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Agenda

ONTARIO COLLEGE OF PHARMACISTS

COUNCIL MEETING AGENDA

MONDAY, SEPTEMBER 19, 2016 – 9:00 A.M. – 3:30 P.M.

TUESDAY, SEPTEMBER 20, 2016 – 9:00 A.M. START

OCP COUNCIL CHAMBERS

1. Noting Members Present

2 Declaration of Conflict

3. Approval of Agenda

4. President's Opening Remarks
4.1 Briefing Note - President's Report to September 2016 Council ..... Appendix 1
4.2 Briefing Note - June 2016 Council Meeting Evaluation ..... Appendix 2

5. Annual Council Member Orientation and Committee Chair Training
9:15 a.m. to 11:30 a.m. - conducted by Mr. Richard Steinecke

6. Approval of Minutes of Previous Meeting
6.1 Minutes of June 2016 Council Meeting ..... Appendix 3

7. Notice of Motions Intended to be Introduced

8. Motions, Notice of Which Had Previously Been Given

9. Inquiries

10. Briefing Note - Registrar's Report on Election of Members to Council Appendix 4

11. Briefing Note - Elections Committee..... Appendix 5

12. Appointment of Tellers

13. Election of President

14. Election of Vice President

15. Past President Award

16. Appointment of Nominating Committee

17. Election of Executive Committee Members

18. Election of Committee Chairs

19. Matters Arising from Previous Meetings

19.1 Briefing Note - Registrar's Report to September 2016 Council ..... Appendix 6
- Legislative Initiatives – *Drug and Pharmacies Regulation Act*
- *Bill 21, Safeguarding Health Care Integrity Act, 2014*
- *Bill 119, The Health Information Protection Act*
- Sexual Abuse Task Force
- Travel Vaccinations
- Opioid Abuse/Naloxone
- Medical Assistance in Dying
- *Pharmacy Act*
- Stakeholder Relations
- Federation of Health Regulatory Colleges of Ontario
- National Association of Pharmacy Regulatory Authorities
- District Meetings/Regional Meetings
- Strategic Priorities Progress Update

20. For Decision

20.1 Briefing Note – Finance and Audit Committee (2017 Proposed Budget) .....Appendix 7
20.2 Briefing Note – Finance and Audit Committee (Appointment of Auditors) ...Appendix 8
20.3 Briefing Note - Quality Assurance Committee (Amendments to the Regulation) .....Appendix 9
20.4 Briefing Note – Registration Committee (Amendments to the Regulation) .....Appendix 10
20.5 Briefing Note – Sterile Compounding Working Group (Model Standards for Adoption and Implementation Schedule .....Appendix 11

21. For Information

21.1 Briefing Note – Statutory and Standing Committee Reports .....Appendix 12
21.2 Briefing Note – Patch for Patch Working Group (Fact Sheet) .....Appendix 13

22. Other Matters

22.1 Approval of Appointments to Statutory and Standing Committees
22.2 Appointment of Interim Acting Registrar

23. Unfinished Business

24. 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.

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COUNCIL BRIEFING NOTE
MEETING DATE: SEPTEMBER 2016

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Esmail Merani, President

TOPIC: President's Report to September 2016 Council

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

BACKGROUND: I respectfully submit a report on my activities since the June 2016 Council Meeting. In addition to regular meetings and phone calls with the Registrar and the Vice President, listed below are the meetings, conferences or presentations I attended on behalf of the College during the reporting period. Where applicable, meetings have been categorized into general topics or groups. Also, per the Governance Manual, "The *Council member's duty of diligence fosters preparation and attendance at all Council meetings (unless the Council member's absence is unavoidable), participation in Council debates (including constructively expressing differing opinions), voting on all matters unless there is a conflict of interest or a compelling reason for abstaining, completing agreed upon activities between meetings, and serving on College Committees with equal attentiveness",* I have attached for information, a summary of Council member attendance at meetings, which can be found at the end of my report.

Other Stakeholder Meetings:
June 24 to 27th - Attendance at Canadian Pharmacists Association Conference in Calgary

College Meetings:
June 20th - signed sealed regulation under the *Drug and Pharmacies Regulation Act* (amendments to include hospital oversight)
June 30th - received notice of Marshall's retirement by phone and letter
July 4th - convened conference call of the Executive Committee to for search committee
July 6th - conference call to select members of the Search Committee
July 8th - conference call of Search Committee to chose a professional search firm
July 11th - New Member orientation for Carol Cushnie with Marshall and Regis
July 12th – conference call of Search Committee
July 19th - catch up meeting on College matters with Marshall and Regis
July 22nd – conference call of Search Committee
August 3rd – conference call with Marshall for update on College matters
August 10th – conference call of the Search Committee
August 25th – Elections Committee and Executive Committee meeting. Also signed sealed regulation under the *Pharmacy* Act (administration of vaccines)
September 13th – New Council Member Orientation
September 14th – conference call of the Search Committee

COUNCIL AND COMMITTEE MEETING ATTENDANCE

COUNCIL

Meeting Dates: **√ = attended** x **= not attended**	**Sep. 17 2015**	**Sep. 18 2015**	**Dec. 7 2015**	**Mar. 29 2016**	**Jun. 13 2016**
Elected Members					
Regis Vaillancourt – H	√	√	√	√	√
Christine Donaldson – H	√	√	√	√	x
Chair: Esmail Merani – K	√	√	√	√	√
Mark Scanlon – K	√	√	√	√	√
Jillian Grocholsky – L	√	√	√	*Vacant as of February 11, 2016*	
Michael Nashat – L	√	√	√	√	√
Farid Wassef – L	x	√	x	√	√
Fayez Kosa – M	√	√	√	x	√
Don Organ – M	√	√	√	√	√
Laura Weyland – M	√	√	x	√	√
Gerry Cook – N	√	x	√	√	√
Chris Leung – N	√	√	√	√	√
Karen Riley – N	√	√	x	√	√
Jon MacDonald – P	√	x	√	√	√
Doug Stewart – P	√	√	√	√	√
Michelle Filo – T	√	√	√	√	√
Goran Petrovic - TH	√	√	√	√	√
Public Members					
Kathy Al-Zand	√	√	√	√	√
Linda Bracken	√	√	x	x	√
Ronald Farrell	√	√	√	√	√
Javaid Khan	√	√	√	√	√
John Laframboise	√	√	√	√	√
Lew Lederman	√	√	√	√	√
James MacLaggan**					x
Aladdin Mohaghegh***	√	x	x	√	
Sylvia Moustacalis	√	√	√	√	√
Shahid Rashdi	√	√	x	x	x
Joy Sommerfreund	√	√	√	x	√
Ravil Veli****					√
Wes Vickers*****				√	√
Dean/Hallman Director					
Heather Boon	√	x	√	√	x
David Edwards	√	x	√	√	√

** Appointed to Council on April 27, 2016
*** Order-in-Council Expired December 13, 2015
**** Appointed to Council March 23, 2016
**** Appointed to Council February 10, 2016

ACCREDITATION COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**Nov. 5, 2015**	**Jan.26, 2016**	**Mar.29, 2016**	**Apr. 28, 2016**	**Jul. 19, 2016**
Elected Members					
Chair: Regis Vaillancourt	√	√	√	√	√
Michelle Filo	√	√	√	√	√
Michael Nashat	√	√	√	√	√
Public Members					
John Laframboise***		√	√	√	√
Joy Sommerfreund	√	√	√	√	√
NCCM					
Timothy Brady*	√	√	x	x	
Bonnie Hauser****					√
Aladdin Mohaghegh**	x				
Tracy Wiersema	√	√	x	√	√

* Resigned from Accreditation Committee effective July 7, 2016
** Appointed to Accreditation Committee until term complete on December 13, 2015
*** Appointed to Accreditation Committee as of January 8, 2016
****Appointed to Accreditation Committee effective July 12, 2016

DRUG PREPARATION PREMISES

Meeting Dates: **√ = attended** **X = not attended**	**Nov. 5, 2015**	**May 31, 2016**
Elected Members		
Chair: Regis Vaillancourt	√	√
Michelle Filo	√	x
Michael Nashat	√	√
Public Members		
John Laframboise*		x
Joy Sommerfreund	√	√
NCCM		
Timothy Brady	√	x
Aladdin Mohaghegh	x	√
Tracy Wiersema	√	√

*Appointed to DPP Committee as of January 8, 2016

DISCIPLINE COMMITTEE

Meeting Dates: √ = attended X = not attended	Orientation Nov. 24, 2015	Mid Year April 25, 2016
Elected Members		
Chair: Doug Stewart	√	√
Christine Donaldson	√	X
Jillian Grocholsky[1]	√	
Christopher Leung	√	X
Don Organ	√	√
Karen Riley	√	√
Mark Scanlon	√	√
Farid Wassef	X	√
Laura Weyland	√	√
Public Members		
Kathy Al-Zand	√	√
Linda Bracken	X	X
Carol-Ann Cushnie[2]		
Ron Farrell	√	√
Javaid Khan	√	√
John Laframboise[3]	X	
Lew Lederman[4]	√	√
James MacLaggan[5]		
Sylvia Moustacalis	√	√
Shahid Rashdi	X	X
Ravil Veli[6]		√
Wes Vickers[7]		X
NCCM		
Jennifer Antunes (R.Ph.T.)	X	X
Cheryl Bielicz	X	√
Dina Dichek	√	√
Debbie Fung	X	√
Jim Gay	X	√
Mike Hannalah	√	√
Rachel Koehler[8]		√
Helen Lovick	√	X
Cara Millson (R.Ph.T.)	X	X
Debra Moy[9]	X	
Doris Nessim	X	√
Akhil Pandit Pautra	X	X
Hitesh Pandya[10]	√	X
Jeannette Schindler	√	X
Connie Sellors	√	√
Adam Silvertown	√	X
David Windross	√	√

[1] Jillian Grocholsky no longer on Council as of February 11, 2016.
[2] Carol-Ann Cushnie appointed to Discipline Committee on July 7, 2016
[3] John Laframboise no longer on Discipline Committee as of January 8, 2016
[4] Lew Lederman no longer on Council as of June 19, 2016
[5] James MacLaggan appointed to Discipline Committee on May 11, 2016
[6] Ravil Veli appointed to Discipline Committee on April 4, 2016
[7] Wes Vickers appointed to Discipline Committee on February 12, 2016
[8] Rachel Koehler appointed to Discipline Committee on February 11, 2016
[9] Debra Moy no longer on Discipline Committee as of December 1, 2015
[10] Hitesh Pandya no longer on Discipline Committee as of June 19, 2016

EXECUTIVE COMMITTEE

Meeting Dates: **√ = attended** **x = not attended**	**Nov. 23 2015**	**Nov. 26 2015**	**Mar. 10 2016**	**May 26 2016**	**July 6 2016**	**July 8 2016**	**Aug. 25 2016**
Elected Members							
Chair: Esmail Merani	√	√	√	√	√	√	√
Christine Donaldson	√	√	√	√	√	√	√
Mark Scanlon	√	√	x	√	√	√	√
Regis Vaillancourt	√	√	√	√	√	√	√
Public Members							
Linda Bracken	√	x	x	√	√	x	√
Sylvia Moustacalis	√	√	√	x	√	x	√
Joy Sommerfreund	√	x	√	√	√	√	√

FINANCE AND AUDIT COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**Nov. 30 2015**	**Feb. 18 2016**	**May 11 2016**	**Aug 15 2016**
Elected Members				
Jon MacDonald	√	√	√	√
Mark Scanlon	√	x	√	√
Doug Stewart	x	√	√	√
Public Members				
Chair: Javaid Khan	√	√	√	√
Lew Lederman*	√	√	√	

*L. Lederman term ended June 19/16

FITNESS TO PRACTISE COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**Orientation Nov. 13, 2015**	**Mid Year May 9, 2016**
Elected Members		
Chair: Mark Scanlon	√	√
Fayez Kosa	X	√
Karen Riley	√	√
Public Members		
Kathy Al-Zand	√	√
Joy Sommerfreund	√	√
NCCM		
Dina Dichek	√	X

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**Orientation October 19, 2015**	**Mid Year April 12, 2016**
Elected Members		
Chair: Laura Weyland	√	√
Heather Boon	x	x
Gerry Cook	x	x
Christine Donaldson	√	√
Michello Filo	√	x
Chris Leung	x	x
Jon MacDonald	√	x
Michael Nashat	x	x
Goran Petrovic	√	x
Farid Wassef	x	x
Public Members		
Kathy Al-Zand	x	x
Ronald Farrell	x	x
John Laframboise	x	x
Shahid Rashdi	x	x
Joy Sommerfreund	x	√
Ravil Veli	x	√
Wes Vickers		
NCCM		
Lavinia Adam	x	x
Elaine Akers	√	√
Kalyna Bezchlibnyk-Butler	x	x
Bonnie Hauser	x	√
Eva Janecek	x	x
Elizabeth Kozyra	√	√
Dean Miller	√	√
Akhil Pandit Pautra	x	√
Hitesh Pandya*	x	√
Saheed Rashid	x	√
Satinder Sanghera	x	√
Dan Stringer	x	√
Asif Tashfin	x	√
Tracy Wiersema	√	√

*Hitesh Pandya no longer on ICRC

PATIENT RELATIONS COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**May 2 2016**	**August 15 2016**
Elected Members		
Gerry Cook	x	x
Doug Stewart	√	√
Public Members		
Kathy Al-Zand	x	x
Sylvia Moustacalis	√	√
Chair: Joy Sommerfreund	√	√
NCCM		
Fel dePadua	√	√

QUALITY ASSURANCE COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**October 28, 2015**	**January 7, 2016**	**March 21, 2016**	**June 2, 2016**	**August 11, 2016**
Elected Members					
Chair: Jon MacDonald	√	√	√	√	√
Fayez Kosa	√	√	×	×	√
Regis Vaillancourt	√	√	√	√	√
Public Members					
Linda Bracken	×	×	×	√	√
Ronald Farrell	√	×	√	√	√
Sylvia Moustacalis	√	√	√	√	√
Shahid Rashid	×	×	×	×	×
NCCM					
Tina Boudreau	×	×	√	√	√
Aleksandra Paszczenko	√	√	√	√	×
Puja Shanghavi	√	×	×	×	×

REGISTRATION COMMITTEE

Meeting Dates: **√ = attended** **X = not attended**	**Nov. 4 2015**	**Feb. 5 2016**	**May 6 2016**	**Jul. 20 2016**
Elected Members				
Chair: Christine Donaldson	√	√	√	√
Michelle Filo	√	√	√	√
Public Members				
Linda Bracken	√	x	√	√
John Laframboise	√	√	√	√
Aladdin Mohaghegh[1]	x			
Ravil Veli[2]			√	√
Wes Vickers[3]			x	√
Academic Appointments				
David Edwards	x	√	√	√
Sharon Lee[4]	√	√	√	√
NCCM				
Jillian Grocholsky[5]	√	√	√	√
Deep Patel	√	√	√	√

1) Order In Council expired December 13, 2015
2) Appointed April 4, 2016
3) Appointed February 12, 2016
4) Also a Non-Council Committee Member (NCCM)
5) Formerly elected member (resigned from Council February 11, 2016

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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Esmail Merani, President

TOPIC: June 2016 Council Evaluation Report to September 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 June 2016 Council meeting, we again provided Council members with the opportunity to provide their feedback via electronic survey. 9 Council members responded to the 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	7	2	0	0	0	9
2. Members were well prepared to participate effectively in discussion and decision making	3	5	1	0	0	9
3. In accordance with the governance philosophy, Council worked interdependently with staff	8	1	0	0	0	9
4. There was effective use of time	5	2	2	0	0	9
5. There was an appropriate level of discussion of issues	4	4	1	0	0	9
6. The discussion was focused, clear, concise, and on topic	4	3	2	0	0	9

2. Did the meeting further the public interest?

YES = 100%
NO = 0%

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

- Can't identify a specific issue that worked best, as the general tone of the discussion at this meeting worked well in all the issues that were debated. The discussions were greatly assisted and moved along smoothly by the tracking of who wanted to speak and the order of speaking.
- Expense policy

- Final motion about supporting U of Waterloo with the 5 in 5 initiative
- Most of the agenda items were given appropriate time for discussion and members were heard for their comments.

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

- Decision to approve web training did not have adequate information to recognize financial risk. A project plan should have been required.
- None
- Not applicable. None

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

Answer Choices	Responses
Completely Satisfied	6
Mostly Satisfied	3
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	9

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

- Continue to keep a running list of who wants to speak to ensure all voices are heard. This facilitates a good meeting. The new briefing note format is fine with me. Thank you. Sylvia
- I think it would be useful for Council to have a crash course in Roberts Rules. It would keep the process clean and productive. I know David Windross teaches it to the students at U of T - perhaps he could teach us? Laura
- I did not notice any change or improvement to the briefing notes.
- Well run meeting. Karen Riley
- Overall Good.

Respectfully submitted,

Esmail Merani, President

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MINUTES OF MEETING

OF COUNCIL

JUNE 13, 2016

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MONDAY, JUNE 13, 2016 – 9:04 A.M.

COUNCIL CHAMBERS, ONTARIO COLLEGE OF PHARMACISTS

Elected Members

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

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

Members Appointed by the Lieutenant-Governor-in-Council

Ms. Kathleen Al-Zand, Ottawa
Ms. Linda Bracken, Marmora
Mr. Ronald Farrell, Sundridge
Mr. Javaid Khan, Markham
Mr. John Laframboise, Ottawa
Mr. Lewis Lederman, Ottawa
Mr. James MacLaggan, Bowmanville **- Regrets**
Ms. Sylvia Moustacalis, Toronto
Mr. Shahid Rashdi, Mississauga **- Regrets**
Ms. Joy Sommerfreund, London
Mr. Ravil Veli, North Bay
Mr. Wes Vickers, LaSalle

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

Ms. Karen McKibbin, Executive Lead, Health Services Cluster, and Dr. Robin Williams, Associate Chief Medical Officer of Health, Infrastructure and System, Ministry of Health and Long-Term Care

1. Noting Members Present

Member attendance was noted.

2 Declaration of Conflict

Dr. Edwards declared a conflict for Agenda item 12.2, adding that following his presentation to Council, he would like to remain in the council chambers to respond to questions but then would leave the room to allow for discussion of the issue.

3. Approval of Agenda

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

4. President's Opening Remarks

President Merani welcomed Council members to the meeting. He announced that Mr. Ravil Veli, Public Member from North Bay, who was appointed to College Council on March 23rd for a period of 3 years, has been appointed to the Discipline, ICRC and Registration Committees and that Ms. Sommerfreund had been appointed as his Mentor. Mr. Veli was invited to briefly introduce himself to Council.

Also, on April 27th, Mr. James MacLaggan, Public Member from Bowmanville, was appointed to Council for a period of 3 years. President Merani advised that Mr. MacLaggan had been appointed to the Discipline and ICRC Committees and that Ms. Bracken had been appointed as his Mentor.

The President went on to advise that Elections will be held in Electoral Districts K, L, T and TH this year and that at its meeting on May 26th, the Executive Committee had appointed Drs. Austin and Hindmarsh as scrutineers for the elections.

Noting that there were a few people for whom this Council meeting would be their last because they had decided not to run for election or their appointments to Council would be coming to an end, President Merani advised that these members would be given an opportunity to address Council at the end of the meeting today, under "Unfinished Business".

4.1 Briefing Note - President's Report to June 2016 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.

4.2 Briefing Note – March 2016 Council Meeting Evaluation

Referring to the March 2016 Council Meeting Evaluation, President Merani advised that he was pleased to report that 13 responses had been received and that on the whole, feedback regarding the March Council meeting had been positive. He thanked Council for taking the time to provide their comments.

5. Approval of Minutes of Previous Meeting

5.1 Minutes of March 2016 Council Meeting

It was moved and seconded that the Minutes of the March 2016 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 – Executive Committee

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

Ms. Resnick, Deputy Registrar, was asked to address Council. Council noted that following Council's consideration and approval for consultation in March, proposed amendments to the *Pharmacy Act Regulations* (to include administration of vaccinations for 13 diseases) were posted on the College website with a deadline for response of May 29, 2016. The proposed changes will allow for the administration of vaccinations for 13 diseases that are preventable by vaccines. This includes vaccinations for Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Japanese Encephalitis, Meningitis, Pneumococcal Disease, Rabies, Tuberculosis, Typhoid Disease, Varicella Virus and Yellow Fever. The proposed amendments will also authorize pharmacy students and interns to administer injections – including those under the Universal Influenza Immunization Program and the selected vaccines – subject to the terms, limits and conditions imposed on their certificate of registration.

In addition to posting the proposed amendments to the regulation on the College website for 60 days, invitations to participate in the consultation were sent vial email and social media. Council noted that the consultation received 308 responses (280 from pharmacy professionals, 12 from the public and 16 from organizations).

Council further noted that although the majority of feedback indicated overall support for the expansion of injection privileges, there were several other general themes identified from comments including: rationale for the proposed list or need to restrict vaccination administration; clarification of reimbursement strategies and workflow implications; pharmacist prescribing of vaccinations; administration of vaccinations by interns and students; concern regarding administration of specialty travel vaccinations; desire for expanded scope with a more clinical focus; need to share records with physicians and local public health/panorama program; and limited availability of some vaccines in pharmacies.

Ms. Resnick added that the College was currently working in collaboration with a number of stakeholders on a communication plan as well a study on the impact realized by expanding pharmacist vaccination administration.

Following discussion, **a motion was moved and seconded that Council approve the proposed amendments to the *Pharmacy Act Regulations* to permit expansion of vaccines administration by pharmacists, as circulated, for submission to the Ministry of Health and Long-Term Care.** Council members voted unanimously in favor of the motion. There were no abstentions or negative votes. **CARRIED.**

9.2 Briefing Note - Executive Committee

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

Ms. Campbell, Director of Finance and Administration, was asked to address Council. She advised that at the March 2016 Council Meeting, consideration was given to a recommendation to amend by-laws to allow the appointment of Council Appointed Non-Professional Committee Members. The intention of the amendment was to enable the College to supplement the number of public participants available to serve on various committees. At that time, although Council saw some merit with this approach, there were several concerns raised, and following consideration of the options available and debate, Council voted to defer making a decision on this issue until additional information could be considered.

Subsequent to the March Council meeting, additional input from current public members of Council was sought. Following consideration of this input, and noting the recent appointment of three additional public members to Council, Ms. Campbell advised that the Executive Committee was of the opinion that since the overriding sentiment has always been that the government should appoint more public members to support the work of the College, the College should continue to appeal to the Ministry to appoint more public members. As well, the Executive Committee recommended that statistics be gathered to measure the impact of having fewer than the maximum number of public members provided for in legislation. Accordingly, the Executive Committee had recommended that this initiative be deferred until such time as it becomes necessary to pursue it again.

Discussion of the matter and comments indicated that Council members agreed with the Executive Committee's recommendations. Mr. Stewart, Chair of the Discipline Committee, urged reinforcing with the government the urgent need for more public members to be appointed to College Council as there was a case load of contested hearings in the upcoming months that could benefit from these appointments.

9.3 Briefing Note - Registrar's Report to June 2016 Council

President Merani asked the Registrar to address Council. Mr. Moleschi provided a brief summary on items for information in his report.

Council heard that in recent months, a lot of media attention has been given to the fentanyl abuse crisis in Canada. In Ontario, *Bill 33, Safeguarding our Communities Act* (Patch for Patch Return Policy), 2015, which sets out requirements for prescribers and dispensers of fentanyl patches, received Royal Assent in December 2015. To implement this Act, the Ministry has proposed a regulation and Mr. Moleschi advised that this College has been working in collaboration with the Ministry, as well as the College of Physicians and Surgeons of Ontario, to ensure that our members are fully informed and guided with respect to this issue.

The Registrar added that on a related matter, on June 7, 2016, the Ministry announced that through the authority of the Chief Medical Officer of Health, certain pharmacies would be eligible to provide naloxone emergency kits to eligible persons if certain terms and conditions are met. He explained that accidental overdoses can occur in both individuals who use opioids as prescribed by their physician, and those using opioids for non-medical reasons. The goal of providing naloxone in community pharmacies is to increase public access to this life-saving medication. Guidance for members of this College is available on the website, he added, and the College will continue to monitor developments with respect to naloxone and to provide

information about the availability of additional formulations or indications, and any other relevant information, as it becomes available.

Regarding *Bill 21 Safeguarding Health Care Integrity Act, 2014*, the Registrar advised Council that Minister Hoskins recently wrote to hospital Presidents and Chief Executive Officers that the proposed amendments to the *Drugs and Pharmacy Regulations Act* (DPRA) will shortly be brought forward for approval by Cabinet. The amendments will expand the College's oversight to hospital pharmacies and the Minister has encouraged hospitals to ensure that necessary steps have been taken to ensure the pharmacies are ready for OCP oversight. Mr. Moleschi advised that in anticipation of this approval, to date, about 45% of hospital pharmacies have applied for accreditation.

Council also heard that as previously mentioned in December of 2014, Minister Hoskins launched a task force to review and modernize laws that deal with sexual abuse of patients by health professionals. Registrar Moleschi advised that it was anticipated that the recommendations of the task force will be released in late June.

Regarding *Bill 119, Health Information Protection Act, 2015*, the Registrar advised that the Bill has been proclaimed, making a number of amendments to the *Personal Health Information Protection Act, 2004, (PHIPA),* the *Regulated Health Professions Act, 1991, Drug Interchangeability and Dispensing Fee Act* and the *Narcotics Safety and Awareness Act, 2010.* Of particular interest to this 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.

