



**ONTARIO COLLEGE OF PHARMACISTS**

**COUNCIL MEETING AGENDA**

**MONDAY, JUNE 11, 2018– 9:00 A.M.**

**COUNCIL CHAMBERS, 483 HURON STREET, TORONTO**

- 1. Noting Members Present**
- 2. Declaration of Conflict**
- 3. Approval of Agenda**
- 4. President's Opening Remarks**
  - 4.1 Patient Story – Ms. Melissa Sheldrick
  - 4.2 Briefing Note - President's Report to June 2018 Council ..... Appendix 4.2
  - 4.3 Briefing Note – Evaluation Report of March 2018 Council Meeting and Strategic Planning to June Council ..... Appendix 4.3
- 5. Approval of Minutes of Previous Meeting**
  - 5.1 Minutes of March 2018 Council Meeting ..... Appendix 5.1
- 6. Notice of Motions Intended to be Introduced**
- 7. Motions, Notice of Which Had Previously Been Given**
- 8. Inquiries**
- 9. Matters Arising from Previous Meetings**
  - 9.1 Briefing Note - Cannabis Task Force – Cannabis Strategy ..... Appendix 9.1

**10. For Decision**

- 10.1 Briefing Note - Cannabis Task Force – Cannabis Position Statement ..... Appendix 10.1
- 10.2 Briefing Note - Registration Committee – PACE Approval ..... Appendix 10.2
- 10.3 Briefing Note - Registration Committee – Council Resolutions ..... Appendix 10.3

**11. For Information**

- 11.1 Briefing Note –Supplemental Standards of Practice – Medication Safety ... Appendix 11.1
- 11.2 Briefing Note – Model Standards for Pharmacy Compounding of Non-Sterile Preparations ..... Appendix 11.2
- 11.3 Briefing Note - CVO New Regulatory Model/Controlled Acts/Compounding ..... Appendix 11.3
- 11.4 Briefing Note – Registrar’s Report to June 2018 Council ..... Appendix 11.4
  - Strategic Framework 2019 – 2021
    - o Operational Plan 2019
    - o Report Card Q1 - 2018
  - Ministry/Government Activities
  - Legislative Initiatives
  - Federal/Provincial Initiatives
  - Inter-Professional Relationships
  - Other Stakeholder Meetings
  - Miscellaneous Items

**12. Other Matters**

- 12.1 Appointment of Elections Committee
- 12.2 Motion respecting Future Council Meeting Dates
- 12.3 Presentation by Dr. Dolovich and Ms. James re Optimizing Practice within Scope Strategy – Future of Pharmacy White Paper. Time – 2:00 p.m.

**13. Unfinished Business**

**14. Motion of Adjournment**

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

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

*Thank you.*

**COUNCIL BRIEFING NOTE**  
**MEETING DATE: JUNE 2018**

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Régis Vaillancourt, President

**TOPIC:** President's Report to June 2018 Council

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

**BACKGROUND:** I respectfully submit a report on my activities since the March 2018 Council and Strategic Planning 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.

**College Meetings:**

April 11<sup>th</sup> - Cannabis Task Force Meeting

May 24<sup>th</sup> – Executive Committee Meeting

**Other Stakeholder Meetings:**

April 25<sup>th</sup> – NAPRA Board Meeting (Ottawa)

May 8<sup>th</sup> and 9<sup>th</sup> – Advanced Concepts in Regulatory Governance workshop (Toronto), attended by Vice President Weyland

May 1<sup>st</sup> – Meeting with President, Public Health Agency of Canada

May 22<sup>nd</sup> – Meeting with Canadian Society of Hospital Pharmacists, Ontario Branch

June 7<sup>th</sup> to 9<sup>th</sup> – Ontario Pharmacists Association Conference (Huntsville), attended by Vice President Weyland



**COUNCIL BRIEFING NOTE**  
**MEETING DATE: JUNE 2018**

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Régis Vaillancourt, President

**TOPIC:** Evaluation Report of March 2018 Council Meeting and Strategic Planning Session

**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 March 2018 Council meeting, we provided Council members with the opportunity to provide their feedback on both the Council meeting portion as well as the Strategic Planning Session. We received 16 responses for the Council meeting; 17 for the Strategic Planning session. 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	16	0	0	0	0	16
2. Members were well prepared to participate effectively in discussion and decision making	8	8	0	0	0	16
3. In accordance with the governance philosophy, Council worked interdependently with staff	13	3	0	0	0	16
4. There was effective use of time	11	4	1	0	0	16
5. There was an appropriate level of discussion of issues	11	5	0	0	0	16
6. The discussion was focused, clear, concise, and on topic	12	3	1	0	0	16

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

YES = 16 = 100.00%

NO = 0 = 0.00%

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

- The presentation by Todd on "Communicating in the Public Eye" was excellent.
- Reviewing of Council's mission statement to reflect the current environment. The discussions and input were healthy and very inclusive.
- I am very happy that we are going to put some effort into ensuring patient choice is maintained in the province (PPN and specialty networks).

- Of particular interest was the materials contained within the registrar's report. It provided information as to what was going on behind the scenes. This gave each member a glimpse into what is happening and things that might be anticipated. I found the report quite fulsome.
- Mandatory training for marijuana for pharmacists.
- Opiate strategy.
- I felt the discussion related to the Finance and Audit Committee report was good in general, and everyone stayed on focus and on topic.
- Opiate strategy upload - great to see the identified key initiatives reviewed and the Council was able to ask questions and enhance understanding.
- All issues under consideration were appropriately discussed. Good presentation by the new auditor.
- The strategic planning facilitators were excellent and the results were well thought out. The regular Council meeting was well run.

**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.**

- Reviewing of Council's mission statement - too much time was devoted to this exercise.
- None
- None
- There were a number of times where I felt the discussion related to Cannabis was off topic (specifically some of the questions were specific, not related to oversight, and operational in nature). Instead of looking at whether it makes sense to make education mandatory for members, some questions related to details on what to educate and how.
- None
- Discussion and decision-making process was effective for all issues discussed. All Council members were given an opportunity to participate in the discussions.
- Could not think of any. Council meeting was brief considering greater focus was meant to be invested in the following strategic planning exercise.

**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	11
Mostly Satisfied	5
Neither Satisfied Nor Dissatisfied	0
Mostly Dissatisfied	0
Completely Dissatisfied	0
Total Responses	16

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

- Each chair, the President and Registrar should give an overview of achievements, accomplishments as well as unfinished business at Council meetings.
- Well done meeting!
- None
- It would have been useful to have had the opioid strategy key initiatives document prior to the meeting to look at prior.
- Todd did a great job on his presentation of communication. Well done.
- Good meeting, productive discussions and well chaired.
- I have attended many similar strategic planning sessions in the past and had initial reservations on whether we really needed to take this amount of time and hold it at such an offsite venue. Looking back, the time was well-spent and the venue could not have been more strategic and I refer more to the teambuilding aspect it generated. I have come to know a number of our Council members beyond the armchair or committee level which I believe helps a lot moving forward when discussing College-related matters and practice issues. The exercises provided a safe, respectful and open dialogue that encouraged everybody to participate and build consensus. Kudos to the facilitators and a huge thank you to the College and all staff who worked hard logistically (special mention to Ushma) and mentally (you know who you are) to support and ensure the planning retreat's success! White Oaks as a venue, from facilities to staff service, also proved itself as an ideal place to do the planning retreat.

## Strategic Planning Session Evaluation – 17 responses received

1. Council's goal was to develop strategic directions for 2019-2021. How well did Council accomplish its goal?

Answer Choices	Responses
Extremely well	9
Very well	7
Somewhat well	1
Not so well	0
Not at all well	0
<b>Total Responses</b>	<b>17</b>

2. Are you satisfied with the outcomes of the Strategic Planning session?

Answer Choices	Responses
Completely satisfied	3
Very satisfied	13
Somewhat satisfied	1
Not so satisfied	0
Not at all satisfied	0
<b>Total Responses</b>	<b>17</b>

3. How effective was the process in facilitating open discussion?

Answer Choices	Responses
Extremely effective	8
Very effective	9
Somewhat effective	0
Not so effective	0
Not at all effective	0
<b>Total Responses</b>	<b>17</b>

4. On a scale of 1 to 5, (5 being high), please rate the facilitator – Georgina Veldhorst

Answer Choices	Responses
5	11
4	6
3	0
2	0
1	0
No comment	0
<b>Total Responses</b>	<b>17</b>

**5. On a scale of 1 to 5, (5 being high), please rate the facilitator – Vania Sakelaris**

Answer Choices	Responses
5	9
4	8
3	0
2	0
1	0
No comment	0
<b>Total Responses</b>	<b>17</b>

**6. On a scale of 1 to 5, (5 being high), please rate the facilities selected for the meeting and the Strategic Planning Session**

Answer Choices	Responses
5	15
4	2
3	0
2	0
1	0
<b>Total Responses</b>	<b>17</b>

**7. Please provide any additional comments you feel necessary**

- If not being done already, you may want to ask or suggest (give choices) to members what topic(s) they would like to see addressed at such meetings.
- I really like the soft shoe shuffle for getting agreement with 40 people.
- Oh what to say: The On Site Process.... A very creative approach with excellent facilitators, good outcome and interesting but perhaps somewhat unintended consequences... The soft shoe exercise (excellent) showed in a very visible (and vocal) way the amount of disparity there is in the views/visions of Council (and even some staff) ... Very important information and definitively actionable.
  - The Planning: The planning group did a good job... The only suggestion for future planning is more advance info would help. Many members of the team did not have enough time to learn the difference between Mission/Vision/Values... More discussion about the difference between Council's role of approving strategic goal or objectives and staff's role of creating the action plan might have speeded things along.
  - The Facilities.... Unbelievable... the staff (minimum wage is what they told me) were the most accommodating I have seen in a LONG while. Food, facilities and shopping... Great.
  - Finally... the College Staff... what a great job they did at their tables and ensuring a seamless community between Council and Staff.... I could not rate this event higher and I do not give out high praise easily.
- It was quite odd that we ended the session without agreeing to the final version of the Mission Statement that only needed tweaking. It was like the energy of the facilitators to persevere in moving the participants towards consensus has fizzled out (perhaps time was a factor?). I can't think of anything significant enough to critique. Though the planning session was essentially geared to that end, I like the bonus end-result of getting to know many of our Council members a bit more than the arms-length, discussion-only connectedness that Council/Committee

meetings engender. A minor suggestion---would have been nice to strongly suggest that everybody wear their name badge all throughout the sessions as this facilitates name-recall of who's who.

- Very effective meeting.
- Already provided feedback at the end of the meeting, however, would like to reinforce that there was good process to filter the thoughts and recommendations from a large group of people. Additionally, while the Sunday start may be tough for some, it helped to prepare people for the thinking and discussion necessary on the Monday - and probably contributed to the efficiency.
- I am still struggling with the outcomes of the mission statement.
- Very well run planning session, that allowed all opinions to be heard; resulting in strategic directions that all Council members in attendance agreed to.

Respectfully submitted,

Régis Vaillancourt, President



**Ontario College  
of Pharmacists**

Putting patients first since 1871

**MINUTES OF MEETING**

**OF COUNCIL**

**MARCH 25, 26, 27, 2018**

Draft

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**SUNDAY, MARCH 25, 2018 – 1:07 P.M.**

**THE WHITE OAKS, CONFERENCE RESORT AND SPA, NIAGARA ON THE LAKE**

**Elected Members**

District H Dr. Régis Vaillancourt, Ottawa  
District H Ms. Nadia Facca, London  
District K Dr. Esmail Merani, Carleton Place  
District K Ms. Tracey Phillips, Westport – **Regrets**  
District L Mr. Billy Cheung, Markham  
District L Mr. James Morrison, Burlington  
District L Dr. Sony Poulouse, Hamilton  
District M Mr. Mike Hannalah, Toronto  
District M Mr. Kyro Maseh, Toronto  
District M Ms. Laura Weyland, Toronto  
District N Mr. Gerry Cook, London - **Regrets**  
District N Ms. Leigh Smith, Cambridge  
District N Dr. Karen Riley, Sarnia  
District P Ms. Rachelle Rocha, Sudbury  
District P Mr. Douglas Stewart, Sudbury - **(Regrets for Tuesday)**  
District T Ms. Ruth-Ann Plaxton, Owen Sound  
District TH Mr. Goran Petrovic, Kitchener - **Regrets**

Dr. Heather Boon, Dean, Leslie Dan Faculty of Pharmacy, University of Toronto – **(Regrets for Tuesday)**

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  
Ms. Christine Henderson, Toronto  
Mr. Robert Hindman, Shuniah  
Mr. Azeem Khan, Pickering  
Mr. Javaid Khan, Markham  
Mr. James MacLaggan, Bowmanville - **Regrets**  
Ms. Elnora Magboo, Brampton  
Ms. Sylvia Moustacalis, Toronto  
Ms. Joan A. Pajunen, Kilworthy  
Mr. Shahid Rashdi, Mississauga - **Regrets**  
Ms. Joy Sommerfreund, London - **Regrets**  
Mr. Dan Stapleton, Toronto  
Mr. Ravil Veli, North Bay  
Mr. Wes Vickers, LaSalle - **Regrets**

## **Staff present**

Ms. Connie Campbell, Director, Corporate Services  
Ms. Susan James, Director, Quality  
Mr. Todd Leach, Manager, Communications  
Ms. Nancy Lum-Wilson, CEO and Registrar  
Ms. Ushma Rajdev, Council and Executive Liaison  
Ms. Anne Resnick, Deputy Registrar/Director, Conduct

## **Invited Guests**

Ms. Vania Sakelaris, Principal, VAS & Associates Inc.  
Mr. Dale Tinkham, Senior Managing Partner, Tinkham LLP  
Ms. Georgina Veldhorst, Associate, VAS & Associates, Inc.

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

Member attendance was noted.

### **2 Declaration of Conflict**

Referring to the Briefing Note on pharmacists' education and role respecting cannabis, President Vaillancourt clarified to Council that in his opinion, he did not believe that any member of Council could be deemed to be conflicted since it did not deal with the sale of cannabis. He asked for any other declarations of conflict. There were none.

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

**A motion to approve the Agenda was moved and seconded. CARRIED.**

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

President Vaillancourt welcomed Council members to the meeting. He then introduced Ms. Nadia Facca, who was elected to Council late December 2017 in the by-election for District H. Council noted for information that Ms. Facca has been appointed to serve on the Accreditation, Drug Preparation Premises and Quality Assurance Committees of the College. Ms. Facca was invited to briefly introduce herself to Council.

#### **4.1 Briefing Note - President's Report to March 2018 Council**

Dr. Vaillancourt 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.

He reported that at the last Executive Committee meeting, there was discussion regarding election of Council members and their preparedness to serve on Council. Pending recommendations from the Task Force on Council Member Competence later this year, which was created in December 2017 with a mandate to examine the legal and practical requirements of instituting a competency screening process for members seeking election to Council, the Committee decided that a member of the Executive Committee will be contacting each nominee for election to Council in the upcoming election cycle to conduct a pre-orientation interview. The purpose of the interview is to emphasize, through direct personal communication, the College's public interest mandate. He added that the recommendations of the Task Force will replace this practice for the 2019 election cycle.

The report was received for information by Council.

