakers somewhat difficult to understand at times. Dave Edwards

Respectfully submitted,

Esmail Merani, President



**Ontario College  
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING**

**OF COUNCIL**

**DECEMBER 7, 2015**

Draft

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**MONDAY, DECEMBER 7, 2015 – 9:00 A.M.**

**COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS**

**Elected Members**

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

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

**Members Appointed by the Lieutenant-Governor-in-Council**

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

## **Staff present**

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

## **Invited Guests**

Dr. Nadia Aleem, Ms. Linda Callander, Dr. Reena Chopra, Ms. Anushka Darko-Mensah and Ms. Brittney Stein - Centre for Addiction and Mental Health (CAMH)

### **1. Noting Members Present**

Member attendance was noted.

### **2 Declaration of Conflict**

President Merani declared his conflict for agenda item 9.5 (Briefing Note regarding Pharmacy ownership). Registrar Moleschi advised that agenda item 9.5A provides clarity and guidance on conflict of interest and suggested that members of Council declare their conflicts after discussion had occurred. Accordingly, there were no other conflicts declared at this time.

### **3. Approval of Agenda**

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

### **4. President's Opening Remarks**

#### **4.1 Briefing Note - President's Report to Council**

The President referred to his report which summarized his activities since the previous Council meeting. These included attending various committee meetings at the College and various phone calls and meetings with the Registrar and the Vice President.

Council was advised that Past President Scanlon had been appointed the College representative on NAPRA (National Association of Pharmacy Regulatory Authorities). Mr. Scanlon will replace the current representative, Ms. Wiersema, in April 2016.

#### **4.2 Briefing Note - September 2015 Council Meeting Evaluation**

Referring to the September 2015 Council Meeting evaluation, Dr. Merani thanked respondents for the constructive suggestions, noting that it was through such feedback that efficiency and effectiveness of meetings is achieved, and encouraged Council members to continue to provide input.

#### **5. Approval of Minutes of Previous Meeting**

##### **5.1 Minutes of September 2015 Council Meeting**

**It was moved and seconded that the Minutes of the September 2015 meeting be approved. CARRIED.**

#### **6. Notice of Motions Intended to be Introduced**

There were none.

#### **7. Motions, Notice of Which Had Previously Been Given**

There were none.

#### **8. Inquiries**

There were none.

#### **9. Matters Arising from Previous Meetings**

##### **9.1 Briefing Note - Registrar's Report to Council**

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

He advised that NAPRA's Pharmacists' Gateway - the national portal to help applicants who graduated with a pharmacy degree not accredited by the Canadian Council for Accreditation of Pharmacy Programs – was mentioned as a positive change in a recently published OFC (Ontario Fairness Commissioner) Report. The portal promotes a fair, consistent approach to registration in all Canadian provinces and is seen to be a very useful tool for international applicants.

It was also noted that December 3<sup>rd</sup> marked the fifth anniversary of the Regulation of Pharmacy Technicians. Registrar Moleschi provided some statistics on the supply, distribution and practice characteristics of pharmacists in selected provinces and territories in Canada.

Council heard about Bill 33 (an Act to reduce the abuse of fentanyl patches and other controlled substance patches), which sets out requirements for prescribers as well as rules that apply to persons who dispense these substances. Mr. Moleschi advised that he has been in touch with the Ministry to advise that the College would like to be engaged in discussions on this issue in order to facilitate compliance with the requirements.

Referring to the section on Ministry/Legislative Initiatives, Mr. Moleschi advised Council that the Health Human Resources Strategy Division at the Ministry of Health and Long-Term Care established a transparency Strategy which aims to build on existing efforts to enhance and standardize measures adopted by health regulatory colleges to increase their transparency practices in support of the *Patients First: The Action Plan for Health Care*. To this end, the ministry established the Transparency Working Group (TWG), comprised of representatives of the ministry, colleges and from the wider health system, as well as members of the public, to advise and assist the ministry in shaping and implementing the transparency Strategy. He further advised that at an upcoming FHRCO (Federation of Health Regulatory Colleges of Ontario) Board meeting, the Assistant Deputy Minister is expected to address FHRCO members on this important initiative and that more information and updates will be forthcoming at future Council meetings.

Mr. Moleschi next reported that, together with Deputy Registrar Ms. Resnick, he attended meetings of the Pharmacy Travel Vaccines Working Group to further discuss the potential administration of certain travel vaccines by pharmacists. Council will be kept apprised of developments, he added.

Council was informed that in October, the Ministry of Health and Long-Term Care held a round table discussion on Narcotics Use/Misuse in Ontario. Stakeholders were invited to share information about work planned or underway in their respective organizations and to share with the group the experiences and perspectives in challenges related to narcotic use and misuse, lessons learned from past attempts to address these issues, and opportunities to move forward with a coordinated and cohesive approach to address these issues.

Mr. Moleschi next advised that the College has been invited to participate in discussions regarding Physician Assisted Dying (PAD). College input was also sought on key policy and implementation questions and he added that over the next few months, this issue will likely be discussed by stakeholders on a frequent basis. He added that the proposed Code of Ethics will help guide the profession as it faces these types of issues in the future.

Referring to the section on FHRCO (the Federation of Health Regulatory Colleges of Ontario), Mr. Moleschi advised that video segments for Council member training were in production and will be available for use by FHRCO member Colleges as part of their orientation or ongoing education programs.

Council was also advised about a proposed initiative by the University of Waterloo (5 in 5 project) meant to help the membership better understand their scope of practice. Mr. Moleschi also referred Council members to the status report from the University of Toronto which provides a detailed update on the "Collaborative Project to Advance the Practice of Pharmacy".

Responding to a question from the floor regarding the appointment of more public members on College Council, the Registrar advised that he was in constant communication with the ministry regarding this matter. Mr. Lederman, who had attended a governance session for public appointees, requested time at the end of the meeting to speak to Council about his experience.

Referring next to the Operational Plan update, Mr. Moleschi reminded Council that in addition to providing an opportunity for Council to assess progress of all directional policies, the update should also be considered a reflection of his performance since he is responsible for the implementation outcomes of the plan.

Ms. Chong, Manager, Hospital and Other Health Care Facilities, was invited to provide an overview of her program area. The presentation took place between 9:51 a.m. and 10:41 a.m. during which she provided clarification and responded to questions from the floor.

## **9.2 Briefing Note – Code of Ethics Task Force**

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

The Chair, Mr. Scanlon, provided some background. He advised that amendments to the Code of Ethics (the Code) were required because the last significant update to the Code happened 20 years ago and pharmacy practice has evolved significantly over the past two decades. Referring to the statement in the document *“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”*, Mr. Scanlon added that although practice expectations had not changed in the new Code, it now more appropriately addresses current practice and clearly establishes the standards of ethical conduct for pharmacists and pharmacy technicians in Ontario, regardless of their practice setting.

Following Council’s consideration and approval for consultation in September, the proposed Code was posted on the College website. The consultation resulted in 35 responses, the majority of which were in support of the proposed Code. Mr. Scanlon provided details regarding the feedback which was reviewed and considered by the Task Force and Council noted that while no substantive revisions were being proposed, there were minor revisions made to address and clarify the intent of some of the standards that have been proposed. He added that it was intended that the College will provide further education to pharmacy professionals to support their understanding of the Code. Mr. Scanlon acknowledged the work done by the Task Force, the ethicist and staff in developing this comprehensive document.

Extensive discussion ensued on specific situations which could pose an ethical dilemma for the profession, each of which was addressed through the application of the various standards in the document.

**A motion to approve the proposed Code of Ethics, with changes incorporated following the consultation, was moved and seconded.** Council members voted unanimously in favour of the motion. **CARRIED.**

### 9.3 Briefing Note – Code of Ethics Task Force

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

Mr. Scanlon presented the Briefing Note to Council. Given the importance of the Code of Ethics as a foundational document for the profession, a plan for implementation (including communication and education) of this document was deemed necessary. Because the expectation of the College is that members will review and apply the Principles and Standards in the Code of Ethics, the initial step in operationalizing the Code is ensuring that all members have read and understood it. Council was asked to consider approving a requirement for all members to declare that they had read and understood the Code and that this declaration take effect in 2017. **A motion to this effect was moved and seconded.** With the exception of Mr. Lederman, who voted against the motion, Council members voted in favour of the motion. **CARRIED.**

## 12. Other Matters

### 12.1 Presentation by Centre for Addiction and Mental Health (CAMH)

Referring to the agenda, and noting that the presentation by CAMH on their program structure and Services was scheduled next, President Merani invited Ms. Gemus, Manager, Investigations and Resolutions, to provide Council with a brief overview of the duties of the Fitness to Practise Committee. Ms. Gemus explained that the Committee oversees the College's management of members who, because of physical, emotional, psychiatric, or substance use disorders, are not currently able to practise safely without monitoring. Ms. Linda Callander, Dr. Reena Chopra and Ms. Anushka Darko-Mensah, were introduced to Council and invited to make their presentation. From 1:07 p.m. to 1:44 p.m., Council received an overview of the objectives of the Ontario Pharmacy Support Program, including the goals and services being offered by CAMH.

## 9. Matters Arising from Previous Meetings *(continued)*

### 9.4 Briefing Note – Executive Committee

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

President Merani invited Mr. Moleschi to brief Council. At the last Council meeting (September 2015), proposed amendments to By-law No. 3 were approved for public consultation. The amendments supported changes to the *Drug and Pharmacies Regulation Act* (DPRA) regulation, ongoing transparency initiatives within the College, and changes in the organizational structure and fees for the College.

Council noted that 77 responses received during the consultation — including responses from organizations such as the Ontario Hospital Association (OHA), a Local Health Integration Network (LHIN) representing 25 hospitals in the North East region, the Ontario Pharmacists Association (OPA), and the Ontario Branch of the Canadian Society of Hospital Pharmacists (CSHP-OB). Council further noted that the majority of respondents expressed disagreement with the proposed fee structure for hospital accreditation. It was felt that the fees were too high in relation to fees paid by community pharmacies and did not take into consideration a hospital's size, complexity, budget, services offered, or number of staff. As a result of the feedback, a review of the hospital inspection program and associated costs was undertaken. Mr. Moleschi explained that the College's original proposal for hospital accreditation fees recommended opening fees of \$6,000 and annual renewal fees of \$5,000. The rationale for these fees was to recover the costs directly attributed to the hospital inspection program and included a flat rate for hospital pharmacy accreditation, regardless of the number of beds in the hospital or services provided. Following the review, and taking into consideration the feedback, the new fees for hospital pharmacies were now set at \$4,000 at opening (\$2,000 for application and \$2,000 for issuance of a Certificate of Accreditation) and annual renewal fees of \$3,500. To coincide with the reduction in revenue, the program costs will be reduced through adjustments to the inspection schedule.

Discussion then ensued regarding hospital fees, with Mr. Farrell expressing his concern with the flat rate for hospital accreditation, regardless of size. Following extensive discussion, **a motion to approve the amendments to the By-laws with changes incorporated following consultation (and reflected as By-Law #4), was moved and seconded.** Council members voted in favour of the motion, with the exception of Mr. Farrell, who voted against the motion. There were no abstentions. **CARRIED.**

#### **9.5A Preamble to Briefing Note on Pharmacy Ownership**

Referring to his previously declared conflict, President Merani passed the Chair to the Vice President, Dr. Vaillancourt, who invited Mr. Moleschi to address Council. Mr. Moleschi provided a detailed explanation of what constitutes a conflict of interest, as outlined in the preamble (which was created to help members better understand the issue and provide clarity and direction on how to deal with it).

Mr. Moleschi provided further guidance on the issue, explaining that as stated in the Governance Manual, a conflict of interest can be defined as a personal or financial interest that would reasonably be viewed in all of the circumstances as influencing a Council member's ability to make an impartial and objective decision. He added that members should consider issues such as whether a *perception* of conflict existed, or if the conflict could result in reputational harm (both to the individual and the College). Since Council meetings were open to the public, Mr. Moleschi suggested that those members deemed to be in conflict could remain at the table but should refrain from participating in discussion or voting on the issue of pharmacy ownership.

Following discussion and clarification on the best process to determine conflict, the Vice President asked each Council member to disclose where they worked, if they owned a pharmacy and whether they would benefit from any changes in legislation. With the exception of Dr. Merani, Dr. Nashat and Mr. MacDonald, Council determined that no other members were in conflict.

### **9.5B Briefing Note – Executive Committee**

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

Dr. Vaillancourt invited Mr. Moleschi to introduce the Briefing Note to Council. In September 2015, Council tabled a motion that had been brought forward regarding proposed amendments to the shareholding requirements under the *Drug and Pharmacies Regulation Act* (DPRA). Staff was directed to provide further background information and clarity on the issue to the Executive Committee who would then bring the matter forward to December Council meeting.

The DPRA requires all corporations that operate pharmacies to have pharmacists/members hold the majority of shares and the majority of director positions. It goes on to exempt corporations that operated a pharmacy as of May 14, 1954 from the majority shareholding requirement. Mr. Moleschi explained that a broad review was undertaken to determine whether the current ownership structure of corporations operating pharmacies had an impact on the public's interest. It was noted that over the years, Council has discussed the issue of ownership, and that each time, no changes were recommended. In 2001, Council approved a recommendation that would enable the College to hold all corporations who own or operate pharmacies in Ontario equally accountable, regardless of ownership structure. The concept of "proprietary misconduct" was introduced, which would give effect to such enforcement capability. Retaining the requirement to have a majority of the directors be pharmacists was determined to provide an added layer of accountability. Again, the Council of the day considered that, in the absence of any public safety issues — which is in the College's mandate — any proposal to make changes to ownership provisions would more appropriately be made by the association or individual lobbyists.

Mr. Organ spoke against the motion, urging Council to revisit the current pharmacy ownership provisions to bring Ontario in line with the rest of the other provinces (other than Quebec). He added that in light of the DPRA, the College has jurisdiction over a pharmacy's certificate of accreditation and also has jurisdiction over anyone involved in directing the pharmacy operations, including non-pharmacist directors, and therefore it was unclear what further benefit or protection the restrictions on pharmacy ownership in section 142 provided. He added that an argument could be made that the provisions were anti-competitive in nature. He further noted that section 142(4) of the Act, which exempts corporations operating pharmacies on May 14, 1954, was being used in a manner which he believed was at odds with the spirit and intent of the legislation (e.g. endorsement of a two-tiered system of pharmacy ownership and the creation of a re-sale market for "pre-1954 charters" which can be sold for a significant amount and allow for several pharmacies to operate under one charter).

Mr. Moleschi referred to the Briefing Note, adding that the Executive Committee considered a series of questions to help focus on the risk being managed by the two classes of pharmacy ownership. Through consideration of the responses to these questions, it was ultimately determined that the College should continue to rely on the existing regulatory framework that held all corporations that operate pharmacies equally accountable, as there was no evidence that the current ownership structure presented a risk to the public within the context of the College's mandate.

Council held extensive debate on the issue, with consideration being given to a suggestion to further examine the issue and bring the matter to another future Council meeting; whether and where the public risk, if any, existed; and whether more resources needed to be spent on this issue when there were pressing needs in other areas of the College.