Council noted that the Bill will also have an impact on the Comprehensive Drug Profile Strategy (CDPS) and that later in the agenda, Council will receive a presentation from Ms. McKibbin, Ontario Public Health Integrated Solutions Branch, and Dr. Williams, Associate Chief Medical Officer of Health, Infrastructure & Systems, Ministry of Health and Long-Term Care regarding Ministry plans for integrated access to a patient drug profile for all residents of Ontario.

Council next noted for information that this College has been actively collaborating with the Ministry of Health and Long-Term Care, other regulatory bodies and applicable stakeholders on the topic of physician-assisted death. In relation to Bill C-14, the College has been following the Bill's progression carefully and meeting regularly with the Ministry and other stakeholders to discuss the status of physician-assisted death both federally and provincially. Through the College website, members of the College have been provided with guidance on this issue.

Registrar Moleschi added that this College, together with the College of Physicians and Surgeons of Ontario has written to the Attorney General and the Minister of Health and Long-Term Care to ask that they consider taking the step of issuing a Prosecution Service Directive to support the participation of pharmacists and nurses and other members of the healthcare team in PAD/MAID over this period prior to the enactment of federal legislation. The letter is appended to the minutes of this meeting.

Council further noted that more information has been provided through a briefing note (Appendix 8) on this issue which will be discussed later in the agenda.

Council was then provided with a brief preview of the Public Register. This is accessed on the website under the "Find a Pharmacy or Pharmacy Professional" tab and Council was given an overview of what this will look like and how it will be used.

It was noted that the remainder of the Registrar's Report to Council would continue after a guest presentation.

12. Other Matters

12.1 Presentation by Ms. Karen McKibbin, Executive Lead, Health Services Cluster, and Dr. Robin Williams, Associate Chief Medical Officer of Health, Infrastructure and System, Ministry of Health and Long-Term Care

Referring to the agenda, and noting that the presentation by Ms. McKibbin and Dr. Williams was scheduled next, President Merani requested the Deputy Registrar to perform introductions after which they were invited to make their presentation.

Council received an overview of the Ministry's Digital Health Drug Repository Project. The Digital Health Drug Repository (DHDR) will enable physicians, pharmacists and other health care providers to access drug information in support of clinical decision making and improved patient outcomes including a decreased risk of mortality or adverse drug events. Ms. McKibbin and Dr. Williams provided clarification and responded to questions from the floor.

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

9.3 Briefing Note - Registrar's Report to Council *(continued)*

Continuing with his report, the Registrar advised Council that plans were in place to hold several district meetings in fall 2016. The sessions will focus on the new Code of Ethics and Mr. Moleschi extended an invitation and encouraged Council members to attend these meetings.

Referring to the Operational Plan, Mr. Moleschi advised that in addition to reviewing the progress made on various strategic directions since the March 2016 Council Meeting, he was seeking Council's affirmation for our ongoing commitment to the priorities, outcomes and planned activities since they will be the foundation upon which the 2017 Operations budget will be drafted over the summer for Council consideration in September. There were no questions or comments regarding the Operation Plan.

In response to a question regarding the IT Security Threat Risk Assessment, Ms. Campbell advised that a report on this assessment will be included in the Registrar's Report to Council in March 2017 when he next updates Council on the College's Risk Management Plan.

Mr. Vince Bowman, Manager, Registration Programs, was invited to provide Council with an overview of his program area which deals with competence and conduct of registration applicants and ensures that requirements for entry to practice are met. Mr. Bowman provided information on various initiatives, including a proposal for structured practical training re-design

that would transition from an integrated training and assessment model to an upfront assessment and subsequent training if needed model by March 2017. Council was satisfied that before being implemented, any proposal to change would be piloted and evaluated prior to being brought to Council for discussion and approval.

Following a lunch break, and before resuming with the Registrar's Report to Council, having noted that Dr. Nashat would not be seeking re-election, President Merani invited him to briefly address Council.

Ms. Winkelbauer, Manager, Continuing Competency, was invited to make her presentation to Council. The Quality Assurance mandate is to develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members. She provided an overview of her program area and informed Council on the re-design of the QA program which introduces the concept of individual site-based practice assessment. Council was advised of the various timelines established for piloting the model and noted that the results will be evaluated and further information will be provided to Council prior to implementing any changes.

10. For Decision

10.1 Briefing Note – Finance and Audit Committee

Mr. Khan, Chair of the Finance and Audit Committee was invited to present the Briefing Note to Council. **A motion to receive the Briefing Note from the Finance and Audit Committee was moved and seconded. CARRIED.**

Mr. Khan explained that Council was being asked to discuss the remuneration model for members of Council and College Committees (not including the members appointment by the Lieutenant Governor in Council). The options for consideration are: a) retain the current model which is an 'allowance towards expenses with volunteered time' or; b) move to an 'honorarium that compensates for time in addition to reimbursing actual expenses'.

The Chair invited Ms. Campbell, Director of Finance and Administration, to speak to this Briefing Note. Council noted that the Finance and Audit Committee discussed the matter of the College's current reimbursement model and while it was deemed to be acceptable from Revenue Canada's perspective, the matter was being brought before Council to discuss whether to retain this current model or move to an 'honorarium that compensates for time in addition to reimbursing actual expenses'.

Ms. Campbell went on to provide clarification on the benefits and drawbacks of each model, noting that once a position was established or confirmed by Council, the Finance and Audit Committee would then consider the appropriate values for compensation and/or remuneration under the respective model and bring the issue back to Council.

Council discussed in detail the benefits and drawbacks for each model and following lengthy debate, the President asked for a vote on the matter. Council members were asked to vote on retaining the current model: 14 members voted in favour, 4 members abstained and 3 members voted against (Mr. Lederman and Mr. Vickers asked for their negative votes to be recorded).

President Merani announced that accordingly, the current reimbursement model would be retained.

11. For Information

11.1 Briefing Note – Executive Committee

A motion to receive the Briefing Note for information was moved and seconded. CARRIED. The President invited Ms. Resnick, Deputy Registrar, to address Council.

Council was briefed on the current status and College guidance on physician-assisted death, as of June 6, 2016 (i.e. as of June 6, 2016 physician-assisted death is lawful where it is in accordance with the parameters set out by the SCC Carter v. Canada decision).

Council noted that the Carter decision is ambiguous regarding involvement of the overall health team in physician-assisted death, and does not explicitly provide non-physician health care providers, including pharmacists and pharmacy technicians, an exemption from criminal liability. Until legislators through new legislation, or the courts through judicial decision determine otherwise, the current provisions of the Criminal Code still apply to pharmacists.

Council further noted that based on these developments, the College published an updated Guidance to Pharmacists and Pharmacy Technicians to provide guidance to pharmacy professionals based on the requirements outlined in the Carter decision. As well, the College has updated the position statement on Refusal to Fill for Moral or Religious Reasons to more clearly reflect the expectations in practice as outlined in the Code of Ethics.

With regard to a question regarding moral obligations, Ms. Resnick advised that in the case of physicians choosing not to be involved in medical assistance in dying, they are required to refer a patient to another doctor by calling a referral service or a registry. She added that in our collaboration efforts, we have been very clear that pharmacist notification at the earliest stages of a patient request is critical and further, that the College may consider a similar registry for our members.

12. Other Matters

12.3 Appointment of Elections Committee

President Merani asked for volunteers from the floor to serve with him on the Elections Committee. Vice President Dr. Vaillancourt and Public Member, Ms. Bracken indicated their willingness to serve on the Committee. **A motion to approve the appointment of the Elections Committee was moved and seconded. CARRIED.**

12.2 Presentation by Dr. David Edwards, Hallman Director and Professor, School of Pharmacy, University of Waterloo

At the Chair's invitation, Dr. Edwards presented to Council a proposal for the College to partner with the university in an initiative to offer a multimodal teaching tool called "Pharmacy 5 in 5" designed to help pharmacists and pharmacy technicians develop their skills and acquire a deeper understanding of a variety of clinical and professional topics. These include changes to the scope of practice, implementation of new services, remuneration and clinical management. Pharmacy 5 in 5 allows users to audit their knowledge and provides them with feedback on their knowledge level compared to their peers.

Council noted for information that given the online delivery of the program, a significant amount of cumulative data will be collected and can be used by the College to evaluate performance against deliverables, as identified in the College's Strategic Plan (Priority #2 – "Optimize Practice Within Scope").

In terms of financial commitment, Dr. Edwards advised that for an investment of $400,000 over three years, the University of Waterloo School of Pharmacy will work to develop the 5 in 5 tool and make it available to members across the province. As well, through use of technology, the University will create resources that complement the 5 in 5 tool and support the College's work in the areas of coaching, mentoring and monitoring.

Dr. Edwards then responded to questions and comments from the floor which included: the reason for the timelines and budget contemplated in the proposal, the shelf life of the modules, the accountability and plans for reporting to the College on progress, copyright, ownership and intellectual property rights, partnering with other stakeholders, the need for a detailed project plan to support the proposal, the need to justify this cost to the membership, possible use of the College's in-house resources for the production of videos, the need to build into the modules strategies to overcome barriers, requests for specific details regarding budget, the usefulness, value and quality of data to the College, and that this was a good investment that will support pharmacists and pharmacy technicians while fulfilling the College's mission and vision.

Following considerable discussion, and upon hearing several comments endorsing the initiative, after Dr. Edwards left the Council Chambers, **a motion to support the University of Waterloo's "Pharmacy 5 in 5" proposal was moved and seconded.**

To assure Council, and help with reaching a decision, the Registrar advised that having heard some of concerns that were expressed, he was making a commitment to address these with the University prior to signing off on any agreement. Discussion then ensued regarding the need for specific information and **a motion to amend the original motion was moved and seconded as follows: that Council authorize the Registrar to obtain a project plan that includes details regarding evaluation, cost and ownership etc. so that a more fulsome discussion can be had prior to Council making a decision.**

Council discussed the amended motion. The Registrar outlined the process to be followed, adding that, staff, in particular Ms. Campbell, would enter into discussions with the University of Waterloo in the same way as was done with the University of Toronto, to ensure that the

deliverables were in place, with progress updates to be provided to the Executive Committee to make sure that Council intent was properly addressed in the agreement.

The President then called for a vote on the amended motion. With the exception of 5 members, the majority of Council voted against the amended motion. The President announced that the amendment was defeated.

The President then called for a vote on the original motion. The majority of Council members voted in favour of the **motion to support the University of Waterloo's "Pharmacy 5 in 5" proposal. CARRIED.**

13. Unfinished Business

Noting that Mr. Scanlon and Mr. Wassef would not be seeking re-election and that Mr. Lederman's term would be expiring, the President invited all three members to address Council.

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. CARRIED.

14. Motion of Adjournment

It was moved and seconded that the Council meeting be adjourned at 4:07 p.m. and to reconvene on Monday, September 19, 2016, or at the call of the President. CARRIED.

Ushma Rajdev
Council and Executive Liaison

Esmail Merani
President

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Ontario College of Pharmacists
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THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

June 10, 2016

The Honourable Madeleine Meilleur, MPP
Attorney General
720 Bay Street
11th Floor, McMurtry-Scott Building
Toronto, Ontario M5G 2K1

The Honourable Dr. Eric Hoskins, MPP
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Ministers,

Re: Physician-Assisted Death/Medical Assistance in Dying

We continue to appreciate the support and collaboration provided by the Government of Ontario in relation to planning and implementing physician-assisted death or medical assistance in dying (PAD/MAID) in Ontario. We write to ask that you consider taking the step of issuing a Prosecution Service Directive to support the participation of pharmacists and nurses and other members of the healthcare team in PAD/MAID over this period prior to the enactment of federal legislation.

As you know, the *Carter* decision does not explicitly address the role of non-physicians in providing PAD/MAID. Bill C-14 appropriately acknowledges the role of other professionals and provides explicit liability exemptions for their involvement. In the absence of federal legislation there is uncertainty regarding the legal implications for nurses, pharmacists and other members of the healthcare team being involved in PAD/MAID.

We recognize that these challenges have informed the recommendation included in your June 6 statement that individuals continue to seek judicial authorization for PAD/MAID. We have learned that other provinces across the country have adopted an alternate approach: one that provides clarity regarding non-physician involvement but that does not require patients to seek judicial authorization.

The Alberta Crown Prosecution Service has issued a Prosecution Service Directive which ensures that no prosecution will be commenced or continued against a physician (or a member of the health care team) that provides information regarding PAD/MAID, dispenses a drug, provides physician assisted death, or otherwise participates in a physician assisted death that falls within the parameters described by the Supreme Court of Canada in *Carter 2015*. We understand that a number of other provinces have followed

Alberta's lead and have issued a directive or have been asked to consider doing so. These include to date, British Columbia, Newfoundland and Labrador and Nova Scotia.

We urge the Ontario government to consider a similar approach. While seeking a judicial authorization for medical assistance in dying would provide clarity regarding the role for pharmacists and nurses in medical assistance in dying, judicial authorization is onerous and expensive for patients and may pose a significant barrier in terms of access. We believe that a Prosecution Service Directive is a better approach from the perspective of facilitating patient access to medical assistance in dying. It would provide healthcare professionals with necessary clarity and assurances without having to subject patients to an onerous, expensive court process where their very personal and private health information is discussed in a public setting.

On a related issue, we note that the Coroner's involvement in death investigations for PAD/MAID may be troubling for many patients and their families, and may deter eligible patients from pursuing PAD/MAID. In order to facilitate access to PAD/MAID for eligible patients, and to respect patient autonomy in choosing PAD/MAID, we urge the Ontario government to consider whether it could exercise any options on an interim basis which would exempt the Coroner from being involved. Doing so would undoubtedly provide a lot of comfort and assurance to Ontario patients and their families and would support patient access to PAD/MAID.

Our goal and mandate underlying all of our work, including our work on medical assistance in dying is to support patient autonomy and patient access to care. We know the Ontario government shares this objective.

Yours Truly,

Joel Kirsh MD, MHCM, FRCPC
President
College of Physicians and Surgeons of Ontario

Rocco Gerace MD
Registrar
College of Physicians and Surgeons of Ontario

Marshall Moleschi, R.Ph., B.Sc.(Pharm), MHA
CEO and Registrar
Ontario College of Pharmacists

Esmail Merani, Pharm.D., B.Sc.(Pharm), RPh, ICD.D
President
Ontario College of Pharmacists

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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Marshall Moleschi, CEO & Registrar

TOPIC: Election of Members to Council

ISSUE: Receipt of Election Results for 2016

BACKGROUND: Per the by-laws, elections were held in Districts K (2 seats), L (3 seats), T (1 seat) and TH (1 seat).

The Scrutineer's Report and Poll results are attached for Council's Information.

RECOMMENDATION: Receive the Election results for information.

Ontario College of Pharmacists
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August 4, 2016

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

We, the undersigned scrutineers, hereby certify that we attended the College commencing at 9.00 a.m. on Thursday, August 4, 2016, and verified the votes in the elections for Council for 2016.

The results are as follows:

District K Election (2 seats):	- Esmail Merani - Tracey Phillips
District L Election (3 seats):	- Billy Cheung - James Morrison - Sony Poulose
District T Election (1 seat):	- Michelle Filo
District TH Election (1 seat):	- Goran Petrovic

Dr. Zubin Austin
Scrutineer

Dr. Wayne Hindmarsh
Scrutineer

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Poll Result

2016 Council Elections – All Districts

District K Election – 2016

As at Poll close: Wednesday 03 August 2016 17:00 EDT
Number of voters: 584 ·Percentage voted: 34.52
Ranked by votes

Rank	Candidate	Votes	%
1	Tracey Phillips	225	38.53
2	Esmail Merani	205	35.10
3	Amira Abdalla	185	31.68
4	Maged Botros	119	20.38
5	Andrew Hanna	108	18.49
6	Renee St-Jean	70	11.99
7	Joel Donnelly	42	7.19

District L Election – 2016

As at Poll close: Wednesday 03 August 2016 17:00 EDT
Number of voters: 1082 ·Percentage voted: 23.03
Ranked by votes

Rank	Candidate	Votes	%
1	Billy Cheung	427	39.46
2	James Morrison	401	37.06
3	Sony Poulose	285	26.34
4	Charles Chan	260	24.03
5	Angelo Dias	250	23.11
6	Nevina Kishun	234	21.63
7	Akhil Pandit Pautra	184	17.01
8	Aska Patel	178	16.45
9	Baseer Yasseen	149	13.77

District T Election – 2016

As at Poll close: Wednesday 03 August 2016 17:00 EDT
Number of voters: 185· Percentage voted: 11.51
Ranked by votes

Rank	Candidate	Votes	%
1	Michelle Filo	139	75.14
2	Bonnie Dickson	46	24.86

District Th Election – 2016

As at Poll close: Wednesday 03 August 2016 17:00 EDT
Number of voters: 228 Percentage voted: 9.60
Ranked by votes

Rank	Candidate	Votes	%
1	Goran Petrovic	76	33.33
2	Jennifer Antunes	74	32.46
3	Danielle Garceau	50	21.93
4	Sergio DeFigueiredo	28	12.28

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COUNCIL BRIEFING NOTE
MEETING DATE: SEPTEMBER 2016

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Elections Committee

TOPIC: Consideration of slate of candidates for Council Elections

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

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

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

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

Conflicts

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

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

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

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

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

CANDIDATES FOR ELECTION:

Candidate for President: Regis Vaillancourt

Candidate for Vice President: Christine Donaldson

Candidates for Election to the Executive Committee:

President, Vice President, Past President, (*i.e. four members of Council who are members of the College) and 3 public members*

Elected Members:	**Public Members:**
Christine Donaldson (Vice President)	Kathy Al-Zand
Esmail Merani (Past President)	Linda Bracken
Don Organ	Ron Farrell
Regis Vaillancourt (President)	Sylvia Moustacalis
Laura Weyland	Joy Sommerfreund

Candidates For Election Of Committee Chairs:

ACCREDITATION & DPP:	Tracey Phillips
DISCIPLINE:	Doug Stewart
FINANCE AND AUDIT:	Javaid Khan
FITNESS TO PRACTISE:	Kathy Al-Zand
INVESTIGATIONS, COMPLAINTS & REPORTS COMMITTEE:	Laura Weyland
PATIENT RELATIONS:	Joy Sommerfreund
PROFESSIONAL PRACTICE:	Chris Leung *(Only Chair required. Working Group model being piloted)*
QUALITY ASSURANCE:	Jon MacDonald
REGISTRATION:	Christine Donaldson

Committee Preferences 2016-2017

	EXECUTIVE 4 Elected 3 Public (to include President, VP, immediate Past President)	ACCREDITATION At least: 2 Elected 2 Public 2 NCCM DRUG PREPARATION PREMISES (same members as Accreditation)	DISCIPLINE At least: 6 Elected 6 Public 5 NCCM	FINANCE & AUDIT At least: 3 Elected 1 Public	FITNESS TO PRACTISE At least: 2 Elected 2 Public 1 NCCM	INQUIRIES, COMPLAINTS & REPORTS At least: 5 Elected 5 Public 7 NCCM	PATIENT RELATIONS At least: 2 Elected 3 Public 1 NCCM	PROFESSIONAL PRACTICE Only one Chair required (Working Group model being piloted)	QUALITY ASSURANCE At least: 2 Elected 3 Public 3 NCCM	REGISTRATION At least: 2 Elected 2 Public 1 NCCM 1 Dean 1 Rep of PT Program in Ontario Accredited by CCAPP
ELECTED MEMBERS										
H – Christine Donaldson	Vice President	•				•				C
H – Regis Vaillancourt	President									
K – Esmail Merani	Past President			•						
K – Tracey Phillips		C						•	•	
L – Billy Cheung		•					•			
L – James Morrison *		•								
L – Sony Poulose						•	•		•	•
M – Fayez Kosa		•							•	•
M – Don Organ	•		•					•		
M – Laura Weyland	•		•			C				
N – Gerry Cook		•		•		•	•			
N – Chris Leung			•			•		C		
N – Karen Riley		•	•					•	•	•
T– Michelle Filo		•				•				•
TH – Goran Petrovic				•	•		•		•	
P – Jon MacDonald				•		•			C	
P – Doug Stewart *			C	•			•			
	EXECUTIVE	ACCREDITATION & DPP	DISCIPLINE	FINANCE & AUDIT	FITNESS TO PRACTISE	ICRC	PATIENT RELATIONS	PROFESSIONAL PRACTICE	QUALITY ASSURANCE	REGISTRATION

Committee Preferences 2015-2016

	EXECUTIVE 4 Elected 3 Public (to include President, VP, immediate Past President)	ACCREDITATION At least: 2 Elected 2 Public 2 NCCM DRUG PREPARATION PREMISES (same members as Accreditation)	DISCIPLINE At least: 6 Elected 6 Public 5 NCCM	FINANCE & AUDIT At least: 3 Elected 1 Public	FITNESS TO PRACTISE At least: 2 Elected 2 Public 1 NCCM	INQUIRIES, COMPLAINTS & REPORTS At least: 5 Elected 5 Public 7 NCCM	PATIENT RELATIONS At least: 2 Elected 3 Public 1 NCCM	PROFESSIONAL PRACTICE Only one Chair required (Working Group model being piloted)	QUALITY ASSURANCE At least: 2 Elected 3 Public 3 NCCM	REGISTRATION At least: 2 Elected 2 Public 1 NCCM 1 Dean 1 Rep of PT Program in Ontario Accredited by CCAPP
PUBLIC MEMBERS										
Kathy Al-Zand	•		•		C		•			
Linda Bracken	•	•			•		•		•	
Carol-Ann Cushnie			•		•					
Ronald Farrell	•					•	•		•	
Javaid Khan				C			•			
John Laframboise		•				•				•
James MacLaggan										
Sylvia Moustacalis	•		•				•		•	
Shahid Rashdi			•		•		•			
Joy Sommerfreund	•	•			•	•	C			•
Ravil Veli			•			•	•			•
Wes Vickers			•		•					•
DEANS										
Heather Boon, U of T *										
David Edwards, U of W										•
	EXECUTIVE	**ACCREDITATION & DPP**	**DISCIPLINE**	**FINANCE & AUDIT**	**FITNESS TO PRACTISE**	**ICRC**	**PATIENT RELATIONS**	**PROFESSIONAL PRACTICE**	**QUALITY ASSURANCE**	**REGISTRATION**

• – would like to be a member ***C – would like to chair*** ** appoint wherever needed*

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

Ontario College of Pharmacists
Putting patients first since 1871

COUNCIL BRIEFING NOTE
MEETING DATE: September 2016

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Marshall Moleschi, CEO and Registrar

TOPIC: Report to September 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 June 2016 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

On June 13, 2016, Premier Wynne announced a cabinet shuffle that resulted in an expanded cabinet from 27 to 30 members and increased female representation to forty percent. Four veteran cabinet ministers resigned in advance of the shuffle to make room for six new members. The Premier also created three new ministries including, International Trade, Advance Education and Skills and Digital Government while separating the ministries of Infrastructure and Energy. Of significance to OCP, Eric Hoskins remained as the Minister of Health and Long-Term Care (MOHLTC). Legislature recessed on June 9 and will return on September 12.

Bill 21, Safeguarding Health Care Integrity Act, 2014
On June 6, 2016, the Minister of Health, Eric Hoskins, delivered a letter to all hospital pharmacies indicating that the new regulations would soon be in force and in the interim, expectations were that all hospital pharmacies were adhering to OCP's standards of practice. The amendments to the *Drugs and Pharmacy Regulations Act* (DPRA) were approved by cabinet on July 20, 2016 and the bill came into force on August 1, 2016.

The government made several other changes to the *Regulated Health Professions Act* (RHPA) as part of Bill 21. These changes are intended, amongst other things, to improve information-sharing between health regulatory colleges and other healthcare organizations such as public health authorities and public hospitals. The Lieutenant Governor in Council approved August 1, 2016 as the date on which the following changes to the RHPA (and corresponding changes to the *Public Hospitals Act*) will come into force:

- Health regulatory colleges to be permitted to disclose information where such disclosure is required for the administration of the *Health Protection and Promotion Act;*

- Expanded mandatory reporting obligations to include reporting to a college when there are reasonable grounds to believe that the resignation, relinquishment or restriction, as the case may be, is related to the member's professional misconduct, incompetence or incapacity or where the resignation, relinquishment or restriction of privileges occurs during or as a result of an investigation into a member's professional misconduct, incompetence or incapacity;
- Health regulatory colleges to be permitted to disclose information to a hospital (or a person belonging to a prescribed class) where the College is investigating a member who is employed or holds privileges with the hospital or a prescribed person as the case may be. Note that this provision requires the making of a regulation prescribing the purpose of the information-sharing for it to be operationalized and the ministry will work with Colleges on this initiative; and,
- The process for appointing a college supervisor is simplified.

Bill 119, The Health Information Protection Act
The *Health Information Protection Act, 2016* (Bill 119) contains provisions to amend the *Narcotics Safety and Awareness Act, 2010* (NSAA) which were proclaimed into force on June 3, 2016. These amendments support more informed health care decisions by permitting the ministry's disclosure of monitored drug dispensing data to other health care providers rather than just the original prescriber and dispenser, and also permitting disclosure to new prescribers, when deciding whether or not to prescribe a monitored drug. The Digital Health Drug Repository (DHDR) project team is investigating options to include data from the Narcotic Monitoring System (NMS) as part of the early release of DHDR. A Question and Answer document for stakeholders is being provided to Council for information.