#### **4.2 Briefing Note – December 2017 Council Meeting Evaluation**

Referring to the December 2017 Council meeting evaluation, President Vaillancourt thanked Council for their input, stressing that feedback was very important and strongly encouraged everyone to provide input as it will serve to ensure efficiency and enhance their participation at Council meetings. He noted that some of the comments appeared to suggest that one or two individuals either were dissatisfied with or did not understand the governance process employed by the College. Referring to the Governance Manual, he clarified for Council the supporting roles of the Executive Committee as well as that of the Registrar and how these roles related to Council and invited members to meet with him if further clarification was needed.

The report was received for information by Council.

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

#### **5.1 Minutes of December 2017 Council Meeting**

**It was moved and seconded that the Minutes of the December 2017 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

There were none.

## 10. For Decision

### 10.2 Briefing Note – Educating pharmacists to provide therapeutic support for patients using cannabis

**A motion to receive the Briefing Note for discussion was moved and seconded. CARRIED.**

Dr. Vaillancourt addressed Council, noting that the Cannabis Task Force is currently in the process of drafting a Cannabis Strategy that it plans to present to Council in June. One of the goals of the Strategy is to address the need for members to respond to changes in the pharmacy practice environment related to the impact on patients as a result of the legalization of recreational cannabis. He advised that during their discussion, the Task Force determined that requiring education of members in preparation for this legalization is a significant and time sensitive issue and needed to be brought forward to Council in advance of the Task Force completing its mandate of drafting a Cannabis Strategy.

Together with Ms. James, Director, Quality, he then responded to questions from the floor, most of which involved specifics on implementation and appropriate access to courses. Comments from Council members indicated they were strongly in support of mandatory education. There were also suggestions regarding the courses themselves, the importance of building-in education on how to communicate in a consistent and non-biased way with patients as well as on the need to communicate with pharmacists on this issue once details were confirmed.

Council noted that College staff will work towards establishing a process for implementation of the requirement and collaborate with continuing education providers to assure appropriate courses are accessible to pharmacists to meet this mandatory education requirement.

**A motion was moved and seconded that Council approve the recommendation that the College require all Part A pharmacists to complete cannabis education in preparation for anticipated practice changes due to the legalization of cannabis for recreational use. Council members voted unanimously in favour of the motion. CARRIED.**

## 10.1 Briefing Note – Finance and Audit Committee (Audited Financial Statements for 2017)

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

He reminded Council that late last year, the College appointed a new audit firm, Tinkham LLP, Chartered Professional Accountants, to undertake the financial and pension audits for the College. He then provided a very brief overview of the financial statements, before introducing and inviting Mr. Tinkham, senior managing partner, Tinkham LLP, to present the audited statements to Council.

Mr. Tinkham advised Council that upon review of the College's accounting practices, they recommended a change to the manner in which annual member and pharmacy fees are recognized as revenue. To more accurately reflect the financial position at year-end, the portion of annual fees that relate to a future period will be recorded as deferred revenue. He added that as the change required a restatement of prior year financials, the impact to the Statement of Income and Expenses for 2017 was minimal. He went on to note some of the other changes which included consolidation of line items to simplify the statements; a separation of hardware and software costs, removal of the budget numbers from the statements (as this was not considered part of the audit); and merging fixed assets with unrestricted net assets. It was noted that both College management and the Finance and Audit Committee supported the recommended changes and accordingly, the financial statements for 2016 were restated and the change reflected in the audited statements for 2017.

Mr. Tinkham added that the auditors had received full co-operation from management and staff in the conduct of their audit and that there were no restrictions placed on the approach to or extent of their work and further that they were given complete and timely access to all books and records, documents and other supporting data that were required.

**A motion was moved and seconded that Council approve the Audited Financial Statements for the operations of the Ontario College of Pharmacists for 2017 as prepared by management and audited by Tinkham LLP, Chartered Professional Accountants.** Council members voted unanimously in favour of the motion. **CARRIED.**

## 11.0 For Information

### 11.1 Briefing Note – Opioid Strategy Update

The Chair invited Ms. James to address Council. Council noted that following a request at the December 2017 Council meeting for more details on all of the specific activities in progress in relation to the Opioid Strategy, a Briefing Note was prepared to demonstrate this progress. Referring to the dashboard, which was distributed at the beginning of the meeting, Ms. James stated that while progress at the specific initiative level was currently available, impact reporting will be developed over time as data sources and measurement approaches are identified.

Although there was consensus around the table that Council's mandate was to provide oversight, and that only completed or significant milestones ought to be reported to Council, they felt that the information in the dashboard provided a useful depth of detail on the specific activities. Following several comments on the effectiveness of the dashboard, the Registrar agreed to append the dashboard to the Council materials to provide an update every six months.

The Briefing Note was received for information by Council.

### **11.2 Briefing Note – Registrar's Report on Election of Members to Council**

The Briefing Note was received for information by Council.

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

President Vaillancourt invited the Registrar, Ms. Lum-Wilson, to address Council.

Council noted for information that College staff have been working on an improved planning and reporting structure for strategic priorities and the Registrar presented to Council a sample of the type of information that will be provided to Council at future meetings.

Registrar Lum- Wilson went on to advise that late last year, the College was asked to provide the Ministry of Labour with a written submission on whether exemptions in the *Employment Standards Act*, as they relate to pharmacists, should be maintained. She reported that the College's submission, which can be found on the College's website, was provided to the Ministry earlier this year.

Other informational updates included an update on meetings held with the Ontario Hospital Association (OHA). Registrar Lum-Wilson advised Council that meetings with the OHA have been collaborative with the College sharing information on the hospital assessments. She added that more recently, the two organizations had partnered to host a webinar with respect to the College's expectations on standards for sterile compounding and how hospitals can prepare for their implementation.

With respect to the Medication Safety Program, Council heard that implementation of Phase 1 of the program had commenced in 104 pharmacies across Ontario. Five training sessions, were held in January 2018 and more information on this initiative will be forthcoming as implementation progresses.

Also noted for information was the recent Supreme Court of Justice decision on a human rights challenge to the College of Physicians and Surgeons of Ontario (CPSO) policy on effective referral. The Supreme Court supported the policy of the CPSO to establish the duty to provide an effective referral if a physician has a conscientious or religious objection to meeting the provisions under MAiD (medical assistance in dying). Interestingly, the Supreme Court considered the policy as a form of "law" and stated that "The Policies fall within the CPSO's statutory mandate and are consistent with its duty to serve and protect the public interest."

Registrar Lum-Wilson advised that the College will be revisiting the current MAiD guideline with a view to modifying it to a Policy.

Registrar Lum-Wilson next reported that the College is working with Health Quality Ontario to host a roundtable in June aimed at bringing together stakeholders to set the stage for the development of a set of quality indicators for pharmacy. She reminded Council that one of the duties of the College is to ensure competent and quality services are provided to the public. The roundtable will be an opportunity to begin to shift the understanding of the impact of regulatory levers on the quality of pharmacy services provided and patient and system outcomes.

Responding to a question from the floor regarding the rejection of the proposed amendment to Bill 160 by the NDP which would have legislated patient choice of pharmacy, the Registrar advised Council that the issue of preferred provider networks had recently been discussed by the Executive Committee. Further information is being sought from other provincial regulatory authorities regarding any action they have taken to intervene on this issue. Following receipt of this information, the Executive Committee will be in a better position to determine whether there would be any recommendations for Council's consideration.

Registrar Lum-Wilson next announced that over the past few months, College staff have been working to review current processes and functions in the Investigations and Resolutions (I&R) department with a view to better position the team for sustained success in the face of increased demands related to investigations and disciplinary cases. Accordingly, starting in July, she advised that the I&R team, now referred to as the Conduct team, will operate within three streams: Investigations, Legal and Operations. This alignment, she added, will provide better role clarity and strengthen the College's capacity to manage the evolving complexity of the department's work.

## **12. Other Matters**

### **12.1 Strategic Planning Session**

Over the remainder of the subsequent two days (March 25 to March 27), Council members, with guidance and support from co-facilitators, Ms. Veldhorst and Ms. Sakelaris, participated in a planning session aimed at setting a new strategic plan to guide the work of the College over the next three years.

While reflecting on the College's accomplishments since 2015, Council members considered the input received from the public, government, professionals and other health system and regulatory partners and established updated vision, mission and values statements as well as set new strategic priorities for 2019-2021. These priorities are focused on enhancing system and patient outcomes through collaboration and optimization of practice within scope, enhancing the College's capacity to address emerging issues and opportunities, and increasing awareness of the College's value in the protection of the public and patient rights.

It was agreed that the College staff will move forward with preparing an operational plan, with the final proposed vision, mission, values and strategic priority statements, for approval at the June 2018 Council meeting.

## **12.2 Presentation: Communicating in the Public Eye**

Mr. Leach, Manager, Communications, was invited to address Council. Council members received an update related to media and social media activities at the College. The presentation focused on the latest communication and media trends observed by staff and best practices to help Council and committee members understand the College's role and their responsibilities when communicating in the public eye.

## **13. Unfinished Business**

There was none.

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

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

## **14. Motion of Adjournment**

**It was moved and seconded that the Council meeting be adjourned at 12:30 p.m. and to reconvene on Monday, June 11, 2018, or at the call of the President. The motion CARRIED.**

**Ushma Rajdev  
Council and Executive Liaison**

**Régis Vaillancourt  
President**

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**COUNCIL BRIEFING NOTE**  
**MEETING DATE: JUNE 2018**

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Cannabis Task Force

**TOPIC:** Cannabis Strategy

**ISSUE:** Development of the Cannabis Strategy for implementation in preparation for the legalization of cannabis for recreational use.

**BACKGROUND:** In April 2017, the federal government introduced the *Cannabis Act* (Bill C-45) which, on commencement, will regulate the production, distribution and sale of cannabis for non-medical (recreational) purposes. Health Canada has proposed to maintain the current program for access to cannabis for medical purposes. Once the Act receives Royal Assent (anticipated this summer) and cannabis becomes legally available for purchase, the prevalence of use may increase, and patients may be more open to share the fact of their use with healthcare professionals.

In September 2017, Council agreed to establish a Cannabis Task Force to develop a cannabis strategy given the changing landscape of cannabis in Ontario. The *Cannabis Strategy for Pharmacy* simultaneously addresses relevant areas of practice and prepares the College and pharmacy professionals to address evolving cannabis-related issues, while considering how to best serve and protect patients and Ontarians in line with the College's mandate.

Composition of the Task Force included hospital and community pharmacists, community pharmacy technicians, a public member of Council, a patient using cannabis for medical purposes, a family physician who is a medical advisor with the College of Physicians and Surgeons of Ontario, a physician who is a medical officer of health and CEO of a health unit, and a pharmacy educator/researcher. The Task Force met four times between December 2017 and April 2018 through a combination of in-person and teleconference meetings.

In recognition of the important role education would be playing within the Strategy, and due to the urgency for action, in March 2018 the Task Force recommended that Council require all pharmacists to complete cannabis education in preparation for the anticipated practice changes due to the legalization of cannabis for recreational use. This recommendation was approved, allowing for work on the development of competencies and learning objectives for cannabis education to begin immediately.

**ANALYSIS:** The Task Force developed the Strategy (attached) to support the ability of pharmacy professionals to respond to changes in the pharmacy practice environment related to the use of cannabis for medical purposes and the implications associated with the legalization of recreational cannabis.

The development of the Strategy was guided by the College's public-protection mandate and is consistent with the position of the National Association of Pharmacy Regulatory Authorities (NAPRA) related to cannabis and pharmacy, which was endorsed by Council in June 2017.

The Task Force determined that matters related to the distribution, production and

manufacturing of cannabis would not be included within the Strategy. This was partly in recognition that the federal and provincial governments have determined that the existing regulatory framework, which does not include distribution in pharmacy, will continue; and also because the role and responsibility of pharmacy professionals in response to this emerging practice issue is independent of any distribution framework.

The Task Force also created a logic model outlining the goals, strategies, and outcomes of the Strategy, to guide development of specific implementation initiatives and ongoing evaluation.

**NEXT STEPS:** Staff will complete the logic model for use internally to guide the implementation of the Strategy.

Competencies and learning objectives needed to guide development of cannabis education programs will be completed this spring. Voluntary reporting of completion of cannabis education will commence in 2019 with mandatory completion required for the 2020 annual renewal deadline.

External stakeholders with the appropriate expertise will be engaged to support implementation of the initiatives.



Ontario College  
of Pharmacists  
Putting patients first since 1871

# **A CANNABIS STRATEGY FOR PHARMACY:**

Enhancing Knowledge,  
Protecting Patients

May 16, 2018

# CANNABIS STRATEGY

## for Pharmacy

On April 13, 2017, the Government of Canada introduced Bill C-45, an Act respecting cannabis and to amend the Controlled Drugs and Substances Act, the Criminal Code and other Acts (the Cannabis Act). Upon commencement, the Cannabis Act will regulate the production, distribution and sale of cannabis for non-medical (recreational) purposes (the current program for access to cannabis for medical purposes will continue under the new Act). The Act remains subject to parliamentary approval and royal assent.

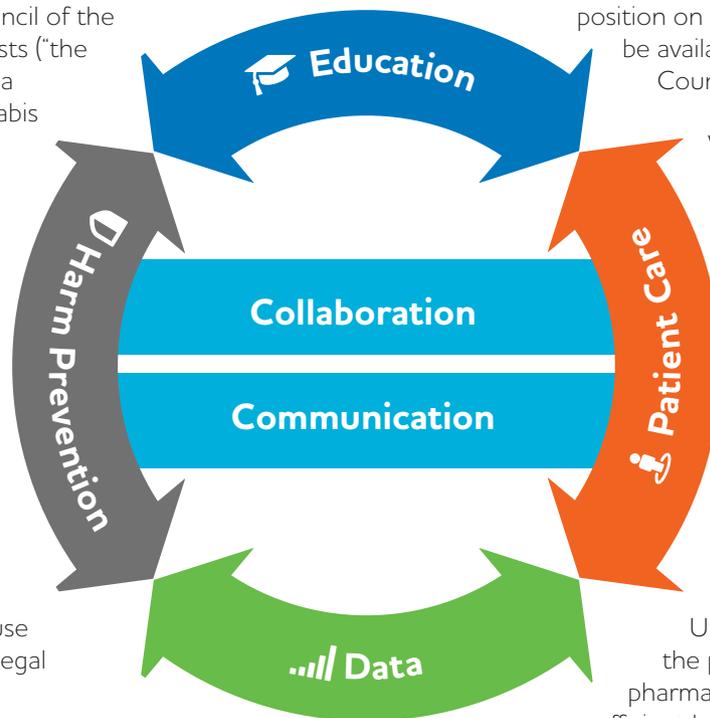
In September 2017, the Council of the Ontario College of Pharmacists (“the College”) agreed to establish a task force to develop a Cannabis Strategy given the changing landscape of cannabis in Ontario. The multi-pronged Strategy simultaneously focuses on relevant areas of practice and prepares the College and pharmacy professionals to address evolving cannabis-related issues, while considering how to best serve and protect patients and Ontarians. It also reflects the health and social factors that are related to the legalization of cannabis for recreational use and the continued access to legal cannabis for medical use.

The Strategy’s purpose is to facilitate the ability of pharmacy professionals to respond to changes in the pharmacy practice environment related to the use of cannabis for both medical and recreational purposes. It was created with the objects of the College in mind, namely to

“develop, establish and maintain standards and programs to promote the ability of members [pharmacy professionals] to respond to changes in practice environments, advances in technology and other emerging issues.”<sup>1</sup> Matters related to the distribution, production and manufacturing of cannabis are not a part of this Strategy as federal and provincial governments have determined that the existing regulatory framework for the distribution of cannabis will remain in place and does not include distribution in pharmacy. Information about the College’s position on the distribution of cannabis will be available on our website, subject to Council approval.