Following discussion, **a motion was moved and seconded that Council continue to rely on the existing regulatory framework that holds all corporations that operate pharmacies equally accountable, as there is no evidence that the current ownership structure presents a risk to the public within the context of the College's mandate.** 14 Council members voted in favour of the motion. 1 member (Mr. Khan) abstained and 4 members (Mr. Lederman, Mr. Organ, Mr. Laframboise and Mr. Farrell) voted against the motion. **CARRIED.**

#### **9.6 Briefing Note – Executive Committee**

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

Mr. Moleschi was requested to address Council. Council noted that the second part of the motion introduced at the Council meeting in September addressed the issue of shareholders and whether it was necessary for the College to scrutinize the conduct of shareholders as well as directors when determining if a corporation is suitable to operate a pharmacy.

A question was raised as to what value shareholding scrutiny adds given the provisions under the DPRA that permit the College to hold the Designated Manager (DM) and/or the directors and/or the corporation itself accountable for failing to operate a pharmacy in accordance with the requirements. Furthermore, a recent jurisdictional review confirmed that, other than Quebec, no other province has a shareholding requirement for corporations operating a pharmacy. Character screening is also not performed in any other jurisdiction.

With this background in mind, the Executive Committee recommended for Council approval that it would be appropriate to discuss the removal of the reference to shareholders from the applicant qualification with the Ministry of Health and Long-Term Care. This approach would equalize the measures taken by the College for both pre and post-1954 corporations. **A motion to this effect was moved and seconded.** Council members voted unanimously in favour of the motion. **CARRIED.**

### **9.7 Motion tabled at September 2015 Council Meeting**

Mr. Lederman advised that since the issues identified in the motion that he and Mr. Wassef had introduced at the September Council meeting, had now been dealt with at this meeting, both he and Mr. Wassef were withdrawing their motion

### **11. For Information**

There were no matters for information.

### **13. Unfinished Business**

In early October, all public appointees were required to attend one of the five program sessions entitled “Public Appointee Accountability Program”. The program is designed to orient and support the public appointees in fulfilling their duties. Mr. Lederman advised Council that the full-day session had been very helpful, useful and informative. Mr. Farrell, Ms. Moustacalis and Ms. Al-Zand all conveyed similar views.

#### **Motion respecting Circulation of Minutes**

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

### **14. Motion of Adjournment**

**It was moved and seconded that the Council meeting be adjourned at 3:05 p.m. and to reconvene on Tuesday, March 29, 2016, or at the call of the President. The motion CARRIED.**

**Ushma Rajdev  
Council and Executive Liaison**

**Esmail Merani  
President**

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## COUNCIL BRIEFING NOTE

MEETING DATE: March 2016

FOR DECISION

FOR INFORMATION

X

**INITIATED BY:** Marshall Moleschi, CEO and Registrar

**TOPIC:** Report to March 2016 Council

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

**BACKGROUND:** I respectfully submit a report on the activities since the December 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**

#### *Patient-Centred Health Care*

Following the December adjournment of the legislature, the Minister of Health and Long-Term Care (MOHLTC), launched a stakeholder consultation on a proposal to strengthen patient-centered health care in Ontario. The proposal primarily focuses on improving gaps in the delivery of home care services. The various service model options presented in the consultation paper would result in enhancing and strengthening the role of Local Health Integrated Networks (LHINs) and reducing the role of Community Care Access Centres (CCACs).

#### *Immunization 2020/Travel Vaccinations*

On December 11, 2015, Dr. Hoskins also announced "Immunization 2020". The initiative calls for amendments to legislation that, if passed, will require parents to participate in an education session delivered by their local public health unit in order to obtain a vaccine exemption for non-medical reasons. During the announcement of the "Immunization 2020" plan, the government reiterated its commitment to work to make access to travel vaccines as convenient as possible to the public by exploring ways for pharmacists to give travel vaccines in local pharmacies. A report on the expansion of immunization by pharmacists will be discussed at this March Council Meeting.

#### *Patient Ombudsman Appointed*

On December 10, 2015, Christine Elliott, the former Conservative Member of Provincial Parliament was appointed as the first ever Patient Ombudsman. Ms. Elliott's mandate includes helping meet the needs of patients who have not had their concerns resolved through existing complaint mechanisms.

### *Federal/Provincial/Territorial Meetings*

During the legislative break in January, government public consultations were initiated in preparation of the 2016 provincial budget and several cabinet ministers were engaged in meetings with their provincial and federal counterparts. The federal, provincial and territorial Ministers of Health met in British Columbia towards the end of January 2016. The meeting concluded with ministers in agreement to move forward on various priorities including:

- Enhancing the affordability, accessibility and appropriate use of prescription drugs;
- Improving care in the community, home care and mental health, to better meet the needs of patients closer to home and outside of institutional settings; and
- Fostering innovation in health-care services to spread and scale proven and promising approaches that improve the quality of care and value-for-money.

### *Bill 21 Safeguarding Health Care Integrity Act, 2014*

Officials at the Ministry of Health and Long-term Care are considering the proposed amendments to the *Drugs and Pharmacy Regulations Act* (DPRA), which were approved by Council in June 2015. Feedback continues to be positive and it is anticipated that the regulations could be approved by spring of 2016. In early March, hospital pharmacies were invited to submit applications for certificates of accreditation in anticipation of proclamation.

### *Transparency and Openness Strategy for Health Regulatory Colleges*

The Health Human Resources Strategy Division at the Ministry of Health and Long-Term Care established a transparency strategy which aims to build on existing efforts to enhance and standardize measures adopted by health regulatory colleges to increase their transparency practices in support of the Patients First: The Action Plan for Health Care. This College continues its participation on the government's panel to determine how best to make more information publicly available and to better engage the public in the decision-making process. All Colleges will begin to receive updates in April with the intention of achieving consistency on approach and activity over the next year.

### *Health Regulatory Modernization*

The Ministry has commenced work on modernizing the province's health regulatory framework. Parliamentary Assistant (PA) John Fraser has, as part of his mandate, the responsibility for "...leading work that will help the minister ensure that nurses, pharmacists and other health professionals can make their full contribution to the health care system. This work could include expanding scopes of practice for some providers, and identifying new models for collaborative care." We are monitoring progress and will report back to Council on developments.

### *Bill 119 Health Information Protection Act, 2015*

Bill 119 is expected to pass in the spring session. Once passed, the Bill will make a number of amendments to the *Personal Health Information Protection Act, 2004*, the *Regulated Health Professions Act, 1991*, the *Drug Interchangeability and Dispensing Fee Act* and the *Narcotics Safety and Awareness Act, 2010*. These amendments are intended to strengthen the protection of health information privacy, and increase transparency and accountability in Ontario's health care system. Of specific interest to the College is that the Bill will allow the Ministry to disclose information about a patient's narcotics and monitored drug prescriptions to their health care practitioner.

### *Bill 33 - An Act to Reduce the Abuse of Fentanyl Patches and Other Controlled Substance Patches*

The Bill, which received Royal Assent on December 10, 2015, requires a person prescribing fentanyl patches to record, on the prescription, the name and location of the pharmacy that will fill the prescription and to notify the pharmacy about the prescription. It also sets out various rules that apply to persons who dispense fentanyl patches, including a requirement that a new fentanyl patch may only be dispensed if the dispenser collects a used fentanyl patch from the patient. Development of the regulations is proceeding, with both this College and CPSO providing input on operational aspects, informed by existing pilots around the province.

### *Nurse Prescribing*

This College was asked, and provided comment to, the Health Professions Regulatory Advisory Council (HPRAC), on the matter of RN prescribing. Correspondence to and from Mr. Corcoran, Chair of HPRAC, is attached for Council's information.

### *Stakeholder Relations*

On February 16<sup>th</sup>, I met with the Progressive Conservative health critic, Jeff Yurek MPP, who is also a pharmacist, to discuss emerging issues.

I have also met with Denise Cole, Assistant Deputy Minister, Health Workforce Planning and Regulatory Affairs Division, to discuss issues of mutual concern. A letter from Ms. Cole, announcing a change in the name of her division, is attached for Council's information.

As well, the College continues to communicate with the Ministry of Health, Minister's Office and Premier's Office in an effort to ensure Public Members are re-appointed in a timely manner and to encourage the government to appoint much needed additional members.

### *Physician-Assisted Death*

As key members of the healthcare team, pharmacy professionals may be called upon to contribute to physician-assisted death. Staff, in consultation with pharmacy colleges in Alberta and Quebec, and the College of Physicians and Surgeons of Ontario (CPSO), developed a preliminary document to help guide our registrants.

The College's preliminary Physician-Assisted Death [Guidance Document](#) which is based on our Code of Ethics, as well as work done in other provinces and CPSO, was circulated to members.

The College is committed to working with the Ontario government to ensure that there is guidance, direction and that health care professionals are prepared to ensure that there is access for this service.

### *Professional Misconduct Regulation*

In June 2013, the Council of the Ontario College of Pharmacists approved amendments to the regulation to the *Pharmacy Act* concerning professional misconduct. The amendments addressed the addition of a new class of registrants, the expanded scope of practice, and the expectation that members will exercise professional judgement in choosing to deliver services and/or referring patients to another health professional as needed. The College's proposed Professional Misconduct Regulations have now been signed by all parties concerned and are anticipated to come into effect shortly.

## **Inter-Professional Relationships**

### *Federation of Health Regulatory Colleges of Ontario (FHRCO) Update*

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

The FHRCO Board of Directors and Executive Committee also met during this report period.

Highlights include:

- Presentation to the Board by John Amodeo, Director, Corporate Management Branch, Corporate Services Division, Tom Boyd and Sara van der Vliet on issues related to publicly appointed Council members including:
  - Orientation/Training by Government
  - Remuneration for public members, expense reimbursement and efficiency issues
  - Criteria and process for selection and appointment of public members
  - Best practices from other jurisdictions' models
  - Development of an updated Remuneration Framework for Public Appointees of Health Professions Regulatory Bodies anticipated to come into force early April 2016
- There are now at least 6 colleges registered under the *Lobbyist Registration Act* and more are expected to register

## **Presentations/Other Stakeholder Meetings**

### *National Association of Pharmacy Regulatory Authorities (NAPRA) Update*

Attached for Council's information are [NAPRA Notes](#), which provide highlights of their activities during 2015, as well as those proposed for this year.

NAPRA's Registrars' Group, Council of Pharmacy Registrars of Canada (CPRC), met recently and received updates from working groups which were established to deal with issues of common interest including: pharmacists working conditions (discuss tensions brought to their attention by pharmacists), Interprovincial Agreement (draft resolution to support jurisdictional responsibilities where services are delivered across borders/between jurisdictions), Naloxone (move to non-prescription), Fentanyl (Mandatory Patch for Patch Bill passed in Ontario), and a draft statement on Physician-Assisted Death (PAD) (CPRC recommendation is that any bylaws or policies developed by pharmacy regulators must be patient-centric; adopt a collaborative approach that can be individualized to the circumstances of the patient request; ensure that the patient's right to access the assistance is paramount, clearly articulate the role of the pharmacist and address the ethical obligations of pharmacists involved in the process).

As noted above, Health Canada is proposing to revise the listing for Naloxone on the prescription drug list to allow the non-prescription use of Naloxone when indicated for emergency use for opioid overdose outside hospital settings. NAPRA supports this change review by the National Drug Scheduling Advisory Committee will occur in June. Letters regarding this matter are attached for Council's information.

### *Practice Assessment of Competence at Entry (PACE)*

The College is currently piloting a new approach to assessing applicants' readiness for practice. Practice Assessment of Competence at Entry (PACE) — being tested with pharmacist applicants — is designed to meet the structured practical training registration requirement outlined in legislation.

Given that students of the entry-level Pharm-D program at the universities of Toronto and Waterloo and hospital residents also require evaluation of their practice, the College has been working closely with these stakeholders, on the development and validation of a common assessment tool. The goal has been to ensure a consistent approach for assessing practice. The tool is being piloted by each organization and a validation study is under way. A poster of this work was recently presented at the CSHP conference (see attached chart).

*Canadian Pharmacists Association (CPhA) – Pharmacy Thought Leadership Initiative*  
On January 19 – with other pharmacy stakeholders, I attended CPhA's *Pharmacy Thought Leadership* initiative to provide pharmacy regulators perspective into this process.

*Canadian Armed Forces Pharmacy Conference*  
On February 5 – my presentation to this group included scope and expanding role, professional judgment, patient-focused care, as well as the College's focus on Standards of Practice and Code of Ethics.

*Canadian Society of Hospital Pharmacists*  
I attended the CSHP conference in February as well as their Harrison Pharmacy Management Seminar to talk on "*Understanding how 'who' we are; shapes 'what' we do*". I shared thoughts on how our profession has evolved and introduced research work done by the Leslie Dan Faculty of Pharmacy, University of Toronto, on this subject.

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

### ***Operational Plan Update***

A key part of the Registrar's performance is to regularly provide an update to Council on the College's Operational Plan. The program activities and intended outcomes support the priorities outlines in the Strategic Framework developed by Council in March 2015. Attached for Council's information is an update of progress made on the various strategic directions since the December 2015 Council meeting and I will shortly invite Ms. Tina Perlman, Manager, Community Practice, to present to Council, an update on her program area.

Also attached is the College's Risk Management Report. As outlined in the Council Governance Manual, the Registrar is to develop a risk management program and report on risk management activities to inform Council on how risks that may impact the College's ability to achieve their public protection goals are being managed.



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

January 4, 2016

Mr. T. Corcoran  
Chair  
Health Professions Regulatory Advisory Council  
56 Wellesley St. West  
12<sup>th</sup> Floor  
Toronto, ON M5S 2S3



Dear Mr. Corcoran:

Thank you for your letter notifying the Ontario College of Pharmacists (OCP) of the consultation process established by the Health Professions Regulatory Advisory Council regarding nurse (RN) prescribing in Ontario. We understand the models being considered are *Independent Prescribing*, *Use of Protocols* and *Supplementary Prescribing*. While *Use of Protocols* has already been established, (<http://www.regulatedhealthprofessions.on.ca/for-practitioners.html>) and *Supplementary Prescribing* seems unduly complex, *Independent Prescribing* appears to offer the greatest societal benefit. The Ontario College of Pharmacists offers support for whichever model is chosen for RN prescribing.

The Ontario College of Pharmacists is confident that the College of Nurses of Ontario (CNO) will establish the appropriate limits, conditions and processes to ensure that RN prescribing will be safe and effective. OCP will work collaboratively with the CNO to ensure that there will be effective understanding and communication between the registrants of our respective colleges.

Sincerely,



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



Thomas Corcoran  
Chair  
56 Wellesley St W.,  
12th Floor  
Toronto ON M5S 2S3  
Tel (416) 326-1550  
Fax (416) 326-1549  
Web site [www.hprac.org](http://www.hprac.org)  
E-mail  
[Thomas.Corcoran@hprac.org](mailto:Thomas.Corcoran@hprac.org)

Thomas Corcoran  
Président  
56, rue Wellesley Ouest,  
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Toronto ON M5S 2S3  
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Site web [www.hprac.org](http://www.hprac.org)  
Courriel  
[Thomas.Corcoran@hprac.org](mailto:Thomas.Corcoran@hprac.org)

Dear Colleagues:

On November 4, 2015, the Minister of Health and Long-Term Care, the Honourable Dr. Eric Hoskins directed the Health Professions Regulatory Advisory Council (HPRAC) to conduct broad consultations with key partners within the nursing and health care community to assess the following three models for RN prescribing:

- Independent Prescribing;
- Supplementary Prescribing; and
- Use of Protocols.