Sexual Abuse Task Force
In December of 2014, Minister Hoskins launched a task force to review and modernize laws that deal with sexual abuse of patients by health professionals. The report of the task force was expected to be released by late spring 2016. It is unclear at this time when the Minister will release the report and whether the report will be released in its entirety. However, once it is made public, the Minister's office is expected to consult with health regulatory colleges, including OCP, before determining which of the numerous recommendations it will accept and implement.

Travel Vaccinations
In the 2016 budget, the Ontario government reiterated its commitment to expand the scope of pharmacy practice to include the administration of select travel vaccinations. Discussions between the College and ministry officials have resulted in approval of a broader range of vaccinations than had been initially discussed as well as an understanding that the list of approved vaccinations will continue to expand over the coming years. Following Council approval of the proposed regulatory changes required to implement this expanded scope of practice, the College submitted the proposal to the Ministry for Cabinet approval. The President and I signed the sealed regulation regarding amendments to the *Pharmacy Act* on August 25th.

Opioid Abuse/Naloxone
In response to growing pressure on Canadian governments to address the rise in opioid drug abuse, particularly fentanyl, Health Canada revised the Federal Prescription Drug List to make a non-prescription version of naloxone, which is used to reverse the effects of an opioid overdose. On June 24, 2016, the National Association of Pharmacy Regulatory Authorities (NAPRA), reclassified naloxone as a Schedule II drug when used in an emergency opioid overdose situation outside of hospital settings. This change was effective immediately in Ontario. As a result, people at risk of an overdose will not need a prescription to obtain naloxone.

In addition, the federal Health Minister approved a temporary allowance for naloxone in the form of a nasal spray to be imported. The College and the Ontario government are working towards ensuring that naloxone is made available in this form in Ontario pharmacies.

Medical Assistance in Dying (MAiD)
The federal government passed Medical Assistance in Dying (MAiD) legislation on June 17, 2016. The Ontario government informed the public that the province's health regulatory colleges for physicians, nurses and pharmacists will provide guidance to help health care providers to ensure that appropriate medical assistance in dying is available to patients who request this option. Ontario will also ensure that drugs required for medical assistance in dying will be available at no cost.

Ontario has also established a referral service to support physicians who receive a patient request to an effective referral for consultation and assessment. The service will help connect physicians who are unwilling or unable to provide medical assistance in dying with physicians who are able to do so. Ontario is expected to introduce further amendments to provincial legislation to support the implementation of medical assistance in dying.

The Ministry of Health and Long-Term Care has a webpage designed to provide the general public, patients and providers with MAID-specific information, guidance and resources. For more information, go to http://www.health.gov.on.ca/en/pro/programs/maid/default.aspx.

This College will continue to monitor the development of policies, legislation and regulations, providing guidance and communication to members as the situation develops.

Pharmacy Act
Amendments to professional misconduct regulations were approved by Council on December 9th, 2013. There has been a significant delay in the approval process which has made it increasingly difficult for the College to enforce what is expected of its members relating to expanded scope of pharmacy practice. However, I am pleased to report that our efforts in recent weeks have been received positively by government officials and it is anticipated that the regulations should receive cabinet approval by early fall of 2016.

Stakeholder Relations
In recent weeks, there has been tremendous achievement in obtaining political leadership to finalize outstanding regulatory changes. Amendments to the DPRA were approved by cabinet and Bill 21 came into effect on August 1, 2016. It is expected that the *Pharmacy Act* Regulations amendments will follow in the coming weeks as well as the expanded scope of pharmacy practice to include various travel vaccinations.

On July 13th, together with Ms. Campbell and Ms. James, I met with Minister Hoskins at his request. At the meeting, the Minister recognized the great number of accomplishments that this College has achieved in working collaboratively with his staff and ministry officials. The meeting was very positive, and resulted in commitments to continue to work on a few outstanding issues and regulation approvals. The Minister also informed us that he will be looking to work with the College in the fall to implement common ailments as part of pharmacist's scope of practice.

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

Inter-Professional Relationships

Federation of Health Regulatory Colleges of Ontario (FHRCO) Update

The Federation has embarked upon a multi-year, multi-faceted project to inform the public about regulation, specifically Ontario's health regulatory system. Year one of the project includes the development of a strategic communications plan and website, with a staged approach, and beginning with a comprehensive research phase. A public-facing website will be the first output of this collaborative work. Marketing tactics, including the possibility of using social media to reach out to the public, will be considered in subsequent years.

The Federation's legal counsel updated two key documents related to updates to Ontario's privacy legislation (*PHIPA*):

- Guide to *PHIPA*
- "What You Need to Know about Privacy Law: An Overview of the *Personal Health Information Protection Act*"

Changes to the legislation updated requirements to include electronic health records, anti-spam legislation, reporting to the Information and Privacy Commissioner, electronic/mobile devices (e.g., smart phones), and requirements for reporting of privacy breaches. Additionally, key messages/communications considerations were also drafted for use by individual Colleges to share with their members and stakeholders.

Presentations/Other Stakeholder Meetings

National Association of Pharmacy Regulatory Authorities (NAPRA) Update

NAPRA is continuing to move forward on all the initiatives identified in its Strategic Plan for 2016-2017. The Registrars' group continues to meet (previous meeting held in Calgary on June 26th) to discuss issues of mutual concern and interest.

At a meeting on August 16th, NAPRA's Board of Directors approved the appointment of Ms. Adele Fifield as NAPRA's new Executive Director commencing September 2, 2016.

District Meetings

As a result of my retirement announcement, a decision has been made to defer the fall district meetings.

Strategic Priorities Progress Update

A key part of the Registrar's performance is to regularly provide an update to Council on the College's Operational Plan. The program activities and intended outcomes support the priorities outlined in the Strategic Framework developed by Council in March 2015. Attached for Council's information is an update of progress made on the various strategic directions since the June 2016 Council meeting. This document was used to draft the 2017 Operations Budget to be discussed by Council later on in the agenda.

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR) Questions and Answers For Stakeholders

Comprehensive Drug Profile Strategy (CDPS) Vision

- The Comprehensive Drug Profile Strategy (CDPS) plans to improve the health and wellness of Ontarians and the quality of care received from health care providers through integrated access to patient medication information for all Ontarians, enabling the Best Possible Medication History.
- The CDPS' vision of 'All Drugs, All People' contributes to the foundation of a connected health system for the province. The Ministry continues to work with its partners to expand access to provincial ehealth assets to support the delivery of care throughout the health care system.
- The CDPS will leverage, where possible and taking into consideration time to market, existing assets to maximize the current investments and successes in Ontario. The CDPS will apply a flexible, incremental approach to deliver clinical value to patients and health care providers where benefits will start to accrue in a shorter term.
- The CDPS supports *Patients First: Ontario's Action Plan for Health Care* which reflects the government's commitment to transform the health care system into one that puts the needs of patients at its centre.

Comprehensive Drug Profile Strategy (CDPS):

Q1: What is the Comprehensive Drug Profile Strategy (CDPS)?

A1: The goal of the Comprehensive Drug Profile Strategy (CDPS) is to improve the health and wellness of Ontarians, and the quality of care Ontarians receive from health care providers

Health care providers will be granted access to patient medication information for all Ontarians, enabling the Best Possible Medication History (BPMH). This CDPS vision of 'All Drugs, All People' contributes to the foundation of a connected health care system for the province.

Q2: How does the Comprehensive Drug Profile Strategy (CDPS) relate to the provincial strategies?

A2: The Comprehensive Drug Profile Strategy (CDPS) supports *Patients First: Ontario's Action Plan for Health Care* reflecting the government's commitment to connect and transform the health care system into one that puts the needs of patients at its centre.

Q3: What is *Patients First: Ontario's Action Plan for Health Care*?

A3: *Patients First: Ontario Action Plan for Health Care* is the next phase of Ontario's plan for changing and improving Ontario's health system, building on the progress that's been made since 2012 under the original *Action Plan for Health Care*. It exemplifies the commitment to put people and patients at the centre of the health care system by focusing on putting patients' needs first.

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR)
Questions and Answers For Stakeholders

Digital Health Drug Repository (DHDR):

Q4: What is the Digital Health Drug Repository (DHDR) project?

A4: The Digital Health Drug Repository (DHDR) represents the first foundational component of the Comprehensive Drug Profile Strategy (CDPS). Through the DHDR project a repository of publicly funded drug dispensed events will be initially developed to expand on what has been provisioned in today's Drug Profile Viewer (DPV).

In addition, the DHDR will include corresponding web services for integration (e.g. through Clinical Viewers) to the connected system supporting the Electronic Health Records (EHR) in the province. The objective is to facilitate incremental expanded access to dispensed drug events. These include ministry drug data holdings (e.g. Ontario Drug Benefit (ODB) and Narcotics Monitoring System (NMS) data), and over time, pharmacy data holdings for cash and private payer drugs. Future enhancements could include prescribed drug events in Electronic Medical Record systems (EMRs), and Hospital Information Systems (HIS).

The DHDR supports the long-term CDPS vision of 'All Drugs, All People' and contributes to the broader goal of a connected Ontario health care system.

Q5: What is the initial scope of the DHDR project?

A5: The initial scope of the DHDR project includes:

- Designing and building the DHDR repository, web services, and the provisioning of clinical viewer access to Ontario Drug Benefit (ODB) data by early adopter health care providers (HCPs) [integrated with other available patient data in the regional clinical viewer];
- Providing clinically relevant data similar to what is provided through the existing Drug Profile Viewer (DPV), along with additional data elements, drug utilization review alerts and professional services information (e.g. MedsCheck);
- Establishing consent management services matching what is currently in place for DPV;
- Establishing procedures to on-board health care providers across the province; and
- Establishing and implementing procedures and policies to support data quality measures.

The DHDR will be built with the capacity and security necessary to expand and share data appropriately to support additional data sources and access by health care providers across the province.

Q6: What is the future scope of the Digital Health Drug Repository (DHDR)?

A6: Over time the intent is to enhance the DHDR by:

- Expanding access to additional health care providers across the province;

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR)
Questions and Answers For Stakeholders

- Enriching the dispensed drug history data by including additional data sources such as the Narcotics Monitoring System (NMS), and Pharmacy Management Systems (PMS) for cash and private payer dispensed drugs;
- Enriching the data with the addition of other clinically relevant data elements available in various point of care systems (e.g. instructions for use (SIG), frequency);
- Integrating with point of care systems such as Pharmacy Management Systems (PMS), Electronic Medical Records (EMRs), Hospital Information Systems (HIS); and
- Providing health analytical tools to support research, program planning and evaluation.

Q7: When will the Digital Health Drug Repository (DHDR) be available?

A7: The implementation of the Digital Health Drug Repository (DHDR), with its initial scope, is planned for late November 2016 in up to 3 health care sites in Southwestern Ontario. Following the post-implementation review (starting winter 2017), the DHDR will be made available to additional health care providers with access to the ClinicalConnect viewer in Southwestern Ontario through a coordinated and planned approach. The intention is to start in Southwestern Ontario and build on the deployment approach and plans to expand access across the province. The schedule for this activity will be based on the results of the early adoption process and the readiness of the sites.

Q8: How will the DHDR benefit patients, health care providers, and the health care system?

A8: With respect to patients, the DHDR can help:

- Enhance patient experience with the health care system since care will be provided by better informed health care providers;
- Improve patient-centered care by providing health care providers secure electronic access to a patient's clinical drug data and allowing them more time for diagnosis, treating and communicating with the patient; and
- Improve patient outcomes and decrease risk of adverse drug events.

With respect to heath care providers, the DHDR provides:

- Access to clinically relevant drug data enabling the Best Possible Medication History (BPMH);
- Better integration of available drug data through existing Electronic Medical Records (EMR), provincial digital health assets and other systems supports ability to quickly, securely and efficiently access data to enable the BPMH;
- Enhanced patient safety and continuity of care and enables the identification of best possible treatment options for a patient; and
- Improved collaboration between health care providers through the sharing of patient clinical data.

With respect to the health care system, DHDR enables:

- A drug information system that is more cost effective by decreasing costly health care system utilization to treat adverse drug events; and
- Access to enriched evidence to support population-based quality improvement initiatives.

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR)
Questions and Answers For Stakeholders

Drug Profile Viewer (DPV) and the Digital Health Drug Repository (DHDR):

Q9: What is the Drug Profile Viewer (DPV) and who has access to it?

A9: The DPV was implemented in 2005 and enables access to the drug claims histories of 2.9 million ODB utilizing recipients by health care providers in Ontario hospitals and 20 Community Health Centre sites (CHCs). The same data that is provided through the DPV is also available through eHealth Ontario`s ODB Claims History Portlet (ODB Portlet) at the Ottawa Hospital.

Q10: What is the difference between the Digital Health Drug Repository (DHDR) and Drug Profile Viewer (DPV)?

A10: The Digital Health Drug Repository (DHDR) differs from the Drug Profile Viewer (DPV) in the following ways:

- The DPV requires an additional sign-on process. The DHDR will enable single sign-on access through existing point of care systems with access to the Clinical Viewers.
- The DPV is limited to Ontario Drug Benefit (ODB) dispensed drug events. For the initial implementation, DHDR will contain data for ODB recipients and additional clinical data elements that are available in the ODB system.
- The DPV does not enable health care providers to access monitored drugs data that are non-ODB claims. Future enhancements to DHDR will include information from other data sources (e.g. Narcotics Monitoring System), and other clinically relevant data elements (e.g. instructions for use, frequency available in the Pharmacy Systems).
- Access to the DPV is limited to Ontario hospitals and 20 Community Health Centre sites. The DHDR will be shareable within the patient's health care team across multiple health care settings significantly extending the reach of the DPV.
- The DPV is not scalable. The DHDR will have appropriate capacity to meet the provincial dispensed and prescribed drug events, anticipated demand for access by health care providers and the associated transaction volumes.
- The DPV is not integrated with other digital health assets. In time, DHDR will leverage existing digital health assets (e.g. Client and Provider Registries, Consent Management Services, and Identity and Access Management Services (e.g. One ID) to support a more integrated view of a patient's electronic health record (e.g. drug, laboratory, and radiology etc.).

Q11: Why is the ministry creating Digital Health Drug Repository (DHDR) and not just expanding the Drug Profile Viewer (DPV)?

A11: Expansion of the Drug Profile Viewer (DPV) to all health care providers would impact the performance of the Health Network System (HNS). Given the critical real-time function the HNS provides to the Ontario Drug Benefit (ODB) claims adjudication process and the Narcotics Monitoring System's drug utilization alerts, for example, it was identified that there is a need for a separate repository and solution.

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR)
Questions and Answers For Stakeholders

Ontario Drug Benefit (ODB) Data:

Q12: What is Ontario Drug Benefit (ODB) data?

A12: Ontario Drug Benefit (ODB) data are the dispensed drug history of ODB recipients.

The dispensed drug history data consists of a wide range of patient information, the drugs they take, their physicians and their pharmacies for ODB recipients. The information includes ODB Formulary drugs that were dispensed by an Ontario pharmacist and paid for by the ministry, as well as non-ODB Formulary (unlisted) drugs for which a patient has received special approval/authorization from the ministry based on a case by case evaluation. The ODB dispensed drug history data also includes information on the monitored drugs prescribed and dispensed for ODB recipients.

The ODB recipients include:

- Seniors aged 65 years and older;
- Recipients of the Trillium Drug Program (available to any Ontario resident who has high prescription drug costs in relation to their net household income);
- Residents of long-term care homes and homes for special care;
- Recipients of professional home care services; and
- Recipients of social assistance programs, including Ontario Works and the Ontario Disability Support Program.

Of these, seniors account for the greatest share of dispensed drug history of ODB recipients.

Narcotics Monitoring System (NMS):

Q13: What is the Narcotics Monitoring System (NMS)?

A13: The Narcotics Monitoring System (NMS) was launched in April 2012, and serves as a central database to enable reviews of monitored drug prescribing and dispensing activities within the community health care sector.

Monitored drugs include all narcotic and controlled drugs, as scheduled under the *Controlled Drugs and Substances Act* (Canada) (CDSA), and a number of additional opioid medications that have not yet been scheduled by Health Canada, such as those containing tramadol and tapentadol.

Q14: What is Narcotics Monitoring System (NMS) data?

A14: Narcotics Monitoring System (NMS) data collected by the ministry is for all monitored drugs prescribed and dispensed for all Ontarians by an Ontario pharmacist, regardless of whether a patient's prescription was paid through a public drug program, private insurance, or out-pocket.

The NMS data also includes Drug Utilization Review (DUR) response messages to dispensers (e.g., double-doctoring, poly-pharmacy) generated at the time of monitored drug submission.

Q15: What is the current use of the Narcotics Monitoring System (NMS) data?

A15: NMS provides real-time Drug Utilization Review (DUR) responses (e.g. double doctoring, poly-pharmacy, fill too soon, fill too late) to dispensers at the time of the monitored drug submission, or through an NMS online inquiry transaction prior to dispensing.

The NMS does not permit prescribers to access patient records at point-of-care when a prescription is being written (i.e. they are not able to view patient profile information, patient prescription history in the NMS), nor does it include diagnostic information (i.e. the reason for the prescription).

As per the *Narcotics Safety and Awareness Act, 2010* (NSAA), the NMS data containing personal health information can be disclosed by the ministry or the Executive Officer without consent to certain health care providers in limited circumstances.

The NMS data is also used for improving prescribing and dispensing practices and reducing the use of prescription drugs for improper purposes. The ministry continues to work collaboratively with the College of Physicians and Surgeons of Ontario (CPSO) and Ontario College of Pharmacists (OCP) to properly identify areas of potential concern for further action, and to support investigations by the Colleges and the Ontario Provincial Police (OPP).

In addition, the NMS data is routinely used to support a number of different initiatives and policy development, including the ministry's Acute and Chronic Pain Management Strategy.

Clinical Viewer:

Q16: What is a Clinical Viewer?

A16: Clinical viewers are "windows" into a patient's electronic health record that present a consistent, integrated view of clinical information from a variety of sources. Currently, two clinical viewer solutions have been broadly adopted. The target base for early adoption of the Digital Health Drug Repository (DHDR) is Connecting South West Ontario (cSWO) and the ClinicalConnect viewer.

The ClinicialConnect viewer, accessed by cSWO users, is a secure, web-based portal that provides health care providers with real-time access to their patients' medical information from various sources such as acute hospitals, community care access centres, and Regional Cancer Programs in Southwestern Ontario, plus two provincial data repositories for lab results and diagnostic imaging.

In parallel, work will be conducted to integrate with the clinical viewer supporting the remainder of the province.

Q17: Which health care providers have access to the regional clinical viewers?

A17: Health care providers (e.g. physicians, nurses, and pharmacists) across the following types of health care facilities continue to be registered for access to regional clinical viewers:

- Primary care (e.g. Family Health Teams, Nurse Practitioner Led Clinics)
- Hospitals (including hospital pharmacies)
- Community Care Access Centres
- Community Health Centres
- Community Mental Health & Addictions
- Cancer programs
- Long-term care, and
- Public health

Q18: Will community pharmacies have access to Clinical Viewers and when?

A18: The community pharmacies will have access to Digital Health Drug Repository (DHDR) data as it is rolled out through their Regional Service Integrators and corresponding clinical viewers. The ministry is currently working with Connecting South West Ontario (cSWO) to assess timing and to determine what is required for community pharmacies to access clinical viewers and the DHDR as part of the early adoption plans.

In parallel, the ministry will work with the other Connecting partners to determine what is required for community pharmacies to access clinical viewers in their regions.

Future Integration with Point of Service Systems:

Q19: What are the plans for integration with Pharmacy Management Systems (PMSs), Electronic Medical Record systems (EMRs) and Hospital Information Systems (HISs)?

A19: Over time the intent is to enhance the Digital Health Drug Repository (DHDR) by integrating drug data (dispensed and prescribed) with other point of service systems such as PMSs, EMRs, and HISs through data and messaging standards (HL7-FHIR).

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR)
Questions and Answers For Stakeholders

ePrescribing:

Q20: What are the plans for ePrescribing in the province?

A20: Jurisdictions across Canada recognize that a Pan-Canadian approach is appropriate for ePrescribing, and this will be facilitated by financial support recently announced by the Federal government. Ontario continues to participate in discussions with Canada Health Infoway to move forward with this important initiative. The Stakeholder Panel (comprised of representatives from regulatory colleges, associations, LHINs, and government agencies) supporting the CDPS in the province will also continue to provide input to the province on key directions for future provincial ePrescribing and/or other CDPS initiatives.

Comprehensive Drug Profile Strategy (CDPS) and Digital Health Drug Repository (DHDR)
Questions and Answers For Stakeholders

Background:

B-Q1: What is the Health Network System (HNS)?

B-A1: The Health Network System (HNS) connects over 4,000 ODB registered dispensaries (e.g., retail pharmacies, dispensing physicians, hospital outpatient dispensaries) with the Ministry's online claims adjudication system and Narcotics Monitoring System (NMS).

The HNS provides electronic real-time processing and adjudication of ODB claims 24 hours per day, 7 days per week, enabling timely notification of a patient's ODB eligibility status, payment and reconciliation of claims and reviewing data for potential adverse effects and recording for drug use reviews. The HNS also supports claims for pharmacy professional services such as MedsCheck (the annual patient medication review) and influenza vaccine administration. In doing all these things, the HNS speeds the processing of ODB claims, as well as helping to ensure the proper and safe use of drugs.

The HNS serves as a central database to enable NMS tracking and review of monitored drug prescribing and dispensing activities within the community health care sector.

The Health Network System also provides for increased quality of care and potential cost savings to the health care system by identifying:
- potential drug interactions
- duplicate prescriptions
- potential double-doctoring and multiple pharmacy use
- inappropriate or fraudulent use of the system
- verification of reimbursement conditions/criteria

B-Q2: Under what authority can the ministry collect, use and disclose ODB data to health care providers?

B-A2: The collection and use of the ODB data is provisioned under the *Ontario Drug Benefit Act, 1990*. The ministry's disclosure of Ontario Drug Benefit (ODB) data for the purpose of health care is in accordance with the *Personal Health Information Protection Act, 2004*.

B-Q3: Does the ministry require the consent of Ontario Drug Benefit (ODB) recipients to disclose their ODB data to health care providers?

B-A3: Under the *Personal Health Information Protection Act* (PHIPA) the ministry may rely on the implied consent of Ontario Drug Benefit (ODB) recipients to disclose their ODB data for the purpose of providing health care. To do this, the ministry must inform ODB recipients of:
- The reason why their drug histories may potentially be disclosed, and
- Their right to withdraw consent to the disclosure of all, or part of their drug history by notifying the ministry.

Since 2005, the ministry has been providing on-going notice to ODB recipients regarding Health Care Provider access to their drug claims history information. These include for example disclosure notices in the ministry's:

- Dear Ontarian Letter,
- Trillium Application Package,
- Senior's Co-payment Application Package,
- Drug benefit card, and
- Provider and public websites.

B-Q4: What is the legal authority for the collection, use, and disclosure of Narcotics Monitoring System (NMS) data by the ministry?

B-A4: The legal authority for the collection, use, and disclosure of Narcotics Monitoring System (NMS) data, is the *Narcotics Safety and Awareness Act, 2010* (NSAA) and its regulations.

As per the *Narcotics Safety and Awareness Act, 2010* (NSAA), the NMS data containing personal health information can be disclosed by the ministry or the Executive Officer without consent to certain health care providers in limited circumstances. For instance, the ministry or the Executive Officer may disclose information to:

- A prescriber who previously prescribed any monitored drug to the person.
- A dispenser who previously dispensed any monitored drug to the person, or
- A dispenser who is determining whether to dispense any monitored drug to the person regardless of whether the dispenser has dispensed a monitored drug to the person.
- An operator of a pharmacy, if a dispenser employed or retained by the pharmacy has dispensed a monitored drug to the person through the pharmacy

Disclosure of NMS data to health care practitioners is covered by provisions in the *Health Information Protection Act (HIPA), 2016* which amends the *Narcotics Safety and Awareness Act, 2010* (NSAA). The enactment of HIPA enables expanded disclosure of NMS data to all health care providers in a patient's circle of care.

B-Q5: What is a Pharmacy Management System (PMS)?

B-A5: Pharmacy Management Systems (PMS) are robust information systems that support a pharmacy's workflow processes and management. In particular, the PMS assists pharmacies with dispensing, inventory management, and other point-of-sale functions.

B-Q6: What is an Electronic Medical Record system (EMRs)?

B-A6: An Electronic Medical Record system (EMRs) is a computer program that enables physicians to collect, manage and store patient medical records. In essence EMR's are the digital version of a patient's paper based medical record.

B-Q7: What is a Hospital Information System (HIS)?

B-A7: Hospital Information Systems (HIS) are robust computer programs that automate various hospital functions (e.g. clinical, medical records, inventory, and administrative functions).