While all pharmacy professionals have a role to play in providing quality and safe patient care, the College recognizes that there are opportunities for pharmacists, in their clinical role as medication experts, to further promote quality and safety by taking into account cannabis use by patients such as through flagging drug interactions and providing relevant cannabis-related information.

Ultimately, patients and the public should expect that pharmacy professionals will have sufficient knowledge about cannabis use to contribute to positive health outcomes and prevent harm. This expectation is set in the College’s view that cannabis should be treated no differently than any other drug or substance on which pharmacists already provide advice.



### STRATEGIC PRIORITIES

The Strategy consists of four priorities that together, through effective communication and collaboration will support the College’s mandate to serve and protect the public’s interest:

- Developing and maintaining competency,
- Providing patient care, health information and advice,
- Documenting, developing and tracking data, and
- Preventing harm.

## DEVELOP AND MAINTAIN COMPETENCY



Engaging and accessing relevant continuing education, training and resources to respond to the changes in the pharmacy practice environment is a necessary component of providing optimal patient care.

The standard practice of the College when responding to emerging practice issues is to reinforce the pharmacy professional's duty to obtain the knowledge, skills and judgment needed to competently provide any pharmacy service safely and effectively, and to direct pharmacy professionals to appropriate resources to assist in their execution of this duty.

It can be expected that the legalization of cannabis will result in increased access, use and transparency of use by the public. As a result, pharmacists will have to consider the potential that any patient may need to be informed on the interaction of cannabis with medications (much like they do for alcohol use). While the consumption of alcohol has a long-standing history, and therefore knowledge about its health impact is readily available and commonly

considered, the recreational and medical use of cannabis is less understood and information about its health impact is far more limited. Although the expectation is that pharmacy professionals are self-directed in aligning their personal education needs to their own practice, a specific focus on education related to cannabis is an important consideration.

The College will work with key stakeholders to set expectations for appropriate education, identify potential training opportunities and help ensure resources are accessible and communicated to pharmacy professionals. This will support the appropriate role of pharmacy professionals following the legalization of cannabis for recreational purposes.

### GOAL:

Pharmacists are educated on the use of cannabis for medical or recreational purposes, the benefits and risks of cannabis, and the potential interactions of cannabis with medications and health conditions.

## PROVIDE PATIENT CARE, HEALTH INFORMATION AND ADVICE



While the landscape of cannabis, both recreational and medical, takes shape, pharmacists are expected to address evolving patient needs. Furthermore, with the legalization of cannabis for recreational purposes, individuals may use this route (due to ease of access) to access cannabis for medical purposes, without the

guidance of a health professional. Patients could be looking to receive information about the benefits and risks, and health advice from pharmacists regarding appropriate uses, strains, routes of administration and interactions with drugs and other substances. Therefore, pharmacists will need to plan how to respond to the potential increase of patients seeking advice associated with cannabis. This includes being prepared to inform them of when evidence based knowledge is not available to provide conclusive advice.

Like with alcohol, tobacco, or any medication or substance, pharmacists should have a foundational understanding of cannabis. While reports of serious adverse side effects have been rare with cannabis, some adverse interactions are known to occur when cannabis is used with certain medications.<sup>2</sup> Pharmacists have an opportunity to educate the public and patients on cannabis and its interaction with medications and treatments.

### GOAL:

Pharmacists use their knowledge and skills to provide information and advice to patients that considers the efficacy, benefits and risks of cannabis, and its interaction with medications, other treatments and health conditions.

1 Regulated Health Professions Act, 1991, SO 1991, c 18: Schedule 2 Health Professions Procedural Code, s.3 (1)10.

2 United States, Congress, Department of Health, et al. "Medical Cannabis: Adverse Effects and Drug Interactions." Medical Cannabis: Adverse Effects and Drug Interactions. Government of the District of Columbia, 22 Dec. 2015.

3 Berg, Carla J., et al. "Perceived Harm, Addictiveness, and Social Acceptability of Tobacco Products and Marijuana among Young Adults: Marijuana, Hookah, and Electronic Cigarettes Win." Substance use & misuse 50.1 (2015): 79-89. Web. 23 Mar. 2018



## DOCUMENT, DEVELOP AND TRACK DATA



Documentation is a key element of every health profession's standard of practice. It supports delivery of patient care through inter- and intra-professional communication and demonstrates a member's professional

judgment through the interventions and recommendations made on behalf of the patient. It will be important for pharmacists to document patient use, response, and experience with cannabis, to create a comprehensive patient profile and encourage patient care that is as holistic and evidence based as possible.

Currently, data regarding cannabis consumption, its impact, use, and benefits and risks to patients is incomplete. Increased use and experience with cannabis, as well as strong

clinical documentation, will provide an evolving evidence base from which to build a more complete understanding of the use of cannabis and its impact on a patient's health outcomes. This will present an opportunity for the College to support the profession's participation in research efforts to strengthen evidence and inherently improve patient care.

### GOAL:

Pharmacists document patients' cannabis use and other data, such as healthcare or clinical data, to create a comprehensive patient profile.

The College supports the profession's participation in research efforts with various stakeholders to strengthen the evidence base on cannabis use.

## HARM PREVENTION



As healthcare professionals, pharmacists and pharmacy technicians have a duty to ensure that patients are not harmed by their medications and receive benefit from therapy, as well as contribute to broader strategies aimed at promoting patient

safety. This can include collaborating with all members of the patient's care team to ensure an integrated approach to a patient's health care and the health-related information and education they receive.

While most research shows that cannabis is not seen as highly addictive, there are other concerns related to cannabis such as its use by patients to self-medicate potentially undiagnosed conditions and untreated symptoms, as well as concerns related to youth consumption.<sup>3</sup> Pharmacists can play an important contributory role to delaying the consumption of cannabis by youths, which may help prevent long-term adverse effects. Pharmacists can also identify patients who may be self-medicating, and determine the need for referral to alternative health services. Pharmacists should also expect that patients may access cannabis through unregulated sources and be

prepared to address potential dangers and subsequent risks. Furthermore, just as there is an expectation for pharmacists to assist patients to quit consuming tobacco smoke, pharmacists should be prepared to recommend alternative routes of administration of cannabis, if appropriate.

Pharmacy professionals are well positioned to integrate harm reduction strategies into the current pharmacy practice environment to support increased patient access to alternative services or therapies and decrease the negative consequences of drug use. It is therefore important that pharmacy professionals apply harm reduction approaches through collaboration with multi-disciplinary stakeholder groups to promote optimal patient care.

### GOAL:

Pharmacists are engaged in supporting patients in accessing appropriate health services and applying harm prevention strategies in collaboration with regulated healthcare professionals and public health stakeholders.

## COMMUNICATION AND COLLABORATION

As society and the profession of pharmacy adapt to the rapidly evolving realities and implications of the increase of cannabis use, the College recognizes that good communication and collaboration between and among pharmacy professionals and organizations has been, and will remain, a cornerstone of our collective responsibility to provide patient-centred care and promote safe pharmacy practice. Consequently, all four of the priorities expressed in this strategy rely on effective collaboration, communication and both professional and patient education. The College will continue to work with stakeholders, pharmacy professionals and patients to bring this strategy to life and to contribute to the College's role as a responsive and responsible pharmacy regulator as the use of, and access to, cannabis in our society evolves over time.



**COUNCIL BRIEFING NOTE**  
**MEETING DATE: JUNE 2018**

<b>FOR DECISION</b>	<b>X</b>	<b>FOR INFORMATION</b>
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**INITIATED BY:** Cannabis Task Force

**TOPIC:** Ontario College of Pharmacists' Position on Cannabis

**ISSUE:** The Cannabis Task Force is recommending that the College put forth a position statement regarding the dispensing of cannabis for medical purposes in pharmacies.

**BACKGROUND:** In July 2017 the National Association of Pharmacy Regulatory Authorities (NAPRA) adopted the position that pharmacy practitioners must not be involved in the dispensing of cannabis for non-medical purposes. NAPRA recognized that members will continue to discuss the regulatory safeguards necessary for pharmacy professionals to dispense cannabis for medical purposes. The Council of the Ontario College of Pharmacists subsequently endorsed [NAPRA's position](#).

In September 2017, Council supported a proposal by the Executive Committee to create a Task Force that would consider cannabis and the changing landscape of access to cannabis for recreational purposes and its impact on patient care in Ontario. The Task Force members met four times between December 2017 and April 2018 through a combination of in-person and teleconference meetings. During these meetings, they created a multi-pronged strategy that simultaneously addresses relevant areas of practice and prepares the College and pharmacy professionals to address evolving cannabis-related issues, while considering how to best serve and protect patients and Ontarians. Please see the College's Cannabis Strategy for Pharmacy for details (Item 4.3).

Throughout the creation of the Strategy, the Task Force expressed support for the development of a College position statement building on the existing NAPRA position and further defining an appropriate regulatory opinion within the provincial context.

The distinction between dispensing and distribution should be noted. Dispensing is the provision of drugs or medicines as set out on a lawful prescription or order, and occurs in the context of a pharmacist and patient relationship. Distribution is the supplying of goods, either to a person, commonly referred to as selling, or between business entities or institutions.

**CONSIDERATIONS:** There are a number of key considerations relevant to the development of a regulatory position related to the dispensing of cannabis for medical purposes, namely:

- Cannabis will be readily available across the province in government-run stores by the end of this year. Some products used for medical purposes are the same as those used for

recreational purposes, presenting an opportunity for patients to acquire cannabis with the intent for medical use without the intervention of a health professional;

- It is currently illegal to dispense cannabis within pharmacies and the legislative framework for cannabis for medical purposes is set to remain unchanged as Health Canada has indicated this will not be examined for approximately five years. It is, therefore, important for the College to consider how it can continue to be a responsive regulator in the context of a rapidly evolving environment as it relates to legal access to/dispensing of cannabis for medical use;
- The College makes patient safety the primary consideration related to the role of pharmacy in cannabis for medical purposes and, therefore, promotes open and informed conversations between patients and healthcare professionals. There may be benefits to pharmacist involvement with cannabis, including facilitating appropriate use by patients and identifying potential harm prevention strategies;
- While some pharmacological cannabinoids already possess a Drug Identification Number (DIN), herbal cannabis has not gone through Health Canada's drug review process and is consequently lacking an assigned DIN;
- There are a number of pharmaceutical companies that have established relationships with producers to research/develop cannabis products to the established Health Canada requirements for a DIN
- The Task Force sees the value and importance of DIN acquisition for cannabis. However, it acknowledges the beneficial elements of using cannabis for medical purposes and that it is already being consumed by patients.<sup>1</sup> For these reasons, along with the lengthy time it takes to acquire a DIN, the Task Force believes the absence of a DIN should not impact the authority to dispense cannabis;
- NAPRA's position statement stated that "smoked cannabis products should be subject to the same provincial or territorial legislation as smoked tobacco products." Keeping in line with NAPRA's position, pharmacists would be expected to treat smoked cannabis products akin to smoked tobacco, and assist in finding alternative routes of administration.
- The provincial pharmacy regulators that have made position statements (Appendix A), have shown a variation in stances towards distribution, dispensing and DINs. These positions reflect their own provincial context, reinforcing the need for OCP to have a position of its own that satisfies our public-protection mandate and that fits within our own provincial context;
- Irrespective of whether cannabis for medical purposes is dispensed in pharmacies, pharmacists have a role to play in safe patient use of cannabis. The Cannabis Strategy will continue to address these needs through various levers, such as requiring that all pharmacists complete cannabis education;

<sup>1</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on the Health Effects of Marijuana: An Evidence Review and Research Agenda.

Washington (DC): National Academies Press (US); 2017 Jan 12.

- The College recognizes that cannabis is an evolving matter with areas of relative uncertainty. The College may update its position as the legislative and regulatory framework in Canada and Ontario related to access and distribution of cannabis evolves and becomes more defined;
- NAPRA continues to review the role of pharmacy in the distribution of cannabis for medical use and is expected to address topics such as promotion and advertising of cannabis and conflict of interest related to the recommendation and referral of individuals for cannabis for medical use; and
- As models of distribution of cannabis for medical use are developed in the province and as pharmacy professionals become more aware of access options for patients, the College expects all members to act in accordance with established laws and regulations, standards of practice, and Code of Ethics.

**RECOMMENDATION:** In light of the above considerations related to the access to and dispensing of cannabis for medical use, the College is proposing the following position be adopted by Council:

*With the recognition that the dispensing of cannabis within pharmacy is currently not permitted within the existing legal framework, the College:*

- *would not oppose any federal or provincial legislation that would permit the dispensing of non-smoked forms of cannabis within pharmacies;*
- *would not oppose legal dispensing within pharmacies regardless of whether cannabis is approved as a drug by Health Canada or whether it receives an assigned Drug Identification Number; and*
- *strongly opposes the distribution by pharmacies of any smoked forms of cannabis for any purpose.*

**NEXT STEPS:** If approved, the statement will be posted publicly in conjunction with the College's Cannabis Strategy.

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

**Appendix A**

**Cannabis Position by Province**

Provinces	Position
<a href="#"><u>Alberta</u></a>	“Until such time that federal legislation, policies, and procedures are amended to recognize and accommodate cannabis products as licensed drug products (i.e.: assigned a DIN), they must not be ordered, stored, compounded, dispensed, administered, or sold from a licensed pharmacy.”
<a href="#"><u>British Columbia</u></a>	Their position is NAPRA’s.
<a href="#"><u>Manitoba</u></a>	Their position is NAPRA’s.
<a href="#"><u>New Brunswick</u></a>	“Currently available information does not support pharmacy distribution of cannabis. For pharmacy distribution, cannabis for medical purposes requires a full Health Canada drug approval process including review of efficacy, safety, and product quality.”
<a href="#"><u>Newfoundland and Labrador</u></a>	No position stated; they have just provided links to the status of cannabis and NAPRA’s statement.
<a href="#"><u>Nova Scotia</u></a>	<p>Their draft position statement is currently being approved.</p> <p>NSCP will conditionally support cannabis compounding if certain criteria are met. NSCP has also drafted the following statement:</p> <p>“Pharmacists may not distribute cannabis products that have not been approved as a drug by Health Canada (DIN or NPN), unless as part of a rigorously-designed peer-reviewed study that has been approved by a Research Ethics Board (REB).”</p>
<a href="#"><u>Prince Edward Island</u></a>	No position or information on their website.
<a href="#"><u>Quebec</u></a>	For some conditions, cannabis for medical purposes should be entrusted to pharmacists to ensure patients receive care and service from a regulated professional. Pharmacists should not be involved in the production or sale of cannabis for non-medical purposes.
<a href="#"><u>Saskatchewan</u></a>	Their position is NAPRA’s.