HPRAC has been requested to provide the Minister with the results of its consultation and its recommendations related to which model is most appropriate for Ontario.

The Minister has requested that HPRAC provide its report by March 31, 2016.

In accordance with HPRAC's open and transparent process, and to ensure that the experiences and interests of healthcare stakeholders are fully reflected in its advice, HPRAC is requesting that you provide a written response to HPRAC outlining your organizations perspective on what model of RN prescribing is the most appropriate for Ontario. The Council would ask that you refer to HPRAC's criteria established for this referral and provide any observations and advice within the context of these criteria. References and evidence supporting position statements are highly encouraged.

HPRAC relies on the input of key healthcare stakeholders to provide the best possible advice to the Minister of Health and Long-Term Care.

Should you know of an organization or individual that would like to participate in the consultation please have them visit <http://www.hprac.org/> for further information on how to participate.

Please provide a copy of your submission to HPRAC ([HPRACWebMaster@ontario.ca](mailto:HPRACWebMaster@ontario.ca))  
by no later than January 15, 2016.

Sincerely,

A handwritten signature in cursive script, appearing to read "T. Corcoran", written in black ink.

Thomas Corcoran  
Chair  
Health Professions Regulatory Advisory Council

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

**Health Workforce Planning and  
Regulatory Affairs Division**

12<sup>th</sup> Floor  
56 Wellesley Street West  
Toronto ON M5S 2S3  
Tel.: 416 212-7685  
Fax: 416 327-1878

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

**Division de la planification et de  
la réglementation relatives aux  
ressources humaines dans le  
domaine de la santé**

12<sup>e</sup> étage  
56, rue Wellesley Ouest  
Toronto ON M5S 2S3  
Tél.: 416 212-7685  
Télééc.: 416 327-1878



December 15, 2015

Dear Health System Partner:

I am writing to let you know that the name of my division has changed; it is now the Health Workforce Planning and Regulatory Affairs Division. The change was effective December 14, 2015 and, while the name has changed, our office location and contact information remain the same.

You may be aware that the division was created in September 2005 as part of the government's overall strategy to address the issues of supply, mix, demand and distribution of health professionals. Since that time, the division has been primarily focused on implementation of the *HealthForceOntario Strategy* and other key initiatives. With the release of the *Patients First: Action Plan for Health Care* earlier this year, it became apparent that a strategic look at the division's focus was desirable to ensure alignment with the objectives of the plan. The new name is a better reflection of the division's strategic focus and our raison d'être.

If you have any questions, you may contact my office at 416-212-7685.

Wishing you many joyful moments in 2016!

Sincerely,

A handwritten signature in black ink, appearing to read "Denise Cole".

Denise Cole  
Assistant Deputy Minister  
Health Workforce Planning and Regulatory Affairs Division



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

1800 - 130 rue Albert Street  
Ottawa, ON K1P 5G4  
Tel./Tél. 613-569-9658  
Fax/Télé. 613-569-9659  
[www.napra.ca](http://www.napra.ca)

January 28, 2016

Mr. Anil Arora  
Assistant Deputy Minister  
Health Products and Food Branch  
Health Canada  
250 Lanark Avenue  
Graham Spry Building  
A.L. 2007A  
Ottawa, Ontario K1A 0K9

**Re: Review of Prescription Drug Status of Naloxone**

Dear Mr. Arora,

Thank you for your letter of January 14, 2016 wherein you provide an update on the review being conducted by your Department on the prescription drug status of naloxone. Our association appreciates the regular contact from Department officials with NAPRA's Executive Director regarding this matter.

At its last meeting, the National Association of Pharmacy Regulatory Authorities' (NAPRA) Board of Directors was apprised of the specific work being undertaken by the Department as a result of concerns expressed by provincial/territorial health authorities to facilitate access to naloxone. The Board understands that the review of the prescription drug status of naloxone is precedent setting as it was initiated and conducted by Health Canada in its entirety and not as a result of a request by the industry.

The NAPRA Board supports greater access to naloxone to prevent opioid-related deaths and is pleased that the Notice of Consultation was posted earlier this month on Health Canada's website to initiate a 65-day consultation period. It is our intent to submit comments regarding the proposal by the deadline.

In the meantime, I would like to reassure you, that given our role in the drug scheduling process of nonprescription products, a submission received from a manufacturer of naloxone or a government for a review by the National Drug Scheduling Advisory Committee (NDSAC) will be undertaken in a timely manner and in line with NAPRA's By-law No.2 and Rule of Procedure. Similar to Health Canada, NAPRA's drug scheduling review involves a public consultation

.../2

**Members/Membres**

Alberta College of Pharmacists  
Canadian Armed Forces – Pharmacy Services Division  
College of Pharmacists of British Columbia  
College of Pharmacists of Manitoba

New Brunswick College of Pharmacists  
Newfoundland and Labrador Pharmacy Board  
Government of the Northwest Territories  
Nova Scotia College of Pharmacists  
Government of Nunavut

Ontario College of Pharmacists  
Ordre des pharmaciens du Québec  
Prince Edward Island College of Pharmacists  
Saskatchewan College of Pharmacy Professionals  
Community Services – Government of Yukon

2.

period. However with our process, consultation is offered both prior to and following an NDSAC meeting. The purpose of these consultation periods is to allow the public or interested parties to share their views on the proposed placement of a nonprescription product on the National Drug Schedules.

Furthermore, we understand from Health Canada that scientific and regulatory information, including the revised labelling and product monograph for the use of naloxone as a nonprescription drug, should be ready to meet the deadline for a review of a submission by NDSAC at their June 2016 meeting,

We look forward to hearing about the final federal recommendation of the prescription status of naloxone and entertaining, without delay, a review for this product.

Should you have any questions regarding the matter or wish to discuss further, please do not hesitate to contact me or NAPRA's Executive Director, Ms. Carole Bouchard, at 613-569-9658 ext. 224.

As a final note, I would ask that Health Canada records be amended to reflect our new mailing address of **1800-130 Albert Street, Ottawa, ON K1P 5G4**. All other contact information (telephone, fax and e-mail address) remains unchanged.

Sincerely yours,

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

Craig Connolly  
President

cc: Provincial/territorial pharmacy regulatory authorities  
NAPRA Executive Director



Health  
Canada

Health Products  
and Food Branch

Santé  
Canada

Direction générale des produits  
de santé et des aliments

250 Lanark Avenue  
Graham Spry Building  
A.L. 2007A  
Ottawa, Ontario  
K1A 0K9

15-114034-196

JAN 14 2016

Mr. Craig Connolly  
President  
National Association of Pharmacy Regulatory Authorities (NAPRA)  
720-220 Laurier Ave West  
Ottawa, ON K1P 5Z9

Dear Mr. Connolly:

The purpose of this letter is to update you on the progress of Health Canada's review of the prescription drug status of naloxone. Given the key role that your organization plays, officials from my Department have been in touch with NAPRA's Executive Director, Mrs. Carole Bouchard, to keep her updated on the progress of this file. The Deputy Minister of Health Canada, Mr. Simon Kennedy, and I have done the same with our counterparts in provinces and territories.

Over the last several months, and in response to concerns expressed by provincial and territorial health authorities to facilitate access to naloxone, the Department has made it a priority to conduct its review on an expedited basis. Completing the benefit/risk assessment within a few months has required a significant effort from scientific experts in the Department who have used numerous sources, including data provided by provinces and territories in a precedent-setting context. More specifically, under normal circumstances a review of the prescription status of a drug is initiated by industry and is supported by the information they submit. However, due to the concerns associated with opioid-related deaths and the role naloxone could play in preventing them, Health Canada initiated and conducted this review in its entirety. This the first time Health Canada has done so.

**Canada**

-2-

I am pleased to report that the Department has completed its benefit/risk assessment and posted a Notice of Consultation on its website earlier today. The Notice proposes to amend the Prescription Drug List with a qualifier that enables non-prescription use of naloxone for the following indication: *for emergency use for opioid overdose outside hospital settings*. Posting of the Notice will initiate a 65-day consultation period. Unless evidence gathered through consultations leads to a change in the conclusion of the Department's assessment, the final federal recommendation on non-prescription use of naloxone for the above indication could be effective early April 2016. It should be noted that there would not be a delayed implementation as per the requirements of the Technical Barriers to Trade chapter of the World Trade Organization. The Department intends, exceptionally, to forego this requirement on the basis of the urgent health and safety nature of this case.

As you know, the federal change in naloxone's prescription status would not in itself provide greater access to naloxone. I am fully aware of the key role that your organization plays in that regard through its drug scheduling process. Health Canada, for its part, has taken steps to enable the Canadian Reference Product's manufacturer to meet NAPRA's submission time lines for consideration of naloxone at the National Drug Scheduling Advisory Committee meeting on June 6-7, 2016. Given that making naloxone more widely available to Canadians remains a priority, I am confident that NAPRA will make every effort to conduct its review in an expedited manner. Your collaboration in this regard is much appreciated.

Should you wish to discuss this further, I invite you or your officials to contact me or the Director General of the Therapeutic Products Directorate, Mrs. Barbara J. Sabourin.

Sincerely,



Anil Arora  
Assistant Deputy Minister

## Background and Rationale

Field-based pharmacy training in Ontario is conducted by:

- Leslie Dan Faculty of Pharmacy University of Toronto in the Pharm D program for Advanced Pharmacy Practice Experience (APPE)
- University of Waterloo School of Pharmacy in the Pharm D program for APPE
- Ontario College of Pharmacists for International Pharmacy Graduate internship
- Hospital pharmacies for hospital pharmacy residency programs under auspices of Hospital Pharmacy Residency Board of Ontario

**Objective :** To develop a standard field-based assessment tool utilized by all 4 training programs to:

- improve consistency of learners' assessments
- simplify the assessment process & documentation

## Action

**A standard field-based assessment tool was developed:**

- a year-long collaboration with representatives of the 4 training programs
- started as a meeting with HPRFO in May 2014, expanded to include 4 training programs
- small working group met regularly
- domain elements and descriptors for each point on the Likert scale were decided by consensus

### Background

- Reviewed existing tools/ literature
- Agreed on tool framework

### Drafting Tool

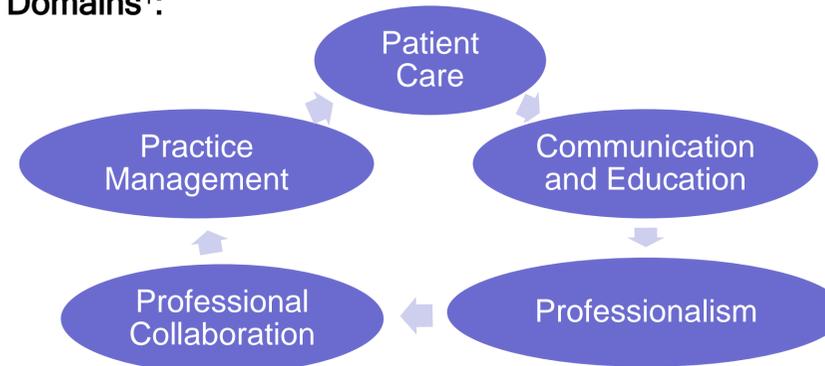
- Domains selected
- Descriptors written

### Feedback

- Feedback from faculty/ preceptors
- Residency coordinators validity exercise

## Description

Five Domains<sup>1</sup>:



1. Patient Care	N/A	1	2	3	4	5
1.1 Develops Patient Relationships		Unable to form a professional relationship with patients OR Adopts paternalistic or uncaring roles with patients, or places personal values in preference to the patient's values.	With <b>significant</b> guidance, able to develop <b>superficial</b> professional, patient-centred relationships with patients.	With <b>some</b> guidance, <b>effective</b> in developing and maintaining professional, patient-centred relationships with patients.	With <b>minimal</b> guidance, <b>consistent &amp; effective</b> in developing and maintaining professional, patient-centred relationships with patients.	Independently <b>determines</b> and develops the professional relationship <b>most appropriate</b> for patients.
Comments:						

The **resultant assessment tool:**

- has competency-based domains derived from national and provincial standards for pharmacy practice<sup>1</sup>
- utilizes the Structure of the Observed Learning Outcome (SOLO) taxonomy as the basis for the 5 point Likert assessment scale
- descriptors reflect increasing degrees of independence in performing the task described in the domain element
- named Ontario Pharmacy Patient Care Assessment Tool (OPPCAT)

1. drawn from the Association of Faculties of Pharmacy of Canada 2010 Educational Outcomes, Canadian Pharmacy Residency Board Standards of Practice, National Association of Pharmacy Regulatory Associations competency categories

## Evaluation

Preliminary feedback was sought from:

**Feedback from Preceptors and University Faculty:**

- define term "guidance"
- define or drop term "complex" in reference to patients
- include a global rating scale at end of document
- provide space for comments after each domain element
- domain elements/content appropriate

**Ratings from Residency Coordinators:**

- content validity testing done by rating how relevant the domains were to pharmacy learner competence (mostly 5 of 5 ratings)<sup>2</sup>
- assessment tool descriptors were rated on how well the descriptors described their corresponding domain element (range of 2-5 of 5 ratings)

## Implications

A standard assessment tool for field-based pharmacy training was developed (OPPCAT).

Based on **preliminary feedback:**

- formatting changes to OPPCAT were made
- glossary of definitions was written to refine tool descriptors and terminology

**Next Steps:**

With positive feedback from the various training programs, the implementation process is underway on a province-wide level. This includes:

- face and content validation utilizing focus groups
- concurrent validation between OPPCAT versus traditional assessment tools with statistical comparisons
- designing preceptor and learner training programs
- targeting implementation for Spring 2016

## References

2. Sireci S, Faulkner-Bond M. Validity evidence based on test content. *Psicothema*. 2014;26(1): 100-107.

**Date:** February 9, 2016  
**To:** Executive Committee  
**From:** Marshall Moleschi, CEO & Registrar  
**RE:** Appointment of Inspectors

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In accordance with Article 10.5 of the College's By-law No. 4, please be advised that the following individuals are currently appointed as Inspectors\* for the College pursuant to section 148(1) of the *Drug and Pharmacies Regulation Act*.