Ontario College of Pharmacists
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Strategic Priorities 2015 - 2018

Progress Update – September 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 Accomplishments**	**Noteworthy Accomplishments this Quarter**
		PF	**EC**	**CQI**		
Fair and objective assessment framework.	Refine assessment tools and activities. Premises: Current authority and others i.e. long-term care, family health teams. Members: Pharmacists - at entry, in practice, (site based and standardized). Pharm techs – as above.	High	Med	High	• Practice assessment tool for both members and premises in community refined and standardized to increase reliability. • Provincial and national stakeholders Working Groups established and oriented to facilitate validation of Pharmacy Technician Standardized Assessment Tool for entry-to-practice. • Model for peer/practice QA assessment developed for piloting. • Pilot of revised hospital assessment tool completed. • The successful containment and recovery from the Ransom attack experienced at OCP last quarter is a particularly noteworthy accomplishment, especially in light of the impact and outcome(s) recent ransom attacks have had on other organizations, e.g., the University of Calgary this past June.	• 30% of practice assessments now being scheduled (target of 95%) to increase preparedness of members and pharmacies resulting in improved effectiveness of assessment process. Benefits of scheduling include DM presence, staff awareness and increased resources available to provide overlap, enabling uninterrupted time with both the DM and staff pharmacists. • Model for peer/practice QA assessment pilot approved by QA Committee. • Initial group of QA coaches/assessors recruited and training underway. • PACE milestones reached: ▪ OPPCAT assessment tool, standards and item-weighting finalized ▪ Technology solutions developed and ready for testing ▪ Assessor training enhanced with standardized online and in-person components to better develop Assessor expertise • "How to file a complaint" video to inform the public of OCP's fair and objective process developed and posted to website. • Launched new public register designed to provide the public with easier access to information in clear, concise, simple language to assist them in making informed decisions. • Hospital Practice Assessment Criteria document posted on the public website for increased transparency. • DPRA Regulations proclaimed effective August 1 enabling College oversight of hospital pharmacies. • Hospital Assessment tool revised to support re-assessment of high risk operations (chemotherapy and sterile compounding).

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 Accomplishments**	**Noteworthy Accomplishments this Quarter**
		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.	Low	Low	High	• Quarterly statistical reports on statutory timeline targets for complaint processing finalized. • Consultation with ICRC panels to obtain feedback and recommendations for changes to the Risk Assessment Tool (RAT) conducted and reported for consideration by the WG. • Analyzed and refined 2016 HPDB data submission to better reflect pharmacists' profiles prior to submission • 2015 Annual Report published to the College website and distributed to the Ministry of Health and Long-Term Care. • IT Security Threat Risk Assessment (STRA) report analyzed. Recommendations rated High Priority addressed and action documented. Successfully contained and recovered from a "Ransom" attack.	• Implemented an internal Dashboard to track progress against Key Performance Indicators for each area of I&R. • Completed survey of other regulators' processes to determine best practices related to investigations of sexual abuse/sexual harassment and the use of expert opinions. • Discipline Committee *Decision Writing Working Group* struck to develop best practices, identify resources for decision writing and establish timelines for issuing decisions. • Implemented an on-line survey for complainants who have received an ICRC decision to determine satisfaction with the process, e.g. credible, timely, responsive. • Action taken to resolve critical vulnerabilities identified in the STRA and high level plan to address remaining issues in place. • IT system expectations for various initiatives defined: ▪ PACE workshops ▪ Profile reports for companies and members ▪ NAPRA interface ▪ Site based member assessments
A defined Professional Development Framework that incorporates coaching, remediation and monitoring.	Raise awareness of Standards of Practice and Code of Ethics. Develop and refine tools and resources that apply to all members. Develop specific tools and resources that apply to identified applicants/ members/premises. Develop model for coaching and remediation/monitoring.	Med	High	Med	• PACE remediation resources and Learning Action Plan templates completed. • Logic model created to guide development of new remediation approach.	• High-level plan developed for new professional development and remediation approach which fosters consistency and includes a remediation resource library.

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 Accomplishments**	**Noteworthy Accomplishments this Quarter**
		PF	**EC**	**CQI**		
Pharmacists consistently practicing to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	Med	High	Med	• 700 pharmacist assessments conducted identifying coaching opportunities to be used in QA assessor coaching pilot. • Recruited QA coaches/assessors for pilot peer and practice assessment. • Consultation on implementation of NAPRA sterile compounding standards commenced. Prompting questions posted on OCP website. • Seven additional Decisions, Decisions workshops, reaching approximately 350 pharmacists, undertaken in the quarter. • Interim Guidance Document relating to Medical Assistance in Dying developed and posted to OCP website. • Guidance document for hospital assessments developed and posted to the website. • Clinical Working Group on Compounding developed framework for consultation on sterile compounding standards. • Expectations for research outcomes clarified for the U of T partnership to enhance the scope of practice.	• Baseline data collected for 50% of 2016 target for pharmacist assessments. • Completed first module of explaining elements of the Code of Ethics and how they should be applied in practice. • Practice guidance in place upon DPRA Regulation proclamation. • Secured agreement with UofW for funding Pharmacy 5in5 program to gain deeper understanding of deficiencies in practice knowledge. • Compounding Working Group proposed implementation timelines for NAPRA model standards of practice for non-hazardous and hazardous sterile compounding. • Guidance for pharmacy professionals who are dispensing or selling naloxone provided in response to change of schedule status to permit access without a prescription. • Completed Pharmacy Act regulation amendments to permit pharmacists to administer expanded list of vaccines. • Jointly developed (with CPSO) Fact Sheet providing supplementary guidance for physicians and pharmacists when prescribing and dispensing fentanyl patches in accordance with new legislation.
Pharmacy Technicians consistently practising to established expectations including Standards of Practice and Code of Ethics.	Develop and communicate Code of Ethics. Provide guidance and education on expectations of Standards of Practice and Code of Ethics. Provide guidance and education on specialty standards e.g. sterile compounding. Use OCP assessments and professional development to remediate/coach.	Med	High	Med	• None.	• QA Regulation framework developed to enable mandated program to define continuing competency requirements for pharmacy technicians.

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 Accomplishments**	**Noteworthy Accomplishments this Quarter**
		PF	**EC**	**CQI**		
Pharmacies meeting Standards of Operation and consistently providing an environment to support pharmacy professionals practising to established expectations including the Standards of Practice and Code of Ethics.	Educate and reinforce to the "controllers of the pharmacies" their obligations. Develop and communicate Standards of Operation.	Med	Med	Med	• Established a revised schedule of facility inspections which results in increased frequency - once every 1.5 -2 years for high risk pharmacies; and once every 2.5 - 3 years for low risk pharmacies.	• Demonstrated movement in adherence to standards of operation: 21% of pharmacies assessed in first quarter of 2016 required Action Plans vs 16% in 3rd quarter 2016. • Achieved 53% of 2016 Target of 2500 community pharmacy assessments in 2016 to assess 2500 community pharmacies as of 7/31. • Hospital assessment guidance document circulated for site visits.
The pharmacy profession integrates technology and innovative approaches to improve the quality and safety of patient care.	Raise awareness of PPMS (pharmacy practice management systems) with members, stakeholders, government. Participate and influence e-Health initiatives. OCP assessments and adjudications encourage and support innovation in practice.	Low	High	Med	• eHealth - Participation on Executive Steering Committee for the Comprehensive Drug Profile Strategy whose focus is to design and build capacity to accommodate a Patient Drug Profile for Ontarians aligned with a goal of providing all health care providers with timely and integrated access to patient medication information.	

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 Accomplishments**	**Noteworthy Accomplishments this Quarter**
		PF	**EC**	**CQI**		
Pharmacy Team: Pharmacy services are organized to empower pharmacists and pharmacy technicians to practice to their full scope. Pharmacists and pharmacy technicians maximize their respective roles.	Gather data to determine the degree to which pharmacies are meeting expectations and understand the barriers. Educate members through videos, sharing best practices. OCP to encourage and support experimental models that integrate technicians in practice.	Med	High	High		
Health Care Team: Pharmacists and pharmacy technicians exercise their responsibility within the patient's professional team.	Develop and provide guidance to members on how they can educate and collaborate with other health care professions. Develop guidance on expectations at transitions of care. Gather information from patients on their understanding of the pharmacy services role in health care team.	High	High	Med	• Published 2nd Transition to Care article in Spring *Pharmacy Connection*. • MAiD - Clinical tools and updated guidelines developed in alignment with colleges of physicians and nurses in order for pharmacists and pharmacy technicians to be prepared for their role in the provision of Medical Assistance in Dying.	• Participation with Centre for Effective Practice to develop resources to support clinicians involved in provision of MAiD.

Ontario College of Pharmacists
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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: 2017 Operating and Capital Budget

ISSUE: Approval of the 2017 Operating and Capital Budget and corresponding fee structure.

BACKGROUND:

- The 2017 budget supports the strategic plan developed by Council in March 2015 and the Year Two Operational Plan presented to Council in June.
- The expense budget is set out in accordance with the accountabilities established in the College's Governance Model.
- The Executive Summary and attached budget schedules outline the assumptions respecting membership volumes and College activity.

ANALYSIS:

- As a result of continued growth in membership and moderate increases in expenses for 2017, no fee increases are required. Operating expenses are budgeted to equal revenue; capital expenditures will be funded by reserves if no operating surplus materializes throughout 2017.

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

a) the expenses noted in schedules B, C and D
b) a capital budget of $325,000
c) revenue noted in schedule A which reflects no changes to fees

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Ontario College of Pharmacists
Proposed 2017 Budget - Executive Summary

The following pages provide an overview of the projected financial status for the College at the end of the 2016 operating year and the proposed revenue and expenditures for 2017.

Review of Projected 2016

Revenue projections for the year indicate we will be 3.7% or $650,000 short of budget with the majority of this underrun expected due to the decision last December to adjust the hospital accreditation opening and issuance fees in response to the feedback received following circulation of the proposed by-law amendment. The remaining underrun relates to a lower than expected volume of pharmacy technician registrations; a number that has proven hard to predict as the profession continues to establish its place in the community pharmacy sector.

Committee costs are projected to be below budget by 12% or $300,000 with much of the underrun attributed to discontinuance of the practice review component of the Quality Assurance Program as we transition to site-based member assessments. A decision to defer fall district meetings as a result of the Registrar's retirement announcement will result in a further $50,000 underrun against budget in this expense category for 2016.

With respect to College administration, personnel costs are projected to be under budget by approximately 4% or $460,000 due to hiring deferrals and short term staffing vacancies in several departments. Deferring the hire of a hospital practice assessor pending proclamation of the DPRA regulations and a Remediation Coordinator until elements of the Remediation Program were clear were intentional strategies to offset expected revenue shortfall from hospital accreditation fees. A change in group benefit provider and targeted management of the training and education budget were also aimed at managing costs in the face of a revenue shortfall.

Communication activity is expected to come under budget as a portion of the budget allocated to production of videos to illustrate practice expectations will be directed to funding University of Waterloo's Pharmacy 5in5 Program. Consultancy costs for outsourcing development of database modules were deferred until program needs are better defined. Fewer than expected expert working groups to develop policy for various practice initiatives were convened and teleconferencing was the preferred method for meeting, resulting in lower than expected costs. Finally, travel and conference expenses will be lower than budgeted as minimal expenses were incurred for hospital inspections due to a deferral in proclamation of the regulation and conference attendance was limited to specific organizationally driven needs versus general education and development. Property costs will be $90,000 below budget as the leasable space at 186 St. George Street was fully occupied contrary to budget expectations.

The cumulative impact of the variances noted above is a projected excess of revenue over expenses of $552,700 after capital providing sufficient funds to replenish the reserves established by Council which were partially depleted last year due to the shortfall of revenue over expenses.

Overview of Year 2017 Proposed Operating Budget

In June of this year Council confirmed its commitment to the Operational Plan that supported the strategic priorities set by Council in March 2015.The Plan reflected the high level activity aimed at increasing the relevance and value to society of both the profession and the College as regulator. The Plan also affirmed transparency, accountability and excellence as values and codified Patients First, Effective Communication and Continuous Quality Improvement as strategic initiatives. The 2017 budget reflects the activity required to advance the objectives in the Plan.

Revenue is expected to increase in 2017 over projected 2016 by $515,800 due to modest growth in the number of pharmacists, technicians and community pharmacies. Revenue related to hospital pharmacies will decrease reflecting the reduced fee for renewals versus application/issuance. The 2017 budget anticipates that pharmacist registrations and pharmacy accreditations will keep pace with recent years however technician registrations will begin to moderate, with an estimated 80% of recent college graduates seeking initial registration each year and retention to be lower than pharmacists.

Committee costs, budgeted at $2,475,000 are the expenses associated with the work of College Council and Committees. Also included are the costs of prosecuting registrants referred to panels of the Discipline Committee which is outside the control of the Discipline Committee. The prosecution and committee costs, as well as the recoveries, are reflected separately but in one cost area for ease of reference. For 2017 a similar approach is used for the Quality Assurance Committee, where committee costs and program costs are set out separately. Once lines of accountability are clarified through regulation and experience, financial reporting can be adjusted accordingly. No significant new spending is anticipated for committee costs in 2017 with the exception of Discipline where case load continues to grow and strategies are being explored to enable the College to increase the number of hearing days per year to ensure timely disposition of cases once a referral is made. Demand on the Inquiries, Complaints and Reporting Committee is expected to continue with three meeting days per month expected throughout the year. Patient Relations activity is expected to increase in the year as recommendations stemming from the Ministry's Sexual Abuse Task Force are released and activity of the Communications Committee is absorbed by Patient Relations. While Accreditation Committee costs are budgeted to remain high as the College strengthens its authority over community pharmacies, the Drug Preparation Premises Committee budget is increased in anticipation of issues relating to hospital pharmacy oversight. District meetings are now budgeted under College Administration as a communications initiative.

Personnel costs are budgeted at $11,801,000. Only one new FTE is anticipated for 2017 to coordinate remediation initiatives across all program areas of the College. Routine salary administration and the assumption that all designated positions will be fully staffed for the duration of the year accounts for the rest of the increase over 2016 projected. As is the College practice, contract and/or temporary resources are used in situations where ongoing demand is uncertain to mitigate financial obligations associated with reassignment or elimination of duties. Benefit costs reflect the cost savings achieved through a change in provider in 2016. Professional dues, employee activities, education and training and recruitment account for the remainder of this expense category.

The College's general administrative expenses for 2017 are budgeted as $2,927,300. The 2017 budget reflects a small net increase over 2016 projected numbers with several expense areas expected to decrease while others will increase. Consulting and communication initiatives will decease slightly as we endeavor to pace out certain initiatives thereby relieving the need for external resources. 2016 marks the final installment for the OCP Enhancing the Scope of Practice Program with the University of Toronto but it will be replaced by the second installment for the University of Waterloo Pharmacy 5in5 Program. Software leasing and maintenance includes an allowance for development and deployment of an enhanced security program to safeguard against cyber attacks as well as increased licensing and maintenance costs following initial implementation of various software solutions. Costs to convene expert working groups to inform policy on various practice issues are expected to increase. Practice input Initiatives identified for 2017 include Compounding, Advertising, Opiates/Narcotics and Long Term Care. Legal costs include finalizing regulations for Registration and Quality Assurance and for responding to anticipated changes to the *Regulated Health Professions Act* and its supporting Code. Travel costs will increase now that hospital pharmacy inspections are required and conference attendance is expected to increase.

Facility costs will increase as a portion of the leased premises at 186 St. George will be assumed by OCP and renovated to increase capacity for discipline hearings and other college meetings. The basement floor will continue to be used for staff hoteling space and two floors will continue to be tenanted.

Capital expenditures for 2017 for Technology, Leaseholds and Furniture are budgeted at $325,000. In order to accommodate the projected discipline caseload along with all other demands for meeting space, one floor of 186 St. George will be re-configured and furnished to facilitate hearings. Other capitalized leasehold and A/V improvements are planned for both buildings and software license upgrades and desktop replenishment account for the remaining budget.

Bottom line: The continued growth in membership, coupled with moderate increases in expenses for 2017, eliminates the need to increase fees for any class of registrant at this time. Operating expenses are budgeted to equal revenue; capital expenditures will be funded by reserves if no operating surplus materializes throughout 2017.

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Ontario College of Pharmacists
Summary - Budget 2017

	2016 Projected	2016 Budget	2017 Budget	Var. 2016 Projected to 2016 Budget $	Var. 2016 Projected to 2016 Budget %	Var. 2017 Budget to 2016 Budget $	Var. 2017 Budget to 2016 Budget %	Var. 2017 Budget to 2016 Projected $	Var. 2017 Budget to 2016 Projected %
REVENUE - "Schedule A"	16,954,328	17,600,700	17,470,200	(646,372)	-3.67%	(130,500)	-0.74%	515,872	3.04%
EXPENDITURES									
Schedule "B" - Council & Committee Expenses	2,169,072	2,468,900	2,475,000	(299,828)	-12.14%	6,100	0.25%	305,928	14.10%
Schedule "C" - College Administration	13,915,897	14,827,426	14,728,500	(911,529)	-6.15%	(98,926)	-0.67%	812,603	5.84%
Schedule "D" - Property & Niagara Apothecary	148,096	238,233	231,500	(90,137)	-37.84%	(6,733)	-2.83%	83,404	56.32%
TOTAL EXPENDITURES	16,233,065	17,534,559	17,435,000	(1,301,494)	-7.42%	(99,559)	-0.57%	1,201,935	7.40%
EXCESS OF REVENUE OVER EXPENDITURES	721,263	66,141	35,200	655,122	990.49%	(30,941)	-46.78%	(686,063)	-95.12%
Capital Expenditures	*(168,562)*	*(182,000)*	*(325,000)*	13,438	-7.38%	(143,000)	78.57%	(156,438)	92.81%
Surplus (Deficit) After Capital Expenditures	552,701	(115,859)	(289,800)	668,560	-577.05%	(173,941)	150.13%	(842,501)	-152.43%

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SCHEDULE A
Revenue

	2016 Projected	2016 Budget	2017 Budget	Var. 2016 Projected to 2016 Budget $	Var. 2016 Projected to 2016 Budget %	Var. 2017 Budget to 2016 Budget $	Var. 2017 Budget to 2016 Budget %	Var. 2017 Budget to 2016 Projected $	Var. 2017 Budget to 2016 Projected %
Pharmacist Fees	9,128,498	9,106,500	9,592,500	21,998	0.24%	486,000	5.34%	464,002	5.08%
Pharmacy Technician Fees	1,745,220	1,876,000	1,850,000	(130,780)	-6.97%	(26,000)	-1.39%	104,780	6.00%
Community Pharmacy Fees	4,185,160	4,186,200	4,288,400	(1,040)	-0.02%	102,200	2.44%	103,240	2.47%
Hospital Pharmacy Fees	900,000	1,440,000	787,500	(540,000)	-37.50%	(652,500)	-45.31%	(112,500)	-12.50%
DPP Revenue	7,500	12,500	7,500	(5,000)	-40.00%	(5,000)	-40.00%	0	0.00%
Professional Health Corporation	73,625	80,000	74,000	(6,375)	-7.97%	(6,000)	-7.50%	375	0.51%
Registration Fees and Income	689,325	696,500	660,300	(7,175)	-1.03%	(36,200)	-5.20%	(29,025)	-4.21%
Investment Income	225,000	203,000	210,000	22,000	10.84%	7,000	3.45%	(15,000)	-6.67%
TOTAL REVENUE	16,954,328	17,600,700	17,470,200	(646,372)	-3.67%	(130,500)	-0.74%	515,872	3.04%

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SCHEDULE B
Council & Committee Expenses

	2016 Projected	2016 Budget	2017 Budget	Var. 2016 Projected to 2016 Budget $	Var. 2016 Projected to 2016 Budget %	Var. 2017 Budget to 2016 Budget $	Var. 2017 Budget to 2016 Budget %	Var. 2017 Budget to 2016 Projected $	Var. 2017 Budget to 2016 Projected %
Council	100,000	130,000	112,000	(30,000)	-23.08%	(18,000)	-13.85%	12,000	12.00%
District	0	50,000	0	(50,000)	-100.00%	(50,000)	-100.00%	0	
Committees:									
Accreditation	70,000	70,000	70,000	0	0.00%	0	0.00%	0	0.00%
Communication	12,711	12,500	0	211	1.69%	(12,500)	-100.00%	(12,711)	-100.00%
DPP Committee	0	5,000	20,000	(5,000)	-100.00%	15,000	300.00%	20,000	0.00%
Discipline:									
Discipline - Committee Expenses	270,000	270,000	285,000	0	0.00%	15,000	5.56%	15,000	5.56%
Discipline - Prosecution	1,240,000	1,240,000	1,460,000	0	0.00%	220,000	17.74%	220,000	17.74%
Reimbursement - Discipline Costs	(116,800)	(100,000)	(120,000)	(16,800)	16.80%	(20,000)	20.00%	(3,200)	2.74%
Total Discipline	1,393,200	1,410,000	1,625,000	(16,800)	-1.19%	215,000	15.25%	231,800	16.64%
Executive	33,000	24,000	30,000	9,000	37.50%	6,000	25.00%	(3,000)	-9.09%
Finance	9,391	7,000	9,000	2,391	34.16%	2,000	28.57%	(391)	-4.16%
Fitness to Practice	60,500	62,000	72,000	(1,500)	-2.42%	10,000	16.13%	11,500	19.01%
ICRC	163,000	153,000	163,000	10,000	6.54%	10,000	6.54%	0	0.00%
Patient Relations	10,000	5,000	27,500	5,000	100.00%	22,500	450.00%	17,500	175.00%
Professional Practice	0	4,000	0	(4,000)	-100.00%	(4,000)	-100.00%	0	0.00%
Quality Assurance:									
Quality Assurance - Committee Expenses	38,104	12,558	43,000	25,546	203.42%	30,442	242.41%	4,896	12.85%
Quality Assurance - Program Administration Costs	244,666	489,842	233,500	(245,176)	-50.05%	(256,342)	-52.33%	(11,166)	-4.56%
Total Quality Assurance	282,770	502,400	276,500	(219,630)	-43.72%	(225,900)	-44.96%	(6,270)	-2.22%
Registration	34,500	14,000	50,000	20,500	146.43%	36,000	257.14%	15,500	44.93%
Special Committees	0	20,000	20,000	(20,000)	-100.00%	0	0.00%	20,000	0.00%
Total Committees	2,069,072	2,288,900	2,363,000	(219,828)	-9.60%	74,100	3.24%	293,928	14.21%
Total Council/District/Committee	2,169,072	2,468,900	2,475,000	(299,828)	-12.14%	6,100	0.25%	305,928	14.10%

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SCHEDULE C
College Administration

	2016 Projected	2016 Budget	2017 Budget	Var. 2016 Projected to 2016 Budget $	Var. 2016 Projected to 2016 Budget %	Var. 2017 Budget to 2016 Budget $	Var. 2017 Budget to 2016 Budget %	Var. 2017 Budget to 2016 Projected $	Var. 2017 Budget to 2016 Projected %
Personnel:									
Salaries	9,273,590	9,560,345	9,692,200	(286,755)	-3.00%	131,855	1.38%	418,610	4.51%
Benefits	1,652,486	1,745,266	1,769,000	(92,780)	-5.32%	23,734	1.36%	116,514	7.05%
Other Personnel Costs - *(Education & training, professional dues)*	261,158	342,830	340,000	(81,672)	-23.82%	(2,830)	-0.83%	78,842	30.19%
Total Personnel Costs	11,187,234	11,648,441	11,801,200	(461,207)	-3.96%	152,759	1.31%	613,966	5.49%
General:									
Association Fees -General	13,257	15,000	15,000	(1,743)	-11.62%	0	0.00%	1,743	13.15%
Association Fees - NAPRA	126,371	120,000	130,000	6,371	5.31%	10,000	8.33%	3,629	2.87%
Audit	20,000	20,000	20,000	0	0.00%	0	0.00%	0	0.00%
Bank Charges	390,034	389,201	401,000	833	0.21%	11,799	3.03%	10,966	2.81%
Consulting	243,419	317,850	215,500	(74,431)	-23.42%	(102,350)	-32.20%	(27,919)	-11.47%
Communication Initiatives	107,318	204,000	120,000	(96,682)	-47.39%	(84,000)	-41.18%	12,682	11.82%
Continuing Education Initiatives	470	10,000	0	(9,530)	-95.30%	(10,000)	-100.00%	(470)	-100.00%
Courier/Delivery	6,354	6,050	7,000	304	5.02%	950	15.70%	646	10.17%
Donations, Contributions and Grants	255,300	205,000	205,000	50,300	24.54%	0	0.00%	(50,300)	-19.70%
DPP Inspection Costs	1,300	5,000	2,500	(3,700)	-74.00%	(2,500)	-50.00%	1,200	92.31%
Election Expenses	5,000	5,000	5,000	0	0.00%	0	0.00%	0	0.00%
Examinations, Certificates and Registration	181,097	183,000	188,500	(1,903)	-1.04%	5,500	3.01%	7,403	4.09%
Government Relations	42,000	42,000	42,000	0	0.00%	0	0.00%	0	0.00%
Information Systems Leasing & Maintenance	229,730	260,050	321,000	(30,320)	-11.66%	60,950	23.44%	91,270	39.73%
Insurance - E & O	5,504	5,800	6,000	(296)	-5.10%	200	3.45%	496	9.01%
Legal	174,683	250,000	185,000	(75,317)	-30.13%	(65,000)	-26.00%	10,317	5.91%
Office Equipment Leasing & Maintenance	26,000	29,000	26,000	(3,000)	-10.34%	(3,000)	-10.34%	0	0.00%
Postage	29,400	36,000	30,000	(6,600)	-18.33%	(6,000)	-16.67%	600	2.04%
Practice Input Initiatives	31,640	110,000	80,000	(78,360)	-71.24%	(30,000)	-27.27%	48,360	152.84%
Professional Health Program	149,369	160,000	160,000	(10,631)	-6.64%	0	0.00%	10,631	7.12%
Publications-Pharmacy Connection & Annual Report	50,500	51,500	52,500	(1,000)	-1.94%	1,000	1.94%	2,000	3.96%
Structured Practical Training	102,000	114,500	91,000	(12,500)	-10.92%	(23,500)	-20.52%	(11,000)	-10.78%
Subscriptions	6,445	4,800	10,300	1,645	34.27%	5,500	114.58%	3,855	59.81%
Supplies/Stationery	15,987	28,414	18,000	(12,427)	-43.74%	(10,414)	-36.65%	2,013	12.59%
Telecommunications	188,211	186,470	181,000	1,741	0.93%	(5,470)	-2.93%	(7,211)	-3.83%
Travel and Conferences	327,274	420,350	415,000	(93,076)	-22.14%	(5,350)	-1.27%	87,726	26.81%
Total General Expenses	2,728,663	3,178,985	2,927,300	(450,322)	-14.17%	(251,685)	-7.92%	198,637	7.28%
Total Administration Expenses	13,915,897	14,827,426	14,728,500	(911,529)	-6.15%	(98,926)	-0.67%	812,603	5.84%