## COUNCIL BRIEFING NOTE MEETING DATE: JUNE 2018

FOR DECISION

X

FOR INFORMATION

**INITIATED BY:** Registration Committee

**TOPIC:** Recognition of Practice Assessment of Competence at Entry (PACE) as the structured practical training program

**ISSUE:** Council approval of PACE is required to move from a pilot program.

### BACKGROUND:

- A formal evaluation of the Structured Practical Training (SPT) program occurred in 2012. As a result of this evaluation, in April 2013, the Registration Committee approved, in principle, the redesign of the SPT program.
- In February 2014, Council accepted the pilot implementation of [PACE](#) as a new model that embeds principles of fairness and objectivity while allowing for assessment of candidate knowledge, skills and abilities. The approved model ensures opportunity for efficient access to registration when practice competence is demonstrated, and individualized development for applicants when performance gaps are identified. (Appendix A)
- In fall of 2014, collaboration between OCP, the Leslie Dan Faculty of Pharmacy at the University of Toronto, the School of Pharmacy at the University of Waterloo and the Canadian Society of Hospital Pharmacists' residency program resulted in the creation of a standardized and validated assessment tool titled the *Ontario Pharmacy Patient Care Assessment Tool* (OPPCAT). (Appendix B) This tool, finalized in 2016, is used by the universities and CSHP to assess competence during experiential rotations and by OCP to assess competence at entry to practice (as part of PACE).
- The PACE pilot was launched for international pharmacy graduates (registered pharmacy students) in January 2017, and in January 2018, it was launched for the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) graduates from outside of Ontario, and Accreditation Council for Pharmacy Education (ACPE) graduates (interns).
- Martek Assessments Ltd. conducted a comprehensive evaluation of PACE processes and outcomes, including stakeholder surveys, focus groups and meetings from January 2017 to February 2018 to confirm whether PACE was accomplishing its goals.

### ANALYSIS:

- The outcomes of the evaluation provide evidence that the PACE model is accomplishing its goals, specifically to (1) differentiate between those who are competent to practice and those who aren't and to (2) reduce the amount of time required for the structured practical training requirement for those who are competent to practice. The evaluation provides strong support for the continuation of PACE as the structured practical training program requirement for pharmacist applicants.

- The evaluation also provided recommendations for continued improvement of the PACE model. The recommendations address each of the identified feedback themes of candidate readiness, assessor recruitment and retention, and the contribution of, and issues related to, the practice journal.

#### **NEXT STEPS:**

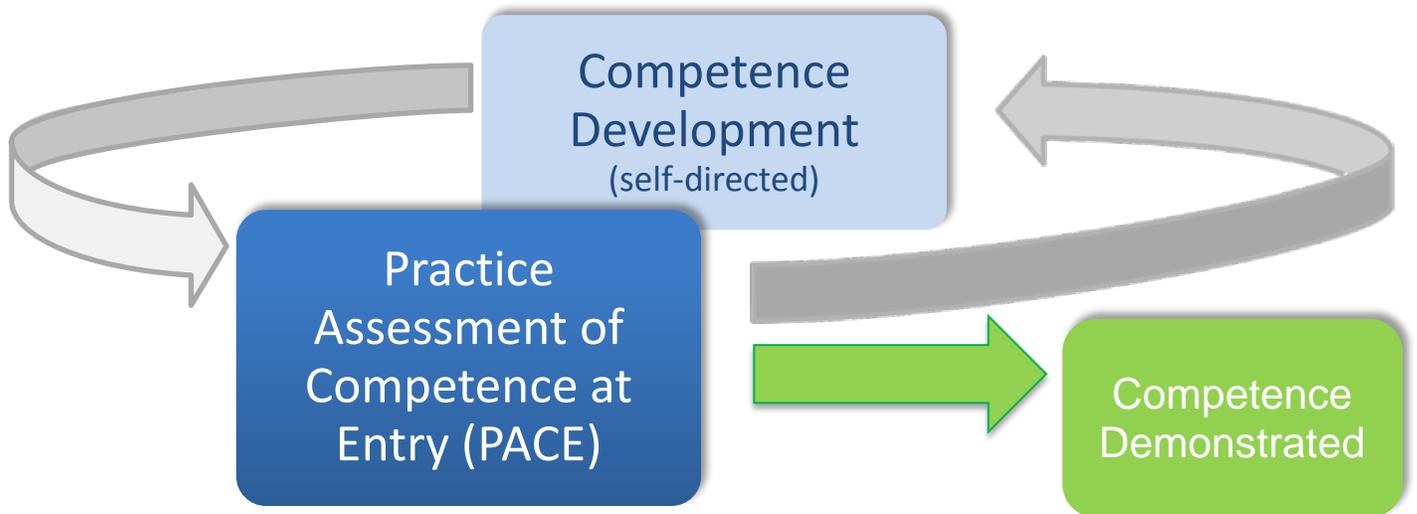
- Ongoing development of the model based on the findings of the evaluation using continuous quality improvement principles.
- Development of PACE for pharmacy technicians will follow the implementation of changes to the experiential requirements for Canadian pharmacy technician programs, according to the CCAPP standards (to take effect in 2019). Communication of the changes will be completed.

**RECOMMENDATION:** That Council approve the Practice Assessment of Competence at Entry (PACE) program as the structured practical training program requirement for pharmacist applicants noted in General Regulation 202/94 under the *Pharmacy Act* s. 6.(1) 3 and s.13(1) 2.

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

## Appendix A

### Illustration of Practice Assessment of Competence at Entry (PACE) Model



#### Assessment Timelines

##### Orientation to assessment site

- 1 Week (35 hours)

##### Practice Assessment of Competence (PACE)

- 70 hours
  - 2 or 3 weeks as determined by Assessor

**Appendix B**

**Ontario Pharmacy Patient Care Assessment Tool (OPPCAT)  
Domain and Element Summary**

<b>Domains</b>	<b>Elements</b>
<b>Patient Care</b>	<ul style="list-style-type: none"> <li>• Develops Patient Relationships</li> <li>• Conducts Patient Assessments</li> <li>• Identifies Drug Therapy Problems</li> <li>• Makes Clinical Decisions</li> <li>• Implements Care Plans</li> <li>• Refers Patients</li> <li>• Provides Follow-up and Evaluates Care</li> </ul>
<b>Communication &amp; Education</b>	<ul style="list-style-type: none"> <li>• Demonstrates Communication Skills (Verbally and Non-verbally)</li> <li>• Completes Documentation</li> </ul>
<b>Professionalism</b>	<ul style="list-style-type: none"> <li>• Applies Regulations &amp; Principles in Practice</li> <li>• Demonstrates an Awareness of One's Own Practice Limitations</li> </ul>
<b>Professional Collaboration</b>	<ul style="list-style-type: none"> <li>• Develops &amp; Promotes Inter/Intra-professional Relationships</li> <li>• Fulfills Professional Rules &amp; Responsibilities within Healthcare Team</li> </ul>
<b>Practice Management</b>	<ul style="list-style-type: none"> <li>• Prioritizes Patient Care Responsibilities to Manage Patient Workload</li> <li>• Manages Drug Dispensing</li> <li>• Demonstrates Patient and Medication Safety</li> </ul>



## COUNCIL BRIEFING NOTE

MEETING DATE: JUNE 2018

FOR DECISION

X

FOR INFORMATION

**INITIATED BY:** Registration Committee

**TOPIC:** Updating of Council Resolutions related to structured practical training (SPT) requirements for registration.

**ISSUE:** The existing Council Resolutions that recognize Ontario entry-level PharmD graduates and Canadian Society of Hospital Pharmacists (CSHP) residents as meeting the SPT program requirements for registration purposes need updating should Council approve the Practice Assessment of Competence at Entry (PACE) program as the new SPT requirement.

### BACKGROUND:

- The current Registration Regulation (General Regulation O. Reg 202/94 under the *Pharmacy Act*) includes the requirement that “the applicant must have successfully completed a structured practical training program approved by the Council” [s. 6. (1) 3 and 13. (1) 2] and allows the council (by resolution) to approve completion of this training as part of an approved education program. [s. 6 (2) and 13 (3)]
- The University of Toronto and University of Waterloo entry-level PharmD programs incorporate increased advanced experiential patient care rotations (compared to the previous BScPhm programs).
- An evaluation of the Ontario College of Pharmacists (OCP) structured practical training program in 2012 recommended reconsidering the need for internship after graduation given the increased experiential training and practice assessment completed within the Ontario PharmD programs.
- Existing Council resolutions approve the Ontario university entry-level PharmD programs and the CSHP Residency program, completed in Ontario, as being equivalent to OCP’s SPT program and therefore meeting the requirement for structured practical training defined in the Registration regulations.
- In conjunction with the development of PACE, a new assessment tool, the *Ontario Pharmacy Patient Care Assessment Tool* (OPPCAT) was jointly developed by the universities, CSHP and OCP. This tool is used by the universities and CSHP to assess competence during experiential rotations and by OCP to assess competence at entry to practice (as part of PACE).
- In addition to the changes described above, a number of the Council Resolutions required minor updates. Details are noted in Appendix A.

### ANALYSIS:

- The university PharmD programs and the Hospital Residency program have demonstrated that experiential patient care rotations are provided and that practice assessments of competence similar to OCP's PACE (using the same OPPCAT tool) are conducted. As such, these programs could be considered to continue to meet the requirement for a structured practical training program.
- There are no other factors to indicate the need to remove or change the existing Resolutions, other than referencing the PACE model.

**RECOMMENDATION:** That Council approve graduation from the University of Toronto and University of Waterloo entry level PharmD programs as meeting all of the requirements for structured practical training as referred to in subsections 6 (2) and 13 (3) of General Regulation 202/94 and the Canadian Society of Hospital Pharmacists' Residency program (completed in Ontario) as meeting the requirements for structured practical training as referred to in subsections 6 (1) 3 and 13 (1) 2 of General Regulation 202/94.

That Council approve administrative updates to Council Resolutions identified in Appendix A.

## PACE-Related Updates to Council Resolutions in Respect of O. Reg 202/94

All references refer to Part I through VII of the General Regulation (O. Reg 202/94) under the *Pharmacy Act*.

### Structured Practical Training (SPT)

Reference in the Regulation: “An applicant must have successfully completed a structured practical training program approved by the Council.”  
Internship 6. (1) 3; Studentship: 13. (1) 2; SPT Technician: 16. (1) 3

Current Resolution	Recommended Resolution	Rationale
<p>Council approves the Structured Practical Training Program administered by OCP for a minimum of 12 weeks or such longer period of time as is required to complete the defined activities and demonstrate intern-level competence in accordance with the Professional Competencies for Canadian Pharmacists at Entry to Practice (NAPRA, 2007) or, such portion of the Canadian Society of Hospital Pharmacists’ Hospital Residency Program as is required to be considered equivalent to the College’s Structured Practical Training Program and to demonstrate competence in accordance with the Professional Competencies for Canadian Pharmacists at Entry to Practice (NAPRA, 2007) as “a structured practical training program” for the purpose of paragraph 3. of subsection 6. (1).</p>	<p>Council approves the following as “a structured practical training program” for the purpose of paragraph 3. of subsection 6. (1):</p> <ul style="list-style-type: none"> <li>• The Practice Assessment of Competence at Entry (PACE) for pharmacist applicants as administered by the College while the applicant is registered as a student or intern;</li> <li>• The Canadian Society of Hospital Pharmacists’ Hospital Pharmacy Residency Program in Ontario.</li> </ul>	<ul style="list-style-type: none"> <li>• PACE being approved as a ‘structured practical training program’ (while registered as student or intern); replaces SPT at intern level.</li> <li>• Only those completing this residency in Ontario will be considered to have met the requirements for PACE since practising in scope in Ontario and being assessed using common competency-based assessment tool.</li> </ul>
<p>Council approves the Structured Practical Training Program administered by OCP for a minimum of 12 weeks or such longer period of time as is required to complete the defined activities and demonstrate student-level competence in accordance with the Professional Competencies for Canadian Pharmacists at Entry to Practice (NAPRA, 2007) as “a structured practical training program” for the purpose of paragraph 2 of subsection 13. (1).</p>	<p>Council approves the following as “a structured practical training program” for the purpose of paragraph 2 of subsection 13. (1):</p> <ul style="list-style-type: none"> <li>• The Practice Assessment of Competence at Entry (PACE) for pharmacist applicants as administered by the College</li> <li>• The Canadian Society of Hospital Pharmacists’ Hospital Pharmacy Residency Program in Ontario.</li> </ul>	<ul style="list-style-type: none"> <li>• PACE being approved as a ‘structured practical training program’ (while registered as student or intern); replaces SPT at student level.</li> <li>• Only those completing this residency in Ontario will be considered to have met the requirements for PACE since practising in scope in Ontario and being assessed using common competency-based assessment tool.</li> </ul>

Current Resolution	Recommended Resolution	Rationale
<p>Council approves the Structured Practical Training Program for Pharmacy Technicians as administered by OCP for a minimum of 12 weeks or such longer period of time as is required to complete the defined activities and demonstrate competence in accordance with the Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice (NAPRA, 2007) as “a structured practical training program” for the purpose of paragraph 3 of subsection 16. (1).</p>	<p>Council approves the following as “a structured practical training program” for the purpose of paragraph 3 of subsection 16. (1): The Structured Practical Training Program for Pharmacy Technicians as administered by the College for a minimum of 12 weeks or such longer period of time as is required to complete the defined activities and demonstrate competence in accordance with the Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice (NAPRA, 2014).</p>	<ul style="list-style-type: none"> <li>Updated NAPRA document to 2014 version. No other changes at this time as PACE has not been developed for Pharmacy Technicians yet.</li> </ul>

**SPT – Recognized within a program**

Reference in the Regulation: “With the approval of Council, all or any part of a structured practical training program referred to in....may be completed as part of a program referred to in....”

Pharmacist: 6. (2) re - internship; Intern 13 (3) re – studentship

Current Resolution	Recommended Resolution	Rationale
<p>Council approves, for the purpose of subsection 6 (2) the post graduate doctoral pharmacist degree programs offered in Canada and accredited by the Canadian Council for Accreditation of Pharmacy Programs; the combined BScPhm - PharmD degree program for the graduation years 2013, 2014 and 2015, at the Leslie Dan Faculty of Pharmacy at the University of Toronto; or the entry level PharmD programs at the Leslie Dan Faculty of Pharmacy at the University of Toronto and the School of Pharmacy at the University of Waterloo, as “a program referred to in paragraph 1 of 6 (1)” that meets all the requirements of the structured practical training program referred to in paragraph 3 of subsection 6 (1).</p>	<p>Council approves the following education programs as ones that meet all the requirements of the structured practical training internship program referred to in subsection 6 (2):<sup>2</sup></p> <ul style="list-style-type: none"> <li>The entry level PharmD programs at the Leslie Dan Faculty of Pharmacy at the University of Toronto and the School of Pharmacy at the University of Waterloo.</li> </ul>	<ul style="list-style-type: none"> <li>Format simplified</li> <li>Removed the 2013, 2014 and 2015 graduation years that served to transition from BScPhm to PharmD since they no longer have this bridging education.</li> <li>Post-graduate doctoral pharmacist degree programs in Canada were removed from this part of the resolution because U of T has discontinued the post-graduate PharmD program for which the original resolution was intended and now only offers the PharmD for Pharmacists Program.</li> </ul>



**COUNCIL BRIEFING NOTE**  
**MEETING DATE: JUNE 2018**

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Anne Resnick, Director, Conduct, and Deputy Registrar

**TOPIC:** Medication Safety Program

**ISSUE:** Update on medication safety program.

**BACKGROUND:**

- In June 2017 Council approved implementation of a standardized medication safety reporting program for all community pharmacies.
- The program is directly aligned with the National Association of Pharmacy Regulatory Authorities (NAPRA) [Model Standards of Practice](#) (Specifically, Section 3: Safety and Quality).
- As the College proceeds to implement the medication safety program, it is expected that the requirements of the program will be formalized through the adoption of a supplemental Standard of Practice (sSOP, see Appendix A) based on the framework developed by the Medication Safety Task Force.
- The College will proceed with a consultation on the sSOP before bringing it forward to Council in September for adoption
- The goals of the medication safety program are to:
  - Enable sharing of lessons learned from medication incidents through reporting, resulting in ongoing process improvements to minimize errors and maximize health outcomes, thereby improving patient safety;
  - Require shared accountability between pharmacies, for the systems they design and how they respond to staff behaviour, and pharmacy professionals, for the quality of their choices and for reporting their errors;
  - Emphasize learning and accountability through developing a culture where individuals are comfortable bringing forward medication incidents without a fear of punitive outcomes; and
  - Ensure a consistent approach within the profession respecting continuous quality improvement processes and outcomes achieved.