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

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



## **Strategic Priorities 2015 - 2018**

### **Progress Update – March 2016**

#### **Mission**

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

#### **Vision**

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

#### **Values**

**Transparency – Accountability - Excellence**

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

**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			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Fair and objective assessment framework.	Refine assessment tools and activities. <u>Premises:</u> Current authority and others i.e. long-term care, family health teams. <u>Members:</u> Pharmacists - at entry, in practice, (site based and standardized). Pharm techs – as above.	High	Med	High	<ul style="list-style-type: none"> <li>Completed 1,000 member assessments to date</li> <li>Assessment process further refined following shadowing by managers and peers to identify best practices.</li> <li>“Ideal assessment” framework concept conceived to promote consistency and efficiency</li> <li>Assessment framework for RPhTs commenced</li> </ul>	<ul style="list-style-type: none"> <li>Completed over 1700 member assessments since pilot began in Jan. 2015.</li> <li>CQI activity in the quarter on practice site assessments - started pilot for appointment scheduling with 3 PAs, “ideal assessment” framework further refined, feedback from DMs regarding Prior Notice Letter (PNL) being gathered and PNL enhancements considered.</li> <li>Development of assessment framework for RPhTs continuing competence in final stages; reviewed by focus group.</li> <li>Initiated project to develop and validate Assessment tool for RPhTs at entry to practice with consideration to CC framework.</li> <li>Finalized policies and processes to support large-scale pilot of Practice Assessment of Competence at Entry (PACE).</li> <li>Communicated PACE pilot to College stakeholders as a “Key Initiative”.</li> <li>Completed initial recruitment and screening of College-appointed PACE Assessors.</li> <li>Project plan and timelines for QA re-design determined; Re-design Advisory Group established; Logic model developed for quality assurance activities.</li> <li>Revised and updated hospital assessment tool and process.</li> <li>Developed draft assessment schedule based on risk matrix.</li> </ul>

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

**Strategic Priority #1: CORE PROGRAMS – FULFILLMENT OF MANDATE - Processes meet or exceed societal expectations. (Members, Premises)**

**Values – Transparency, Accountability, Excellence**

Outcomes/KPI	Activity	Strategic Initiatives Focus			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
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.	High	Med	High	<ul style="list-style-type: none"> <li>• 2015 CIHI data submission analyzed and refined to better reflect pharmacists’ profiles prior to submission</li> <li>• Launched the Model for Improvement (CQI initiative) with all staff and have engaged 5 departments (about 50% of staff) to develop CQI initiatives which include data analysis and reporting.</li> <li>• Conducted ‘usability testing’ with members of the public to ensure proposed changes to the public register will deliver the desired outcome of easier access and clearing understanding of information</li> <li>• Relevance to Suitability to Practice and Ownership process posted on website and communicated to members through various communication vehicles</li> <li>• CQI initiatives in I&amp;R resulted in a reduction of time to process Intakes, number of complaints being investigated and costs associated with holding pre-hearing conferences as well as efficiencies in streaming matters to the ADR process</li> <li>• Code of Ethics was presented to the ICRC in September at the Committee’s Orientation to inform decision making.</li> <li>• Risk Assessment Framework for assessing conduct in relation to a member’s suitability to practise is being used consistently when deciding on whether or not to post charges and or findings</li> </ul>	<ul style="list-style-type: none"> <li>• In the hearings area, performance benchmarks developed to assess individual prosecutor performance against benchmarks.</li> <li>• Conducted final phase of ‘usability testing’ (friends &amp; family) prior to launch of new Public Register.</li> <li>• Updated records management system from Meridio to HPRM to improve access and management of information.</li> <li>• The IT Security Threat Risk Assessment completed – awaiting final report.</li> <li>• Draft change management framework developed; concepts being put through PDSA tests of change process.</li> <li>• Relevance to Suitability to Practice process implemented within Registration to assist with decisions about applicants with a history of character or conduct issues.</li> <li>• Developed framework for addressing shortage of public participants on panels.</li> </ul>

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

Strategic Priority #1: CORE PROGRAMS – FULFILLMENT OF MANDATE - Processes meet or exceed societal expectations. (Members, Premises)						
Values – Transparency, Accountability, Excellence						
Outcomes/KPI	Activity	Strategic Initiatives Focus			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
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.	High	Med	High	<ul style="list-style-type: none"> <li>Completed evaluation of education courses utilized to address education gaps at entry to practice</li> <li>Public consultation for updated Code of Ethics completed.</li> <li>Guidance documents for operational and community pharmacy assessments posted on the website and communicated to all members through a variety of communication vehicles</li> </ul>	<ul style="list-style-type: none"> <li>Project plan developed for e-learning modules to support member understanding and implementation of Code of Ethics into everyday practice; 6 modules and 3 video case scenarios in development.</li> <li>Registration Advisors trained in communication styles and coaching, to support their evolving role in engaging and coaching applicants and members.</li> </ul>

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

**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			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Pharmacists consistently practicing to established expectations including Standards of Practice and Code of Ethics.	<p>Develop and communicate Code of Ethics.</p> <p>Provide guidance and education on expectations of Standards of Practice and Code of Ethics.</p> <p>Provide guidance and education on specialty standards e.g. sterile compounding.</p> <p>Use OCP assessments and professional development to remediate/coach.</p>	High	Med	High	<ul style="list-style-type: none"> <li>Practice Consultants provide guidance to members on a wide variety of practice topics such as methadone dispensing, scope of practice and professional judgement. An average of 350 calls and emails are fielded each month</li> <li>Decision Making workshop &amp; introduction of Practice Assessments delivered to 9 different groups of members at various conferences reaching approximately 1300 members.</li> <li>Assessments of all 101 pharmacies that provide sterile compounding services have been conducted</li> <li>Practice assessment guidance documents for community pharmacists under development</li> <li>"Trust in the Care Your Pharmacist Provides" video completed and posted on the College website with ongoing promotion to the public, primarily through social media channels</li> </ul>	<ul style="list-style-type: none"> <li>Completed a <a href="#">series of articles</a> for <i>Pharmacy Connection</i> relating to key concepts in the new Code of Ethics (see "Resources" column).</li> <li>Held additional Decision Making and Introduction to Practice Assessment workshops.</li> <li>Launched additional practice resources including "<a href="#">Practice Tips</a>" on Twitter and "<a href="#">Close-Up on Complaints</a>" in <i>Pharmacy Connection</i> to share learnings and best practices with members.</li> <li>Published "<a href="#">Moving the Mountain</a>" video on College website and <a href="#">YouTube channel</a>, with focused excerpts designed to support member understanding of College's current strategic direction.</li> <li>Completed <a href="#">Practice Assessment guidance documents</a> and posted on website and link included in Assessment notice letter to encourage DMs and members to prepare for assessment (see "Resources" column).</li> <li>Working Group established to consider College implementation of NAPRA sterile compounding standards. NAPRA model standards for sterile compounding reviewed and mapped to USP 800.</li> <li>Received positive feedback from DMs and members regarding learnings from practice assessments reinforcing value of approach and investment.</li> <li>Developed a framework which will increase access to safe and effective vaccinations.</li> </ul>

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

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			Last Quarter Noteworthy Accomplishments	This Quarter Accomplishments
		PF	EC	CQI		
Pharmacy Technicians consistently practising to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	High	Med	High	<ul style="list-style-type: none"> <li>Development of practice assessment criteria for RPhTs commenced</li> <li>Presentation to CCAPP programs reaching 400 technician students revised and new schedule started for 2015/16 school year</li> <li>Meeting of coordinators from all CCAPP PT education programs hosted at OCP to promote awareness of expectations for graduates</li> </ul>	
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.				<ul style="list-style-type: none"> <li>Practice Advisors completed over 1400 pharmacy operational assessments year to date, focused on reinforcing standards for pharmacies and members.</li> <li>98% of baseline hospital assessments completed</li> <li>Report on progress and findings delivered to the Ministry to support cabinet approval of the DPRA Regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Principle-based draft framework created for the development of Standards of Operations resource document which will pull together all current expectations of pharmacy operations into a central resource.</li> <li>Approximately 500 pharmacy operational assessments completed Dec-Feb.</li> <li>Hospital baseline assessments completed. Reports prepared for Ministry to support cabinet submission of regulations. Language of proposed regulations confirmed.</li> </ul>

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

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			Last Quarter Noteworthy Accomplishments	This Quarter 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.	High	Med	High		<ul style="list-style-type: none"> <li>Provided data to OPEN on Mapping Health Geography and Pharmacy Access project as a means of contributing to meaningful data collection</li> </ul>
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.				<ul style="list-style-type: none"> <li>Criteria in hospital assessment promote inter-professional collaboration. Assessments reinforce pharmacists working collaboratively with other healthcare professionals in performing medication reconciliation on admission, transfer and discharge as well as pharmacists providing education on drug products and therapies to healthcare professionals and other health-system personal.</li> <li>Staff have engaged Cancer Care Ontario (CCO) in consultation regarding findings and recommendations from hospital assessments on multi disciplinary delivery of quality care for patients.</li> </ul>	<ul style="list-style-type: none"> <li>In cooperation with the College of Physicians and Surgeons of Ontario, preliminary <a href="#">Guidance to Pharmacists and Pharmacy Technicians relating to Physician-Assisted Death</a> were developed and communicated to members to compliment Guidelines provided to physicians.</li> <li>Staff participation on a Ministry Working Group was valuable in influencing the regulation drafting to take into account practical considerations for managing the Patch- 4-Patch program with prescribers in the community and hospital.</li> </ul>

## Ontario College of Pharmacists Risk Management Report – March 2016

In accordance with the expectations outlined in the Council Governance Manual, a Risk Management Plan was created by staff and reported to Council by the Registrar in the spring of 2015. As indicated in the manual, the Registrar is to report to Council annually on the status of the risk management plan and any updating that is required. The plan was recently reviewed to confirm that it continues to represent the philosophy, intentions and high level activity undertaken to manage risks to the College and its operations. That said, over the past year there has been activity by staff, management, executive, Council and committees that contribute to risk mitigation and management. This report captures that that activity.

### **Overview**

While the College's Risk Management Plan in its entirety follows, the philosophy, goals and approach are repeated below for guidance on this Risk Management Report:

#### ***Risk Management Philosophy***

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

#### ***Risk Management Goals***

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

#### ***Approach to Risk Management***

*The College takes a multi tiered approach to risk management:*

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

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

### **Activity, 2015 – 2016**

#### **Strategic – Organization Wide**

- In response to government and societies expectations for greater transparency College Council approved by-laws that enhanced information on members and College processes available to the public to assist them with making informed choices about their pharmacy professional as a health care provider. Redesigned public register to improve access to expanded information.
- Council and Committee orientations were revised to reflect the increased emphasis on transparency.

- In response to changes to legislation respecting contact with government officials the Registrar registered as an in-house lobbyist to mitigate any potential legal and ethical risks and demonstrate the College's commitment to transparency and accountability.

### **Operations, Statutory Obligations (Committees/Programs)**

- Risk frameworks were introduced to help provide consistency in rationale behind College/committee decisions.
- Increased statistical reporting being provided to committees to aid in assessing effectiveness.
- Advanced/specialized training for Discipline and Fitness to Practise committee members in recognition of increased complexity.
- Entry to practice program elements being revised to maintain relevance and comply with Fair Access practices.
- Solutions sought to expand the pool of public participants available to serve on adjudicatory committees to ensure the public voice is considered.
- Finance and Audit Committee policy on Contracts amended to require two signatures on contracts with values exceeding 1% of budget.
- Regular reports to Finance and Audit Committee on investment position of reserve and surplus funds introduced (posted with internal statements to the Virtual boardroom for all Council to view).

### **Operations, Corporate Services and Support**

#### **Staff Operations**

- All employment policies reviewed and revised to ensure they align with the College's values and comply with provincial and federal employment laws. All policies are published to a newly developed intranet site to improve access and clarity.
- An organization wide Job Evaluation process was undertaken to confirm internal and external market comparability and relative titling and compensation. All job descriptions revised to provide clarity.
- Staff and Council completed Workplace Violence and Harassment Training to refresh their understanding and obligation to adhere to Human Rights Code re discrimination, increase awareness and adherence to *Occupational Health and Safety Act* (OHSA) and Ministry of Labour regarding health and safety of workers.
- Information and training sessions delivered to staff on the *Access for Ontario's with Disabilities Act* (AODA), Integrated Accessibility Standards that identify, remove and prevent barriers for people with disabilities.
- Organization wide Continuous Quality Improvement (CQI) initiative highlighted improved work process and department structures to increase effectiveness, timeliness and accountability (Applications & Renewals (formerly Client Services), and Investigations and Resolutions).
- Pension Committee, constructed in accordance with Capital Accumulation Plan (CAP) guidelines, reviewed fund performance and recommended changes to asset mix. Education sessions delivered to plan members.

#### **Financial Management**

- Turnaround time for processing public member expense reimbursement greatly reduced through revised work flow.

- Protocols in place and audited for compliance to ensure authorization of expenditures are in accordance with expense authorization matrix regardless of method of payment – Electronic Funds Transfer (EFT), cheque or credit card.
- Other fraud protection procedures include: discontinuance of window envelopes, regular monitoring and account reconciliation, segregation of duties, positive pay and payee match services, secured cheque stock and credit card information protection protocols.

#### Technology and Information Management

- External IT Security Threat Assessment commissioned to examine effectiveness of existing protocols and identify areas for improvement.
- Clarification of rules respecting access, preservation, destruction of committee material due to the need to make information downloadable and printable to support decision writing by committee members.
- Web content improved to clarify information on College processes.
- Revised the redaction policy to protect personal information when publishing notices of hearings, decisions, etc. on the website.
- Website use policy added to inform on use of data collected on users through social media and website tools.

#### Facility/Site Safety and Security

- Recommendations from the Joint Health and Safety Committee (JHSC) implemented to improve safety and security – parking area and walkway lighting, parking lot posts, stairwell mirrors.
- JHSC concerns on use of basement office investigated; fire rated door and self closure installed on electrical room.
- Electric heat cables installed in soffits above the driveways to minimize the buildup of icicles that pose a safety risk.
- Baseboard heaters were installed and pipes insulated behind the elevator shaft to minimize the recurrence of pipes freezing and bursting causing flooding.

#### Emergency Response Planning and Crisis Management

- Real life emergency in the form of basement flooding caused by burst pipes following an extreme freeze tested the Emergency Response Plan (ERP) and general strategy for business continuity. Experience identified need to adhere to communication protocol but otherwise recovery system and business continuity well proven.

#### Insurance Program

- Protection against cyber attack added as an area of coverage under the comprehensive general liability provisions.



## **Risk Management Plan**

Change Creates Opportunity  
Opportunity Creates Risk  
Optimized Risk Creates Value

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

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## **Section 1 - Risk Management Program**

### **Risk Management Philosophy**

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

### **Risk Management Goals**

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

### **Approach to Risk Management**

The College takes a multi tiered approach to risk management:

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

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

## **Section 2 - Responsibility for Risk Management**

### **Council**

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

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

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

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

### **Registrar/Chief Executive Officer (CEO)**

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

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

Monitors and reports on the compliance obligations of the organization.

Delegates responsibility for specific risk areas and tasks to appropriate staff.

### **Director, Finance & Administration**

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

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

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

Evaluates the insurance program.

### **Committee Chairs/Program Manager**

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

## **Section 3 - Governance Structure**

### **Incorporation**

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

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

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

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

### **Indemnification**

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

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

### **Council Operations**

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

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

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

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

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

## **Staff Operations**

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

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

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

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

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

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

New policies are communicated via email and through the intranet to employees. Staff are provided with ample time to review policies and are required to confirm their understanding of and willingness to abide by any new policies. For legislated policies, the College will organize staff training sessions.