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SCHEDULE D
Property & Niagara Apothecary

	2016 Projected	2016 Budget	2017 Budget	Var. 2016 Projected to 2016 Budget $	Var. 2016 Projected to 2016 Budget %	Var. 2017 Budget to 2016 Budget $	Var. 2017 Budget to 2016 Budget %	Var. 2017 Budget to 2016 Projected $	Var. 2017 Budget to 2016 Projected %
Property									
483 Huron:									
Insurance - Property	9,939	10,750	10,000	(811)	-7.54%	(750)	-6.98%	61	0.61%
Maintenance & Repairs	123,187	118,509	122,900	4,678	3.95%	4,391	3.71%	(287)	-0.23%
Taxes	28,145	28,408	29,900	(263)	-0.93%	1,492	5.25%	1,755	6.24%
Utilities	55,808	58,500	55,000	(2,692)	-4.60%	(3,500)	-5.98%	(808)	-1.45%
Total 483 Huron	217,079	216,167	217,800	912	0.42%	1,633	0.76%	721	0.33%
186 St George									
Insurance - Property	3,264	3,550	3,500	(286)	-8.06%	(50)	-1.41%	236	7.23%
Maintenance & Repairs	37,068	42,136	50,000	(5,068)	-12.03%	7,864	18.66%	12,932	34.89%
Taxes	80,590	87,300	83,000	(6,710)	-7.69%	(4,300)	-4.93%	2,410	2.99%
Utilities	8,190	8,500	8,000	(310)	-3.65%	(500)	-5.88%	(190)	-2.32%
Total 186 St George before Rental/Recovery	129,112	141,486	144,500	(12,374)	-8.75%	3,014	2.13%	15,388	11.92%
Deduct: Rental Income/Recovery,TMI									
Rental Income	(140,583)	(89,125)	(98,500)	(51,458)	57.74%	(9,375)	10.52%	42,083	-29.93%
Recovery, TMI	(79,310)	(55,020)	(60,500)	(24,290)	44.15%	(5,480)	9.96%	18,810	-23.72%
Net Rental Income/Recovery, TMI	(219,893)	(144,145)	(159,000)	(75,748)	52.55%	(14,855)	10.31%	60,893	-27.69%
Total 186 St George	(90,781)	(2,659)	(14,500)	(88,122)	3314.10%	(11,841)	445.32%	76,281	-84.03%
Total Property Expenses	126,298	213,508	203,300	(87,210)	-40.85%	(10,208)	-4.78%	77,002	60.97%
Niagara Apothecary									
Salaries & Administration	30,092	31,900	32,000	(1,808)	-5.67%	100	0.31%	1,908	6.34%
Insurance	5,700	5,700	6,000	0	0.00%	300	5.26%	300	5.26%
Utilities	5,568	5,900	6,000	(332)	-5.63%	100	1.69%	432	7.76%
Building improvements & maintenance	300	500	1,000	(200)	-40.00%	500	100.00%	700	233.33%
Publicity	130	225	200	(95)	-42.22%	(25)	-11.11%	70	53.85%
Miscellaneous	1,008	500	1,000	508	101.60%	500	100.00%	(8)	-0.79%
Cost of Sales	8,000	9,000	9,000	(1,000)	-11.11%	0	0.00%	1,000	12.50%
Income	(29,000)	(29,000)	(27,000)	0	0.00%	2,000	-6.90%	2,000	-6.90%
Total Niagara Apothecary	21,798	24,725	28,200	(2,927)	-11.84%	3,475	14.05%	6,402	29.37%
Total Property & Niagara Apothecary	148,096	238,233	231,500	(90,137)	-37.84%	(6,733)	-2.83%	83,404	56.32%

SCHEDULE A.1

Revenue Projection

	Account Code	@$	Projected 2016 #s	Projected 2016 $	*2016 Budget #s*	*2016 Budget $*	*2017 Budget #s*	*2017 Budget $*	Var. 2016 Projected to 2016 Budget		Var. 2017 Budget to 2016 Budget		Var. 2017 Budget to 2016 Projected	
Pharmacist Renewal - Part A	3000	600	14,016	8,409,448	14,150	8,490,000	14,800	8,880,000	(80,552)	-0.95%	390,000	4.59%	470,552	5.60%
Pharmacist Renewal - Part B	3006	300	913	273,850	900	270,000	900	270,000	3,850	1.43%	0	0.00%	(3,850)	-1.41%
Pharmacist- Late Payment Fees:				28,900		20,000		20,000	8,900	44.50%	0	0	(8,900)	-30.80%
Part A - New Registration:														
Pharmacist A-New Registration,Mar 10 to Aug 31	3003	600	495	297,000	280	168,000	500	300,000	129,000	76.79%	132,000	78.57%	3,000	1.01%
Pharmacist A - New Registration, Sep 1 to Dec 31	3005	300	380	114,000	520	156,000	400	120,000	(42,000)	-26.92%	(36,000)	-23.08%	6,000	5.26%
Part B New Registration:				300					300	0.00%	0	0.00%	(300)	-100.00%
Pharmacist - Reinstatement	3009	250	20	5,000	10	2,500	10	2,500	2,500	100.00%	0	0.00%	(2,500)	-50.00%
Total Pharmacist Fees				9,128,498		9,106,500		9,592,500	21,998	0.24%	486,000	5.34%	464,002	5.08%
Pharmacy Technician - Renewal	3010	400	3,868	1,547,100	4,040	1,616,000	4,300	1,720,000	(68,900)	-4.26%	104,000	6.44%	172,900	11.18%
Pharmacy Technician - Late Payment Fees	3014	100	73	7,320	0	0	0	0	7,320	0.00%	0	0.00%	(7,320)	-100.00%
after 30 days (additional)	3015	50	16	800	0	0	0	0	800	0.00%	0	0.00%	(800)	-100.00%
Pharmacy Technician -New Registration,Mar 10 to Aug 31	3008	400	350	140,000	500	200,000	250	100,000	(60,000)	-30.00%	(100,000)	-50.00%	(40,000)	-28.57%
Pharmacy Technician - New Registration, Sep 1 to Dec 31	3011	200	250	50,000	300	60,000	150	30,000	(10,000)	-16.67%	(30,000)	-50.00%	(20,000)	-40.00%
Total Pharmacy Technician Fees				1,745,220		1,876,000		1,850,000	(130,780)	-6.97%	(26,000)	-1.39%	104,780	6.00%
DPP Inspection Fee	3121	2,500	3	7,500	5	12,500	3	7,500	(5,000)	-40.00%	(5,000)	-40.00%	0	0.00%
Pharmacy Renewal	3100	940	4,059	3,815,410	4,030	3,788,200	4,160	3,910,400	27,210	0.72%	122,200	3.23%	94,990	2.49%
RDL Opening - Application Fee	3114	250	2	500	20	5,000	0	0	(4,500)	-90.00%	(5,000)	-100.00%	(500)	-100.00%
RDL Opening - Issuance Fee	3119	750	1	750	20	15,000	0	0	(14,250)	-95.00%	(15,000)	-100.00%	(750)	-100.00%
Lock & Leave - Application Fee	3120	250	2	500	0	0	0	0	500	0.00%	0	0.00%	(500)	-100.00%
Pharmacy Opening - Application Fee	3103	500	150	75,000	150	75,000	150	75,000	0	0.00%	0	0.00%	0	0.00%
Pharmacy Opening - Issuance Fee	3115	750	150	112,500	150	112,500	150	112,500	0	0.00%	0	0.00%	0	0.00%
Pharmacy Acquisition - Application Fee	3101	500	180	90,000	180	90,000	180	90,000	0	0.00%	0	0.00%	0	0.00%
Pharmacy Acquisition - Issuance Fee	3116	250	180	45,000	180	45,000	180	45,000	0	0.00%	0	0.00%	0	0.00%
Pharmacy Relocation - Application Fee	3102	500	50	25,000	50	25,000	50	25,000	0	0.00%	0	0.00%	0	0.00%
Pharmacy Relocation - Issuance Fee	3117	250	50	12,500	50	12,500	50	12,500	0	0.00%	0	0.00%	0	0.00%
Pharmacy Reinspection Fee	3105	1,000	8	8,000	18	18,000	18	18,000	(10,000)	-55.56%	0	0.00%	10,000	125.00%
Total Community Pharmacy Fees				4,185,160		4,186,200		4,288,400	(1,040)	-0.02%	102,200	2.44%	103,240	2.47%
Certification of Authorization - New	3106	1,000	20	20,000	20	20,000	20	20,000	0	0.00%	0	0.00%	0	0.00%
Certificate of Authorization - Renewals & Late Payment	3109	300	176	52,800	200	60,000	180	54,000	(7,200)	-12.00%	(6,000)	-10.00%	1,200	2.27%
HPC - Late Payment fee	3112	75	11	825	0	0	0	0	825	0.00%	0	0.00%	(825)	-100.00%
Total Certificate of Authorization (PHC)				73,625		80,000		74,000	(6,375)	-7.97%	(6,000)	-7.50%	375	0.51%
Pharmacy Renewal	*3130*	3,500			0	0	225	787,500	0	0.00%	787,500	0.00%	787,500	0.00%
Pharmacy Opening - Application Fee	*3131*	2,000	225	450,000	240	720,000	0	0	(270,000)	-37.50%	(720,000)	-100.00%	(450,000)	-100.00%
Pharmacy Opening - Application Fee	*3132*	2,000	225	450,000	240	720,000	0	0	(270,000)	-37.50%	(720,000)	-100.00%	(450,000)	-100.00%
Total Hospital Pharmacy Fees				900,000		1,440,000		787,500	(540,000)	-37.50%	(652,500)	-45.31%	(112,500)	-12.50%
Filing Fee - Pharmacist	3303	300	700	210,000	700	210,000	700	210,000	0	0.00%	0	0.00%	0	0.00%
Filing Fee - Pharmacy Technician	3311	300	300	90,000	300	90,000	300	90,000	0	0.00%	0	0.00%	0	0.00%
Pharmacists Application Fee	3304	75	875	65,625	800	60,000	900	67,500	5,625	9.38%	7,500	12.50%	1,875	2.86%
Student Application Fee	3299	75	650	48,750	550	41,250	700	52,500	7,500	18.18%	11,250	27.27%	3,750	7.69%
Intern Application Fee	3300	75	450	33,750	450	33,750	450	33,750	0	0.00%	0	0.00%	0	0.00%
Pharmacy Technician Application Fee	3312	75	600	45,000	800	60,000	400	30,000	(15,000)	-25.00%	(30,000)	-50.00%	(15,000)	-33.33%
JP Exams - Pharmacist	3307	100	1,200	120,000	1,200	120,000	1,200	120,000	0	0.00%	0	0.00%	0	0.00%
JP Exams - Pharmacy Technician	3314	100	600	60,000	800	80,000	400	40,000	(20,000)	-25.00%	(40,000)	-50.00%	(20,000)	-33.33%
JP Exam Late Fees & Other Miscellaneous Fees				16,200		1,500		16,550	14,700	980.00%	15,050	1003.33%	350	2.16%
Total Registration Fees				689,325		696,500		660,300	(7,175)	-1.03%	(36,200)	-5.20%	(29,025)	-4.21%
Investment Income	3400			225,000		203,000		210,000	22,000	10.84%	7,000	3.45%	(15,000)	-6.67%
Grand Totals Revenue				16,954,328		17,600,700		17,470,200	(646,372)	-3.67%	(130,500)	-0.74%	515,872	3.04%

Ontario College of Pharmacists
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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Finance and Audit Committee

TOPIC: Appointment of Auditors for 2016

ISSUE: The Finance and Audit Committee is required to make recommendations to Council on the appointed or reappointment of the auditors annually.

BACKGROUND:

- Clarke Henning LLP has provided auditing and financial services to the College since 2008.
- The audit and financial services were taken to market in 2014; Clarke Henning LLP was selected to continue to provide audit services to the College.

ANALYSIS:

- A change in the audit partner was required due to the passing of Vinay Raja, who had served as Audit Partner from the commencement of their engagement with OCP.
- The FAC considered the benefits of maintaining continuity with the firm at this time, particularly given a change in OCP leadership with the resignation of Registrar Moleschi.
- The Committee is satisfied that the firm continues to meet the College's requirements and recommends they be reappointed for fiscal year 2016.

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

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Ontario College of Pharmacists
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COUNCIL BRIEFING NOTE
MEETING DATE: September 2016

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Quality Assurance Committee

TOPIC: Quality Assurance Regulations

ISSUES:

1. To consider the two-part register for both pharmacy technicians and pharmacists; and
2. To shift from hourly reporting of practice to confirmation of competence

BACKGROUND:

Quality Assurance Regulations require amendments to incorporate pharmacy technicians.

This opportunity to amend the regulations will update the current regulations, which are outdated, and enables shifting to a results-based approach for the regulations and will align with the revision process underway with regard to the Registration Regulations.

A high-level framework is attached (Appendix 1) which provides the rationale for the proposed approach, along with a suggested timeline. *(Note: Quality Assurance begins at Part VIII, on page 6)*

1. MAINTAIN THE TWO-PART REGISTER AND INCORPORATE TECHNICIANS

INTRODUCTION:

- OCP regulations currently stipulate a two-part register for pharmacists: part A for those engaged in patient care; and part B for those in non-patient care practice.

- Consistency between pharmacists and pharmacy technicians has been a principle for regulatory work thus far.

BENEFITS

Transparency:

- The two-part register assures greater transparency to the public through easier identification of practitioners engaged in patient care (Part A) versus those who are in non-patient care practice;

Accountability:

- The two-part register assures greater accountability by requiring members to make a yearly declaration of participation in patient care (Part A);

Efficient use of Resources:

- The two-part register frees up College resources to focus on, and follow up with, members whose practices impact patient health outcomes and safety; and
- Permits the implementation of less stringent requirements for practitioners who do not provide direct patient care (Part B);

Effective Management of Members:

- The two-part register offers greater public protection as members who refuse to participate in Quality Assurance activities, or whose practice falls below the expected standard, can be easily moved to Part B of the register instead of relying on a disciplinary approach.
- The two part register is already in place at the College and can be readily upgraded to include technicians in both patient care and non-patient care settings; and
- Mechanisms are in place to enable members to switch from Part B to Part A and vice-versa.

CONSIDERATIONS

- The two-part register has been in place since 1998;
- Out of eleven pharmacy regulatory bodies across the country, four have a two-part register;
- Single registers, while providing more autonomy for members to switch between different practice settings, create challenges for transparency and assuring public confidence in member competence when providing patient care;
- Single registers are usually predicated on less stringent quality assurance requirements so that they can be met by all practitioners, regardless of active / non-active or clinical / non-clinical practice; and
- In essence, other colleges have made a single register behave like a two-part register. A division, within a single register, of active / non-active or clinical / non-clinical is often created to:
  - Ensure that there is a process for transition for those that haven't practiced patient care for a number of years (usually 3 years); and
  - Incorporate different QA activities for those who are not involved in direct patient care.

DECISION FOR COUNCIL:

Recommend that Council approves the continuation of a two-part register to include both pharmacists and technicians.

2. SHIFT FROM HOURLY REPORTING OF PRACTICE TO CONFIRMATION OF COMPETENCE

INTRODUCTION:

- OCP regulations currently require Part A pharmacists to engage in a minimum of 600 hours of patient care over three years.
- There is a lack of evidence among health professions correlating minimum practice hours to competence. Thus a practice hour requirement as a measure of competence is not defensible, and may lead to a false sense of assurance that a member is meeting the standards of the profession.
- Proposed Quality Assurance (QA) Regulations will remove the requirement of attaining a minimum number of practice hours for members in Part A. On an annual basis, instead of reporting hours, a member would declare they are maintaining the competence necessary to provide patient care.

BENEFITS

- The approach to Quality Assurance is evolving from applying a standardized competence assessment to evaluating performance at a member's practice site, focusing on the areas of

patient assessment, decision-making, communication and education/documentation. This approach provides a better measure of competence than reporting hours;

- The completion of a declaration supports transparency and aligns with the notion of placing the patient at the centre of the model;

- Competent practitioners who don't meet the minimum hours requirements are able to continue to provide patient care; and

- Declaring competence on a yearly basis brings this to the attention of practitioners at renewal and is a more relevant approach to self-assessment.

CONSIDERATIONS

- A minimum number of hours is an input measure rather than an outcome measure, and does not directly correlate to maintaining competence;

- Regardless of reporting hours, members in Part A are expected to:
  - Engage in patient care (and identify a practice site); and
  - Participate in quality assurance activities, including practice assessment, self-assessment and documentation of on-going learning in a learning portfolio;

- Practice-based assessments will engage practitioners in a quality assurance context more often than is currently the case, and is a more reliable approach to ensuring competence than simply relying on a report of practice hours;

- No single method of professional quality assurance competency assessment has been determined to capture competency in its entirety. The current trend in quality assurance measurement is to adopt a balance of both practice-based and performance-based assessments; and

- An environmental scan, including eleven Canadian pharmacy regulators and nine Ontario health regulators, determined that, while there are similar requirements, there is no consistency in the type of register and practice requirements to maintain registration. (Appendix 2 & 3).

DECISION FOR COUNCIL:

Recommend that Council approves the replacement of the practice declaration of '600 hours over three years' with a practice declaration that the member has completed sufficient practice to maintain competence in patient care within the member's area of practice.

Proposed Approach and Rationale

1. Regulations will be outcomes-based and high level rather than specific.
2. Council approved standards, policies and guidelines will be utilized to address issues wherever possible.
3. The regulations will support practice evolution and change.

REGULATION PART	PROPOSED APPROACH	RATIONALE
PART II: GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION		
CLASSES OF CERTIFICATES OF REGISTRATION	To remove the classes of 'registered pharmacy student' and 'intern' and implement a 'provisional certificate' to permit the post-graduate registration of pharmacists and pharmacy technicians. Transitional language/dates to be determined	Implementation of a single provisional registration removes the necessity for different stages of licensure. The College requires a mechanism to register pharmacy technician graduates at entry-level, post-graduation but prior to completing all practical assessment/training so that they may continue to practice to full scope during training and prior to full registration. Essentially, the provisional class is equivalent to registration as an intern. The provisions of the *Regulated Health Professions Act* [s. 29 (1) (b)] permit a person who is fulfilling the requirements to become a member of a health profession to perform a restricted act within the scope of practice of the profession if done under the supervision or direction of a member of the profession. This permits students to have the ability to practice to full scope while in the experiential training component of their program
APPLICATION FOR CERTIFICATE OF REGISTRATION	No change	
REQUIREMENTS FOR ISSUANCE OF A CERTIFICATE OF REGISTRATION, ANY CLASS	Language proficiency requirements will be revised to highlight the desired outcome: the applicant must demonstrate language proficiency that meets or is equivalent to NAPRA standards. The conduct requirements may be revised to include the requirement for the completion of a criminal background check, if current provisions do not support this expectation. Several provisions within the regulations address findings of guilt, current proceedings/offences and conduct. These will be reviewed and revised. Specificity with respect to validity of the application and timeframes will be removed	It is in the public interest to implement additional measures to protect public safety. Most pharmacy regulators in Canada require this information and many health colleges in Ontario do so as well. To remove redundancies. Administrative details will be addressed in policy wherever possible
TERMS, ETC., OF EVERY CERTIFICATE	This part will be aligned to the requirements for the issuance of every certificate. The language will be updated and simplified to the extent possible, requirements restated as outcomes, and details that are removed will be addressed in policy Requirements associated with the *Immigration and Refugee Protection Act* will be combined and revised as possible	To remove redundancies and to focus on the desired outcome of fair, objective, transparent and impartial registration practices. Not to duplicate the requirements set out in federal legislation but to ensure they are met.
PART III: REGISTRATION – PHARMACISTS		
ADDITIONAL REQUIREMENTS	The additional requirements to be restated as outcomes. Consider the addition PharmD for Pharmacists and	To be supported by policies and detailed protocol documents that outline the process for completion and

REGULATION PART	PROPOSED APPROACH	RATIONALE
	simplify language to the extent possible, removing detail and ensuring policy documents capture the details. Demonstrate competence in jurisprudence and apply ethical principles and professionalism through council-approved assessment mechanisms. Reference to structured practical training to be replaced with the concept of Practice Assessment of Competence at Entry (PACE) The time frame and practice hour requirements will removed, and replaced with the requirement to demonstrate competence through a practice assessment.	evaluation The introduction of higher-level outcome-based language supports the focus on the assessment of candidates utilizing Council-approved mechanisms including structured examinations and site-based evaluations. Practice assessment will be required unless competency is demonstrated through completion of an approved program. The assessment of a member in the work place is a better measure of proficiency than simply requiring a member to note a number of practice hours. This approach is in line with the College's focus on providing members with practice advice and support to improve practice and expand scope activities.
MOBILITY FROM OUTSIDE CANADA	To potentially remove this section. The College will rely on a 1st time pass policy for PEBC, or completion of an International Pharmacy Graduate program.	The requirement will be linked to the demonstration of competence.
MOBILITY WITHIN CANADA	To meet the requirements of the *Ontario Labour Mobility Act* without duplication in this regulation Applicants to be in 'good standing' and meet language proficiency requirements	To be restated in outcome-based, higher level language.
TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST	The section will be restated as the two-part register. The two part register will include both pharmacists and pharmacy technicians who have now been regulated for over five years. Provisions to be restated in a positive manner, i.e. what a member can do, and integrated between the two classes as possible. There will be new sections for moving from Part A to Part B and moving from Part B to Part A.	Detail will be moved into policy wherever possible. Supporting detail in policy documents and fact sheets.
PART IV: REGISTRATION – REGISTERED PHARMACY STUDENTS		
ADDITIONAL REQUIREMENT MOBILITY WITHIN CANADA TERMS, CONDITIONS AND LIMITATIONS	This class of registration will be removed in favour of the development of a new approach, incorporating a provisional registration class.	Implementation of a single provisional registration removes the necessity for different stages of licensure.
PART V: REGISTRATION – INTERNS		
ADDITIONAL REQUIREMENTS	These will be the same as the additional requirements for the registration of pharmacists, with the exception of completion of the jurisprudence exam and PEBC.	Education is required prior to Provisional licensure, including IPG if required. Section to be streamlined and aligned to the requirements for registration in general
MOBILITY WITHIN CANADA	These will be the same as the provisions for a pharmacist, above	Part III s.8 – Mobility requirements will be compliant with the *Ontario Labour Mobility Act* (OLMA)
TERMS, CONDITIONS AND LIMITATIONS	To be reviewed; revision may not be required.	Title on Certificate will match registration class
PART VI: REGISTRATION – PHARMACY TECHNICIANS		

REGULATION PART	PROPOSED APPROACH	RATIONALE
ADDITIONAL REQUIREMENTS	Provisions will be stated as high level outcomes. Transitional language will be removed where it is no longer needed. Requirements will be restated as outcomes – applicants will demonstrate knowledge and competence through council-approved mechanisms. Structured practical training requirements will be restated: PACE. References to completing practice hours will be removed. Time frames will be outlined in policy. The requirements in 16(6) (b) and (c) to be reviewed and removed/revised. Jurisprudence examination completion and training requirements will be maintained in policy	 Time frames for completing the transitional programs are ended. The bridging education program was developed to meet the needs of pharmacy technicians who, prior to regulation, were trained on-the-job, or at non-accredited private and community colleges, and who were already working in the profession. The approved bridging program provided the additional education and skills to fulfill the enhanced role for regulated technicians. Was to be completed by January 1, 2015. The assessment of a member in the work place is a better measure of proficiency than simply requiring a member to note a number of practice hours. Requirement included as the certification exam has been in place for over 10 years. If an applicant had not been engaged in practice in the last three years, not likely to be sufficiently current in practice to be successful with the bridging program.
MOBILITY WITHIN CANADA	Align to Part III s.8	Mobility requirements will be compliant with OLMA
MOBILITY OUTSIDE CANADA	Align to Pharmacist requirements	
TERMS, CONDITIONS AND LIMITATIONS	This section will reflect the addition of hospital practice settings where pharmacy technicians may practice without direct on-site pharmacist supervision. Review to determine the value of making a distinction between providing clinical/non-clinical information	To align practice with the addition of hospital oversight via the revisions to the DPRA regulations. Hospital and community pharmacy technicians may provide non-clinical information and should continue to be permitted to do so.
PART VII: SUSPENSIONS, RESIGNATIONS, REINSTATMENTS, ETC.		
ADMINISTRATIVE SUSPENSIONS	Review and streamline language wherever possible	
DEEMED RESIGNATIONS	No change	
RETURN OF CERTIFICATE, ETC.	To update to reflect advances in technology	
REINSTATMENT	Simplify language and describe requirements at a higher level. Review practice hours requirement in light of revised provisions to determine currency.	 Removing the requirement for practice hours and relying on another method to demonstrate currency of practice
REINSTATMENT PURSUANT TO ORDER	No change	
PART VIII: QUALITY ASSURANCE		
GENERAL	Definitions will not change	
	The list of the program components will be removed and	Redundant. Minimum requirements for a quality