**ANALYSIS:**

**A. Early implementation: Ambassador sites**

- The College identified over 100 community pharmacy “ambassador sites” to be the first to participate in the medication safety program. These sites are providing beneficial feedback to inform development of the program as it is rolled out across the province.
- As of May 3, 2018, 127 individuals across 51 pharmacies are using the system. Over 160 incidents and near misses have been reported (trending data is not yet available) and users are reporting positively on their experience using the system.
- These sites will participate in a formal evaluation in summer 2018, which will provide the College with qualitative feedback and data to support roll-out and change management.

## B. Plan for full program roll-out

- All components of the medication safety program will be in place by December 2018 to support phased on-boarding by region (all community pharmacies are intended to be using the platform by mid-2019) in order to minimize OCP resource risk. The components of the program include:
  - Signing of a **Data License Agreement (DLA)** by all pharmacies, to allow access to the Pharmapod platform.
  - Customization of the medication safety incident **reporting platform**, based on learnings from the ambassador sites.
  - Availability of **web-based training** modules to all users of the platform by fall 2018
  - Development of a **Pharmacy Safety Self-Assessment (PSSA) tool** that pharmacies are to complete within the first year of implementing the program
  - Adoption of a **supplemental Standard of Practice** (see below) that Community Practice Advisors are prepared to use to guide their support of pharmacies during the initial implementation phase
  - Development and use of a **Reporting suite** (both direct to pharmacies and OCP) to measure and track patterns and trends of incident data.
- Standardized medication safety reporting in hospital pharmacies will be considered after the program has been established in community pharmacies.

## C. Supplemental Standard of Practice

- The medication safety program is a mandatory program of the College, and falls within the College's objects related to emerging issues in the practice of the profession and standards of quality practice more generally.
- Although the program specifies the use of a standardized reporting platform, the general requirements of the program fall within the expected [Model Standards of Practice](#) outlined by NAPRA. More specifically, the Model Standards of Practice outline requirements related to Safety and Quality that speak to continuing professional development, quality assurance and quality improvement related to medication management. A draft **supplemental Standard of Practice (sSOP)**, see Appendix A) has been developed for consultation, based on the existing NAPRA standard, to provide additional detail on what is expected in Ontario.

## NEXT STEPS:

- **Consultation on the standard:** College will conduct a consultation on the sSOP before finalizing it for Council adoption in September. The sSOP will be reinforced in the pharmacy through the *Operational Standards for Pharmacy in Ontario*, which will be posted for consultation at the same time.
- **Communication with NAPRA:** given the growing movement of mandatory medication incident reporting across the country, the mechanisms and approaches Ontario is moving forward with will be brought to NAPRA for discussion.
- **Assessment process:** Practice advisors will undergo training to support and educate pharmacies and pharmacy professionals as this program is transitioned into an expectation of practice.
- **Fees:** The Medication Safety Program, mandatory for all accredited community pharmacies, is funded by the Ontario College of Pharmacists. It is expected that the cost of all programs that fall within the regulatory and public-protection mandate of the College will be recovered through College fees. Costs for this program will be incorporated into fee recommendations for 2019 and beyond, subject to Council approval in September 2018.



## **Supplemental Standard of Practice: Mandatory Standardized Medication Safety Program in Ontario Pharmacies**

### **Purpose**

To provide further clarity regarding practice expectations for pharmacy professionals in Ontario, in order to meet the Standards as outlined under Section 3 (Safety and Quality) of the National Association of Pharmacy Regulatory Authorities (NAPRA) [Model Standards of Practice](#).

### **Introduction**

The aim of the Ontario College of Pharmacists' medication safety program is to improve patient safety through the identification of medication incident trends and workflow issues leading to medication incidents, in order to support Continuous Quality Improvement (CQI) in pharmacy practice. CQI involves an ongoing and systematic examination of an organization's work processes to identify and address the root causes of quality issues and implement corresponding changes.<sup>1</sup> Effective CQI programs involve implementation of quality improvements resulting from both proactive review of work processes to identify areas of risk, and retrospective review of specific medication incidents. The objective of CQI is to ensure that all pharmacy professionals learn from medication incidents, and review and enhance their policies and procedures to reduce the chances of recurrence, thereby improving patient safety.

To achieve safer care for patients, CQI must focus on both system improvements as well as the tasks that individual practitioners perform. The medication safety program is based on a CQI approach. It supports shared accountability and holds pharmacy owners and managers accountable for creating a work culture that supports staff in engaging in CQI and holds pharmacy professionals accountable for the quality of their choices. To enable a culture that supports learning and accountability over blame and punishment, individuals must be comfortable to discuss medication incidents without fear of punitive outcomes.

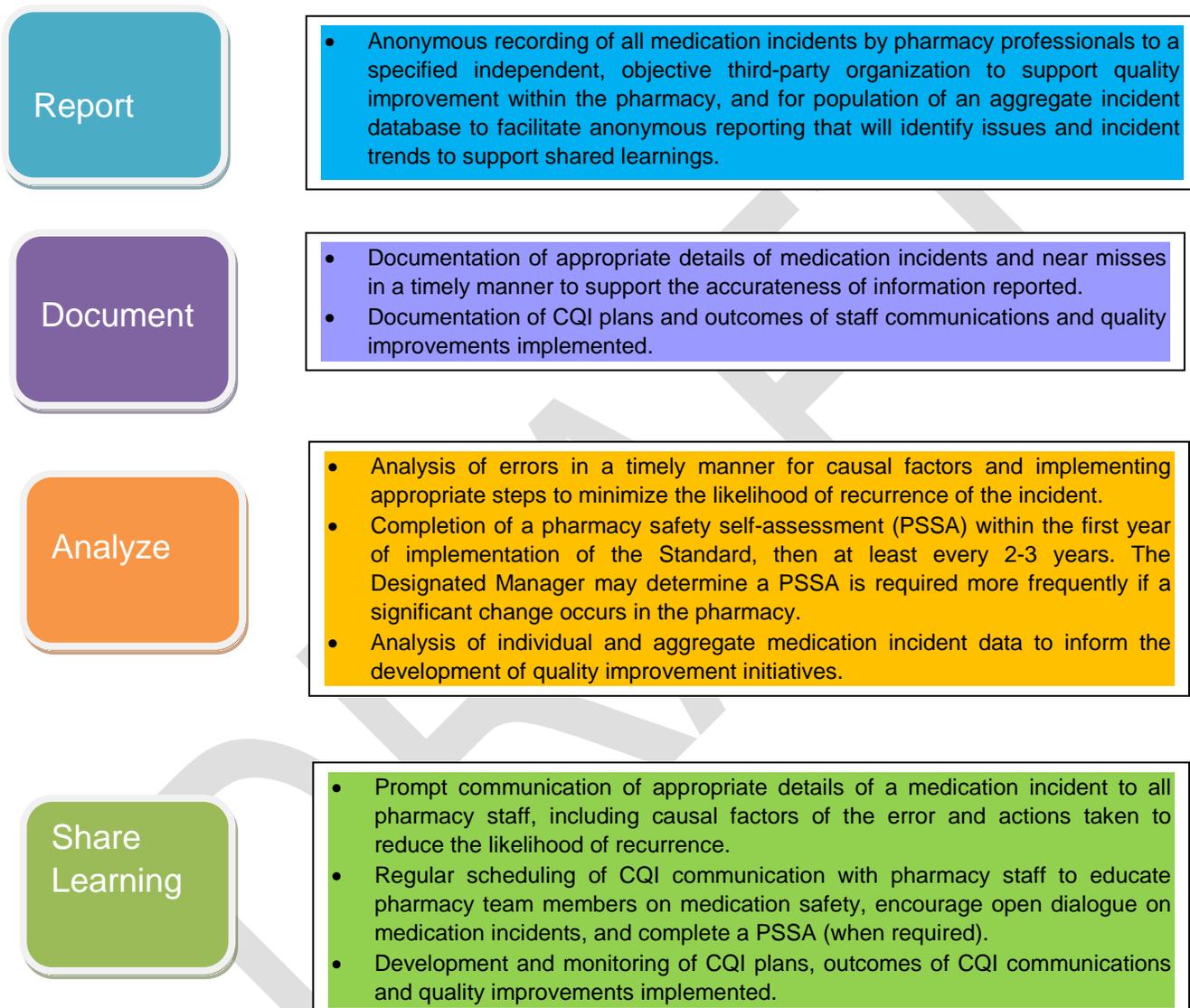
A critical element in safe medication practices is the sharing of lessons learned from medication incidents through recording of medication errors and near misses, to support sustainable changes in practice. The lessons learned from both medication errors and near misses enable continuous process improvements to minimize future incidents and maximize health outcomes to improve the quality of care provided in pharmacies.

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<sup>1</sup> Boyle TA, Bishop AC, Duggan K, Reid C, Mahaffey T, MacKinnon NJ, et al. Keeping the "continuous" in continuous quality improvement: Exploring perceived outcomes of CQI program use in community pharmacy. *Res Social Adm Pharm* 2014 Jan-Feb; 10(1): 45-57.

## Supplemental Standard of Practice (sSOP)

An effective standardized medication safety program for pharmacies must address both medication errors that reach the patient, as well as near misses intercepted prior to dispensing. Pharmacy professionals must meet all of the following requirements of the Mandatory Medication Safety Program, and pharmacies must enable and support pharmacy professionals in meeting these requirements:



## **Responsibilities of Pharmacy Professionals in Meeting the sSOP**

Pharmacy professionals must practice in accordance with all of the requirements of the medication safety program, as outlined above.

According to the Standards of Practice, all pharmacists and pharmacy technicians have the responsibility and obligation to manage medication incidents and address unsafe practices. This includes documenting and communicating all medication incidents and near misses with the entire pharmacy staff, and as appropriate to the patient and other health care providers (e.g. if the incident reaches the patient).

There is an expectation that pharmacy professionals will record medication incidents, both near misses and those errors that reach the patient, and engage in continuous quality improvement planning and initiatives to improve system vulnerabilities.

## **Responsibility of Pharmacy Owners and Designated Managers (DMs) in Meeting the sSOP**

Pharmacy owners and DMs must enable a culture that supports learning and accountability over blame and punishment, and encourages individuals to discuss medication incidents without fear of punitive outcomes. It is an expectation that all pharmacy operations are conducted in a manner that supports the aim of the medication safety program (as outlined in the introduction), and the requirements outlined in the sSOP that were designed to enable pharmacy professionals to meet this goal.

It is the responsibility of pharmacy owners and DMs to ensure that the work environment is conducive to, and incorporates, the appropriate process and procedures to support pharmacy professionals in meeting the requirements of the Medication Safety Program. This includes ensuring that pharmacy staff are able to anonymously record medication incidents, and have implemented processes to continually document, identify, and apply learnings from medication incidents to improve workflow within the pharmacy.



**COUNCIL BRIEFING NOTE**  
**MEETING DATE: JUNE 2018**

<b>FOR DECISION</b>	<b>FOR INFORMATION</b>	<b>X</b>
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**INITIATED BY:** Susan James, Director, Quality

**TOPIC:** Model Standards for Pharmacy Compounding of Non-Sterile Preparations

**ISSUE:** Implementation Plan for the Model Standards for Pharmacy Compounding of Non-Sterile Preparations

**BACKGROUND:**

- Compounding is the combining or mixing of two or more ingredients to create a customized final product (e.g. ointments, creams, eye drops, injections). Sterile compounding is used for medications that are intended for injection, infusion or application to the eye, and must be prepared in a sterile environment (e.g. a clean-room) following procedures that prevent the presence of any bacteria or fungi (even small amounts) that could contaminate the product and put patients' health at risk. All other compounds may be prepared in a non-sterile environment, but following processes and procedures that also prevent contamination and maintain the integrity of the product.
- In December 2017, Council approved the adoption of the [Model Standards for Pharmacy Compounding of Non-Sterile Preparations](#) (the Standards) with the implementation date to be recommended in June 2018.
- In late March 2018, the National Association of Pharmacy Regulatory Authorities (NAPRA) posted the Standards and accompanying [Guidance Document](#).
- Staff from several pharmacy regulatory authorities (PRAs) recognized the benefit of leveraging resources by taking a national approach to the implementation of the standards, including the creation of a national expert-working group. This approach was supported by NAPRA at their April 2018 Board meeting, and OCP has agreed to take the lead on the initiative.
- Staff from all provincial PRAs, with the exception of Quebec (which already has standards in place), and the Canadian Armed Forces, met in early May to develop a national work plan, including creation of a national expert working group, which will allow for pharmacy stakeholder input into the implementation plan.
- Based on learnings from the sterile standards, implementation should be phased in, using a risk management approach to determine appropriate timelines.
- The first phase of implementation began immediately following publication of the Standards on the NAPRA website. Communication to members has directed them to begin to identify their knowledge needs and assess gaps between the standards and their current practice and compounding environment.

**ANALYSIS:**

- In an outcome-based regulatory environment, standards and supporting guidance are required in order to convey the expectations of pharmacy practice.
- The impact of these Standards will be greater than that of sterile compounding standards due to their likely application to all pharmacy settings.
- Based on the experience with implementation of the sterile standards, timeframes need to allow for knowledge transfer, gap analysis, risk assessment and risk mitigation plans.

- Given that a large percentage of community pharmacies are part of national corporations, there could be some efficiency in having PRAs set consistent implementation work plans and dates across the country.
- Having a consistent national approach regarding expectations and adherence to the standards can contribute to a successful implementation and lead to the delivery of optimal patient care.

#### **NEXT STEPS:**

- The expert working group will meet in September 2018. They will use a risk based approach to determine the first set of critical elements required for the next phase of implementation. High-risk activities such as the handling of hazardous products will be prioritized.
- Council will be advised of implementation progress and asked to approve an implementation date for the first set of critical elements, based on the recommendations of the working group.
- **EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):**



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**INITIATED BY:** Anne Resnick, Director, Conduct, and Deputy Registrar

**TOPIC:** College of Veterinarians of Ontario (CVO)

**ISSUE:** CVO Council's intent to modernize the *Veterinarians Act*.

The College of Veterinarians of Ontario (CVO) Council has approved recommendations for modernizing the *Veterinarians Act*. Some of these changes will impact pharmacists and require consideration by the Ontario College of Pharmacists (“the College”).

**BACKGROUND:** In 2013, CVO acknowledged that elements of the *Veterinarians Act* (VA or “the Act”) present a barrier to effective regulatory practice and instigated research and broad consultation aimed at moving Ontarian veterinary practice from an exclusive scope model to an authorized acts model. The resulting report, [\*Achieving a Modern Approach to the Regulation of Veterinary Medicine in Ontario\*](#), presented 19 proposed amendments. CVO’s Council approved these 19 recommendations at its December 2017 meeting and subsequently shared these proposed concepts with the Ontario Ministry of Agriculture, Food and Rural Affairs (OMAFRA) for review.

In Ontario, only licensed veterinarians or pharmacists may compound, dispense or sell drugs that are to be administered to animals. Veterinarians are also authorized to administer a substance through injection or inhalation. However, as CVO shifts towards the new authorized acts model, it has concerns that elements of the scope of practice for pharmacists in human health care do not translate to animal care.