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

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

#### **Section 4 - Strategic, Organization Wide Risk**

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

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

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

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

#### **Section 5 - Statutory Programs and Services**

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

- Committee orientations are developed and delivered with the input from legal expertise.
- Legal support is available to guide decisions and practices.
- Statistical data is compiled and reported to monitor adherence.
- Committees report to council annually.

#### **Section 6 - Operations Support**

##### **Financial Management**

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

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

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

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

### **Financial Responsibilities and Objectives**

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

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

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

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

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

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

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

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

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

## **Technology and Information Management**

### **Technology Policy**

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

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

### **Policy on Systems Inventory and Documentation**

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

### **Physical Security for Technology Assets**

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

The College maintains numerous files containing personal data, financial information, and other confidential or proprietary information. These files may be in paper or electronic form. The systems administrator will limit access to certain electronic files based upon individuals' responsibilities and job tasks. Confidential documents will be secured in locked filing cabinets. Any employee whose work requires access to confidential documents should ensure that files are returned to their secure location. Persons who knowingly obtain unauthorized access to confidential information will be subject to discipline, up to and including termination. All incoming employees will be required to execute a Confidentiality Undertaking concerning access to and use of confidential information prior to being given access to any confidential information.

### **Disaster Recovery Plan**

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

### **Internet Security**

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

### **Website Functionality**

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

### **Web Content**

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

### **Website Disclaimer**

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

### **Facility/Site Safety and Security**

#### **Facility Needs**

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

#### **Building Security**

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

#### **Preventative Maintenance and Inspections**

The College undertakes preventive maintenance for all its building and related facilities. Maintenance protocols are in place for fire safety, mechanical and electrical equipment, cleaning, grounds maintenance, elevator maintenance, waste disposal, food handling, etc. In accordance with legislation, the College maintains a joint Workplace Health and Safety

Committee comprised of staff and management. Workplace inspections are conducted monthly. Issues brought forward by the committee are addressed promptly, or where investment is required, are implemented in a timely manner.

### **Policy Concerning Invitees**

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

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

## **Section 7 - Emergency Response Planning and Crisis Management**

### **Emergency Response Policy**

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

- to save lives;
- to protect health and to provide for the safety and health of all responders;
- to protect property and infrastructure;
- to protect the environment; and
- to restore the principle functions of the organization.

### **Business Continuity Planning Policy**

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

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

### **Vital Records, Data and Documents Backup Policy**

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

### **Crisis Communications Policy**

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

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

## **Section 8 - Insurance Program**

### **Insurance/Risk Financing Strategy**

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

### **Insurance Program for Ontario College of Pharmacists**

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

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

### **Relationship with Insurance Advisors**

#### **Selection Process**

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



**COUNCIL BRIEFING NOTE**  
**MEETING DATE: MARCH 2016**

<b>FOR DECISION</b>	<b>X</b>	<b>FOR INFORMATION</b>
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**INITIATED BY:** Finance and Audit Committee

**TOPIC:** Audited Financial Statements

**ISSUE:** Approval of 2015 Audited Financial Statements

**BACKGROUND:** The audit was conducted in accordance with Canadian generally accepted auditing standards. The statements reflect the values for reserve funds agreed to by the Finance and Audit Committee which appropriately draw down the Fee Stabilization Reserve Fund to cover the deficiency of revenue over expenses and adjust the Investigations and Hearings Reserve Fund to reflect future obligations.

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

**ANALYSIS:** The opinion of the auditor is that the financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2015 and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

**RECOMMENDATION:** That Council approve the attached Audited Financial Statements and Summary Statements for the operations of the Ontario College of Pharmacists for 2015 as prepared by Clarke Henning LLP, Chartered Accountants.

**EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):**

**ONTARIO COLLEGE OF PHARMACISTS**  
**FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2015**

Independent Auditor's Report	Page 1
Statement of Financial Position	2
Statement of Operations	3
Schedule of Expenses	4 to 6
Statement of Changes in Net Assets	7
Statement of Cash Flows	8
Notes to the Financial Statements	9 to 14

*Draft - Feb 18/16*

## INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF COUNCIL OF THE ONTARIO COLLEGE OF PHARMACISTS

We have audited the accompanying financial statements of the Ontario College of Pharmacists, which comprise the statement of financial position as at December 31, 2015 and the statements of operations, changes in net assets and cash flows for the year then ended and a summary of significant accounting policies and other explanatory information.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

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

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

### **Opinion**

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Ontario College of Pharmacists as at December 31, 2015 and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario  
March 29, 2016

CHARTERED ACCOUNTANTS  
Licensed Public Accountants

# ONTARIO COLLEGE OF PHARMACISTS

## STATEMENT OF FINANCIAL POSITION

AS AT DECEMBER 31, 2015

	2015	2014
<b>ASSETS</b>		
Current assets		
Cash balances with banks	\$ 500,614	\$ 601,077
Accounts receivable and cost recoveries (note 3)	163,871	208,841
Prepaid expenses	115,487	223,870
	<b>779,972</b>	1,033,788
Long-term investments (note 4)	8,242,634	8,586,257
Property and equipment (note 5)	4,333,685	4,342,026
	<b>13,356,291</b>	13,962,071
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	1,515,775	1,706,248
Deferred revenue	59,887	101,137
	<b>1,575,662</b>	1,807,385
<b>NET ASSETS</b>		
Invested in property and equipment	4,333,685	4,342,026
Internally restricted (note 6)	7,125,000	7,700,000
Unrestricted	321,944	112,660
	<b>11,780,629</b>	12,154,686
	<b>\$ 13,356,291</b>	<b>\$ 13,962,071</b>

Approved on behalf of the Council:

\_\_\_\_\_, President \_\_\_\_\_, Chair of Finance Committee

# ONTARIO COLLEGE OF PHARMACISTS

## STATEMENT OF OPERATIONS

YEAR ENDED DECEMBER 31, 2015

	Budget	Actual	
	2015	2015	2014
	(note 2)		(note 12)
<b>Revenues</b>			
Member fees - Pharmacists	\$ 8,716,500	\$ 8,825,392	\$ 8,395,099
Member fees - Pharmacy Technicians	1,840,000	1,501,194	1,104,000
Pharmacy fees	3,563,000	3,856,597	3,654,320
Registration fees and income	1,628,375	1,603,841	1,755,625
Investment income	225,000	246,042	259,630
Special project - ORAC	-	-	84,656
	<b>15,972,875</b>	<b>16,033,066</b>	<b>15,253,330</b>
<b>Expenses (Schedules)</b>			
Council and committees	1,997,968	2,535,438	2,382,199
Administration	13,260,276	13,340,636	12,194,486
Property	93,994	137,703	110,549
Niagara Apothecary	21,025	27,638	21,955
Special project - ORAC	-	-	84,656
	<b>15,373,263</b>	<b>16,041,415</b>	<b>14,793,845</b>
Excess (deficiency) of revenues over expenses from operations for the year before depreciation	<b>599,612</b>	<b>(8,349)</b>	<b>459,485</b>
Depreciation	<b>467,350</b>	<b>365,708</b>	<b>422,346</b>
Excess (deficiency) of revenues over expenses for the year	<b>\$ 132,262</b>	<b>\$ (374,057)</b>	<b>\$ 37,139</b>

Draft - Feb 10 2016

# ONTARIO COLLEGE OF PHARMACISTS

## SCHEDULE OF EXPENSES

YEAR ENDED DECEMBER 31, 2015

	Budget	Actual	
	2015	2015	2014
	(note 2)		(note 12)
Council and Committees			
Council	\$ 130,000	\$ 133,572	\$ 92,226
District/Regional	50,000	700	25,925
Committees			
Accreditation	64,000	53,053	62,297
Communication	86,500	69,159	29,135
DPP Committee	5,000	-	-
Discipline	995,000	1,628,794	1,406,150
Discipline - cost recoveries	(100,000)	(123,350)	(87,700)
Executive	24,000	26,327	16,720
Finance and Audit	5,000	8,367	5,600
Fitness to practice	57,500	61,981	63,112
ICRC	110,000	146,881	175,227
Patient relations	2,000	1,101	400
Professional practice	10,000	5,661	7,920
Quality assurance	513,168	486,067	486,485
Registration	15,800	10,191	17,176
Special	30,000	26,934	81,526
	<b>\$ 1,997,968</b>	<b>\$ 2,535,438</b>	<b>\$ 2,382,199</b>

Draft - Feb 18, 2016

# ONTARIO COLLEGE OF PHARMACISTS

## SCHEDULE OF EXPENSES

YEAR ENDED DECEMBER 31, 2015

	Budget	Actual	
	2015	2015	2014
	(note 2)		(note 12)
Administration			
Personnel (note 9)	\$ 10,487,840	\$ 10,602,475	\$ 9,601,031
General			
Association fees	132,000	115,902	110,291
Audit	23,000	17,500	15,250
Bank charges	361,000	373,364	342,851
Consulting - general	321,000	376,051	505,350
Continuing education initiatives	13,065	12,273	13,272
Courier and delivery	5,200	5,508	4,084
Donations, contributions and grants	206,200	202,150	207,200
DPP Inspection Costs	5,000	242	81
Election expenses	6,000	2,703	3,639
Examinations, certificates and registrations	198,500	206,180	230,427
Government Relations	45,000	42,000	42,000
Information systems, leasing and maintenance	221,000	265,256	166,036
Insurance - errors and omissions	6,000	5,412	5,316
Legal	173,000	204,525	154,336
Office services - equipment leasing and maintenance	29,000	30,033	30,250
Postage	29,000	33,070	31,478
Professional health program	200,000	128,089	134,863
Practice input initiatives	55,000	9,624	-
Publications - Annual Report and Pharmacy Connection	54,000	36,014	37,978
Structured practice training	121,500	108,273	105,588
Subscriptions and publications	5,141	5,867	8,048
Supplies	30,514	22,159	29,595
Telecommunication	165,466	150,723	154,683
Travel and conferences	366,850	385,243	260,839
	<b>\$ 13,260,276</b>	<b>\$ 13,340,636</b>	<b>\$ 12,194,486</b>

# ONTARIO COLLEGE OF PHARMACISTS

## SCHEDULE OF EXPENSES

YEAR ENDED DECEMBER 31, 2015

	Budget	Actual	
	2015	2015	2014
	(note 2)		(note 12)
Property			
483 Huron Street	\$ 181,349	\$ 228,272	\$ 203,802
186 St. George Street	134,600	127,080	124,737
	<b>315,949</b>	<b>355,352</b>	328,539
Rental income - 186 St. George Street	(221,955)	(217,649)	(217,990)
	<b>93,994</b>	<b>137,703</b>	110,549
Niagara Apothecary			
Salaries and administration	30,100	30,696	29,290
Insurance	4,900	8,222	5,031
Utilities	5,800	6,039	5,607
Building maintenance and repairs	500	433	880
Publicity	225	125	125
Miscellaneous	500	1,913	1,714
Cost of sales	12,000	11,196	8,163
	<b>54,025</b>	<b>58,624</b>	50,810
Sales, grants and donations	(33,000)	(30,986)	(28,855)
	<b>\$ 21,025</b>	<b>\$ 27,638</b>	\$ 21,955

Draft - Feb 18/16

# ONTARIO COLLEGE OF PHARMACISTS

## STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2015

	2015				2014
	Invested in Property and Equipment	Internally Restricted	Unrestricted	Total	Total
Balance - at beginning of year	\$ 4,342,026	\$ 7,700,000	\$ 112,660	\$ 12,154,686	\$ 12,117,547
Excess (deficiency) of revenues over expenses for the year	(365,708)	-	(8,349)	(374,057)	37,139
	3,976,318	7,700,000	104,311	11,780,629	12,154,686
Inter-fund transfers representing:					
Purchase of capital assets (net of disposals)	357,367	-	(357,367)	-	-
Investigations and hearings reserve fund					
- net expenses in the year	-	(1,505,444)	1,505,444	-	-
- inter-fund transfer	-	1,305,444	(1,305,444)	-	-
Fee stabilization fund	-	(375,000)	375,000	-	-
	357,367	(575,000)	217,633	-	-
Balance - at end of year	\$ 4,333,685	\$ 7,125,000	\$ 321,944	\$ 11,780,629	\$ 12,154,686

Draft - Feb 2016

# ONTARIO COLLEGE OF PHARMACISTS

## STATEMENT OF CASH FLOWS

YEAR ENDED DECEMBER 31, 2015

	2015	2014
Cash flows from operating activities		
Excess (deficiency) of revenues over expenses for the year	\$ (374,057)	\$ 37,139
Item not requiring a current cash outlay		
Depreciation	365,708	422,346
	(8,349)	459,485
Changes in non-cash working capital balances		
Accounts receivable and cost recoveries	44,970	(68,552)
Prepaid expenses	108,383	(76,148)
Accounts payable and accrued liabilities	(190,473)	150,581
Deferred revenue	(41,250)	(114,027)
	(86,719)	351,339
Cash flows from investing activities		
Disposal (purchase) of investments	343,623	(86,257)
Purchase of capital assets	(341,022)	(174,250)
Building renovations	(16,345)	(8,803)
	(13,744)	(269,310)
Change in cash during the year	(100,463)	82,029
Cash - at beginning of year	601,077	519,048
Cash - at end of year	\$ 500,614	\$ 601,077

Draft - Feb 18/16

# ONTARIO COLLEGE OF PHARMACISTS

## NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015

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

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

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

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

#### *Financial Instruments*

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

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

#### *Property and Equipment*

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

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

The above rates are reviewed annually to ensure they are appropriate. Any changes are adjusted for on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount. There were no impairment indicators in 2015.

# ONTARIO COLLEGE OF PHARMACISTS

## NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015

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### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

#### *Revenue Recognition*

##### *Fees*

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

##### *Investment Income*

Investment income consists of interest and is recorded as earned.

##### *Other Revenues*

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

#### *Use of Estimates*

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

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

### 2. BUDGET FIGURES

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

### 3. ACCOUNTS RECEIVABLE

As at December 31, 2015 the carrying amount of impaired receivables totalled \$205,000 (\$NIL in 2014). The accounts receivable are presented net of the impairment.

