



**Ontario College  
of Pharmacists**

Putting patients first since 1871

**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 23<sup>rd</sup> 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 27<sup>th</sup>, 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 26<sup>th</sup>, 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 via 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 as 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**

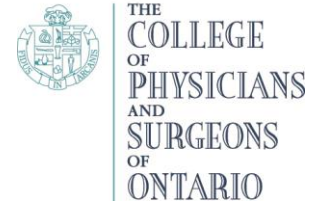
**It was moved and seconded that the Council meeting be adjourned at 4:07 p.m. and to reconvene on Monday, September 19, 2016, or at the call of the President. CARRIED.**

**Ushma Rajdev  
Council and Executive Liaison**

**Esmail Merani  
President**

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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  
10<sup>th</sup> 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

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The Honourable Madeleine Meilleur, MPP, Attorney General  
The Honourable Dr. Eric Hoskins, MPP, Minister of Health and Long Term Care  
June 10, 2016

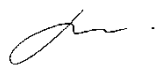
Alberta's lead and have issued a directive or have been asked to consider doing so. These include to date, British Columbia, Newfoundland and Labrador and Nova Scotia.

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,



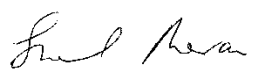
Joel Kirsh MD, MHCM, FRCPC  
President  
College of Physicians and Surgeons of Ontario



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