**CONSIDERATIONS:** In Ontario, both veterinarians and pharmacists are involved in dispensing, compounding and selling of drugs for animals, creating an overlap within scopes of practice. As CVO works to modernize the VA, there is recognition of the need to ensure that pharmacists can continue the longstanding practice of dispensing, compounding and selling medication to animal owners. With this in mind, CVO contacted the College at the end of 2017, regarding the implications changes to the VA may have for the pharmacy profession. The recommended changes will not allow pharmacists to prescribe, adapt or administer any drug or substance to or for an animal. The rationale for this is that animal toxicity is different than human, making pharmacist interpretations and recommendations beyond a veterinary prescription a significant risk to animals. CVO has recommended the following clause outlined in the aforementioned report to ensure pharmacists can continue to dispense, compound, and sell medications to animal owners:

*“the Veterinarians Act would not apply to prevent a person who holds an appropriate certificate of registration from the Ontario College of Pharmacists from compounding and dispensing drugs for, or selling drugs to, the owner of an animal”*

**NEXT STEPS:** The College will engage in consultation with registrants to solicit feedback around the components of the modernization of the VA that impact pharmacists. This will inform a productive dialogue between OCP and CVO with a shared goal of public safety and risk reduction in care delivery. Results of the consultation will be brought back to Council for information and provided to CVO to inform their work.

In order to address the need for pharmacists to recognize the difference between drug therapy for humans and animals, the College will publish a series of articles written by a veterinary hospital pharmacist.



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**INITIATED BY:** Nancy Lum-Wilson, CEO and Registrar

**TOPIC:** Report to June 2018 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 that have taken place since the March 2018 Council Meeting. In addition to various internal meetings with staff and regular meetings and phone calls with the 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.

**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. Following the March Council meeting and strategic planning retreat, College staff have been working to finalize an operational plan, together with the final vision, mission, values and 2019-2021 strategic priority statements, for Council approval (attached).

Also provided for information is the Q1 2018 report on the progress against initiatives identified in the current strategic plan which concludes at the end of 2018.

**Ministry/Government Activities**

On March 28, 2018, the Government released the 2018 Budget, which includes significant new investments in health care, child care, home care and mental health, and new measures to create more job opportunities for people across the province. The budget announcements include proposed investment in strategies that will apply to pharmacy such as: expanding OHIP+ by eliminating co-pays and deductibles for seniors; implementing a Strategy to Prevent Opioid Addiction and Overdose; and supporting the expansion of inter-professional primary care teams.

During this reporting period, I and College staff continued to meet with various officials from multiple branches of the Ministry of Health and Long-Term Care to provide updates on our work on relevant issues. These include meetings with the Health Capital, Health System Quality and Funding, Negotiations and Accountability Management, Health Workforce Planning and Regulatory Affairs and Ontario Public Drug Programs divisions as well as the Deputy Minister regarding updates on the implementation status of the national standards related to sterile compounding.

## **Legislative Initiatives**

### **Regulatory Amendments for Prescribing and Dispensing of Methadone**

Health Canada has made changes under subsection 56(1) of the *Controlled Drugs and Substances Act*, effective May 19, 2018, related to prescribing and dispensing methadone. This means that practitioners can now prescribe and administer methadone without obtaining an exemption under subsection 56(1) if:

- The person or animal is a patient under their professional treatment; and
- Methadone is required for the condition for which the person or animal is receiving treatment.

For pharmacists, this means they will no longer need to contact Health Canada in order to verify if a practitioner holds a valid subsection 56(1) exemption to prescribe methadone. These changes will be reflected in the College's methadone policy which will be incorporated into the new Opioid Policy. A letter from Health Canada outlining the specifics of these amendments is attached for Council's information.

### **Bill 160, Strengthening Quality and Accountability for Patients Act, 2017**

This Bill received Royal Assent in late Fall 2017 and impacts various pieces of legislation, including the *Health Sector Payment Transparency Act, 2017*. The purpose of the Act is to require the reporting of information about financial relationships that exist within Ontario's health care system, including within healthcare research and education, and to enable the collection, analysis and publication of that information in order to, among other things, strengthen transparency. The Act requires that certain transactions be reported to the Minister who shall analyze and publish the information. The Act establishes a framework for inspections and other compliance mechanisms. The College has been advised that regulations to the Act will be revisited in Fall 2018.

### **Protecting Patients Act, 2017**

The *Protecting Patients Act, 2017* strengthens the prevention of, and response to, incidents of patient sexual abuse, increases support for victims of sexual abuse by regulated health professionals and improves oversight and accountability of health regulatory colleges. Effective May 1, 2018, important legislative changes flowing from the *Protecting Patients Act 2017* that have resulted in amendments to regulations under the *Regulated Health Professions Act, 1991* (RHPA) came into effect. Specifically, the regulations focus on the following:

- Defining a patient in relation to sexual abuse allegations
- Specifying offences triggering mandatory revocation
- New requirements for posting information on the public register

New provisions in the RHPA now require all regulated health professionals to report to the College if they have been charged with an offence, any corresponding bail conditions or restrictions, whether they are a member of another professional body, and if any such body has made a finding of professional misconduct or incompetence. As well, a patient can now apply for funding to pay for therapy or counselling immediately after the College has been made aware of a complaint or report of sexual abuse of the patient by a member.

These important changes will further strengthen our collective commitment to zero tolerance for sexual abuse of patients by regulated health professionals and will also result in greater consistency between the *Drug and Pharmacies Regulation Act 1990* and the RHPA with respect to interim suspensions. The College remains committed to working closely with government as additional regulations are developed.

## **Employment Standards Act (ESA)**

One of the government's key priorities has been to implement measures to make workplaces fairer for workers. The Ministry of Labour has been reviewing whether workers in industries that currently have exemptions, special rules or exclusions from the *Employment Standards Act, 2000* (ESA) should be maintained.

Last fall the Ministry of Labour requested a written submission from the College related to exemptions that apply to pharmacists as part of the Ministry's consultation activities. The College issued its submission in February 2018. Following this submission, the Ministry requested additional input on which exemptions should be maintained, modified or removed. The College's follow-up position was shared with the Ministry in late April and is posted on our website along with the original submission on the ESA consultation page.

## **Federal/Provincial Initiatives**

### **Opioid Crisis Response**

Collaboration activities in support of the federal and provincial opioid strategies continue in addition to the ongoing initiatives to support the College's own strategy (see below). On April 9, 2018, staff met with representatives of Health Canada's Office of Controlled Substances, Opioid Response Team to explore opportunities for collaboration with Health Canada toward a common goal of responding to the opioid crisis through prevention and management of loss and theft of controlled substances, particularly narcotics. To support a more collaborative and coordinated approach, the College and Health Canada are currently working toward the possible establishment of a data sharing agreement.

College staff regularly participate in provincial Opioid Emergency Task Force meetings which were established to strengthen the province's coordinated response to the opioid crisis. The task force includes front-line workers in harm reduction, addiction medicine, and community-based mental health as well as people with lived experiences.

Staff also participate at the Health Quality Ontario Partnered Efforts Table which includes organizations across the province. The Partnered Table was created to develop a coordinated and integrated approach to support clinicians in the areas of opioid prescribing and pain management. The group recently released the "Ontario Pain Management Resources" which is a one-stop summary of available pain management supports.

### **Palliative Care Public Consultation**

Health Canada has developed a website for a public consultation related to a framework on [palliative care](#). This consultation will run for three months from May to July, 2018. During this time, input is sought on the following: [advanced care planning](#), [person and family-centred care](#), [access](#) issues, [special populations](#), [health care provider training and supports](#), [caregiver needs](#), and [community engagement](#).

### **Cannabis**

On March 22, 2018, the Senate passed one of two key bills that are required to legalize the production, distribution and use of cannabis for recreational purposes. The bill now moves on for more detailed study in Senate committees with a final vote on the legislation expected in June.

The College's Cannabis Task Force has now completed its work and has submitted a strategy and recommended position statement for Council's consideration. Details are provided in the Briefing Notes.

Also, following a meeting with the National Association of Pharmacy Regulatory Authorities (NAPRA), Health Canada provided the following definitive response on the matter of compounding cannabis products:

*“The proposed Cannabis Act states that activities with cannabis are prohibited unless authorized. Compounding would be captured under the prohibition on production (clause 12), which indicates that it is prohibited to obtain, or offer to obtain, cannabis by any method or process including manufacturing, synthesizing or altering its chemical or physical properties. As such, any compounding activity involving cannabis would require enabling regulations or a ministerial authorization, in addition to complying with applicable provincial or territorial requirements.”*

### **North East LHIN Pharmacy Strategy**

The College has worked with the North East LHIN to develop a regional pharmacy strategy. The overarching goal of the strategy is to support the hospitals in the NE LHIN to collectively and consistently provide medication management services according to standard, with an immediate focus on standards related to sterile compounding. The strategic framework is now being shared for implementation with the North West LHIN and also has been presented to the Ministry. The Deputy Minister has expressed interest in broadly sharing the framework amongst the 14 LHINs to promote its use throughout the province. The strategy will be finalized and posted on the College’s website in late June.

Building on this partnership, a new initiative is being explored with the North East LHIN, involving a potential “Demonstration Project” that involves optimizing practice for mental health patients through collaboration between primary care and community pharmacists. This work is linked with the Optimizing Practice within Scope Strategy. More information will follow in the coming months as the initiative evolves.

### **Other Stakeholder Meetings**

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

NAPRA meetings were held April 24-26, 2018 in Ottawa. In addition to the standard business of its Annual Meeting of Members, PRA leaders from across Canada participated in strategic discussion of possible priorities for consideration by NAPRA’s Board of Directors during its upcoming strategic planning exercise. Top priority areas identified included: professional autonomy (pressures and factors impacting professional behaviour); cross-jurisdictional pharmacy service (provision of services to patients outside their home jurisdiction); and opioid use (the pharmacist role in patient care). The Board reviewed NAPRA’s 2018 annual plan and financial position, demonstrating a sound financial position and high level of activity. In addition, opportunities related to NAPRA’s Pharmacist Gateway Canada for IPGs was discussed as well as other opportunities for cross-Canada collaboration, including the implementation of non-sterile compounding standards in community pharmacy.

#### **National Summit on Wicked Problems in Community Pharmacy**

In April, staff attended the “National Summit on Wicked Problems in Community Pharmacy” which was hosted by the Nova Scotia College of Pharmacists. The summit was attended by behavioural science researchers, representatives from key pharmacy stakeholders’ groups and pharmacy practice researchers who were asked to have an evidence-informed discussion on the primary factors underpinning the wicked problems of community pharmacy (factors that render pharmacy professionals challenged to provide professional services or to meet their professional standards of practice and responsibilities). Although diverse perspectives were

raised, a key aligning theme was the importance of identifying outcome indicators for community pharmacy.

### **Inquiry into the Safety and Security of Residents in the Long-Term Care Homes System**

In August 2017, the Ministry of the Attorney General announced the appointment of The Honourable Justice Eileen Gillese to lead an independent public inquiry into the policies, procedures and oversight of long-term care homes. In particular, she was asked to inquire into the circumstances and systemic issues that may have contributed to the assault and death of residents who were under the care of Elizabeth Wettlaufer, a former registered nurse in long-term care homes in southwestern Ontario.

In mid-May, together with staff, I met with Inquiry representatives to hear about their process and the issues they are examining, and to determine how we, as a College, could provide information and participate. The focus of our discussion was on safety and the regulatory tools that will be helpful to decrease the risk of resident harm in long-term care homes. We have indicated our willingness to support the Inquiry's mandate to increase public safety as they move forward.

### **National Association of Boards of Pharmacy (NABP)**

In May, I attended the annual meeting of NABP, which is the U.S. organization equivalent to NAPRA. One of the services offered by NABP is a Clearinghouse that holds vital disciplinary data for licensing bodies across the U.S. Information housed in the clearinghouse is used in determining the acceptability and qualifications of pharmacists who request the transfer of examination scores and licenses to other states or jurisdictions. The Clearinghouse also houses information reported by the member boards of pharmacy on actions taken against wholesale distributors, pharmacies, pharmacy owners, and pharmacy technicians and interns. Member boards can access information contained in the Clearinghouse by submitting a query. As well, if a licensee is licensed in multiple states, each board where the individual is licensed will receive information via the e-Profile Alerts section of the Clearinghouse about actions taken by any of the other boards. The College is now engaged in discussion with NABP to develop an information sharing agreement between our organizations, thus augmenting our ability to serve and protect the public of Ontario.

### **World Health Professions Regulation Conference**

The World Health Professions Regulation Conference was held this year in Geneva, Switzerland, from May 19-20. Regulators from around the globe converged to discuss topics relevant to governance and international trends. Key discussions included the following:

- Trust is central to the relevance of regulators and decisions being taken by panels must be consistent with what society expects.
- Social media and disruptive technology are, and will continue to be, key tools for regulating in the current environment and into the future. Regulation becomes obsolete and cannot remain relevant without embracing change.
- Regulatory oversight of health professionals increasingly needs to be outcomes-based, including a focus on patient-related outcomes measures. Focusing on standards and quality improvement is critical to driving and enabling change.
- Deregulation of health professionals in the European Union to allow mobility across countries is raising the possibility of situations where professionals are registering in the least stringent country and then "hopping" over to another country, creating potential patient safety concerns.
- Measuring registrants' participation in Continuing Professional Development (CPD) is not enough in order to understand the impact and effectiveness of CPD programs. Regulators need to be outcomes-focused in order to understand the impact of the CPD on performance and patient health.

## **Miscellaneous Items**

### **Governance Training**

On May 9<sup>th</sup> and 10<sup>th</sup>, Vice President Weyland and I participated in a two-day workshop organized by the Council on Licensure, Enforcement and Regulation (CLEAR) and intended for seasoned regulatory board members to help them build on their experience in board service. The program highlighted strategies for dealing with some specific challenges faced by board members and provided opportunities for peer-to-peer learning, engagement and development. The first day emphasized the relationships that are integral to regulatory functions, including dealing with transition, identifying the roles of governance versus management and facilitating positive communication; the second day focused on the accountability and evaluation role of regulatory Board Members. As specified in the Governance Manual, Council is required to receive formal education about governance issues and to this end, we are engaging with CLEAR to bring this workshop to Council at the September Council meeting. As a result, the September Council meeting is expected to require two full days, plus the Sunday evening event.

### **Developing the principles for quality indicators for pharmacy**

The College is in the final preparation phase for the June 13<sup>th</sup> Roundtable: *Developing the principles for quality indicators for pharmacy*. We are pleased that Health Quality Ontario (HQO) is committed to building pharmacy into its [Common Quality Agenda](#), and dedicating resources to this work. We hope to leave the Roundtable with:

1. A set of principles to guide development of quality indicators for Pharmacy
2. A set of indicator categories to support moving forward with an outcomes based approach for Pharmacy
3. A set of principles to guide indicator implementation

After the roundtable, the College will work with HQO to identify the most appropriate pharmacy quality indicators, using HQO's established indicator selection process. This work will be complete in early 2019, providing a foundation for the 2019-2021 strategic plan's strong focus on patient outcomes, accountability and transparency.

### **Digital Health**

College staff are collaborating with eHealth Ontario on an initiative that will support pharmacy's access to provincial digital health tools including clinical viewers. Pharmacists and pharmacy technicians will require "ONE ID" credentials in order to access these tools and we will be working with eHealth to facilitate the enrollment process for "ONE ID" through the member portals and registration process. The College of Physicians and Surgeons of Ontario have recently incorporated ONE ID enrollment into their processes and we are collaborating with them to learn from their experience.