**ONTARIO COLLEGE OF PHARMACISTS**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2015**

4. INVESTMENTS

Details of investments are as follows:

	2015	2014
Long-Term		
Guaranteed investment certificates - BMO Bank of Montreal 2.30% to 2.55% (2.30% to 2.55% in 2014), maturing April 27, 2019 to October 18, 2019 (April 27, 2019 to October 18, 2019 in 2014)	\$ 8,242,634	\$ 8,586,257

*Investment Risk Management*

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

*Interest Rate Risk*

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

5. PROPERTY AND EQUIPMENT

Details of property and equipment are as follows:

	Cost	Accumulated Depreciation	Net Book Value	
			2015	2014
Land	\$ 363,134	\$ -	\$ 363,134	\$ 363,134
Buildings	6,021,978	2,638,264	3,383,714	3,496,496
Furniture and equipment	1,448,275	1,140,002	308,273	350,144
Computer equipment and software	2,475,332	2,196,768	278,564	132,252
	<b>\$ 10,308,719</b>	<b>\$ 5,975,034</b>	<b>\$ 4,333,685</b>	<b>\$ 4,342,026</b>

# ONTARIO COLLEGE OF PHARMACISTS

## NOTES TO THE FINANCIAL STATEMENTS

### YEAR ENDED DECEMBER 31, 2015

#### 6. NET ASSETS - INTERNALLY RESTRICTED

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

	2015	2014
Investigations and hearings reserve fund	\$ 2,000,000	\$ 2,200,000
Contingency reserve fund	4,250,000	4,250,000
Fee stabilization fund	875,000	1,250,000
	<b>\$ 7,125,000</b>	<b>\$ 7,700,000</b>

#### *Investigations and Hearings Reserve Fund*

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

#### *Contingency Reserve Fund*

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

#### *Fee Stabilization Fund*

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

#### 7. FINANCIAL INSTRUMENTS AND RISK EXPOSURE

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

#### *Credit Risk*

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College's main credit risks relate to accounts receivable and cost recoveries. The College monitors this risk and has included an adequate provision for doubtful accounts in the financial statements.

#### *Liquidity Risk*

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

#### *Market Risk*

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is not exposed to currency or price risks. The interest rate risk is disclosed in note 4.

# ONTARIO COLLEGE OF PHARMACISTS

## NOTES TO THE FINANCIAL STATEMENTS

### YEAR ENDED DECEMBER 31, 2015

#### 8. COMMITMENTS

- (a) The College is committed to annual payments of \$200,000 for five years concluding in October 2016 to the University of Toronto to establish the Ontario College of Pharmacists of Toronto Enhancing the Scope of Practice Program, at the University of Toronto.
- (b) The College contracted the Professional Health Program Services of the Centre for Addiction and Mental Health ("CAMH") effective October 1, 2014 (prior to October 1, 2014, these services were provided by the Ontario Medical Association) to monitor members deemed to be incapacitated in accordance with the provisions of the legislation. Members are monitored over a period of time, depending on the nature of their incapacity. During fiscal year 2015, the College expended \$103,000 (\$118,500 - 2014) towards the monitoring of identified members. The remaining commitment of the College is as follows:

2016	\$	122,500
2017		102,667
2018		93,333
2019		60,667
2020		19,833
	\$	<u>399,000</u>

- (c) The College is committed to annual rental payments under leases for office equipment and automobiles, expiring from October 2016 to December 2018 as follows:

		<i>Equipment</i>	<i>Automobiles</i>
Fiscal year ending December 31	2016	\$ 23,422	\$ 20,109
	2017	23,422	7,634
	2018	23,422	-
		\$ 70,266	\$ 27,743

#### 9. PENSION PLAN

The College sponsors a defined contribution pension plan for its employees. The contribution required by the College is a function of qualified employees' annual earnings. The pension expense recognized by the College for the year was \$421,414 (\$360,583 - 2014).

#### 10. CREDIT FACILITY

The College has a credit facility available in the amount of \$1,500,000 bearing interest at bank prime rate, subject to certain terms and conditions. At December 31, 2015, the facility had not been drawn upon.

# ONTARIO COLLEGE OF PHARMACISTS

## NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2015

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### *11. GUARANTEES AND INDEMNITIES*

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

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

### *12. COMPARATIVE FIGURES*

Certain of the comparative figures in the Statement of Operations and related Schedule of Expenses have been reclassified to conform with the financial statement presentation adopted for the current year.

Draft - Feb 18/16

**ONTARIO COLLEGE OF PHARMACISTS**  
**SUMMARY FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2015**

Independent Auditor's Report	Page 1
Summary Balance Sheet	2
Summary Statement of Operations and Net Assets	3

*Draft - Mar 10/16*

**INDEPENDENT AUDITOR'S REPORT ON  
SUMMARY FINANCIAL INFORMATION**

TO THE MEMBERS OF COUNCIL ONTARIO COLLEGE OF PHARMACISTS

The accompanying summary financial statements of the Ontario College of Pharmacists, which comprise the summary balance sheet as at December 31, 2015 and the summary statement of operations and net assets for the year then ended, are derived from the audited financial statements of the Ontario College of Pharmacists for the year ended December 31, 2015. We expressed an unmodified audit opinion on those financial statements in our report dated March 29, 2016.

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

**Management's Responsibility for the Summary Financial Statements**

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

**Auditor's Responsibility**

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

**Opinion**

In our opinion, the summary financial statements derived from the audited financial statements of Ontario College of Pharmacists for the year ended December 31, 2015 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario  
March 29, 2016

CHARTERED ACCOUNTANTS  
Licensed Public Accountants

# ONTARIO COLLEGE OF PHARMACISTS

## SUMMARY BALANCE SHEET

AS AT DECEMBER 31, 2015

	2015	2014
<b>ASSETS</b>		
Current assets		
Cash and short-term investments	\$ 500,614	\$ 601,077
Accounts receivable and cost recoveries	163,871	208,841
Prepaid expenses	115,487	223,870
	<u>779,972</u>	<u>1,033,788</u>
Long-term investments	8,242,634	8,586,257
Property and equipment	4,333,685	4,342,026
	<u>13,356,291</u>	<u>13,962,071</u>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	1,515,775	1,706,248
Deferred revenue	59,887	101,137
	<u>1,575,662</u>	<u>1,807,385</u>
<b>NET ASSETS</b>		
Net assets invested in property and equipment	4,333,685	4,342,026
Internally restricted		
Investigations and hearings reserve fund	2,000,000	2,200,000
Contingency reserve fund	4,250,000	4,250,000
Fee stabilization fund	875,000	1,250,000
Unrestricted	321,944	112,660
	<u>11,780,629</u>	<u>12,154,686</u>
	<u>\$ 13,356,291</u>	<u>\$ 13,962,071</u>

Approved on behalf of the Council:

\_\_\_\_\_, President      \_\_\_\_\_, Chair of Finance Committee

**ONTARIO COLLEGE OF PHARMACISTS**  
**SUMMARY STATEMENT OF OPERATIONS AND NET ASSETS**  
**YEAR ENDED DECEMBER 31, 2015**

	2015	2014
<b>Revenues</b>		
Member fees - Pharmacists	\$ 8,825,392	\$ 8,395,099
Member fees - Pharmacy Technicians	1,501,194	1,104,000
Pharmacy fees	3,856,597	3,654,320
Registration fees and income	1,603,841	1,755,625
Investment and other income	246,042	344,286
	<b>16,033,066</b>	<b>15,253,330</b>
<b>Expenses</b>		
Council and committees	2,563,076	2,404,154
Administration	13,340,636	12,279,142
Property	137,703	110,549
	<b>16,041,415</b>	<b>14,793,845</b>
Excess of revenues over expenses from operations for the year before depreciation	(8,349)	459,485
Depreciation	365,708	422,346
Excess of revenues over expenses for the year	(374,057)	37,139
Net assets - at beginning of year	12,154,686	12,117,547
Net assets - at end of year	<b>\$ 11,780,629</b>	<b>\$ 12,154,686</b>

Draft - Mar 10/16

# Clarke Henning LLP

*Chartered Accountants*

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



February 12, 2016

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

Dear Members of the Finance and Audit Committee:

## ONTARIO COLLEGE OF PHARMACISTS AUDIT OF 2015 FINANCIAL STATEMENTS

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

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

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

During the course of our audit of the financial statements of Ontario College of Pharmacists for the year ended December 31, 2015, we did not identify any of the following matters:

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

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

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

Yours very truly,  
CLARKE HENNING LLP

*Vinay M. Raja*

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

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

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**COUNCIL BRIEFING NOTE**  
**MEETING DATE: MARCH 2016**

**FOR DECISION**

**X**

**FOR INFORMATION**

**INITIATED BY:** Executive Committee

**TOPIC:** Public Participation on Panels

**ISSUE:** By-law amendments aimed at increasing the pool of public participants on panels of college adjudicatory committees

**BACKGROUND:** For some time now the Ontario College of Pharmacists has been struggling with drawing duly constituted panels to consider matters referred to statutory committees for adjudication due to the limited availability of government appointed public members. While the legislation permits panels of adjudicatory committees other than discipline to proceed in the absence of Lieutenant Governor in Council (LGC) public members, the College is reluctant to do so. Due to the aggressive meeting schedule required to ensure timely deliberation of matters, cancelled panel meetings have a detrimental impact on operational targets.

Requests to the public appointment unit for additional LGC appointees have been made and we are assured that we will receive additional members shortly. We are also aware that the government is embarking on a Health Regulatory Modernization initiative which will include governance issues embedded in the *Regulated Health Professions Act* (RHPA) with proposed reforms scheduled to be shared with college councils later this year (see Attachment 1 - MOHLTC Governance Structure). Despite the assurance of more public members and potential changes to the governance model set out in the RHPA, staff strategized on additional solutions that might alleviate the immediate concerns through by-law amendments. A legal opinion was sought to determine if the solutions could be achieved within our legal framework. The attached legal opinion has been provided to give guidance to all provincial health colleges established under the RHPA on this issue (Attachment 2).

The legal opinion states that the legislation permits the College to add public members to college committees by way of by-law amendments. The proposed by-law amendments (Attachment 3) introduce Council Appointed Non-Profession Committee Members (CANPCM); a term chosen to differentiate them from LGC public members appointed by government. The intent is to continue to uphold our statutory mandate in a timely way while adhering to the principle of public participation. It should be noted that CANPCM are not the same as LGC public members; discipline panels will continue to require at least one LGC for quorum.

**ANALYSIS:** In light of the pending Health Regulatory Modernization initiative, the addition of CANPCMs will be limited at this time to statutory committees that adjudicate matters through panels and no changes are being proposed to the non-council member appointments to committees.

The costs of implementing this policy directive will be minimal. CANPCM will be paid in accordance with the College by-law in the same manner as elected or other appointed committee members. LGC appointees will continue to be compensated in accordance with the Public Appointment Unit provisions. As both payment models are modest, this should not be of concern.

### **Implementation Approach**

The proposed by-law amendments will come into effect upon Council approval.

To provide immediate relief to the shortage of public participants on panels the Executive Committee will, on behalf of Council, appoint members to serve between now and September and will draft criteria and process for future appointments for Council consideration at the June Council meeting.

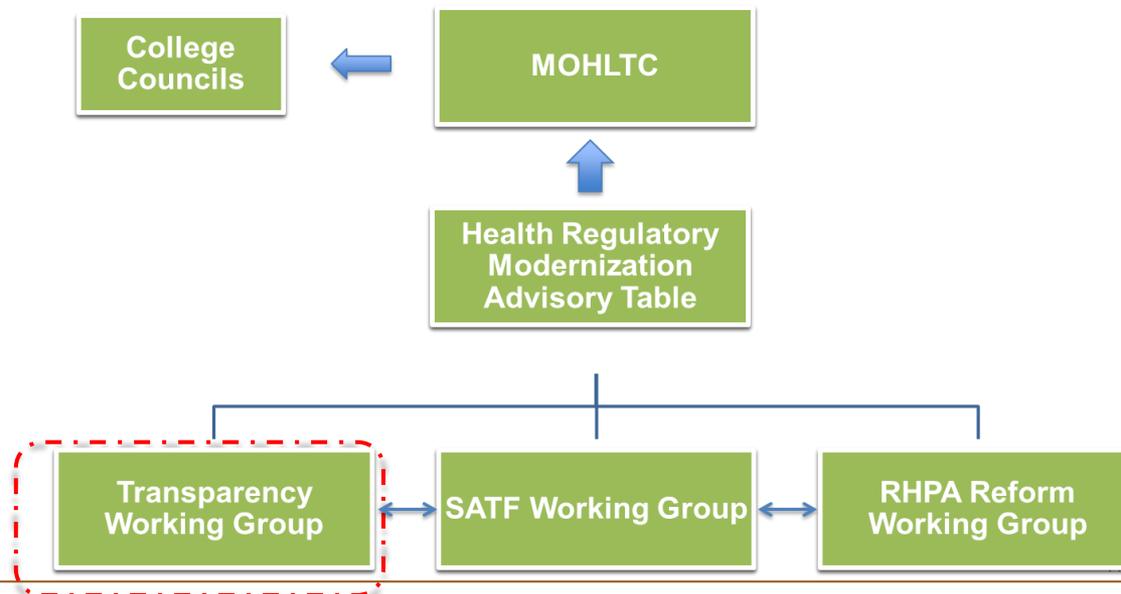
The immediate appointees will be limited to public members who have served as LGCs in the past as they will be familiar with their role on panels and, accordingly, can be effective with minimal training.

**RECOMMENDATION:** Approve the following by-law amendments to enable Council Appointed Non-Profession Committee Members to increase the pool of public participants to serve on panels of college adjudicatory committees.

**EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):**

# Governance Structure

- Several initiatives that will involve reviews of the RHPA scheme will take place concurrently with the work on the transparency strategy.
- To support coordination of these efforts and collaboration with the colleges, a Health Regulatory Modernization Advisory Table (HRMAT) comprising of Registrars, ministry representatives who will advise on the efforts of the working groups and endorse its work (e.g. guidelines, standards, etc.) to the ministry.
- The Transparency Working Group will be reporting to the HRMAT on its work for approval before disseminating final guidance products to the colleges.
- The ministry will work with college Councils to implement guidelines, standards, recommendations consistently across all colleges.



January 21, 2016

**DELIVERED VIA EMAIL**

Mr. Marshall Moleschi  
President, FHRCO  
C/O Ontario College of Pharmacists  
483 Huron Street  
Toronto, ON M5R 2R4

Dear Marshall:

**Re: Council-Appointed Public Committee Members**

You have asked whether a Council could (with a by-law amendment) appoint non-professional members to serve on committees. You are particularly interested in having a broader pool of “public members” to serve on panels as some Colleges are having difficulty finding available Lieutenant Governor in Council (LGC) appointees to serve on some panels. You recognize that, for some panels, having a LGC appointee is not always necessary for quorum, but as a policy matter some Colleges wish to avoid having an all-practitioner panel make decisions. In my view, it would be possible for a Council to make by-laws providing for the appointment to committees individuals who are neither members of the College nor LGC appointees.

A subsidiary question is whether LGC appointees whose term has ended can continue to serve on committees as a Council-appointed public committee members.

**Can a Council Appoint People to Committees Who Are Neither Members of the College Nor LGC Appointees?**

Section 94 of the *Health Professions Procedural Code (Code)* authorizes a College to make by-laws related to committee appointments. The relevant provisions read as follows:

## **By-laws**

**94.** (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws,

...

(g.2) prescribing what constitutes a conflict of interest for members of the Council or a committee and regulating or prohibiting the carrying out of the duties of those members in cases in which there is a conflict of interest;

(h) providing for the remuneration of the members of the Council and committees other than persons appointed by the Lieutenant Governor in Council and for the payment of the expenses of the Council and committees in the conduct of their business;

(h.1) respecting the filling of vacancies on the Council or on committees;

(h.2) providing for the composition of committees;

(h.3) respecting the qualification, selection, appointment and terms of office of members of committees required by subsection 10 (1) who are not members of the Council;

(h.4) prescribing conditions disqualifying committee members from sitting on committees required under subsection 10 (1) and governing the removal of disqualified committee members;

(i) providing for the appointment, powers and duties of committees other than the committees required by subsection 10 (1)....