REGULATION PART	PROPOSED APPROACH	RATIONALE
	revised to point to the *Regulated Health Protection Act, 1991*	assurance program are set out in the RHPA for all regulators
CONTINUOUS LEARNING PORTFOLIO	Heading to be revised to **CONTINUING EDUCATION OR PROFESSIONAL DEVELOPMENT**	
	References to 'pharmacist' will be changed to 'member'	Reflects the addition of a Pharmacy Technician class of registration. This class of registrant has been in place for a sufficient period of time to require assessment and review
TWO-PART REGISTER	This section will be moved to Registration	Aligns to the updated approach to practice review. Practice assessment is a requirement to remain in Part A of the register. By maintaining the requirement for practice assessment outside of an enforcement framework, the assessment can be less formal and incorporate coaching and other methods to assist members to maintain competency.
PRACTICE REVIEW AND REMEDIATION	Heading to be revised to **SELF, PEER AND PRACTICE ASSESSMENTS AND REMEDIATION**	
	Language to be updated to refer to 'member' rather than 'pharmacist' and redundant sections will be removed. Update to incorporate self and peer review and practice assessments	All practicing members will be required to participate in self, peer and practice assessments, and remediation as necessary Aligns to a new approach in practice review
REMEDIATION OF BEHAVIOUR AND REMARKS OF A SEXUAL NATURE	Remove	Alternative dispute resolution does not apply to an allegation of sexual abuse

Proposed Timelines

TOPIC	COMPLETION
Regulation Amendments considered by Registration and Quality Assurance Committees	July/August 2016
Initiate Policy Consultation with Ministry	August/September 2016
Recommend Regulation Amendments to Council	September 2016
Draft Regulations in Consultation with Ministry	October – November 2016
Recommend Council Approval for Public Consultation of Proposed Amendments	December 2016
Recommend Final Council Approval for Submission to the Ministry	March 2017

Regulatory College		BC	AB	SK	MB	ON	QC	NB	NS	PEI	NL	NWT
The Register: Pharmacist	Two Part Pharmacist					√		√	√	√		
	Single Part Pharmacist	√	√	√	√		√				√	√
	Non-practicing/Non-active member	√	√	√	√	√	√	√	√	√	√	
	Procedure to Switch from one Part to the other	√			√	√		√	√	√		
	Specialist Class				√		**					
Minimum Practice Hours					√	√		√		√	√	
Time Period/Specified practice hours					√	√		√		√	√	
Specified	400							√			√	
Specified	600				√	√				√		
'Sufficient" Direct Patient Care (Non-Specified Practice Hours)									√			
Time Period for non-specified practice hours									√			
Specific Continuing Education/year		√ 15 hours	√ 15 hours = 15 CEUs	√ 15 CEUs	√ 25 hours	√ *	***	√ 15 CEUs	√ 15 CEUs	√ 20 CEUs	√ 15 CEUs	
Difference in CE if non patient care renewal?										√ No CE		
The Register: Pharmacy Technician	Two Part Pharmacy Technician						N/A	√				
	Single Part Pharmacy Technician	√	√	√	√	√	N/A		√	√	√	
	Non-practicing/Non-active Pharmacy Technician	√		√			N/A	√	√			
	Procedure to Switch from one Part to the other	√					N/A	√				
Minimum Practice Hours					√			√		√	√	
Time Period for Specified practice hours					√		N/A	√		√	√	
Specified	400						N/A	√			√	
Specified	600				√		N/A			√		
Specific Continuing Education/year		√ 15 hours	√ 15 hours=15 CEUs	√ 15 CEUs	√ 15 hours			√	√ 15 CEUs	√ 20 CEUs	√ 15 CEUs	
Two part register : member subclass listed online		NA	NA	NA	NA	√	N/A	√		√	NA	NA

***** No specified hours: relies on a member's self-declaration, based on need and reported via the portfolio.

******Not at present *******Plan to implement 40 hours CE per 2 years as of 2018

Regulatory College		RCDSO	CPSO	Physio	CDO Denturist	CDO Dietician	Occ. Therapy	Kin	Massage Therapist	CNO
The Register:	Tiered Register (not considering temporary, limited, or speciality classes)	√ Academic vs Ind. vs Post grad	√ Academic vs Ind. vs Post grad							
	Single Part Register			√	√	√	√	√	√	√ General
	Non-practicing/Non-active member					√		√	√	√
	Procedure to Switch Part to the other		√			√		√	√	√
	Speciality									√ Ext Class
Time Period for Specified practice hours				√	√	√	√	√		
Specifications to remain general class				√ Practice for at least 1,200 hours in preceding 5 years	√ 1,500 hours in the preceding 5 years OR completed courses OR taught Denturism	√ 500 practice hours over 3 years	√ At least 600 hours in the previous 3 years	√ Min 1,500 hours Q3Y	√ Least 500 hours direct client care Q3Y OR refresher course	"NO-College does not specify # of hours"
Criteria for hour provision		No practice hour requirement	Clinical basis (direct patient care)	Direct and non direct patient care+	Direct and non direct	Direct and non direct patient care+	Direct and non direct patient care using OT knowledge	Non Clinical, Clinical or Mixed practice all = general	Direct client care	Variety of roles and settings
No practice specifications			√ Held appoint. Continuously for three years							√ Declaration of practice-within 3 years
Specific Continuing Education / Competence Requirement		√ 90 CE points in each 3 year cycle	√	√ No specific quantity indicated	√	√ No specific quantity indicated	optional	No reporting of activity required	√	
The Register: Academic Class										
Only engages in practice within the scope of his or her appointment			√ Active practice at University							
Specific Continuing Education / Competence Requirement										

[+]***Further clarification of how a member can claim the minimum hours***

1. **RCDSO**
   - No practice hour requirement for renewal. Applicants complete a Conduct Questionnaire which is a declaration that they have paid fees and met the CE requirement
   - New Registrants to the college: can not be period of 3 years or more where they have not engaged in practice of dentistry in Canada or US since obtaining their board licensure

2. **CPSO**
   Renewal: don't require min number of hours although they ask to claim hours on renewal for statistical purposes not for re-entry consideration
   - Expectation is if continuously out of practice for at least 3 years OR practicing less for a total of 6 months in the last 5 years—if the answer is yes → may undergo reentry into practice application
   - Not listed on website but that usually comes out to 2 days/months to retain competency- would have to be practicing medicine within scope

3. **College of Physiotherapists of Ontario** (direct and non direct patient care)
   - Physiotherapy practice includes employment or other activities resulting from the possession of physiotherapy credentials and experience.
   - Include worked hours **and** professional activity hours:
     - Worked: hours of practice in clinical setting(s), consultation, research, administration, academia, and sales
     - Professional activity hours: volunteer which require use of physiotherapy knowledge and theory, CE hours (no more than 30 professional activity hours can be from professional activity hours)
4. **College of Denturists of Ontario:**
   - Upon renewal : practice denturism for at least 1,500 hours OR taught denturism for a period of 12 months in the preceding three years
5. **College of Dieticians of Ontario** (direct and non direct patient care) Reference doc
   - It is very broad and recognizes all areas of dietetic practice including: education; research; marketing and sales related to nutrition products and services; administration and development of food systems; policy/program and systems development related to food and nutrition and health; capacity building through information, skills development and food security projects; and supporting the profession through quality improvement, knowledge dissemination, policy and capacity building.
   - *If an RD is using the body of knowledge and competencies underpinning the profession, then they are practicing dietetics*.
6. **College of Occupational Therapists of Ontario**
   - Direct and non-direct and using knowledge of OT
   - They have a "Am I Practicing Tool" online
7. **College of Kinesiologists** Reference
   - It's important to remember that practicing kinesiology is not strictly limited to providing direct patient/client care. To practice kinesiology means that in the course of your work, you are applying the knowledge, skill and judgement obtained in your undergraduate kinesiology degree, and the essential competencies of practice for kinesiologists.
   - If your practice falls into any of these categories (clinical, non-clinical, or mixed), you are practicing kinesiology and must be registered in the General Class. Kinesiologists in non-clinical and mixed practice sometimes feel that they should be registered in the Inactive Class because they may not be seeing patients/clients. It's important to remember that your class of registration is determined based on whether or not you are practicing kinesiology, and that practice transcends providing direct patient/client care. The Inactive Class was designed for members who wish to temporarily not practice due to a parental, sick or academic leave. If you are registered in the Inactive Class, you cannot practice.
8. **College of Massage Therapists** → As listed in Regulations- "Direct client care"
9. **College of Nurses of Ontario**
   - Am I Practising Nursing?
   - Direct or indirect effect on the recipient of a health care service in Ontario

Ontario College of Pharmacists
Putting patients first since 1871

COUNCIL BRIEFING NOTE
MEETING DATE: September 2016

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Registration Committee

TOPIC: Registration Regulations

ISSUE:

1. To consider implementing a single provisional class of registration for Pharmacists and Pharmacy Technicians (i.e. combining Student and Intern class for Pharmacists and adding Pharmacy Technicians); and
2. To add a requirement for registration candidates to complete police background checks

BACKGROUND:

Registration Regulations require amendments to create a single provisional registration class for pharmacist and pharmacy technician students and interns, and to add the requirement of a police background check as part of the registration process.

Utilizing a high-level, results-based approach, the proposed changes will also address several issues identified through 5 years of experience with the current regulations.

A high-level framework is attached (Appendix 1) which provides the rationale for the proposed approach, along with a suggested timeline.

1. IMPLEMENT A SINGLE PROVISIONAL CLASS OF REGISTRATION FOR PHARMACISTS AND PHARMACY TECHNICIANS

INTRODUCTION:

- The College mandates two graduated, provisional classes of registration (student/intern) for candidates preparing to become licensed pharmacists; however, there is currently only one class of registration for pharmacy technicians.

- Many requirements for students and interns are duplicated throughout the registration process, including evidence of language proficiency, declaration of good character, work authorization under the *Immigration and Refugee Protection Act*, professional liability insurance and completion of Structured Practical Training

- Pharmacy technicians who are unable to register post-graduation, prior to completing all entry exams and practical assessment/training, are unable to practice to full scope during this transition and may be denied access to practice opportunities until fully registered.

- A provisional class of registration combines the student and intern class for pharmacists and adds a provisional class for pharmacy technicians.

DISCUSSION:

- A scan of Ontario legislation (Appendix 2a) cross-referenced clauses that reflect the current

classes of registration, and identified provisions within the *Regulated Health Professions Act* and the *Fair Access to Regulated Professions* and *Compulsory Trades Act* that align with the proposed approach.

- A scan of Canadian pharmacy regulators and Ontario health regulators (Appendix 2b) determined that there are two main approaches to defining classes of registration:
  1. Single Provisional Class (Pharmacist and Pharmacy Technician) - Enacted in British Columbia, Saskatchewan, New Brunswick
  2. Graduated classes of registration (Student and Intern) - Enacted in Alberta, Manitoba, Quebec, and Atlantic Canada

- Several authorities offer time-limited, "temporary" certificates of registration for individuals who need to complete a limited number of requirements prior to registration.

- Among Ontario health regulators, only one (Ontario College of Opticians) maintains graduated licensing requirements.

- The *Fair Access to Regulated Professions and Compulsory Trades Act* requires every regulated profession to ensure that registration practices are both necessary for, or relevant to, the practice of the profession.

- The Office of the Fairness Commissioner indicates that a streamlined registration process that eliminates unnecessary steps is a rule of procedural fairness.

- The College is moving toward a more individualized approach to competency assessment, focused on readiness to practice rather than a one-size-fits-all model for meeting registration requirements and timelines; a streamlined approach to registration aligns with this approach.

DECISION FOR COUNCIL:

Recommend that Council approves the establishment of a single provisional class of registration for Pharmacists and Pharmacy Technicians (i.e. combining Student and Intern class for Pharmacists; adding provisional class for Pharmacy Technicians).

2. IMPLEMENT A REQUIREMENT THAT REGISTRATION CANDIDATES COMPLETE A POLICE BACKGROUND CHECK

INTRODUCTION:

- An applicant for registration with the Ontario College of Pharmacists must declare that his or her past and present conduct demonstrates good character and that they are not subject to:
  - Charges or convictions for an offence in any jurisdiction;
  - Findings of professional misconduct in any profession or occupation;
  - Findings of incompetence in any profession or occupation;
  - Findings of incapacity in any profession or occupation ; or
  - Any reason to believe the applicant will not practise with decency, honesty and integrity.

- The declaration of good character is required to be updated upon annual renewal, or in the event of new character-related incidents.

- On occasion, the College learns of applicant or member conduct that has not been disclosed to the College voluntarily through other means (e.g. anonymous tips, news items, complaints).

- The current Registration Regulation does not have a mechanism to require applicants to provide police background checks.

DISCUSSION:

- A scan of Canadian Pharmacy Regulatory Authorities (Appendix 3a) determined that almost all specify a declaration of good character and police background check as a registration requirement and a few require checks from the Child Abuse and Adult Abuse Registries as well.

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- A scan of Ontario Health Regulatory Colleges (Appendix 3b) determined that almost half have adopted police background checks as a registration requirement

- Canadian pharmacy regulatory authorities and Ontario health regulatory colleges that require police background checks vary in the type of background check required. There are a number of entities that can provide a police record check but it is conventionally conducted by a member of a police force designated by a chief of police, or by a third party entity.

- The requirement to complete a police background check aligns with the obligations established through the College's Code of Ethics to act in the best interest of patients.

- A wide range of organizations require employees and volunteers to provide police record checks where there is a reasonable and *bone fide* justification for this step.

Canadian Citizenship and Immigration Requirements

- When an individual applies to become a permanent resident or Canadian citizen, the individual and family members (18 and older) must provide a police certificate which is a copy of the individual's criminal record, or a statement that they do not have a criminal record (different in each country and territory).

Ontario Educational Program Requirements

- The University of Toronto and University of Waterloo Faculty of Pharmacy do not generally require police background checks for students, unless required by a placement site for experiential training.
- The majority of CCAPP-accredited Pharmacy Technician programs responding to OCP inquiries do require police background checks prior to entering the educational program, and/or prior to work placement.

DECISION FOR COUNCIL:

Recommend that Council approves the addition of Police Background Checks as a requirement for registration (any class) with the College.

Pharmacy Act: Regulations

1. Regulations will be outcomes-based and high level rather than specific.
2. Council approved standards, policies and guidelines will be utilized to address issues wherever possible.
3. The regulations will support practice evolution and change.

REGULATION PART	PROPOSED APPROACH	RATIONALE
PART II: GENERAL PROVISIONS RE CERTIFICATES OF REGISTRATION		
CLASSES OF CERTIFICATES OF REGISTRATION	To remove the classes of 'registered pharmacy student' and 'intern' and implement a 'provisional certificate' to permit the post-graduate registration of pharmacists and pharmacy technicians. Transitional language/dates to be determined	Implementation of a single provisional registration removes the necessity for different stages of licensure. The College requires a mechanism to register pharmacy technician graduates at entry-level, post-graduation but prior to completing all practical assessment/training so that they may continue to practice to full scope during training and prior to full registration. Essentially, the provisional class is equivalent to registration as an intern. The provisions of the *Regulated Health Professions Act* [s. 29 (1) (b)] permit a person who is fulfilling the requirements to become a member of a health profession to perform a restricted act within the scope of practice of the profession if done under the supervision or direction of a member of the profession. This permits students to have the ability to practice to full scope while in the experiential training component of their program
APPLICATION FOR CERTIFICATE OF REGISTRATION	No change	
REQUIREMENTS FOR ISSUANCE OF A CERTIFICATE OF REGISTRATION, ANY CLASS	Language proficiency requirements will be revised to highlight the desired outcome: the applicant must demonstrate language proficiency that meets or is equivalent to NAPRA standards. The conduct requirements may be revised to include the requirement for the completion of a criminal background check, if current provisions do not support this expectation. Several provisions within the regulations address findings of guilt, current proceedings/offences and conduct. These will be reviewed and revised. Specificity with respect to validity of the application and timeframes will be removed	It is in the public interest to implement additional measures to protect public safety. Most pharmacy regulators in Canada require this information and many health colleges in Ontario do so as well. To remove redundancies. Administrative details will be addressed in policy wherever possible
TERMS, ETC., OF EVERY CERTIFICATE	This part will be aligned to the requirements for the issuance of every certificate. The language will be updated and simplified to the extent possible, requirements restated as outcomes, and details that are removed will be addressed in policy	To remove redundancies and to focus on the desired outcome of fair, objective, transparent and impartial registration practices.

REGULATION PART	PROPOSED APPROACH	RATIONALE
	Requirements associated with the *Immigration and Refugee Protection Act* will be combined and revised as possible	Not to duplicate the requirements set out in federal legislation but to ensure they are met.
PART III: REGISTRATION – PHARMACISTS		
ADDITIONAL REQUIREMENTS	The additional requirements to be restated as outcomes. Consider the addition PharmD for Pharmacists and simplify language to the extent possible, removing detail and ensuring policy documents capture the details. Demonstrate competence in jurisprudence and apply ethical principles and professionalism through council-approved assessment mechanisms. Reference to structured practical training to be replaced with the concept of Practice Assessment of Competence at Entry (PACE) The time frame and practice hour requirements will removed, and replaced with the requirement to demonstrate competence through a practice assessment.	To be supported by policies and detailed protocol documents that outline the process for completion and evaluation The introduction of higher-level outcome-based language supports the focus on the assessment of candidates utilizing Council-approved mechanisms including structured examinations and site-based evaluations. Practice assessment will be required unless competency is demonstrated through completion of an approved program. The assessment of a member in the work place is a better measure of proficiency than simply requiring a member to note a number of practice hours. This approach is in line with the College's focus on providing members with practice advice and support to improve practice and expand scope activities.
MOBILITY FROM OUTSIDE CANADA	To potentially remove this section. The College will rely on a 1st time pass policy for PEBC, or completion of an International Pharmacy Graduate program.	The requirement will be linked to the demonstration of competence.
MOBILITY WITHIN CANADA	To meet the requirements of the *Ontario Labour Mobility Act* without duplication in this regulation Applicants to be in 'good standing' and meet language proficiency requirements	To be restated in outcome-based, higher level language.
TERMS, CONDITIONS AND LIMITATIONS, PART B PHARMACIST	The section will be restated as the two-part register. The two part register will include both pharmacists and pharmacy technicians who have now been regulated for over five years. Provisions to be restated in a positive manner, i.e. what a member can do, and integrated between the two classes as possible. There will be new sections for moving from Part A to Part B and moving from Part B to Part A.	Detail will be moved into policy wherever possible. Supporting detail in policy documents and fact sheets.
PART IV: REGISTRATION – REGISTERED PHARMACY STUDENTS		
ADDITIONAL REQUIREMENT MOBILITY WITHIN	This class of registration will be removed in favour of the development of a new approach,	Implementation of a single provisional registration removes the necessity for different stages of

REGULATION PART	PROPOSED APPROACH	RATIONALE
CANADA TERMS, CONDITIONS AND LIMITATIONS	incorporating a provisional registration class.	licensure.
PART V: REGISTRATION – INTERNS		
ADDITIONAL REQUIREMENTS	These will be the same as the additional requirements for the registration of pharmacists, with the exception of completion of the jurisprudence exam and PEBC.	Education is required prior to Provisional licensure, including IPG if required. Section to be streamlined and aligned to the requirements for registration in general
MOBILITY WITHIN CANADA	These will be the same as the provisions for a pharmacist, above	Part III s.8 – Mobility requirements will be compliant with the *Ontario Labour Mobility Act* (OLMA)
TERMS, CONDITIONS AND LIMITATIONS	To be reviewed; revision may not be required.	Title on Certificate will match registration class
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ADDITIONAL REQUIREMENTS	Provisions will be stated as high level outcomes. Transitional language will be removed where it is no longer needed. Requirements will be restated as outcomes – applicants will demonstrate knowledge and competence through council-approved mechanisms. Structured practical training requirements will be restated: PACE. References to completing practice hours will be removed. Time frames will be outlined in policy. The requirements in 16(6) (b) and (c) to be reviewed and removed/revised. Jurisprudence examination completion and training requirements will be maintained in policy	Time frames for completing the transitional programs are ended. The bridging education program was developed to meet the needs of pharmacy technicians who, prior to regulation, were trained on-the-job, or at non-accredited private and community colleges, and who were already working in the profession. The approved bridging program provided the additional education and skills to fulfill the enhanced role for regulated technicians. Was to be completed by January 1, 2015. The assessment of a member in the work place is a better measure of proficiency than simply requiring a member to note a number of practice hours. Requirement included as the certification exam has been in place for over 10 years. If an applicant had not been engaged in practice in the last three years, not likely to be sufficiently current in practice to be successful with the bridging program.
MOBILITY WITHIN CANADA	Align to Part III s.8	Mobility requirements will be compliant with OLMA
MOBILITY OUTSIDE CANADA	Align to Pharmacist requirements	
TERMS, CONDITIONS AND LIMITATIONS	This section will reflect the addition of hospital practice settings where pharmacy technicians may	To align practice with the addition of hospital oversight via the revisions to the DPRA regulations.

REGULATION PART	PROPOSED APPROACH	RATIONALE
	practice without direct on-site pharmacist supervision. Review to determine the value of making a distinction between providing clinical/non-clinical information	Hospital and community pharmacy technicians may provide non-clinical information and should continue to be permitted to do so.
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ADMINISTRATIVE SUSPENSIONS	Review and streamline language wherever possible	
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RETURN OF CERTIFICATE, ETC.	To update to reflect advances in technology	
REINSTATMENT	Simplify language and describe requirements at a higher level. Review practice hours requirement in light of revised provisions to determine currency.	Removing the requirement for practice hours and relying on another method to demonstrate currency of practice
REINSTATMENT PURSUANT TO ORDER	No change	
PART VIII: QUALITY ASSURANCE		
GENERAL	Definitions will not change	
	The list of the program components will be removed and revised to point to the *Regulated Health Protection Act, 1991*	Redundant. Minimum requirements for a quality assurance program are set out in the RHPA for all regulators
CONTINUOUS LEARNING PORTFOLIO	Heading to be revised to **CONTINUING EDUCATION OR PROFESSIONAL DEVELOPMENT**	
	References to 'pharmacist' will be changed to 'member'	Reflects the addition of a Pharmacy Technician class of registration. This class of registrant has been in place for a sufficient period of time to require assessment and review
TWO-PART REGISTER	This section will be moved to Registration	Aligns to the updated approach to practice review. Practice assessment is a requirement to remain in Part A of the register. By maintaining the requirement for practice assessment outside of an enforcement framework, the assessment can be less formal and incorporate coaching and other methods to assist members to maintain competency.
PRACTICE REVIEW AND REMEDIATION	Heading to be revised to **SELF, PEER AND PRACTICE ASSESSMENTS AND REMEDIATION**	
	Language to be updated to refer to 'member' rather than 'pharmacist' and redundant sections will be removed. Update to incorporate self and peer review and practice assessments	All practicing members will be required to participate in self, peer and practice assessments, and remediation as necessary Aligns to a new approach in practice review
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Recommend Final Council Approval for Submission to the Ministry	March 2017

LEGISLATION	PROVISIONS	IMPLICATIONS FOR REGISTRATION REGULATION REVISIONS
Drug and Pharmacies Regulations Act	**"certificate of registration"** means a certificate of registration within the meaning of the Health Professions Procedural Code issued by the Registrar of the College **"registered pharmacy student"** means a person registered as a student under the Pharmacy Act, 1991 **"intern"** means a person who is registered as an intern under the Pharmacy Act, 1991 **"pharmacy technician"** means a person registered as a pharmacy technician under the Pharmacy Act, 1991	Registration regulation revision to reference/define classes of registration reflected within the *Drug and Pharmacies Regulations Act*
	Dispensing of Drugs: Subject to subsections (2) and (3), no person shall compound, dispense or sell any drug in a pharmacy other than, (a) a pharmacist: (b) an intern acting under the supervision of a pharmacist who is physically present; (c) a registered pharmacy student acting under the supervision of a pharmacist who is physically present; or (d) a pharmacy technician acting under the supervision of a pharmacist who is physically present **Exception**: (2) Where a pharmacist or an intern is present in the pharmacy and available to the purchaser for consultation, subsection (1) does not apply to the sale in a pharmacy of a drug listed in Schedule III. 2007, c. 10, Sched. L, s. 13 (2).	Registration regulation revision to reference / define classes of registration reflected within the *Drug and Pharmacies Regulations Act*
Pharmacy Act, 1991 *Ontario Regulation 202/94*	**Authorized Acts** 4. (1) In the course of engaging in the practice of pharmacy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following: 1. Dispensing, selling or compounding a drug or supervising the part of a pharmacy where drugs are kept. 2. Administering, by injection or inhalation, a substance specified in the regulations. 3. Prescribing a drug specified in the regulations. 4. Prescribing a drug, other than a drug mentioned in paragraph 3, in accordance with the regulations. 5. Performing a procedure on tissue below the dermis. 2009, c. 26, s. 21 (2). **Additional requirements for authorized acts** (2) A member is not authorized to perform a procedure under the authority of paragraph 2, 3, 4 or 5 of subsection (1) unless the member performs the procedure in accordance with the requirements established by the regulations. 2009, c. 26, s. 21 (2).	Registration regulation revision to define authorized acts of each class of registration through terms, conditions and limitations as required.
Regulated Health Professions Act	**"member"** means a member of a College	

	Objects of the College, Section 3. (1) 2. "To develop, establish and maintain standards of qualification for persons to be issued certificates of registration." **Controlled acts restricted** 27. (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless, (a) the person is a member authorized by a health profession Act to perform the controlled act; or (b) the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6. **Exemptions** (3) An act by a person is not a contravention of subsection (1) if the person is exempted by the regulations under this Act or if the act is done in the course of an activity exempted by the regulations under this Act. 1991, c. 18, s. 27 (3). **Exceptions** 29. (1) An act by a person is not a contravention of subsection 27. (1) if it is done in the course of, (b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;	The emphasis for the College's registration function is on establishing and maintaining standards of qualification. Section 29. (1) (b) permits students not registered with the College to perform the scope of practice of the profession while under the supervision or direction of a member of the profession.
Fair Access to Regulated Professions and Compulsory Trades Act	Section 19. (1) (1) Every regulated profession shall undertake a review of its registration practices at times specified by the Fairness Commissioner to ensure that the registration practices are transparent, objective, impartial and fair and shall file a report on the results with the Fairness Commissioner by the date specified by the Fairness Commissioner. 2006, c. 31, s. 19 (1). (2) The review shall include an analysis of, a) the extent to which the requirements for registration are necessary for or relevant to the practice of the profession;	The Registration Practices Assessment Guide for Health Regulatory Colleges issued by the Office of the Fairness Commissioner describes one of the duties for *Procedural Fairness* as: "(8) The registration process is streamlined and unnecessary steps are eliminated."