### **Pharmacy 5in5**

The University of Waterloo School of Pharmacy continues to report a positive response to its Pharmacy5in5 platform which was officially launched in January 2018. As of April 30, 2018, the University reports there are 1,822 users on the system with positive results in response to our joint social media marketing efforts. It has been acknowledged that the College's communication efforts have made a significant contribution to the success of the program's exposure among pharmacy professionals to date.

In May 2018, the University introduced a module on [Assessing Opioid Prescriptions](#) and in June 2018, will add another module on Educating Pharmacists on Cannabis. These topics will allow practitioners to test their knowledge on these topics and will ultimately help both the College and

the University of Waterloo understand pharmacy professionals' progress in optimizing their scope of practice and providing safe and quality pharmacy care.

### **Office of the Fairness Commissioner**

The Office of the Fairness Commissioner (OFC) oversees the College's registration practices to ensure that they are transparent, objective, impartial and fair. The OFC requires the College to submit and post annual Fair Registration Practices Reports for both pharmacists and pharmacy technicians. In addition, the College is required to complete an Assessment of Registration Practices (Cycle 3 Assessment) every three years.

Using the Registration Practices Assessment Guide, the OFC assesses four general duties (transparency, objectivity, impartiality and fairness) and eight specific duties related to registration practices: Information for Applicants, Timely Decisions, Responses and Reasons, Internal Review or Appeal, Information on Appeal Rights, Documentation of Qualifications, Assessment of Qualifications / Training, and Access to Records. Information for the Cycle 3 Assessment is collected through meeting with staff, the College's website, the Annual Fair Registration Practices Reports and other relevant sources.

The College's Cycle 3 Assessment was successfully completed earlier this year. The OFC determined all assessment outcomes had been demonstrated. They also identified 2 new "commendable practices" in the College's registration program related to conflict of interest policies for assessors and the Practice Assessment of Competence at Entry assessment model. The 2018 assessment report will be posted on the [OFC website](#) in the near future.

### **Standards of Operations**

In 2016, the general regulations under the *Drug and Pharmacies Regulation Act, 1990 (DPRA)*, were updated to incorporate hospital pharmacies and extend the College's authority to license and inspect pharmacies within public and private hospitals. The regulations were re-written as both high-level and outcome-based to emphasize performance-based expectations. The College committed to maintaining the applicable standards, policies and guidelines to provide more detail to pharmacy operators in meeting the outcomes addressed in the regulation.

Building on the experience gained in the last few years with both the new regulations and the application of the pharmacy assessment framework for both community and hospital pharmacies, expected standards of operation have been drafted to clarify the College's expectations. The purpose of these operational standards is to facilitate the creation of the optimal environment for the safe and effective practice of pharmacy and to support the regulation of pharmacies in Ontario within the context of the outcome-based regulations under the DPRA.

With the exception of removing the specific detail regarding library references and resources and outlining the requirement that all "Pharmacy professionals are able to access references and resources as required to support the delivery of patient care", there are no new expectations included in these standards.

The standards will be posted online for public consultation in June 2018 and feedback will be provided to Council in September 2018 along with the final standards for approval.

### **Ontario Pharmacists Association**

On April 24<sup>th</sup>, I was advised by OPA Chair, Mike Cavanagh, of the departure of Mr. Andrew Gall, OPA's CEO, and that in the interim, the CEO responsibilities will be assumed by senior staff.

## College Opioid Strategy

As noted above, the College continues to work on initiatives associated with our Opioid strategy, outlined below:

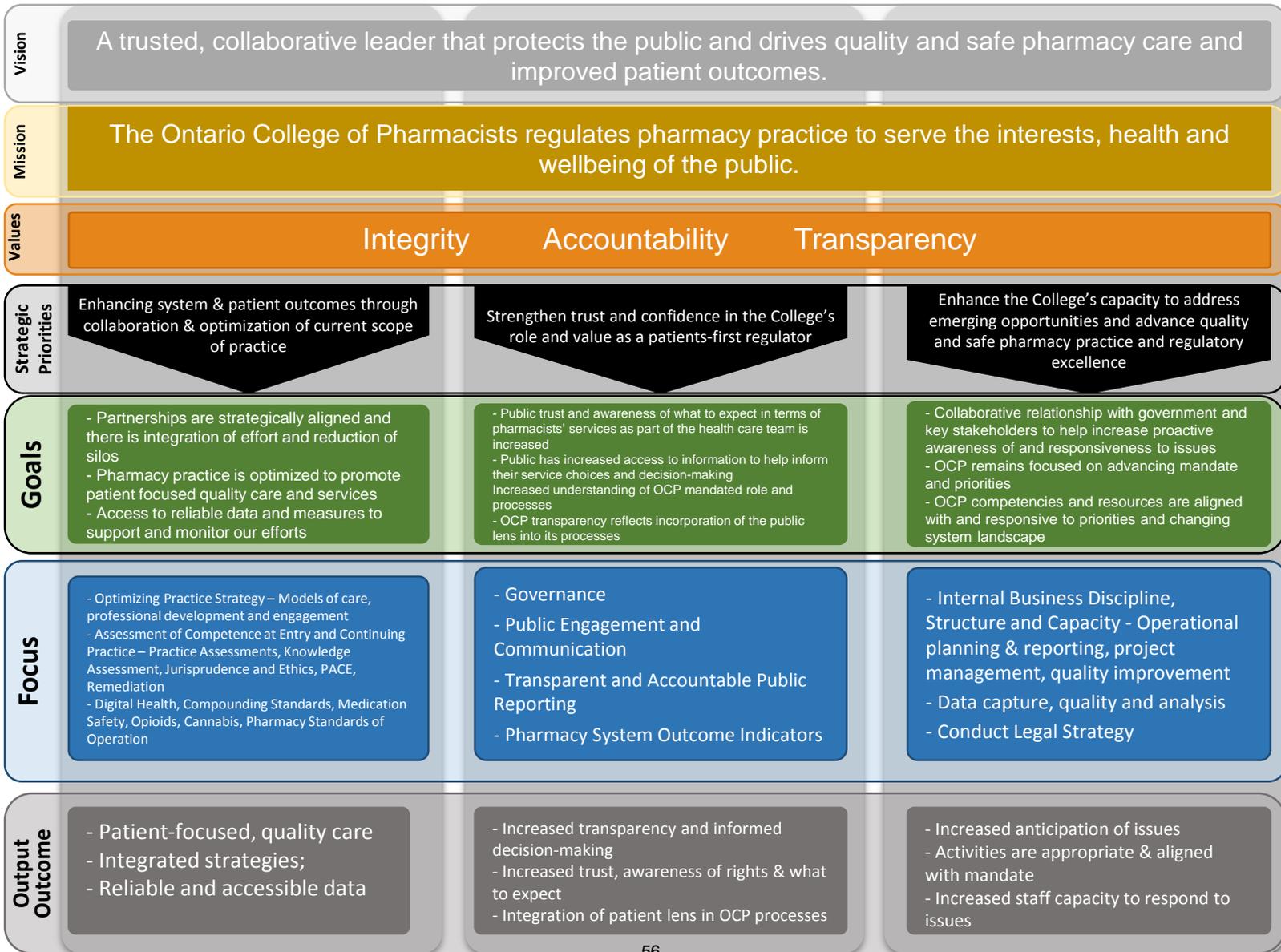
- **External Working Group:** An external working group has been established to assist in identifying and developing tools and resources to support the strategy initiatives. This group met in March and will continue to provide feedback and advice over the coming months.
- **Indicators:** The College is continuing to participate on the Prescription Monitoring Leadership Roundtable and has recently begun working with the Ministry of Health and Long-Term Care to begin to explore indicators for pharmacy, based on the Narcotic Monitoring System (NMS) data.
- **Communications and Resources:** The College continuously updates its website to reflect relevant tools and resources related to the management of opioid therapy, and regular communications are sent to pharmacy professionals alerting them to the availability of these tools. Current resources include:
  - **Opioids Practice Tool:** 3,767 visits since the strategy was launched (representing a 34% increase since last quarter)
  - **Narcotics Practice Tool:** 6,576 visits since the strategy was launched (representing a 39% increase since last update)
  - **Naloxone guidance:** 7,371 visits since the strategy was launched (visits have more than doubled since last quarter)

Additional tools have been added to the college's website, including the Ontario Pharmacists Association's *Pharmacist Clinical Tool for Initiating Naloxone Discussions* and a link to Health Canada's Resources for Patients and Families.

## Pharmacy Examining Board of Canada (PEBC)

PEBC is the national certification body for the profession of pharmacy in Canada. Its purpose is to establish qualifications for pharmacists acceptable to participating licensing bodies and to provide fair and equitable examinations for the issuance of certificates of qualification and registration of successful applicants. Dr. Karen Riley represents the College on this Board and has provided for Council's information highlights of issues addressed, and recommendations made, by the Board (see attached Board Meeting Summary).

# OCP Strategic Framework (2019-2021) – Operating Plan 2019



29-May-18		Quarterly Scorecard – OCP Council - Q1 2018 Report						
#	SP ref.	Indicator or Milestone Measure	Q1	Q2	Q3	Q4	YTD	Target
<i>Strategic Initiatives</i>								
1	SP1	*Compliance with Protecting Patients Act					n/a	30-Dec-18
2	SP1	*Opioid Strategy Implementation					n/a	01-Aug-18
3	SP1	*Cannabis Strategy developed & presented to Council					n/a	01-Jun-18
4	SP2	*Council approval of Non-sterile Compounding Implementation Date					n/a	30-Jun-18
5	SP2/3	*Development of hospital Pharmacy Strategy - NE LIHN					n/a	30-Jun-18
6	SP2/3	*Med Safety program implementation - 100 test sites	3-May				n/a	28-Feb-18
7	SP2/3	*Med Safety program-commence full roll out					n/a	01-Dec-18
<i>Regulatory Mandate</i>								
8	SP2	% of assessments meeting critical equipment elements in Sterile Comp.(Hospital)	100%				100%	100%
9	SP2	% of assessments meeting critical BUD elements in Sterile Comp.(Hospital.)	67%				67%	100%
10	SP2	% of Pharmacists who require remediation following practice assessment	1.8%				1.8%	< 3%
11	SP2	% of Pharmacists assessed meeting more than 75% of indicators w/out coaching	44.2%				44.2%	CB
12	SP2	% Statutory compliance with complaint disposal within 150 days	3.0%				3.0%	66% min
13	SP1	% Statutory compliance with issuance of NOC within 14 days	91%				91%	95% min
14	SP1	% HPARB complaint decisions confirmed (decisions confirmed/HPARB decisions)	3/3				100%	75% min
15	SP1	% of decisions for uncontested hearings issued within 60 days	10%				10%	66% min
16	SP1	% of Registrar's Inquiries disposed of within 365 days	50%				50%	55% min

Legends	SP Ref. (Strategic Plan Reference)
* Indicates a Milestone	SP1 = Core Programs - Fulfillment of Mandate - Societal Expectations
 Completed Milestone	SP2 = Optimize Practice Within Scope - Quality health care services
ND = no data reportable	SP3= Inter & Intra Professional Collaboration
n/a = not applicable	
<b>Indicator Performance to Target</b>	<b>*Milestone Performance to Target</b>
On Target within 10%	On Track (proceeding per plan)
Approaching Target >10%-25%	Potential Risk
Needs Improvement >25%	Risk/Roadblock

Scorecard Measure	Q1 2018 Council Summary / Improvement Strategies
<p><b>#1</b> Compliance with Protecting Patients Act</p>	<p><b>Project is proceeding as planned.</b></p> <ul style="list-style-type: none"> <li>- Refer to notation in Registrar’s Report BN (briefing note) for further information</li> </ul>
<p><b>#2</b> Opioid Strategy implementation</p>	<p><b>Project is proceeding as planned.</b></p>
<p><b>#3</b> Cannabis Strategy - Developed &amp; presented to council</p>	<p><b>Project is proceeding as planned.</b></p> <ul style="list-style-type: none"> <li>- Refer to BN for further information</li> </ul>
<p><b>#4</b> Council approval of non-sterile Compounding Implementation Date</p>	<p><b>Project is proceeding as planned.</b></p> <ul style="list-style-type: none"> <li>- Refer to BN for further information</li> </ul>
<p><b>#5</b> Development of hospital Pharmacy Strategy - NE LIHN</p>	<p><b>Project is proceeding as planned.</b></p> <ul style="list-style-type: none"> <li>- Refer to notation in Registrar’s Report BN for further information</li> </ul>
<p><b>#6</b> Med safety program Implementation - 100 test sites</p>	<p>The February 28<sup>th</sup> milestone was met on May 3<sup>rd</sup>, 2018.</p> <ul style="list-style-type: none"> <li>- Refer to BN for further information</li> </ul>
<p><b>#7</b> Med Safety program- commence full roll out</p>	<p><b>Project is proceeding as planned.</b></p> <ul style="list-style-type: none"> <li>- Refer to BN for further information.</li> </ul>
<p><b>#8</b> % Assessments meeting critical equipment elements in Sterile Compounding</p>	<p><b>The first quarter result met the target.</b></p>
<p><b>#9</b> % Assessments meeting critical BUD elements in Sterile Compounding</p>	<p><b>The first quarter target was not met</b></p> <ul style="list-style-type: none"> <li>- The College has identified that there must be a hospital policy in place to specify the beyond use dating of single-dose vials by January 1, 2019. In the first quarter of 2018, 5 of the hazardous sterile compounding sites and 7 of the non-hazardous sites had a policy in place when assessed by the College. The remaining sites, 12 hazardous and 11 non-hazardous have an action plan to become compliant by January 1, 2019. The Hospital Practice Advisors are monitoring and following up to ensure compliance by January 1, 2019.</li> </ul>
<p><b>#10</b> % of Pharmacists who require remediation following practice assessment</p>	<p><b>The first quarter result met the target.</b></p>

<p><b>#11</b> % of Pharmacists assessed meeting more than 75% of indicators without coaching</p>	<p><b>Collecting Baseline</b></p> <ul style="list-style-type: none"> <li>- The College initiated a new approach to Quality Assurance in 2016, with the introduction of practice assessments designed to assess and improve the performance of registrants in their actual practice setting. Starting with community pharmacists, the process involves the assessment of 13 performance indicators within four core practice areas that correspond to the <i>NAPRA Model Standards of Practice for Canadian Pharmacists</i>. Given the assessment approach is new and different, coaching to clarify practice expectations is an important part of the model. Over time, the College expects registrants will require less coaching, particularly after the first cycle of assessments (to occur over a five-year period) have been completed.</li> <li>- While 98.2% of pharmacists assessed in 2017 passed the assessment (i.e. met all 13 indicators, with or without coaching) most required some degree of coaching. This indicator shows that 44.2% of pharmacists who passed the assessment met more than 75% of the indicators without coaching. Further analysis of the data to understand the factors that contribute to practice performance is needed before we can determine a target for this indicator and strategies for further improvement of overall performance.</li> </ul>
<p><b>#12</b> % Statutory compliance with complaint disposal within 150 days</p>	<p><b>The first quarter target was not met.</b></p> <ul style="list-style-type: none"> <li>- This indicator depends on multiple factors: time for a decision to be written after a matter has been disposed of by the ICRC, time it takes to bring the complaint file to the ICRC, time to investigate the complaint. Accordingly the volume of complaints in a given period is a factor. 28% more complaints were opened in 2017 than in the previous two years (321/255) and 57% more complaints were opened in Q1 of 2018 than in the same period in 2017 (118/75). An unusual occurrence, 57 complaints by a single complainant, accounts for much of the recent increase in complaints. Staff transitions due to maternity leaves and illness absences resulted in reduced efficiencies during this period. Triaging of decision drafting which prioritizes high risk and/or high profile cases for which information is posted on the public register impacted output as well. Strategies to improve performance include increasing decision writing capacity, recruitment for an additional investigator and increasing complaint processing capacity through extension of contract staffing.</li> </ul>
<p><b>#13</b> % Statutory compliance with issuance of NOC within 14 days</p>	<p><b>The first quarter result was met within 10% of target.</b></p>
<p><b>#14</b> % HPARB complaint decisions confirmed</p>	<p><b>The first quarter result exceeded the target.</b></p>