Nothing in these provisions requires committee members to be either members of the Council or members of the profession. Indeed, clause 94(1)(h.3) simply describes these individuals as people “who are not members of the Council”.

Subsections 10(2) and (3) of the *Code* deal with Council’s appointment of committees:

### **Appointment**

(2) The Council shall appoint the members of the committees.

### **Composition**

(3) The composition of the committees shall be in accordance with the by-laws.

Nothing in these provisions requires committee members to be either members of the Council or members of the profession.

Section 17 of the *Code* describes the composition of the panels of the Registration Committee:

### **Composition of panels**

(2) A panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

### **Quorum**

(3) Three members of a panel constitute a quorum.

Nothing in these provisions requires committee or panel members to be either members of the Council or members of the profession so long as one panel member is an LGC appointee.

Section 25 of the *Code* describes the composition of the panels of the ICRC:

**Composition**

(2) A panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

**Quorum**

(3) Three members of a panel constitute a quorum.

Nothing in these provisions requires committee or panel members to be either members of the Council or members of the profession so long as one panel member is an LGC appointee.

Section 38 of the *Code* describes the composition of the panels of the Discipline Committee:

**Composition**

(2) A panel shall be composed of at least three and no more than five persons, at least two of whom shall be persons appointed to the Council by the Lieutenant Governor in Council.

**Idem**

(3) At least one of the members of a panel shall be both a member of the College and a member of the Council.

**Exclusion from panel**

(4) No person shall be selected for a panel who has taken part in the investigation of what is to be the subject-matter of the panel's hearing.

**Quorum**

(5) Three members of a panel, at least one of whom must be a member who was appointed to the Council by the Lieutenant Governor in Council, constitute a quorum.

While three of the members of a panel must meet certain qualifications (i.e., one must be a professional member of the Council and two must be LGC appointees), nothing in these provisions requires the other two possible panel members to be either members of the Council or members of the profession. To retain quorum, one of the panel members must be an LGC appointee.

Section 84 of the *Code* describes the composition of panels of the Fitness to Practise Committee:

**Composition**

(2) A panel shall be composed of at least three persons, at least one of whom shall be a person appointed to the Council by the Lieutenant Governor in Council.

**Quorum**

(3) Three members of a panel constitute a quorum.

Nothing in these provisions requires committee or panel members to be either members of the Council or members of the profession so long as one panel member is an LGC appointee.

In my view, none of the other provisions of the *RHPA* or the *Code* shed additional light on who can serve on College committees or their panels.

Thus, in my view, given the broad language used in section 94 of the *Code* and the lack of any restrictive language in other provisions, a College could enact by-laws authorizing the appointment of people to committees who are neither members of the College nor LGC appointees.

### **Some Practical Considerations**

Council-appointed public members are not LGC appointees. Thus wherever the *Code* requires that an LGC appointee be part of the panel or the quorum, Council-appointed public members cannot be counted towards those positions. However, for all committees other than the Discipline Committee, so long as an LGC appointee is part of the composition of the panel, the quorum provisions do not actually require that the LGC appointee attend the meeting<sup>1</sup>. The inclusion of Council-appointed public members would address one concern, namely ensuring that there are some public members sitting on the panel when it makes a decision.

Except for the Discipline Committee, there is no maximum number of members to a panel. Thus chairs could select both LGC appointees and Council-appointed public members to the panel to make it more likely that at least one of the public members attends the meeting or hearing. However, this raises the issue of whether there should be additional professional members selected to make it more likely that a majority of the people making the decision are professional members? If that is a value of a College (i.e., to maintain a strong sense of “self-regulation”), then the panel sizes could grow larger. Larger panel sizes may make meetings and hearings unwieldy and more expensive. In addition, quorum may actually become a bigger issue if panel members feel that they can miss meetings or hearings because there are a lot of people to fill their spot if they do not show up.

The Discipline Committee raises additional practical considerations because its panels have a maximum size of five members, one of whom must be a professional member of the Council and two of whom must be LGC appointees. That leaves only two other positions available on the panel. If a Council-appointed public member is placed on the panel, there will only be two professional members of the panel. It may be particularly important, to some, for members facing discipline to sense that they are being judged by their peers. Also, one of the two LGC appointees must remain on the panel to constitute quorum.<sup>2</sup>

<sup>1</sup> There could be an issue where the chair selects as a panel member (or Council appoints to a committee) an LGC appointee that they know will not be able to attend the meeting or hearing. This could be viewed as an attempt to circumvent the clear intent of the legislation.

<sup>2</sup> This is subject to the argument that s. 4.4 of the *Statutory Powers Procedure Act* permits the panel to proceed with no LGC appointees. However, even if legal, that raises significant public perception issues.

Clause 94(1)(h) of the *Code* authorizes a College to make by-laws for paying the remuneration and expenses of Council-appointed public members. The Ministry will not pay them. This raises the delicate issue of whether Council-appointed public members should be remunerated on the scale of professional members of the Council or on the scale of the LGC appointees, or a different scale entirely.

### **Former LGC Appointees**

You also asked if individuals who were formerly LGC appointees to a Council could be eligible to become Council-appointed public members? Such individuals would have an obvious familiarity and expertise with both the *RHPA* and the regulation of the profession. The broad wording of the provisions described above would not seem to preclude this sort of appointment.

An argument could be made that such an appointment would seem to be inconsistent with the government's decision not to reappoint the individual to Council and a general government policy to limit LGC appointees to three terms (likely to avoid the risk of "regulatory capture" of the individuals). The possibility of the appointment of LGC's as Council-appointed public members (perhaps with higher compensation) could also be seen as a conflict of interest for even current LGC appointees (e.g., are they making decisions that they believe will likely ensure their future appointment by Council?). So there would be a risk in making such an appointment.

However, such a risk is probably fairly remote and we have not found any cases that speak to it. The risk could be reduced by ensuring that there is a "cooling off" period (say six months to one year) so that the individual is not seen as serving a consecutive term.

Thus it would appear that a former LGC appointee is likely eligible to serve as a Council-appointed public member. Of course, he or she still could not be counted as an LGC appointee for the purposes of composition or quorum.<sup>3</sup>

<sup>3</sup> We also briefly discussed the appointment of a pool of LGC appointees that were available to all *RHPA* Colleges to serve on committees. That would require a legislative amendment as the profession-specific Acts all prohibit LGC appointees from serving on more than one *RHPA* Council. Currently all LGC appointees serve on a Council of an *RHPA* College and it would take a legislative amendment to change this requirement.

## Conclusion

It would appear that a Council could make by-laws for the appointment of individuals who are not members of the profession or LGC appointees to serve on committees. Such Council-appointed public members could serve on panels so long as they were not counted as LGC appointees. Former LGC appointees could probably be eligible to become Council-appointed public members.

Yours very truly,

**STEINECKE MACIURA LEBLANC**

A handwritten signature in black ink, appearing to read 'RS', written over a light blue horizontal line.

Richard Steinecke  
RS/ms

**PROPOSED BY-LAW AMENDMENTS**

Existing Provision	Proposed Provision	Intent of the Provision
<b>Article 1 INTERPRETATION</b>		
Provision does not exist	1.1.14.1 “Council Appointed Non-Profession Committee Member” means an individual appointed under this By-Law to serve as a member of a Committee who is neither a member of the Council nor a Member.	New provision
<b>Article 6 REMUNERATION AND EXPENSES</b>		
<p>6.1.1 (b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;</p> <p>6.1.1 (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.</p>	<p>6.1.1 (b) an expense allowance of \$300.00 for each day when out of the community in which the <del>Council</del> member resides;</p> <p>6.1.1 (d) a daily expense allowance of \$165.00 when on College business in the community in which the <del>Council</del> member resides, which amounts include travel allowance.</p>	Delete the word “Council”.
<b>Article 7 COMMITTEES OF THE COLLEGE</b>		
Provision does not exist	<p>7.6B.1 An individual is eligible for appointment to a Committee as a Council Appointed Non-Profession Committee Member if, on the date of the appointment:</p> <ul style="list-style-type: none"> <li>(a) The individual resides in Ontario;</li> <li>(b) The individual has not been disqualified from serving on Council or a Committee within the six years immediately preceding the appointment;</li> <li>(c) The individual has never been a Member;</li> <li>(d) The individual has no direct or indirect ownership interest in a pharmacy other than holding shares on a publicly traded stock exchange;</li> <li>(e) The individual does not have a conflict of interest in respect of the Committee to which he or she is to be appointed; and</li> </ul>	New provision

Existing Provision	Proposed Provision	Intent of the Provision
	(f) the individual is not an employee, officer or director of a Professional Advocacy Association or, if the individual is such an employee, officer or director of a Professional Advocacy Association, the individual gives an undertaking to resign from such position upon being appointed (however, for greater certainty, a member of a Committee shall not be ineligible by reason of serving on an association or organization to which he or she has been appointed by the Council as a representative of the College).	
<p>7.10.2 (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</p> <p>7.10.2 (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.</p>	<p>7.10.2 (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; <del>or</del></p> <p><del>7.10.2 (g) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.</del></p> <p>(g) in the case of a Council Appointed Non-Profession Committee Member, no longer meets the eligibility requirements specified in subparagraph 7.6B.1; or</p> <p>(h) in the case of a member of Council who sits on a Committee, ceases to be a member of Council.</p>	<p>Article 7.10.2(g) and the word “or” at the end of Article 7.10.2(f) are repealed and have been substituted.</p>
<b>Article 8 COMPOSITION AND DUTIES OF STATUTORY AND STANDING COMMITTEES</b>		
<p>Provision does not exist</p>	<p>8.4.3B one (1) or more Council Appointed Non-Profession Committee Members if Council so determines;</p>	<p>Article 8.4 (Registration Committee Composition) is amended by adding new provision 8.4.3B.</p>
<p>8.6.2 at least five (5) members of the Council appointed to the Council by the Lieutenant Governor in Council; and</p> <p>8.6.3 at least seven (7) Members who are not members of the Council.</p>	<p>8.6.2 at least five (5) members of the Council appointed to the Council by the Lieutenant Governor in Council; <del>and</del></p> <p>8.6.3 at least seven (7) Members who are not members of the Council; <del>and</del></p>	<p>Article 8.6 (Inquiries, Complaints and Reports Committee Composition) is amended by moving the word “and” from the end of Article 8.6.2 to the end of Article 8.6.3 and adding new provision 8.6.4 (with the corresponding change of punctuation).</p>

Existing Provision	Proposed Provision	Intent of the Provision
	8.6.4 one (1) or more Council Appointed Non-Profession Committee Members if Council so determines.	
<p>8.8.2 at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; and</p> <p>8.8.3 at least five (5) Members who are not members of the Council.</p>	<p>8.8.2 at least six (6) members of the Council appointed to the Council by the Lieutenant Governor in Council; <del>and</del></p> <p>8.8.3 at least five (5) Members who are not members of the Council; <del>and</del></p> <p>8.8.4 one (1) or more Council Appointed Non-Profession Committee Members if Council so determines.</p>	<p>Article 8.8 (Discipline Committee Composition) is amended by moving the word “and” from the end of Article 8.8.2 to the end of Article 8.8.3 and adding new provision 8.8.4 (with the corresponding change of punctuation).</p>
<p>8.10.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and</p> <p>8.10.3 at least one (1) Member who is not a member of the Council.</p>	<p>8.10.2 at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; <del>and</del></p> <p>8.10.3 at least one (1) Member who is not a member of the Council; <del>and</del></p> <p>8.10.4 one (1) or more Council Appointed Non-Profession Committee Members if Council so determines.</p>	<p>Article 8.10 (Fitness to Practise Committee Composition) is amended by moving the word “and” from the end of Article 8.10.2 to the end of Article 8.10.3 and adding new provision 8.10.4 (with the corresponding change of punctuation).</p>

<b>Legend:</b>
Insertion
<del>Deletion</del>
Moved from
Moved to



## COUNCIL BRIEFING NOTE

MEETING DATE: MARCH 2016

**FOR DECISION**

**X**

**FOR INFORMATION**

**INITIATED BY:** Executive Committee

**TOPIC:** Proposed Amendments to the *Pharmacy Act Regulations*:  
Administration of Expanded Vaccinations by Pharmacists

**ISSUE:** Circulation of the proposed amendments to the *Pharmacy Act Regulations* to permit expansion of vaccine administration by pharmacists.

### **BACKGROUND:**

- The Ministry established a Pharmacist Travel Vaccine Working group with multiple stakeholders, including the College, in the summer of 2015
- Consideration has been given to potential vaccinations for pharmacist administration, possible regulatory mechanisms to authorize pharmacist administration, as well as evaluation considerations and communication strategies.
- Initial review focused on administering vaccinations for the purpose of travel; however, it was determined that inclusion of broader language in the regulations to authorize expanded vaccine administration by pharmacists better supports the desired patient impact.
- To ensure pharmacist administration of vaccinations supports the Ministry's *Patients First Action Plan for Healthcare*, the College recommends that broader authority to administer vaccines, as indicated and appropriate, be included in proposed regulations.
- Vaccines to treat 13 vaccine preventable diseases have been identified as meeting this goal.

### **DISCUSSION:**

- The government has included expanded scope of practice for providers and more models for collaborative care in the mandate for health and long-term care.
- In the Ontario Budget 2015 the government identified the intent to allow Ontarians to receive travel vaccinations in their local pharmacies.
- Dr. Eric Hoskins, Ontario's Minister of Health and Long-Term Care has expressed his recognition of the benefits realized by pharmacist administration of the influenza vaccination. He has also indicated support for inclusion of expanded vaccinations and other areas of expanded scope of practice for pharmacists.

## Identification of Vaccines in the Regulations

- Generic names for vaccines differ between manufacturers for the same substance. Even if all current generic names are listed under a table of vaccines that pharmacists are authorized to administer, if a manufacturer introduces a new vaccine (of an existing substance and formulation) and the generic name is slightly different than those listed under the table, pharmacists would not be authorized to administer that specific generic vaccine without regulatory changes.
- The introduction of new vaccine formulations, with extended immunity against bacterial/viral strains, would also not be captured if a table is created with generic names. If a slightly different formulation is manufactured that provides protection against increased strains of a bacteria/virus and is not included under the table then a pharmacist would also not be authorized to administer that formulation without regulatory changes. In circumstances where that particular vaccine becomes the gold standard of care then this would be a barrier to patients accessing optimal care.
- Listing the vaccines in the regulations as proposed will minimize restrictions on the administration of new substances not included in tables or lists within the regulations.