Canadian Pharmacy Regulatory Authorities	
Single Provisional Class of Registration	College of Pharmacists of British Columbia (*) Saskatchewan College of Pharmacy Professionals New Brunswick College of Pharmacists
Graduated Classes of Registration (Student/Intern)	Alberta College of Pharmacists College of Pharmacists of Manitoba (*) College of Pharmacists of Quebec (*) Nova Scotia College of Pharmacists Prince Edward Island College of Pharmacists Newfoundland and Labrador Pharmacy Board
Ontario Health Regulatory Colleges	
Single Provisional Class of Registration	College of Audiologists and Speech-Language Pathologists (**) College of Chiropodists of Ontario (**) Royal College of Dental Surgeons of Ontario (**) College of Dieticians of Ontario College of Midwives of Ontario College of Occupational Therapists of Ontario College of Physiotherapists of Ontario College of Psychologists of Ontario College of Registered Psychotherapists of Ontario College of Respiratory Therapists of Ontario College of Traditional Chines Medicine Practitioners and Acupuncturists of Ontario
Graduated Classes of Registration (Student/Intern)	College of Opticians of Ontario
Final Registration Class Only	College of Chiropractors of Ontario (*) (**) College of Dental Hygienists of Ontario (**) College of Dental Technologists of Ontario (**) College of Denturists of Ontario College of Homeopaths of Ontario College of Kinesiologists of Ontario College of Massage Therapists of Ontario College of Medical Laboratory Technologists of Ontario College of Medical Radiation Technologists of Ontario (**) College of Naturopaths of Ontario College of Nurses of Ontario (*) (**) College of Optometrists of Ontario (**) College of Physicians and Surgeons of Ontario (*) (**)

(*) Indicates College with a “Temporary” Class of Registration
(**) Indicates College with additional classes of registration (e.g. professional specialty; academic, retired)

CANADIAN PHARMACY REGULATORY AUTHORITIES
"Requirement for Police Background Check"

Regulatory Authority	Declaration	Background Check	Comments
College of Pharmacists of British Columbia	✓	✓	Standard information given to College to conduct a criminal check at least once every 5 years. IPG: after enrolling with Pharmacists' Gateway Canada – pre-registration requires completion of a Criminal Record Check Authorization (pg.5)
Alberta College of Pharmacists	✓	✓	Sworn affidavit in the presence of a commissioner of oaths, notary public or lawyer and recommends backcheck.ca or original copy of criminal record check including enhanced police information check. Outside Canada: In order to apply as an intern must complete original copy of criminal record check. ACP recommends use of BackCheck and the option of enhanced police information check option.
Saskatchewan College of Pharmacy Professionals	✓	✘	International : no police checks for intern registration but requirement of two references which certify a person of good moral character
College of Pharmacists of Manitoba	✓	✓	CPIC within 6 months and child abuse registry check under the child and family services act and adult abuse registry check under the adult abuse registry act (within 6 months) Intern applications : criminal records check from RCMP or any other Canadian police service which includes a CPIC assessment, child abuse registry check under The Child and Family Services Act, adult abuse registry check under The Adult Abuse Registry Act (documents dated within three months of starting internship)
New Brunswick College of Pharmacists	✓	✓	CPIC from local police station or RCMP *No criterion differences regarding Intl. applicants to practice in New Brunswick*
Nova Scotia College of Pharmacists	✓	✓	Original Copy of criminal record check (conducted within the 3 months preceding the application) Intern: Criminal record check (conducted within 3 months preceding this application) ➔ *No criterion differences regarding Intl. applicants*
Prince Edward Island College of Pharmacists	✓	✓	Criminal record background check with a vulnerable sector check that has been completed within one year prior to application ➔ Intern: *No criterion differences regarding Intl. applicants- same as above*
Newfoundland and Labrador Pharmacy Board	✓	✓	A current "certificate of conduct" from a police agency, issues within the past 6 months ➔ Intern: *No criterion differences regarding Intl. applicants- same as above*

****Note: International applicants first pass through the *Pharmacists Gateway Canada***

ONTARIO HEALTH REGULATORY COLLEGES

College	Declaration	Background Check	Comments
College of Massage Therapists of Ontario	✓	✓	CPIC from local police station or RCMP *No criterion differences regarding Intl. applicants*
Ontario College of Nurses	✓	✓	CPIC from local police station or RCMP Outside Canada: Need to provide the College with a criminal record check if you have ever resided in Canada for any length of time. Contact the RCMP or a Canadian consulate or embassy to learn how to request one
College of Dental Hygienists of Ontario	✓	✓	CPIC from local police station or RCMP Outside Canada: no posted policies specifically but in addition to CPIC + Submit Certificate of Professional Conduct –Form completed by any jurisdiction where the applicant has practiced dental hygiene and sent directly to CDHO
College of Dental Technologists of Ontario	?	?	Called : "No we don't ask for Criminal background checks"
Royal College of Dental Surgeons of Ontario	✓	✘	"The Certificate of Standing Form provides evidence that you have not been found guilty in relation to a criminal offence, that you were not subject of an investigation…" *No criterion differences regarding Intl. applicants*
College of Denturists of Ontario	✓	✓	*No criterion differences regarding Intl. applicants* "All applicants for registration with the College of Denturists of Ontario must submit with their application form a Criminal Background Check Report […] accessed using the database of the CPIC operated by the RCMP"
College of Dietitians of Ontario	✓	✘	"The College will consider any current or past history of convictions, misconduct, incompetence, incapacity, or professional negligence or misconduct. Please contact the College if you have any questions about how the College will assess…"
College of Homeopaths of Ontario	✓	✓	Only the date it was completed not the actual check An electronic fingerprint submission to the RCMP is not currently available outside of Canada. You may contact accredited companies within Canada who will digitize ink fingerprints and submit them electronically to the RCMP
College of Naturopaths of Ontario	✓	✓	International: same requirements as National applicant
College of Occupational Therapists of Ontario	✓	✘	*No criterion differences regarding Intl. applicants*
College of Midwives of Ontario	✓	✘	*No criterion differences regarding Intl. applicants*
College of Opticians of Ontario	✓	✘	
College of Optometrists of Ontario	✓	✓	"To provide evidence that an applicant has met this requirement, each applicant must provide a CPIC Vulnerable Sector (VS) check as part of the registration process from the respective jurisdiction in Canada in addition to the jurisdiction (s) in which they practised in the past." Called to ask about clarity about "jurisdiction(s) in which they practiced in the past": "How do you scope charges in other jurisdictions?" College Rep: "Discovery process of how best to do this [...] "we do what we can to protect the public and we may just Google them"
Ontario College of Pharmacists	✓	✘	

College	Declaration	Background Check	Comments
College of Physicians and Surgeons	✓	✓	Does **not** accept third party checks or overseas background checks see document here In order for International applicants to satisfy this requirement- once they land in Canada- they complete a background check which only examines charges in the time they resided in Canada- Does not look beyond Canadian soil
College of Physiotherapists	✓	✗	*No criterion differences regarding Intl. applicants*
College of Chiropodists of Ontario	✓	✗	"Applicants are required to demonstrate this good conduct and character by disclosing to the College all past offences, findings or professional, misconduct, incompetence or incapacity. All applicants sign a declaration that all information provided is true, complete and current"
College of Psychologists of Ontario	✓	✗	member provides details of any conviction
College of Registered Psychotherapists of Ontario	✓	✗	*No criterion differences regarding Intl. applicants*
College of Respiratory Therapists of Ontario	✓	✗	Self declaration of convictions – see pg. 4 of Applicants Educated Outside of Canada
College of Audiologists and Speech-Language Pathologists of Ontario	✓	✗	*No criterion differences regarding Intl. applicants*
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario	✓	✓	Original copy ; No third party No special policies for those coming from outside Canada- "The applicant must, at the time of application, provide the Registrar with the results of a criminal background check"
College of Chiropractors of Ontario	✓	✗	"National and international applicants are treated in the same manner for registration.."
College of Kinesiologists of Ontario	✓	✓	Original copy; No third party International: "All applicants are required to submit a name-based criminal record check conducted no more than six months before applying to the College." → local police dept.
College of Medical Laboratory Technologists of Ontario	?	?	Under FAQ "What is required to register" - No police check listed
College of Medical Radiation Technologists	✓	✗	Applicant self-disclosure

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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION X	FOR INFORMATION

INITIATED BY: Compounding Working Group

TOPIC: Proposed implementation timeline for compounding standards

ISSUE: The College circulated a proposed timeline of two years for implementation of *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations* and *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations*.

BACKGROUND:

- A Working Group comprised of pharmacy professionals currently working within the area of sterile compounding has considered the implementation of these standards and proposes that they be adopted and implemented in parallel with the official implementation of USP 800 in the U.S.

- The College consulted with members between May 13, 2016 and June 30, 2016 on the implementation, specifically on:
  - The challenges member would face in order to meet the proposed implementation date; and
  - The time period required to conduct a gap-analysis against the standards and create an action plan leading to implementation of the standards.

- The process of identifying national compounding competencies is under way, and will eventually lead to the accreditation of continuing education in this specialized area by the Canadian Council on Continuing Education in Pharmacy.

- As Ontario moves toward an outcome-based regulatory environment, detailed standards and supporting policies and guidelines are required in order to convey the expected pharmacy operating practice.

CONSULTATION REPORT

- Sixty-five percent of respondents opposed the proposed implementation timeline. Fifty-five percent of total respondents were pharmacists.

Total Responses	**52**
Pharmacist	29
Pharmacy Technician	8
Pharmacy Assistant	2
Hospital	4
LHIN	2
Compounding Pharmacy	2
Organization Shoppers Drug Mart and Loblaw Pharmacies	5

	Cancer Care Ontario Canadian Society of Hospital Pharmacists – Ontario Branch Association of Compounding Pharmacists of Canada Ontario Pharmacists Association	

- All feedback received during the consultation is posted on the OCP website, in keeping with the College's consultation process and posting guidelines.

- The Ontario Hospital Association (OHA) submission was received following the official posting, and was therefore not posted on the website. The OHA recommended that the full adoption of the standards in hospitals be phased in over time due to a number of issues, including fiscal arrangements and renovation requirements. The OHA also indicated that many hospital pharmacies are already in the process of preparing for compliance in anticipation of the College's oversight.

- A summary of key comments is set out below.

The hospital budgetary cycle does not align to this timeline

- Two years is not enough time for hospitals to implement these changes and become compliant with the NAPRA standards. Many hospitals will require significant renovations requiring capital investment, Bid tenders and approval at multiple levels.

- A two year deadline is not realistic for hospitals. They must secure funding for capital and operating costs, complete RFP processes, undertake physical renovations, and then recruit staff to develop, implement and maintain the standards, a process even more challenging for small and rural hospitals.

NAPRA guidelines and USP requirements are different

- Although the College does not directly reference USP<800> the basis of the document entitled *Pharmacy Compounding of Hazardous Sterile Preparations* has identical requirements to USP <800>. USP <797> and USP <800> are different requirements with different associated cost implications to the pharmacy. It is not acceptable for the College to adopt both requirements at the same time.

Agreement

- Two years is a sufficient period to implement the changes. Pharmacies that cannot comply with the implementation should not perform sterile compounding. For the safety of patients, changes must be implemented.

- It has always been expected that a pharmacist undertaking to make non-hazardous preparations does so in compliance with existing standards/guidelines for sterile preparations.

Balance required

- While many standards may be implemented within this time frame, there are individual standards that will require thoughtful consideration of the financial impact and physical constraints on a facility in order to balance safety with access to care closer to home.

CONSIDERATIONS:

- The preparation of medications (pharmacy compounding) has always been an integral part of the practice of pharmacy and current pharmacy practice for the preparation of sterile products in Canada already incorporates many of the patient safety and quality assurance requirements of these new standards.

- The time period to implementation permits pharmacy professionals the opportunity to examine practice, conduct a gap analysis against standards, create an action plan, and implement the standards.

DECISION FOR COUNCIL:

- Recommend Council adopt the *Model Standards for Pharmacy Compounding of Non-hazardous Sterile Preparations (NAPRA, 2016) a*nd the *Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations (NAPRA, 2016)* and approve implementation by January 1, 2019.

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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Marshall Moleschi, CEO and Registrar

TOPIC: Reporting by Committees

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

BACKGROUND:

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

ANALYSIS:

- As per section 11 of the Code (*Health Professions Procedural Code*, Schedule 2, *Regulated Health Professions Act 1991*), each statutory committee of the College is required to "monitor and evaluate their processes and outcomes and shall annually submit a report of its activities to the Council". This requirement is also reflected in the College's By-Law No. 4. In an effort to provide a complete overview, reports from the standing committees of the College are also included for Council's information. It is to be noted that none of the material in the reports is new and is a re-cap of what has occurred and been reported since the previous Council year.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

Accreditation Committee – September 2015 to August 2016

Committee Role: The Drug and Pharmacies Regulation Act (DPRA) provides the Accreditation Committee with its authority regarding the issuance and annual renewal of pharmacy licenses (certificates of accreditation) that are required in order to operate a pharmacy in Ontario. The Committee reviews all issuance and renewal applications that the Registrar proposes to deny and directs the Registrar to either issue/renew, refuse or to impose terms, conditions and limitation on the certificate of accreditation.

The Accreditation Committee also considers assessment results of pharmacies identified by staff based on the level of risk. The Committee may conclude a matter if all issues previously identified have been addressed and the Committee is satisfied that compliance has been achieved. The Committee has the authority to order a re-assessment at cost to the pharmacy to verify that all issues addressed on the pharmacy's Action Plan have been implemented and are effective.

Where the Accreditation Committee has reason to believe that a pharmacy or its operation fails to conform to the requirements of the DPRA and the regulations or to any term, condition or limitation to which its certificate of accreditation is subject, or that an act of proprietary misconduct has been committed, the Committee may refer the person who has been issued a certificate of accreditation, the designated manager of the pharmacy or the director(s) of a corporation which has been issued a certificate of accreditation to the Discipline Committee for a hearing and determination.

Members: Regis Vaillancourt (Chair), Tracy Wiersema, Michael Nashat, Michelle Filo, Joy Sommerfreund, Timothy Brady (until July 7, 2016), Aladdin Mohaghegh (until December 13, 2015), John Laframboise (after January 8, 2016) and Bonnie Hauser (after July 12, 2016)

Meetings Held: November 5, 2015; January 26, 2016; March 29, 2016; April 28, 2016; July 19, 2016.

Key Highlights:
In order to streamline the administrative annual accreditation renewal process, the Committee approved the Renewal Administrative Policy #2. This Policy authorizes the Registrar to use the authority of the Accreditation Committee in defined circumstances to renew certificates for pharmacies where there is concern about the past and/or present conduct of an "owner" and the conduct is limited to matters that are currently before the Discipline Committee of the College and not yet decided.

The Committee was introduced to the "Relevance to Suitability to Operate a Pharmacy" assessment tool and will incorporate it into their decision making processes in particular for renewal and issuance applications.

For statistics relating to committee considerations, please refer to the College's annual report.

Ongoing Work: The Committee will continue with its review of assessment reports as the practice based assessment process evolves and consider any issuance and renewal applications that the Registrar forwards to them. It will also continue to evaluate its own decision-making policies and procedures incorporating the use of the risk assessment tool.

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Committee Annual Report

Discipline Committee - September 2015 to August 2016

Committee Role: Panels of the Discipline Committee hear allegations of professional misconduct or incompetence against members, as well as allegations of proprietary misconduct in relation to the operation of a pharmacy. The majority of matters are resolved by way of an uncontested hearing in which the member admits to the allegations and the supporting facts, and the member and College make joint submissions as to the appropriate sanction. In circumstances where the member denies the allegations, the College is required to prove its case by presenting evidence to the panel, following which the panel will make a determination in relation to each allegation. Upon making findings of professional misconduct or incompetence against a member, the panel has the authority to revoke, suspend or limit the member's certificate of registration or the corporation's certificate of accreditation, impose a fine, and/or reprimand the member.

Information about any current allegations or previous findings of professional misconduct or incompetence relating to a member are outlined on the College's Public Register, including any terms, conditions, or limitations imposed on a member's certificate of registration.

Members: Douglas Stewart (Chair), Kathy Al-Zand, Jennifer Antunes, Cheryl Bielicz, Linda Bracken, Carol-Ann Cushnie (from July 7, 2016), Dina Dichek, Christine Donaldson, Ronald Farrell, Debbie Fung, Jim Gay, Jillian Grocholsky (until February 11, 2016), Mike Hannalah, Javaid Khan, Rachel Koehler (from February 11, 2016), John Laframboise (until January 8, 2016), Lew Lederman (until June 19, 2016), Chris Leung, Helen Lovick, James MacLaggan (from May 11, 2016), Cara Millson, Sylvia Moustacalis, Debra Moy (until December 1, 2015), Doris Nessim, Akhil Pandit Pautra, Hitesh Pandya (until June 19, 2016), Don Organ, Shahid Rashdi, Karen Riley, Mark Scanlon, Jeannette Schindler, Connie Sellors, Adam Silvertown, Ravil Veli (from April 4, 2016), Wes Vickers (from February 12, 2016), Farid Wassef, Laura Weyland, and David Windross

Committee Meetings Held: November 24, 2015 and April 25, 2016

Panel Meetings Held: 17 Pre-Hearing Conferences, 27 Motions (16 oral, 11 in writing), 18 Uncontested Hearings, and 7 Contested Hearings

Key Highlights:

As part of the College's ongoing emphasis on continuing quality improvement, the Discipline Committee has reviewed a number of its processes and has implemented a number of changes to improve upon the process, including to improve efficiency and reduce costs. Examples include: 1) scheduling two pre-hearing conferences in a day to better use monetary and time resources; 2) piloting the use of laptops for panel members as an alternative to taking handwritten notes; 3) implementation of a new redaction policy to improve readability of Committee decisions while still ensuring private information is protected; 4) implementing a policy that counsel provide submissions regarding which of the definitions are engaged when

they ask a panel to make a finding of disgraceful, dishonourable or unprofessional conduct; 5) striking a working group to make recommendations to the Committee regarding setting benchmarks for issuing discipline decisions and establishing a process to assist Panels in meeting the benchmarks; 6) conducting an environmental scan regarding delivering oral reprimands with the goal of implementing changes so that panels have more impact when delivering oral reprimands; and 7) piloting the use of case management conferences before contested hearings with the goal of using hearing time more effectively.

For statistics relating to Discipline Committee proceedings, please refer to the College's annual report.

Ongoing Work:

The Committee will continue to move forwards with the projects commenced this year, including the decision writing working group, case management conferences, and reviewing the process for delivering oral reprimands, and will continue to identify additional areas for improvement.

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Committee Annual Report

Drug Preparation Premises (DPP) Committee - September 2015 to August 2016

Committee Role:

The DPP Committee considers all matters relating to the operation of drug preparation premises in Ontario. The DPP Committee is responsible for oversight of DPPs including ensuring requirements defined in legislation and policy and inspection criteria are adhered too. The committee reviews DPP inspection reports and makes decisions on inspection outcomes.

Members: Regis Vaillancourt (Chair), Tracy Wiersema, Michael Nashat, Michelle Filo, Joy Sommerfreund, Timothy Brady (until July 7, 2016), Aladdin Mohaghegh (until December 13, 2015), John Laframboise (after January 8, 2016)

Meetings Held: November 5, 2015 and May 31, 2016

Key Highlights:

The committee reviewed three re-inspection reports in November 2015; and four re- inspection reports and one new application in May 2016.

Ongoing Work: The Committee will continue to follow up with the DPPs. Annual inspections are being planned for all DPPs. The inspection criteria for sterile compounding are being changed to standardize across all practice sites. Scope of DPP activities are being reviewed.

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Committee Annual Report

Executive Committee - September 2015 to August 2016

Committee Role: The Executive Committee exercises all the powers and duties of the Council between Council meetings that require attention. It reviews correspondence and documents relating to policies of the Colleges and ensures that the policies of Council are carried out. As well, it receives reports from other committees, has the financial authority (as stated in the by-laws) to approve all required operating and capital expenditures not included in the budget.

The Executive Committee is comprised of the President, the Vice President, the immediate Past President, an elected member of Council as well as three public members. The Committee is resourced by the Registrar.

Members*:* Esmail Merani (President and Chair), Regis Vaillancourt (Vice President), Mark Scanlon (Past President), Christine Donaldson, Linda Bracken, Sylvia Moustacalis and Joy Sommerfreund

Meetings Held: November 23 2015, November 26 2015, March 10 2016, May 26 2016, July 6 2016, July 8 2016 and August 25 2016

Key Highlights: As noted above, the Executive Committee is required to ensure that the policies of Council are carried out and has the power and duties of the Council to deal with matters that require urgent attention. During this reporting period, the Committee did not have the occasion to deal with any extraordinary and urgent matters since all such issues were forwarded to Council for consideration and decision.

In December 2015, the new Code of Ethics for the Profession came into effect. Amendments were required because the last significant update to the Code happened 20 years ago and pharmacy practice has evolved significantly over the past two decades. The resultant Code is a comprehensive document that outlines the core ethical principles that dictate a healthcare professional's ethical duty to patients and society. The document supports these principles with standards that indicate how a practitioner is expected to fulfil their ethical responsibilities.

In response to the 2013 incident of chemotherapy under-dosing in four Ontario hospitals and one in New Brunswick, the government commissioned an independent review which resulted in several recommendations. One of these recommendations suggested that the College license all pharmacies operating within Ontario's clinics or hospitals. In response, the government introduced draft legislation that would provide the College with the authority to license and inspect hospital pharmacies throughout Ontario.

The College commenced work on amending the regulation to the *Drug and Pharmacies Regulation Act* (DPRA) which added provisions for hospital pharmacies and the regulation. Amendments were also proposed to the by-laws which would support changes to the DPRA. A fee structure for hospital accreditation was proposed ($6000 for opening fees and $5000 for annual renewal fees). However, following public consultation, Council approved fees which were 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.

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 Committee to bring forward at the December 20151 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. A broad review was undertaken to determine whether the current ownership structure of corporations operating pharmacies had an impact on the public's interest. Over the years, Council has discussed the issue of ownership, and each time, no changes have been recommended.

At the December 2015 meeting, the Committee brought to Council a series of questions to help focus on the risk being managed by the two classes of pharmacy ownership. Council ultimately determined that the College should 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.

The Committee also provided Council with information to help determine 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. Consideration was given to shareholding and character screening requirements in other provinces and it was determined 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.

At the March 2016 Council meeting, the Committee, in anticipation of the government approving a broader authority for pharmacists to administer vaccinations, made recommendations for Council approval of amendments to the *Pharmacy Act* regulation which would authorize pharmacists to administer select vaccines. The proposed changes were circulated for feedback and at the June Council meeting, following consideration of feedback, the Committee made a recommendation for Council to approve the proposed amendments and to submit the proposed regulation to the Ministry of Health and Long-Term Care for final consideration and ultimate proclamation.

This College 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. This has sometimes resulted in cancelled panel meetings. At the March 2016 Council Meeting, the Committee recommended strategies that would allow the College to ensure panels meet both in a timely manner and with public participation. While Council saw merit in using creative means to supplement the number of public participants on committees, there were several concerns raised. Following receipt of additional input from current public members of Council, at the June 2016 Council Meeting, the Committee recommended that the issue be deferred and that the College continue to appeal to the Ministry to appoint more public members.