<p><b>#15</b> % of decisions for uncontested hearings issued within 60 days</p>	<p><b>The first quarter target was not met.</b></p> <ul style="list-style-type: none"> <li>- In 2017, the Discipline Committee, on the recommendation of the Discipline Committee Working Group, established the expectation that decisions for uncontested hearings be issued within 60 days. This target was achieved 51% of the time in 2017. An analysis of current performance indicates that Independent Legal Counsel (ILC) review of decisions significantly contributes to the time taken to issue decisions. To mitigate the risks of delays, staff with legal training are now available to perform this review. This option has been employed by some panels to date. Additionally, more in-depth decision writing training will be provided to panel chairs in the coming year.</li> </ul>
<p><b>#16</b> % of Registrar's Inquires disposed of within 365 days</p>	<p><b>The first quarter result was met within 10% of target.</b></p>

Scorecard Measure	Indicator or Milestone Definition	Performance Corridor Guide
<p><b>#1</b> Compliance with Protecting Patients Act</p>	<p>Compliance with Protecting Patients Act elements as they come into force.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#2</b> Opioid Strategy Implementation</p>	<p>Implementation of an Opioid Strategy with a multi-pronged approach that is aligned with other provincial and national stakeholder initiatives.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#3</b> Cannabis Strategy - Developed &amp; presented to council</p>	<p>Development of an Ontario cannabis strategy for pharmacy.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#4</b> Council approval of non-sterile Compounding Implementation Date</p>	<p>Approval of implementation date for non-sterile compounding standards.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#5</b> Development of hospital Pharmacy Strategy - NE LIHN</p>	<p>Development of a pharmacy strategy for hospitals in the North East LHIN that supports a regional approach to meeting the standards.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#6</b> Med safety program Implementation - 100 test sites</p>	<p>Implementation of Medication Safety program across 100 test sites.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#7</b> Med Safety program-commence full roll out</p>	<p>Readiness to commence medication safety program full roll out to 4,500 locations.</p>	<p>  On Track   Potential Risk   Risk/Roadblock                 </p>
<p><b>#8</b> % Assessments meeting critical equipment elements in Sterile Compounding</p>	<p>The % of assessments meeting critical equipment (fridge and hood) elements for hazardous &amp; non-hazardous sterile compounding criteria in a hospital pharmacy. Sites are assessed for either hazardous, non-hazardous or both depending on the type of compounding they do.</p>	<p>% performance is:   90% - 100%   75% – 89%   74% or less                 </p>

Scorecard Measure	Indicator or Milestone Definition	Performance Corridor Guide
<p><b>#9</b> % Assessments meeting critical BUD elements in Sterile Compounding</p>	<p>The % of assessments meeting critical BUD (beyond user date) elements for high risk preparations and single use Policy for hazardous &amp; non-hazardous sterile compounding criteria in a hospital pharmacy. Sites are assessed for either hazardous, non-hazardous or both depending on the type of compounding they do.</p>	<p>% performance is:   90% - 100%   75% – 89%   74% or less</p>
<p><b>#10</b> % of Pharmacists who require remediation following practice assessment</p>	<p>The % of community pharmacists who require remediation (coaching and reassessment) following a practice assessment. (routine assessments)</p>	<p>% performance is:   3.3% or less   3.2 – 3.8%   3.9% or more</p>
<p><b>#11</b> % of Pharmacists assessed meeting more than 75% of indicators w/out coaching</p>	<p>The % of community pharmacists meeting standards in more than 75% of their performance indicators without coaching (routine assessments)</p>	<p>TBD</p>
<p><b>#12</b> % Statutory compliance with complaint disposal within 150 days</p>	<p>The % Statutory compliance with complaint disposal within 150 days. Excludes 75 (1) (c) investigations.</p>	<p>% performance is:   59% or more   49 – 58%   48% or less</p>
<p><b>#13</b> % Statutory compliance with issuance of NOC within 14 days</p>	<p>The % Statutory compliance with issuance of the NOC (notice of complaint) to the complainant within 14 days of the complaint being filed.</p>	<p>% performance is:   85% or more   71 – 84%   70% or less</p>
<p><b>#14</b> % HPARB complaint decisions confirmed</p>	<p>The % of HPARB (Health Professions Appeal and Review Board) complaint decision requests confirmed.</p>	<p>% performance is:   67% or more   56 – 66%   55% or less</p>
<p><b>#15</b> % of decisions for uncontested hearings issued within 60 days</p>	<p>The % of decisions for uncontested hearings that are issued within 60 days.</p>	<p>% performance is:   59% or more   49 – 58%   49% or less</p>
<p><b>#16</b> % of Registrar's Inquires disposed of within 365 days</p>	<p>The % of the Registrar's Inquiries disposed within 365 days.</p>	<p>% performance is:   49% or more   41 – 48%   40% or less</p>

To all interested parties,

As some of you may be aware, on March 21, 2018, the Government of Canada published in the Canada Gazette, Part II, regulatory amendments that will change the way methadone is regulated under the *Controlled Drugs and Substances Act* (CDSA) and the *Narcotic Control Regulations* (NCR).

In summary, these will allow practitioners to prescribe, administer, sell or provide methadone without applying for and obtaining an exemption under subsection 56(1) of the CDSA. This is for both the treatment of opioid use disorders and for analgesia.

Please be advised that the amendments will come into force on May 19, 2018. More information regarding these can be found at <http://www.gazette.gc.ca/rp-pr/p2/2018/2018-03-21/html/sor-dors37-eng.html>.

These regulatory amendments will help Canadians have greater access to a comprehensive array of treatment options.

## What will this mean:

### *For Practitioners*

Practitioners can prescribe and administer methadone without obtaining an exemption under subsection 56(1) of the CDSA from Health Canada if:

- The person or animal is a patient under their professional treatment; and
- Methadone is required for the condition for which the person or animal is receiving treatment.

This regulatory amendment cancels any previously issued subsection 56(1) exemptions related to methadone. It also applies to temporary methadone exemptions; including in correctional facilities, clinics and hospitals.

Under the CDSA, “practitioners” include medical doctors, dentists, veterinarians, nurse practitioners, midwives and podiatrists, who are registered and entitled under the laws of a province to practise in that province. However, midwives and podiatrists are not authorized to prescribe methadone.

Medical residents should contact their respective provincial licensing bodies for information on whether they are permitted to prescribe and administer methadone to their patients.

### *For Pharmacists*

Pharmacists will no longer need to contact Health Canada in order to verify if a practitioner holds a valid subsection 56(1) exemption to prescribe methadone. Methadone is permitted to be prescribed in the same manner as other narcotics under the NCR. As such, pharmacists may sell or provide a narcotic to a person if the pharmacist has first received a written order or prescriptions, signed and dated, by a practitioner.

It is to be noted that when dealing with controlled substances, practitioners and pharmacists are still required to meet all other applicable provisions of the CDSA and its associated regulations including the NCR, as well as the

.../2

requirements established by the relevant jurisdictions or licensing authorities governing their respective practices (e.g. College of Physicians and Surgeons or Nurses, Medical Councils, etc.). Furthermore, as part of the community pharmacy inspection program, Health Canada will continue to monitor, promote and verify compliance with federal regulatory requirements.

The NCR can be found at: [http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,\\_c.\\_1041/](http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/)

### ***For Provincial and Territorial Licensing Authorities***

Provincial and territorial licensing bodies may wish to maintain oversight mechanisms, training and other requirements related to prescribing and administering methadone. Please be advised that Health Canada will be directing practitioner and pharmacist's inquiries related to these requirements to their respective provincial or territorial licensing authority.

Please note that the information related to these regulatory amendments will soon be available on Health Canada's [website](#) and will include links to guidelines for the management of opioid use disorders.

We invite you to share this information with your members and any interested parties.

If you have any questions, please contact us at [hc.exemption.sc@canada.ca](mailto:hc.exemption.sc@canada.ca)

Exemptions Section / Authorizations Division  
Office of Controlled Substances / Opioid Response Team  
Health Canada / Government of Canada  
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# PEBC UPDATE

Vol. 22 No. 1 March 2018

## 2018 Annual Board Meeting Summary



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The Pharmacy Examining Board of Canada held its 2018 Annual Board Meeting on February 24, 2018 in Toronto. Standing committees met over the 3 days preceding this meeting. The following are highlights of issues addressed and recommendations made by the Board. For further information, you may contact Board appointees, President Janet MacDonnell or the Registrar-Treasurer, Dr. John Pugsley.

### Board Appointments

New appointments to the Board, taking effect at the close of the Annual Board Meeting are:

Association of Faculties of Pharmacy of Canada – Dr. John Hawboldt

Ontario College of Pharmacists – Dr. Karen Riley

L'Ordre des Pharmaciens du Québec – Yann Gosselin-Gaudreault

Saskatchewan College of Health Professionals – Suzanne Gulka

### 2018 Executive Committee

President – Janet MacDonnell

Vice-President – Kaye Moran

Past-President – Kendra Townsend

#### Executive Members:

Omar Alasaly  
Dr. Kim Abbass

### 2017 PEBC Statistics

#### PEBC Pharmacist Register:

There were 1531 names added to the Pharmacist Register by examination in 2017.

#### Pharmacist Qualifying Examination:

A total of a total of 2680 candidates took the Qualifying Examination-Part I (MCQ) in 2017, compared to 2796 in 2016. A total of 2495 candidates took the Qualifying Examination-Part II (OSCE) in 2017, compared to 2519 in 2016.

There were a total of 32 candidates assessed for non-certification purposes.

#### Pharmacist Evaluating Examination:

There was an increase in the number of candidates writing this examination – 2102 in 2017, compared to 1907 in 2016.

#### Pharmacist Document Evaluation:

A total of 2731 applicants in 2017 were ruled acceptable for admission into the Evaluating Examination, compared to 1877 in 2016. This represented a 46% increase over 2016.

#### PEBC Pharmacy Technician Register:

There were 970 names added to the Pharmacy Technician Register by examination in 2017, bringing the total to 9484 since 2009.

#### Pharmacy Technician Qualifying Examination:

A total of 1500 candidates took the Qualifying Examination-Part I (MCQ) in 2017, compared to 1293 in 2016 and 1393 took the Qualifying Examination-Part II (OSPE), compared to 1294 in 2016.

#### Pharmacy Technician Evaluating Examination:

A total of 399 candidates wrote the Pharmacy Technician Evaluating

**PEBC UPDATE**  
The Pharmacy Examining  
Board of Canada

Contributor:  
J. Pugsley

Examination in 2017 at centres in Saskatchewan, Manitoba, Ontario, New Brunswick, PEI, Nova Scotia, and Newfoundland, compared to 333 in 2016. The last Pharmacy Technician Evaluating Examination will be held in October 2018. An alternate process for evaluating international pharmacy technicians is being explored by PEBC and the NAPRA National Committee on Pharmacy Technicians for implementation in 2019.

## Committee on Examinations

PEBC continues to monitor evolving scopes of practice to ensure that these practices are reflected in PEBC examinations. The Committee on Examinations discussed measures to enhance examination security at OSCE/OSPE examination centres. Based on the results of two security screening pilots, PEBC will move forward to include security screening at all sites for the OSCE/OSPE in 2018.

The Committee on Examinations considered the issue of the significant increase in the number of international pharmacy graduates who entered the PEBC evaluation process as a result of changes to the CIC Express-Entry process in 2017, which has de-emphasized the need for having a job offer. The Committee discussed PEBC's capacity in the future to accommodate the increasing number of candidates in the OSCE. The formation of a task force to address the trend of the increasing numbers of pharmacist candidates and the current certification process was recommended by the Committee and was approved by the Board.

## Public Relations Committee

At the February 2018 meeting, the Public Relations Committee discussed communication strategies for encouraging CCAPP Pharmacy Technician graduates to take the Qualifying Examination to become registered pharmacy technicians. There will be further development of PEBC webinars and videos which will

be shared with Pharmacy Technician Educators.

The Committee also reviewed the communication strategies for the transition to computer-based testing (CBT) and will continue to monitor newly developed information. The Committee also reviewed and suggested revisions to a revised post-exam candidate survey for CBT in order to have a better understanding of the experiences of candidates.

PEBC continues to present educational sessions and research at a number of conferences.

CLEAR Annual Conference, Denver CO, September 2017: Pre-conference workshop on *"Developing Defensible Competency-Based Performance Assessments for Credentialing and Continuing Competence"*, Carol O'Byrne, John Pugsley, Anthony Marini

AMEE International Conference, Helsinki, Finland, August 2017: Poster Presentation on the *"Influence of Assessor Type and Expertise on Scores in a National Pharmacy Objective Structured Performance Examination (OSPE)"*, Carol O'Byrne, John Pugsley, Lila Quero Munoz

CLEAR Exam Review, Summer 2017, Vol XXVII, Number 1, Pages 17-24 *Using an Exam-Readiness Tool to Ensure Quality of Standardized/Simulated Patient Role Portrayal in High-Stakes Simulation Assessments"* Cathy Smith, Ph.D. and Carol O'Byrne, BSP

## Successful Launch of Computer-Based Testing

In November 2017, PEBC launched its first computer-based exam, with the Pharmacist Qualifying Examination Part I (MCQ). The examination was administered over a 6 day window across Canada at 16 Prometric Exam Centres. Implementation of computer-based testing permitted optimization of exam delivery with enhanced security as a result of the CBT technology utilized,

and enhanced candidate monitoring with video technology.

CBT provides expanded access for candidates through a significant increase in the number of testing sites across Canada and a longer testing window allowing for improved scheduling options for candidates.

PEBC endeavoured to prepare candidates as much as possible for this transition from the paper-and-pencil examination. PEBC developed and posted an extensive set of resources on its website well ahead of the exam. These resources included an updated orientation video outlining what to expect on exam day along with a detailed document providing further specifics about the testing experience; a document with answers to frequently asked questions and a tutorial of the testing platform. Overall candidate satisfaction with the testing experience at Prometric's sites was high.

Reflecting on the first administration, PEBC found that the CBT exam was as valid and reliable as the previous paper-and-pencil exam and that candidate performance was consistent over the six day exam window. PEBC is confident that the transition to CBT has maintained the integrity of the Pharmacist Qualifying Exam Part I (MCQ) in assessing candidates' competence at entry-to-practice and provides a path forward to further enhance its assessment processes.

The PEBC Board approved moving forward with computer-based testing for the Pharmacist Evaluating Examination tentatively for the Summer of 2019.

## Board Meetings

The next Board Meeting and Committee Meetings will be held on October 18-20, 2018 (Mid-Year Meeting). The date of the next Annual Meeting is tentatively set for February 23, 2019, with Committee meetings preceding.