## Additional Amendments in the Regulations

- The proposed regulations authorize pharmacy students and interns to administer all vaccinations subject to terms, limitations and conditions imposed on their certificate of registration. This ensures that students and interns are able to demonstrate and maintain competence of skills acquired during their education.
- The proposed regulations do not authorize pharmacist prescribing of vaccinations. Patients would still be required to obtain a prescription from an authorized prescriber before a pharmacist could administer a vaccination.
- Communication to practitioners will be important to ensure pharmacists understand what the regulation authorizes them to administer, and the expectations and requirements of members when administering vaccinations.
- Communication to the public will outline the steps that the patient must take to receive a vaccination from their pharmacist, as well as what vaccinations pharmacists are able to administer.

## NEXT STEPS:

- Should Council recommend that the College release the proposed amendments for public consultation, the proposed amended Pharmacy Act Regulations (Appendix A and B) will be posted on the College website for 60 days following which they will be presented to Council at its June meeting.
- The College will work in collaboration with stakeholders and the Ministry to establish a communication plan identifying key messages as appropriate.
- The College will work in collaboration with stakeholders and the Ministry to inform an evaluation of the impact realized by expanding pharmacist vaccine administration.

**DECISION FOR COUNCIL:**

- Recommend that Council support public consultation on the proposed amended Pharmacy Act Regulations.
- Does Council have any feedback on the proposed amendments prior to posting for consultation?

**Appendix A: Proposed Amended *Pharmacy Act Regulations – Amended Subsections***

**34. (4)** For the purposes of paragraph 2 of subsection 4 (1) of the Act, a Part A pharmacist, an intern or a registered pharmacy student is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, is authorized to administer influenza vaccine by injection to a patient who is five years of age or older, if the member,

(a) administers the vaccine in accordance with Ontario’s Universal Influenza Immunization Program as described on the Ministry’s website;

(b) receives an informed consent from the patient or his or her authorized agent; and

(c) meets all the requirements in paragraphs 2 to 6 of subsection (3). O. Reg. 302/12, s. 1.

**34. (5)** For the purposes of paragraph 2 of subsection 4(1) of the Act, a Part A pharmacist, an intern or a registered pharmacy student is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to administer by injection a vaccine from one of the categories of vaccines listed in Table 3 to this Regulation, to a patient who is five years of age or older, if the member,

(a) receives an informed consent from the patient or his or her authorized agent;

(b) meets all the requirements in paragraphs 2 to 6 of subsection (3); and

(c) notifies the patient’s primary care provider, if any, within a reasonable time, that the member administered a vaccine to the patient, and provides details respecting the administration.

<i>Table 3</i>
Categories of Vaccines
BCG Vaccines
<i>Haemophilus Influenzae</i> type b (Hib) Vaccines
Meningococcal Vaccines <ul style="list-style-type: none"> <li>• Monovalent (Men-C-C)</li> <li>• Quadrivalent (Men-C-ACYW)</li> <li>• Quinrivalent (Men-P-ACYW-135)</li> <li>• Multicomponent (4CMenB)</li> </ul>
Pneumococcal disease Vaccines
Typhoid disease Vaccines
Combined typhoid and hepatitis A Vaccines
Hepatitis A Vaccines
Hepatitis B Vaccines
Hepatitis A and B combined Vaccines
Herpes zoster Vaccines
Human Papillomavirus Vaccines
Japanese Encephalitis Vaccines
Rabies Vaccines
Varicella Virus Vaccines
Yellow Fever Vaccines

## Appendix B: Proposed Amendments *Pharmacy Act Regulations* – Tracked Amendments in Regulation

### Tracked Proposed Amendments: *Pharmacy Act Regulations*, O. Reg. 202/94 General

#### Part VIII.3 Controlled Acts

##### Interpretation

31. In this Part,

“adapt” means to change a patient’s prescription respecting,

- (a) the dose of the prescribed drug,
- (b) the dosage form of the prescribed drug,
- (c) the directions for use of the prescribed drug, or
- (d) the route of administration for taking the prescribed drug,

but does not include therapeutic substitution;

“Part A pharmacist” means a member who holds a certificate of registration as a pharmacist and who is listed in Part A of the register;

“prescriber” means a person who is authorized under the laws of a province or territory of Canada to give a prescription within the scope of his or her practice of a health profession;

“prescription” means a direction from a prescriber directing the dispensing of a drug or mixture of drugs for a specific patient;

“renew” means to provide a patient with a prescription that repeats a prescription previously provided to that patient;

“therapeutic substitution” means the substitution of a drug that contains chemically different active ingredients that are considered to be therapeutically equivalent. O. Reg. 302/12, s. 1.

32. (1) Where the provisions of this Part are inconsistent with a law of Canada respecting prescriptions, including those related to a targeted substance, the law of Canada shall prevail and the provisions of this Part to the extent they are inconsistent with that law shall not apply. O. Reg. 302/12, s. 1.

(2) Where the provisions of this Part are inconsistent with the provisions of the Narcotics Safety and Awareness Act, 2010, the provisions of that Act shall prevail and the provisions of this Part, to the extent they are inconsistent with that Act, shall not apply. O. Reg. 302/12, s. 1.

##### Controlled Acts

33. A member shall not perform a controlled act under paragraph 2, 3, 4 or 5 of subsection 4 (1) of the Act except in accordance with this Part. O. Reg. 302/12, s. 1.

34. (1) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (3) is authorized to perform the following acts:

1. Administering a substance specified in Table 1 to this Regulation by injection to a patient.
2. Administering a substance specified in Table 2 to this Regulation by inhalation to a patient. O. Reg. 302/12, s. 1.

(2) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(3) A member may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of patient education and demonstration, and before performing the act,
  - i. must explain that purpose to the patient or his or her authorized agent, and
  - ii. must receive an informed consent from the patient or his or her authorized agent.
2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.
3. The member shall ensure that appropriate infection control procedures are in place.
4. The member must possess sufficient knowledge, skill and judgment respecting the substance to be administered, and sufficient understanding of the condition of the patient, to be able to administer the substance safely.
5. The member must consider whether administering a substance by injection or inhalation to the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome after administration and any other relevant circumstances.
6. The member must maintain a patient record that includes,
  - i. the name and address of the patient,
  - ii. the name and address of the member,
  - iii. the date the act was performed,
  - iv. the name, strength (where applicable) and quantity of the substance that the member administered to the patient,
  - v. the circumstances relating to the administration of the substance to the patient and any adverse reaction experienced by the patient, and
  - vi. confirmation that an informed consent was given by the patient or his or her authorized agent. O. Reg. 302/12, s. 1.

(4) For the purposes of paragraph 2 of subsection 4 (1) of the Act, a Part A pharmacist, an intern or a registered pharmacy student is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, is authorized to administer influenza vaccine by injection to a patient who is five years of age or older, if the Part A pharmacist member,

(a) administers the vaccine in accordance with Ontario's Universal Influenza Immunization Program as described on the Ministry's website;

(b) receives an informed consent from the patient or his or her authorized agent; and

(c) meets all the requirements in paragraphs 2 to 6 of subsection (3). O. Reg. 302/12, s. 1.

34. (5) For the purposes of paragraph 2 of subsection 4(1) of the Act, a Part A pharmacist, an intern or a registered pharmacy student is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to administer by injection a vaccine from one of the categories of vaccines listed in Table 3 to this Regulation, to a patient who is five years of age or older, if the member,

(a) receives an informed consent from the patient or his or her authorized agent;

(b) meets all the requirements in paragraphs 2 to 6 of subsection (3); and

(c) notifies the patient's primary care provider, if any, within a reasonable time, that the member administered a vaccine to the patient, and provides details respecting the administration.

35. (1) For the purposes of paragraph 3 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other requirements of this section is authorized to prescribe the following specified drugs:

1. Varenicline Tartrate.

2. Bupropion Hydrochloride. O. Reg. 302/12, s. 1.

(2) A drug mentioned in subsection (1) may only be prescribed by a member for the sole purpose of smoking cessation. O. Reg. 302/12, s. 1.

(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(4) A member may only prescribe a drug under this section if he or she,

(a) possesses sufficient knowledge, skill and judgment respecting the drug and the patient's condition to prescribe the drug for the patient;

(b) has considered whether prescribing the drug for the patient is appropriate, given the known risks and benefits of prescribing the drug for the patient and other relevant factors respecting the patient;

(c) gives the prescription to the patient or his or her authorized agent;

(d) advises the patient or his or her authorized agent, at the time of giving the prescription, that he or she may elect to take it to a pharmacy of his or her choosing for dispensing;

(e) notifies the patient's primary care provider (if any) within a reasonable time, that the member prescribed a drug for the patient and provides details respecting the prescription; and

(f) complies with the additional requirements under sections 37 and 38. O. Reg. 302/12, s. 1.

36. (1) For the purposes of paragraph 4 of subsection 4 (1) of the Act, a member referred to in subsection (3) who complies with the other provisions of this section is authorized to perform the following acts:

1. Adapting a patient's prescription.

2. Renewing a patient's prescription for the purpose of continuity of care. O. Reg. 302/12, s. 1.

(2) Subsection (1) does not authorize a member referred to in subsection (3) to adapt or renew a prescription for a controlled substance as defined in the Controlled Drugs and Substances Act (Canada) or a drug designated as a monitored drug by the regulations under the Narcotics Safety and Awareness Act, 2010. O. Reg. 302/12, s. 1.

(3) A Part A pharmacist, an intern or a registered pharmacy student is authorized to perform an act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(4) A member may only perform an act provided for in subsection (1) if he or she complies with the following:

1. The member must either possess the patient's prescription to be adapted or renewed or,

i. receive a copy of the prescription directly from the pharmacy where the prescription was dispensed to the patient,

ii. be satisfied based on verbal confirmation from a pharmacist at the pharmacy where the prescription was dispensed to the patient as to the existence and details of the prescription, or

iii. have access to the medical record that contains information about the prescription.

2. If the member is renewing a prescription, he or she must not prescribe a quantity of the drug that exceeds the lesser of,

i. the quantity that was originally prescribed, including any refills that were authorized by the prescriber, and

ii. a six months' supply.

3. The member must, within a reasonable time, notify the prescriber identified on the prescription adapted or renewed by the member, as well as the patient's primary care provider if the member knows that the patient has such a care provider other than the prescriber, providing details about the patient's prescription, when the member,

i. renews a patient's prescription, or

ii. adapts a patient's prescription, if, in the member's opinion,

A. adapting the prescription is clinically significant in relation to the patient, or

B. the notification is necessary to support the patient's care.

4. At the time that the member adapts or renews the patient's prescription, the member must advise the patient or his or her authorized agent,

i. that he or she is entitled to the prescription, and

ii. that he or she may take the prescription to a pharmacy of his or her choosing for dispensing.

5. The member must comply with the additional requirements under sections 37 and 38. O. Reg. 302/12, s. 1.

37. A member who performs an act provided for in section 35 or 36 must ensure that the following information is recorded on the prescription:

1. The name and address of the patient for whom the drug is prescribed.

2. The name, strength (where applicable) and quantity of the prescribed drug.

3. Directions for the use of the drug, including its dose, frequency, route of administration and any special instructions.

4. The name, address, telephone number and College registration number of the member issuing the prescription.

5. The date the prescription was issued by the member.

6. If applicable, reference to the prescription that the member adapted or renewed, including the name and contact details of the original prescriber.

7. The number of refills that the member authorized, if applicable.

8. Any other information required by law. O. Reg. 302/12, s. 1.

38. A member who performs an act under section 35 or 36 must maintain a patient record that includes details of the member's rationale for his or her decision to act under section 35 or 36 and the following information, if applicable:

1. Reference to, or a copy of, the patient's prescription that the member renewed or adapted, including the name and contact information of the prescriber.

2. A copy of the prescription that the member gave to the patient or his or her authorized agent under clause 35 (4) (c) or that the member gave to the patient or his or her authorized agent to take to a pharmacy of their choosing under paragraph 4 of subsection 36 (4).

3. A record of the results of laboratory or other tests that the member considered in making the decision to act under section 35 or 36.

4. The date on which the member notified the following persons, as applicable, and the method by which the notification occurred:

- i. The patient's primary care provider notified under clause 35 (4) (e) or paragraph 3 of subsection 36 (4).
- ii. The patient's prescriber notified under paragraph 3 of subsection 36 (4). O. Reg. 302/12, s. 1.

39. (1) For the purposes of paragraph 5 of subsection 4 (1) of the Act, a member referred to in subsection (2) who meets all the requirements in subsection (4) is authorized to perform the act of piercing a patient's dermis with a lancet-type device to obtain blood. O. Reg. 302/12, s. 1.

(2) A member who is a Part A pharmacist, an intern, a registered pharmacy student or a pharmacy technician is authorized to perform the act provided for in subsection (1), subject to the terms, conditions and limitations imposed on his or her certificate of registration. O. Reg. 302/12, s. 1.

(3) A pharmacy technician shall not perform the act provided for in subsection (1) unless,

(a) a Part A pharmacist is physically present on the premises at the time when the pharmacy technician performs the act; and

(b) the pharmacy technician is under the direction of a Part A pharmacist at the time when the pharmacy technician performs the act. O. Reg. 302/12, s. 1.

(4) A member may only perform the act provided for in subsection (1) if he or she complies with the following:

1. The member may only perform the act for the purpose of demonstrating the appropriate use of lancet-type devices for the patient's self care and education or for the patient's self monitoring of his or her chronic disease, and before performing the act,

i. shall explain that purpose to the patient or his or her authorized agent, and

ii. shall receive an informed consent from the patient or his or her authorized agent.

2. The member shall ensure that he or she only performs the act in an environment that is clean, safe, private and comfortable for the patient.

3. The member shall ensure that appropriate infection control procedures are in place.

4. The member must possess the knowledge, skill and judgment respecting the performance of the act and understand the condition of the patient, to perform it safely and effectively.

5. The member must consider whether performing the act on the patient is appropriate, given the known risks and benefits to the patient and the safeguards and resources available to safely manage the outcome and any other relevant circumstances.

6. The member must maintain a patient record that includes,

i. the name and address of the patient and the member,

ii. the date the act was performed, and

iii. confirmation that an informed consent was given by the patient or his or her authorized agent. O. Reg. 302/12, s. 1.

40. Revoked: O. Reg. 451/10, s. 5.

<u>Table 3</u>
<u>Categories of Vaccines</u>
<u>BCG Vaccines</u>
<u>Haemophilus Influenzae type b (Hib) Vaccines</u>
<u>Meningococcal Vaccines</u> <ul style="list-style-type: none"><li>• <u>Monovalent (Men-C-C)</u></li><li>• <u>Quadrivalent (Men-C-ACYW)</u></li><li>• <u>Quarivalent (Men-P-ACYW-135)</u></li><li>• <u>Multicomponent (4CMenB)</u></li></ul>
<u>Pneumococcal disease Vaccines</u>
<u>Typhoid disease Vaccines</u>
<u>Combined typhoid and hepatitis A Vaccines</u>
<u>Hepatitis A Vaccines</u>
<u>Hepatitis B Vaccines</u>
<u>Hepatitis A and B combined Vaccines</u>
<u>Herpes zoster Vaccines</u>
<u>Human Papillomavirus Vaccines</u>
<u>Japanese Encephalitis Vaccines</u>
<u>Rabies Vaccines</u>
<u>Varicella Virus Vaccines</u>
<u>Yellow Fever Vaccines</u>