Over the past 5 years, the Registrar, Marshall Moleschi, has admirably guided the College, ensuring we stay focused on our vision - to lead the advancement of pharmacy to optimize health and wellness through patient-centred care. Upon receiving notice of his retirement from the College (effective September 30, 2016) a Search Committee has been formed to work with an executive recruitment firm to fill this role. Upon selection of a final candidate, the Search Committee's recommendation will be brought to Council for consideration and approval.

Ongoing Work*:* The Committee will continue to ensure that Council policies are carried out and that the College continues to meet its objects as stated in the *Regulated Health Professions Act*.

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Committee Annual Report

Finance and Audit Committee - September 2015 to August 2016

Committee Role: The Finance and Audit Committee (FAC) is responsible for supervising and making recommendations regarding College assets and liabilities. The Committee reviews and recommends to Council the annual operating and capital budget, monitors and reports on the financial status and directs the audit process.

Members: Javaid Khan (Chair), Lew Lederman (until June 19, 2016), Jon MacDonald, Esmail Merani (President), Doug Stewart, Mark Scanlon

Meetings Held: November 30, 2015, February 18, May 11, August 15, 2016

Key Highlights: At its orientation meeting held November 30th the FAC was provided, by the College audit firm Clarke Henning, an in-depth educational overview of the audit function; this included the firm's role as the College's auditor as well as clarification on their own role as members of OCP's Finance and Audit Committee. Also at this meeting, it was agreed that the Execution of Contracts policy will now state that contracts exceeding 1% of the expense budget will require signatures of two OCP executives, and, also agreed, along with reporting on year-end financial statements, staff will now include, for information, an investment report at each FAC meeting.

The Committee met again on February 18th to review the audit findings, set the reserve values for the year and to review the financial position presented in the audited financial statements. The Committee was pleased that no irregularities were detected through the audit. The manner in which Discipline costs are reported on the internal statements was discussed; it was decided that, going forward, prosecution costs will be presented separate from committee costs on the statements. Discussion around the reasonableness of the current model of payment to professional Council and Committee members and whether the model should be changed took place at this meeting; all agreed to hold a meeting in May to discuss this specific issue.

At the meeting in May, the Committee met to review Council and Committee member remuneration. From that discussion it was decided that a motion be put forward at the June meeting of Council asking members whether the current model should change and recommending that different models of compensation be discussed and considered at all future strategic planning sessions. Council subsequently voted to keep the current compensation model at this time.

The Committee met again in mid August to consider a budget recommended by staff to further initiatives currently in progress to advance the strategic priorities. Due to growth in the membership, no fee increases are being proposed.

Ongoing Work: The Committee will continue to focus on ensuring that sufficient funds are available to meet the objectives set out in the strategic plan and to respond to possible shifts in regulatory frameworks being explored by government in response to public input.

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Committee Annual Report

Fitness to Practise Committee - September 2015 to August 2016

Committee role: After conducting inquiries into a member's health, the Inquiries Complaints and Reports Committee can refer a member to the Fitness to Practise Committee for incapacity proceedings.

The Fitness to Practise Committee may hold a hearing to determine whether a member is incapacitated, and if so whether terms, conditions or limitations should be placed on the member's certificate of registration, or whether the member's certificate of registration should be suspended. When a member is referred to the Fitness to Practise Committee, this information is available to the public through the Public Register. At the end of the Fitness to Practise process, only the information necessary to protect the public is available through the Public Register. Unlike disciplinary proceedings, incapacity proceedings are not public.

The majority of proceedings before the Fitness to Practise Committee result in a voluntary admission by the member of incapacity, which is supported by a medical opinion. In many instances of voluntary admissions, the member has enrolled in a monitoring contract with the Ontario Pharmacy Support Program (OPSP) offered through the Centre for Addiction and Mental Health (CAMH). The OPSP provides case management, and monitoring services for our members. The primary objective is to ensure that members receive appropriate treatment and monitoring and remain in stable recovery thereby allowing them to practise safely when they return to a practice environment. The OPSP is available to all College members, and can be accessed anonymously by the member, or can be facilitated by the College. There is no cost to the member for the service; the cost is paid by the College.

In these cases, the member's case is still reviewed by the Committee, but the College and the member may seek to waive the notice and procedural requirements set out in the applicable legislation, which require that a hearing into the member's capacity be convened before the Committee. Instead, the member may enter into a Memorandum of Agreement with the College ("MOA") agreeing she or he is incapacitated and the resulting terms, conditions or limitations to be placed on the member's certificate of registration. Through the MOA, both parties authorize a Panel of the Committee to issue a Consent Order finding the member to be incapacitated without a formal hearing.

Members: Mark F. Scanlon (Chair), Kathy Al-Zand, Dina Dichek, Fayez Kosa, Karen Riley, and Joy Sommerfreund

Meetings Held: November 13, 2015 and May 9, 2016

Panel Meetings Held: 1 consent order review, 1 breach hearing, 2 requests to remove information from the Public Register

For statistics relating to Fitness to Practise proceedings, please refer to the College's annual report.

Key Highlights:

At its meeting on November 13, 2015, the Committee passed a motion to revise the *Execution of Consent Orders* policy. When the policy was first adopted by the Committee on January 24, 2014, the Physicians Health Program provided treatment and monitoring services to College members who would otherwise be subject to FTP proceedings. In October 2014 the College entered into an agreement for assessment and monitoring services to be provided by the OPSP offered through the CAMH Work Stress and Health Program. As a result of this change, it became necessary to revise the *Execution of Consent Orders* policy to reflect the change in service providers.

In July 2016 a comprehensive Reference Guide was created for the Committee to serve as a training resource for both new Committee members and returning Committee members in the future.

Ongoing Work:

The Committee will continue to review its procedures to ensure that they are in keeping with best practices, and reflect the changing landscape of how regulatory bodies address incapacitated members.

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Committee Annual Report

Inquiries, Complaints and Reports Committee - September 2015 to September 2016

Committee Role: The Inquiries, Complaints and Reports Committee ("ICRC") is a screening committee that conducts investigations into Member-specific issues related to professional misconduct, incompetence, and incapacity from various sources including formal complaints, mandatory reports, and other information that comes to the attention of the Registrar.

The committee Chair appoints panels, consisting of at least three members of the ICRC, including at least one public member. Chairs of each ICRC panel (appointed by the committee Chair) finalize the written decisions and reasons of the ICRC for each matter.

Unless the ICRC decides to refer specified allegations of professional misconduct to the Discipline Committee or to conduct an incapacity investigation, complaints decisions are reviewable by the Health Professions Appeal and Review Board.

Members: Laura Weyland (Chair), Lavinia Adam, Elaine Akers, Kathy Al-Zand, Kalyna Bezchlibnyk-Butler, Heather Boon, Gerry Cook, Christine Donaldson, Ronald Farrell, Michelle Filo, Bonnie Hauser, Eva Janecek, Elizabeth Kozyra, John Laframboise, Chris Leung, Jon MacDonald, James MacLaggan (effective April 27, 2016), Dean Miller, Aladdin Mohaghegh (term expired December 13, 2016), Michael Nashat, Akhil Pandit Pautra, Hitesh Pandya (resigned June 9, 2016), Goran Petrovic, Shahid Rashdi, Saheed Rashid, Satinder Sanghera, Joy Sommerfreund, Dan Stringer, Asif Tashfin, Ravil Veli (effective April 4, 2016), Wes Vickers (effective February 12, 2016), Farid Wassef, Tracy Wiersema

Meetings Held: October 19, 2015 (Orientation), April 12, 2016 (Mid-year Meeting)
Panel Meetings Held: Full-day Panel Meetings – 31; Panel Teleconferences – 7

Key Highlights:

- The ICRC has continued to use the dispositions recommended by the Advisory Group on Regulatory Excellence (AGRE). In particular, as of the date of this report, the ICRC has issued 54 decisions requiring posting on the College's Public Register, where the member has been required to complete a specified continuing education or remediation program (SCERP) and/or receive a Caution.

- The ICRC struck a Working Group ("WG") to review its Risk Assessment Tool panel members use to assist them in conducting a thorough analysis when reviewing files and making consistent dispositions based on risk. The WG met twice during this council year and drafted a second version of the Risk Assessment Tool for implementation in the 2016-2017 council year.

- In an effort to increase efficiency and reduce conflicts of interest at Discipline hearings, the ICRC members sat on "set" panels, composed of 3-4 elected members of council and non-council committee members, with rotating public members, depending on availability. The 5 panels were made up of members with varied backgrounds, experience, and practice settings, and each panel met approximately every 5-8 weeks to dispose of files. The panels reviewed any previously deferred

files at their next scheduled meeting, resulting in fewer teleconferences having to be scheduled. Additionally, panel members were already familiar with the files, rather than a newly constituted panel having to review a file previously reviewed by other panel members

For additional statistics relating to ICRC activity, please refer to the College's annual report.

Ongoing Work:
Since January, 2015, the Investigations and Resolutions Department has been involved in ongoing continuous quality improvement (CQI)initiatives, particularly in areas affecting the ICRC. Most recently, a backlog of Registrar's inquiries and complex complaints has been eliminated. During the upcoming council year, a CQI focus will be on the College's Alternative Dispute Resolution (ADR) process in an effort to create greater efficiency in the AR process as well as increasing the number of complaint files resolved by ADR.

The ICRC Risk Assessment Tool Working group will implement a second version of the Risk Assessment Tool and pilot it with the 2016-2017 ICRC..

In anticipation of recommendations from the Ministry of Health and Long-Term Care's Task Force on the Prevention of Sexual Abuse of Patients, the Orientation Session for the 2016 – 2017 Committee will include training for ICRC panels on what to consider when reviewing investigations into allegations of sexual abuse/sexual harassment and or boundary violations.

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Committee Annual Report

Patient Relations Committee - September 2015 to August 2016

Committee Role: The Patient Relations Committee (PRC) advises Council with respect to the Patient Relations Program, defined as "a program to enhance relations between members and patients". This includes measures for preventing and dealing with sexual abuse of patients, specifically the requirement for the College to have a Sexual Abuse Prevention Plan, as well as the provision of funding for therapy and counselling to a patient who has been sexually abused.

Members: Joy Sommerfreund (Chair), Kathy Al-Zand, Gerry Cook, Fel dePadua, Sylvia Moustacalis, Doug Stewart

Meetings Held: May 2, August 15, 2016

Key Highlights: The Communications Committee has traditionally been responsible for overseeing the development and implementation of the College's public education activities. Due to the similar and overlapping roles of the PRC and the Communications Committee, the business of the two committees was combined at the start of this Council year. A review of the activities of the Communications department is considered at each meeting.

The Committee received information regarding both the activities undertaken by the College following our response to the Health Minister's Task Force set up to review legislation to prevent sexual abuse of patients, and the Transparency Project which is connected to the review of legislation to prevent sexual abuse. This includes:

- development and posting of a video "How to File a Complaint"
- development of an e-learning module for practitioners on the topic of maintaining professional boundaries
- publishing of article to clarify responsibility for maintaining boundaries
- review of College process for investigating allegations of sexual abuse

At the request of the Discipline Committee, research to inform a definition of the term "patient" has been initiated, beginning with an environmental scan of other health colleges and provincial regulatory bodies.

The Committee considered a report on changes to the College investigation process for allegations of sexual abuse or harassment of a patient.

Ongoing work: The Committee continues to provide direction on the transparency initiative and the effectiveness of the updated College website in assisting patients to better understand their rights in dealing with members and the College. When released, the Committee will advise Council on action arising from the recommendations of the Minister's Task Force.

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Committee Annual Report

Professional Practice Committee - Working Groups – September 2015 – August 2016

Committee Role: While the Professional Practice Committee role continues to be set out in the College by-laws for now, recognizing that it would be beneficial to draw on subject matter experts for input on specific practice issues the Committee did not meet in the past year. Alternatively, the Committee co-chairs were assigned to chair working groups.

In 2016 two working groups were created:

- Patch for Patch Working Group - **Michael Nashat (Chair)**
- Model Compounding Standards Working Group – **Chris Leung (Chair)**

Patch for Patch Working Group:

The Working Group provided guidance in the development of recommendations relating to the implementation of a provice-wide Patch for Patch return program. This included guidance from a regulatory perspective as well as input on both best practices and unintended consequences of implementing a local program.

Ongoing Work: The Working Group will continue to advise on any implementation issues.

Compounding Working Group:

The Working Group reviewed the proposed two year timeline for implementation of the NAPRA *Model Standards for Pharmacy Compounding of Non-hazardous and Hazardous Sterile Preparations.* This review process included a consultation, and a review of the feedback provided during the consultation process. The Working Group will recommend the timeline for adoption of the NAPRA *Model Standards for Pharmacy Compounding of Non-hazardous and Hazardous Sterile Preparations* with a proposed implementation date of January 1, 2019.

Ongoing Work: The Working Group will continue to advise on any implementation issues

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Committee Annual Report

Quality Assurance Committee - September 2015 to August 2016

Committee Role: The Quality Assurance Committee has oversight of the quality assurance program which includes maintenance of a learning portfolio, two-part register and practice review (including self-assessment and peer review) and remediation. The Committee is continually reviewing the program and appoints quality assurance assessors. The Committee reviews peer review reports and requires those individuals whose knowledge, skill and judgement have been assessed and found to be unsatisfactory to participate in specified continuing education or remediation programs. The Committee can also direct the Registrar to impose terms, conditions or limitations for a specified period on the certificate of registration of a member whose knowledge, skill and judgement has been assessed or reassessed and found to be unsatisfactory or who has been directed to participate in specified education or remediation and has not completed those programs successfully.

The Committee may sit as a panel to consider any matter arising out of a peer review, or any matter relating to the imposition of terms, conditions or limitations on a member's registration.

Members: Jon MacDonald (Chair), Fayez Kosa, Regis Vaillancourt, Linda Bracken, Ronald Farrell, Sylvia Moustacalis, Shahid Rashdi, Tina Boudreau, Aleksandra Paszczenko, Puja Shanghavi

Meetings Held: October 28, January 7, March 21, June 2, August 11

Key Highlights: The Quality Assurance (QA) Committee established the QA Redesign Advisory Group for the purpose of evaluating and re-designing the QA program, for both pharmacists and pharmacy technicians. This year, the QA Redesign Advisory Group and the QA Committee focused on the peer / practice assessment with the following goals:

- Introducing a standards-based peer / practice assessment that aligns with the practice assessment model, in particular by assessing practitioners in their place of practice.
- Maintaining fairness and objectivity in the assessment of practitioners.
- Supporting individualized development for those who have demonstrated a gap in competence.

A competency model and logic model have been created and a process for QA coaching and assessment following the initial practice assessment when required has been developed. In addition, in order to refocus resources on the development of peer / practice assessment, the Peer Review has been put on hold.

For statistics relating to Quality Assurance Committee considerations, please refer to the College's annual report.

Ongoing Work: The Committee will be engaged in revising Quality Assurance regulations; piloting the QA coaching and assessment processes; evaluating and redesigning the self-assessment and learning portfolio; and developing QA coaching and assessment processes for pharmacy technicians and hospital pharmacists.

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Committee Annual Report

Registration Committee - September 2015 to August 2016

Committee Role: Oversees the development of registration requirements, including examinations and in-service assessments, and promotes registration practices that are transparent, objective, impartial, fair, and free of unintentional mobility barriers. The Committee recommends to Council, changes to the registration requirements defined in legislation and policy, and monitors and reports on registration programs that the College administers and/or approves as part of the registration process. Panels of the Registration Committee review all applications that do not explicitly meet the requirements for issuance of a certificate of Registration. Panels direct the Registrar to either register the applicant with or without any additional training, education, or examination, terms conditions or limitations, or to deny registration. All decisions of the Registration Committee panels are appealable to the Health Professions Appeal and Review Board.

Members: Christine Donaldson (Chair); Linda Bracken, David Edwards, Michelle Filo, Jillian Grocholsky, John Laframboise, Sharon Lee, Aladdin Mohaghegh[1], Deep Patel, Ravil Veli[2], Wes Vickers[3]
1) OIC expired Dec.13, 2015; 2) Appointed Apr. 4, 2016; 3) Appointed Feb.12, 2016

Meetings Held: November 4, February 5, May 6, July 20
Panel Meetings Held: September 21, 29, 30; October 16, 26, 28; November 23; December 21; January 28; March 9, 30; April 27; May 19; June 22; July 18, 20; August 15, 18.

Key Highlights: Overseeing the re-design, piloting, and evaluation of a more individualized approach to the Structured Practical Training registration requirement continues to be a primary focus of the Registration Committee. Committee-approved policies (i.e. Assessor and site criteria; PACE meeting internship requirement; Student registration for IPG's who complete the PEBC qualifying exam on the first attempt; appeals and re-scoring) will enable launch of a full studentship pilot of the Practice Assessment of Competence at Entry (PACE) in autumn 2016.

The Committee approved updates to *Language Proficiency Requirements at Registration for All Applicants* with Objective French language proficiency test scores for pharmacy technician applicants. Panels of the Registration Committee are piloting the applicability of a risk assessment tool for suitability to practice. Feedback will inform the final version of the tool for use across the College.

The Committee reviewed proposed updates to the College's Registration Regulation Framework and approved recommendations for consideration by Council.

Ongoing Work: Advise on and recommend formal transition from the SPT Program to the PACE Model, based on evaluation and outcomes of the student pilot; oversee development of a standardized tool to assess practical competence of applicants seeking entry to the profession as pharmacy technicians; advise on and recommend an updated approach to assessing non-objective evidence of language proficiency; oversee a review of the current process/approach to the jurisprudence registration requirement; recommend an updated registration regulation with outcome-based requirements; advise on and recommend best practices to address any issues identified by the Office of the Fairness Commissioner in its review of registration practices in 2017.

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COUNCIL BRIEFING NOTE

MEETING DATE: September 2016

FOR DECISION	FOR INFORMATION	X

INITIATED BY: Patch for Patch Working Group

TOPIC: Guidance for Pharmacists and Physicians in prescribing and dispensing Fentanyl patches

ISSUE: The College of Physicians and Surgeons (CPSO) and the Ontario College of Pharmacists (OCP) have created a joint Fact Sheet to support members in exercising their duties.

BACKGROUND:

The provincial government has introduced legislation which requires patients who receive a prescription for fentanyl to return their used fentanyl patches to a pharmacy before receiving new ones.

CPSO and OCP have been working in conjunction with the ministry prior to and throughout the consultation period of June1 and July 18, 2016.

OCP made a short submission to the government with regard to the draft regulation, emphasizing the support of the College. In addition, the College made a commitment to work with CPSO to develop a guidance document for prescribers and pharmacists establishing clear criteria and responsibilities to help reduce the abuse, misuse, and diversion of fentanyl patches.

ANALYSIS:

The proposed regulation under the *Safeguarding our Communities Act (Patch for Patch Return Policy)* creates obligations on prescribers and dispensers of fentanyl to act within strict rules. The regulations specify:

- Criteria that must be met in order for a drug product to be considered a "fentanyl patch" under the Act;
- Persons who dispense fentanyl patches outside of a pharmacy as "dispensers" under the Act (e.g. dispensing physicians);
- Additional requirements for prescribers of fentanyl patches;
- Additional requirements for dispensers of fentanyl patches; and
- Different classes of prescribers and dispensers and establish rules for each class.

As the primary health professions involved in prescribing and dispensing fentanyl, the College of Physicians and Surgeons and the Ontario College of Pharmacists collaborated to develop a joint fact sheet for members (Appendix A).

It is anticipated that a regulation will be approved in October 2016.

Appendix A: Patch-For-Patch Fentanyl Return Program: Fact Sheet

In an effort to combat the abuse, misuse, and diversion of prescription fentanyl, the provincial government has introduced new legislation[1] which requires patients who receive a prescription for fentanyl to return their used patches to a pharmacy before receiving new ones.

The College of Physicians and Surgeons of Ontario (CPSO) and Ontario College of Pharmacists (OCP) strongly support this new legislation, as well as the government's approach to delineate specific roles and responsibilities for physicians and pharmacists when prescribing and dispensing fentanyl.

Requirements of the legislation:

When prescribing fentanyl patches:

1. Prescribers must record on every prescription for fentanyl the name and address of the pharmacy where the prescription will be filled.

2. Prescribers must notify the pharmacy in advance that each prescription has been written, either by faxing a copy of the prescription to the pharmacy or by telephone.

3. When writing a patient's first prescription for fentanyl, prescribers must note "first prescription" on the prescription itself.[2] A prescription is considered a "first prescription" when:

    i. The prescriber has not previously prescribed a fentanyl patch for that patient; and
    ii. The prescriber is reasonably satisfied that the patient has not previously obtained a prescription for fentanyl from another prescriber.[3]

When dispensing fentanyl patches:

1. Dispensers must confirm that the name and location of the pharmacy is recorded on the prescription by the prescriber, and the pharmacy has been notified by the prescriber of the prescription before any patches are dispensed.

2. Unless a first time prescription, dispensers must only dispense fentanyl in exchange for used patches provided by the patient or his or her authorized representative.

3. Dispensers must examine and document returned patches, and store them in a secure location prior to proper destruction as outlined in the College's Fact sheet – Destruction of Narcotics, Controlled Drugs, and Targeted Substances.

4. Where a dispenser receives a prescription for fentanyl patches but does not collect all of the patient's used patches, or collects fewer patches than the quantity to be dispensed under the prescription, he or she must:

[1] *Safeguarding our Communities Act, 2015*. .*A link to the final regulation will be added when available*
[2] This notation will confirm for the dispensing pharmacist that the patient is not required to return previously used patches in order for the prescription to be filled.
[3] Prescribers can be "reasonably satisfied" based on a discussion with the patient and any other information available to the prescriber.

i. Use his or her professional judgment to dispense an appropriate number of patches based on an assessment of the patient, including an assessment of the patient's circumstances and the patient's medical condition; and
ii. Notify the prescribing physician of the number of used patches that were collected as well as the number of new patches that were dispensed, if any.

5. Dispensers apply exceptions in the following circumstances:

   i. A prescription has been authorized by a prescriber from outside Ontario, and the prescription is verified by the dispenser; or
   ii. Another pharmacy is listed on the prescription, and the authenticity of the prescription is verified by the dispenser, and no fentanyl patches were dispensed by the other pharmacy.

6. Dispensers apply exceptions when dispensing to a resident of a long-term care home, a person who is confined in an institution, or a patient of a hospital, in the following circumstances:

   i. The facility has a written policy establishing a medication management system for the collection and administration of fentanyl patches; and
   ii. The dispenser has a copy of the policy.

Supplementary guidance for physicians:

Where applicable, the above requirements regarding fentanyl patches have been incorporated into the CPSO's Prescribing Drugs policy. The following guidance is intended to assist physicians in addressing anticipated practical issues that arise under the legislation:

1. Clearly communicate with patients: Physicians who prescribe fentanyl patches must ensure that patients understand the importance of keeping track of every patch that is dispensed, whether it is used or unused, as failing to do so may result in lost or stolen patches. Failing to return all used patches to the pharmacy may result in the pharmacist withholding new patches.

2. Respect patient choice of pharmacy: Patients are entitled to choose the pharmacy that will fill the prescription.

3. Collaborate professionally with pharmacists: A patch-for-patch program requires physicians and pharmacists to work in close partnership to ensure that patches are safely prescribed, dispensed, stored, and returned to the pharmacy. Physicians who prescribe fentanyl patches must respond in a timely and professional manner when contacted by a pharmacist to confirm the validity of a prescription, to raise questions or concerns regarding the patches that have been returned, or, where used patches have not been returned, to seek advice with respect to dispensing new patches based on the patient's specific circumstances.

4. Where patients fail to return used patches: Where a patient fails to return all of their used patches, and it is a not the patient's first prescription, the regulations permit the pharmacist to use his or her professional judgment to dispense an appropriate number of new patches based on the specific circumstances of the patient. In all cases, pharmacists must notify the prescribing physician that used patches were not returned, and the number of new patches that were dispensed, if any.

Supplementary guidance for pharmacists:

1. Dispense: In the event that requirements of the program have not been met, the pharmacist will dispense fentanyl patches based on professional judgement, and in accordance with the patient's circumstances, history and the prescriber's instructions.

2. Communicate effectively with patients: The pharmacist will advise the patient on the requirement to store used patches securely, given the potential harm associated with the residual medication in the used patch.

3. Notify the police: The act of notification is balanced against the obligation to protect patient privacy. Notification should only be undertaken where the pharmacist has concerns that counterfeit/misuse/tampering has occurred or that a pattern of returning zero patches, or fewer than were prescribed, indicates potential diversion activities. Suggestions on notification are listed in the "if you identify a forgery" section in the College Fact Sheet: *Identifying Forgeries and Fraudulent Prescriptions*.

4. Evaluate additional circumstances requiring contingency dispensing: In the event that a patient reports the theft of one or more fentanyl patches, prior to use, the pharmacist will require a police report. In the event that the patient reports that his or her fentanyl patches are lost, the pharmacist will evaluate the circumstances and the history with the patient and whether there is a demonstrated pattern of theft or loss.

   Where a patient requires more than the usual number of fentanyl patches due to planned travel, the patient should provide evidence of the dates of travel.

5. Document: Document according to the requirements established under the *Drug and Pharmacies Regulation Act* and OCP Guidelines: *Documentation Guidelines* *and* *Record Retention, Disclosure, and Disposal*.