



## **Ontario College of Pharmacists (OCP)**

### **College Performance Measurement Framework (CPMF) Reporting Tool**

March 31, 2021

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

- 1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. help Colleges improve their performance.

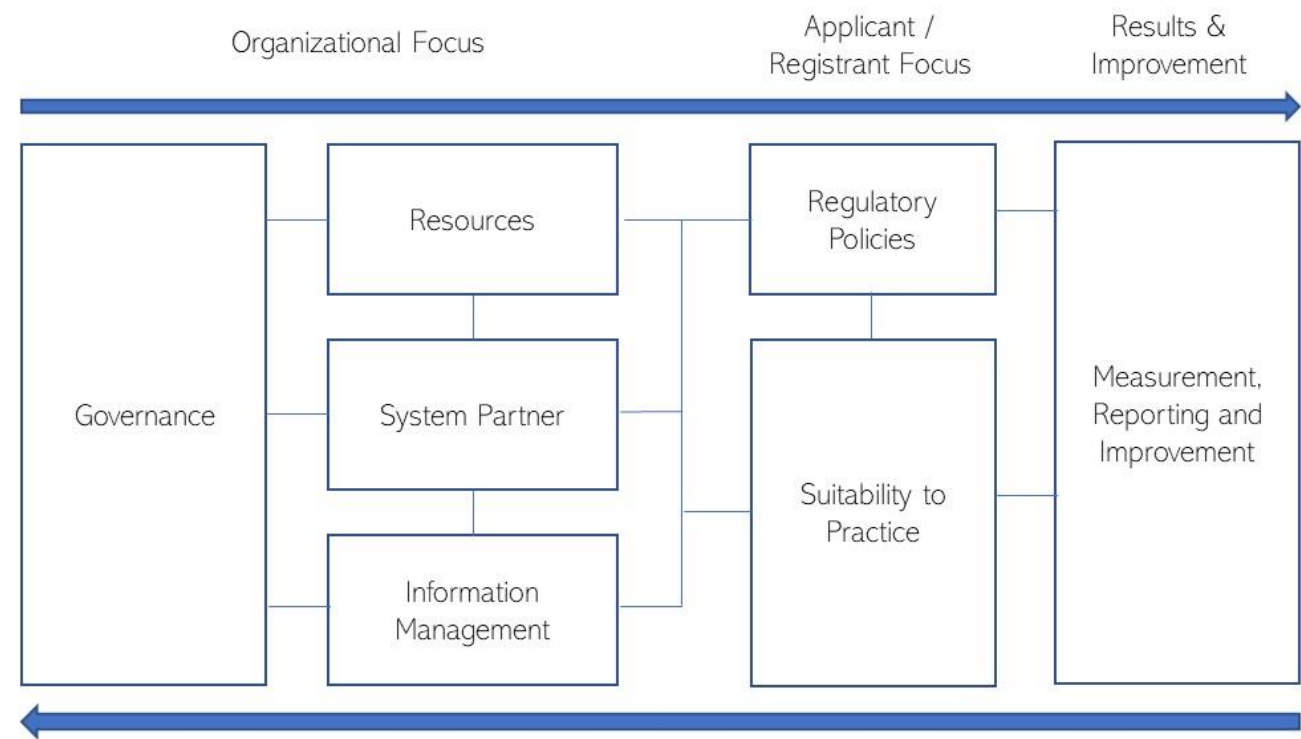
a) Components of the CPMF:

1	Measurement domains	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→	Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

**Figure 1:** CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

**Table 1:** Overview of what the Framework is measuring

Domain		Areas of focus
1	<b>Governance</b>	<ul style="list-style-type: none"><li>• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.</li><li>• Integrity in Council decision making.</li><li>• The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.</li></ul>
2	<b>Resources</b>	<ul style="list-style-type: none"><li>• The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.</li></ul>
3	<b>System Partner</b>	<ul style="list-style-type: none"><li>• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.</li></ul>
4	<b>Information Management</b>	<ul style="list-style-type: none"><li>• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.</li></ul>
5	<b>Regulatory Policies</b>	<ul style="list-style-type: none"><li>• The College’s policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.</li></ul>
6	<b>Suitability to Practice</b>	<ul style="list-style-type: none"><li>• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.</li></ul>
7	<b>Measurement, Reporting and Improvement</b>	<ul style="list-style-type: none"><li>• The College continuously assesses risks, and measures, evaluates, and improves its performance.</li><li>• The College is transparent about its performance and improvement activities.</li></ul>

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance				
Standard	Measure	Evidence	Improvement	
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	<ul style="list-style-type: none"><li>The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.</li></ul>	
		b. Statutory Committee candidates have: i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	<ul style="list-style-type: none"><li>The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.</li></ul>	
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil	
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	Nil	
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil	

## THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.<sup>1</sup>

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<sup>1</sup> Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.



## Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

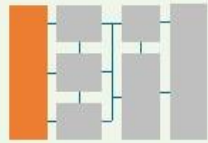
- where a College fulfills the “required evidence” it will have to:
  - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
  - clarification of which component of the evidence the College meets and the component that the College does not meet;
  - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
  - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
  - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

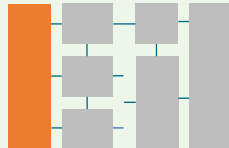
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:  i. Meeting pre-defined competency / suitability criteria, and  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	<div>The College fulfills this requirement:    Yes <input type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>The competency/suitability criteria are public:    Yes <input type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i></li><li>Duration of orientation training:</li><li>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</li><li>Insert a link to website if training topics are public <b>OR</b> list orientation training topics:</li></ul></div> <div><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></div> <div><i>Additional comments for clarification (optional):</i></div>

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>The competency/suitability criteria are public:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> See below</li><li>Duration of orientation training: See below</li><li>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): See below</li><li>Insert a link to website if training topics are public <b>OR</b> list orientation training topics: See below</li></ul> <b>Competency Based Requirements</b> <ul style="list-style-type: none"><li>The Ontario College of Pharmacists (“the College”) introduced a <a href="#">Governance Renewal initiative</a> in 2018. In 2020, it implemented several components including competency-based selection for the</li></ul>	

		<p>Board of Directors (formerly called Council) and Statutory Committees, greater separation of Board and Statutory Committees, governance best practices regarding equal representation of public and elected members along with a smaller Board size, and the greater involvement of members of the public on Statutory Committees.</p> <ul style="list-style-type: none"><li>• Applying the By-Law making power set out in the <i>Health Professions Procedural Code</i> under the <i>Regulated Health Professions Act (RHPA), 1991</i> to set the qualification of registrants seeking election to the Board of Directors, the College has enshrined in the By-Law the competencies required of individuals seeking election to the Board, including the clear articulation of the College’s public interest mandate. The competencies include a requirement for experience serving various patient populations as well as specific knowledge, skills and experience in Board governance and oversight.<ul style="list-style-type: none"><li>○ <a href="#">College By-Laws</a></li></ul></li><li>• Individuals seeking election must complete a comprehensive application and provide references that can attest to their competence. The application questionnaire sets out the public interest focus of the College and seeks responses that illustrate applicants’ understanding of the role and responsibilities/duties of a Board member.<ul style="list-style-type: none"><li>○ <a href="#">Board of Directors Application Form</a></li></ul></li><li>• A robust screening process assesses if the applicants are qualified to run for election. Applications are first screened by external consultants with experience in recruitment and governance and a report is produced for consideration by the College’s Screening Committee which is comprised of Board Directors and Lay Committee Appointees with regulatory governance experience. Individuals who are not deemed qualified are notified of the fact and reasons, along with suggestions for how they might develop their skills if they choose to run in the future.<ul style="list-style-type: none"><li>○ <a href="#">Board of Directors Profile</a></li></ul></li><li>• Noting that this is the first year applying the criteria, the College recognizes that there will still be gaps in competencies. However, competencies will improve with each cycle. In addition, the College believes that it is important to work with the government in ensuring that the appointment of public members also consider any competency gaps that may be identified such that the Board, as a whole, is best positioned to function at a high level.</li></ul> <p><b>Training and Orientation</b></p> <ul style="list-style-type: none"><li>• Information about roles and responsibilities of Board Directors is posted on the website and circulated broadly across communication channels prior to the start of the election process. In addition to general information about the College and the function of the Board, the Board Director Profile further articulates the responsibilities and commitments of Board Directors, details about what it means to be a Board Director and expectations about serving in the public interest.</li></ul>
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		<ul style="list-style-type: none"><li>Once Board Directors are elected and prior to engaging in Board business, they participate in formal orientation and training which further outlines roles, responsibilities and expectations of all Board Directors elected or appointed to a health regulatory college Board.<ul style="list-style-type: none"><li><a href="#">New Board Orientation Agenda</a></li><li><a href="#">HPRO (Health Profession Regulators of Ontario) Governance Training for RHPA Colleges (Nov 2020)</a></li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional):</i> <ul style="list-style-type: none"><li>Following the implementation of the governance renewal, the College now refers to Council as the Board of Directors; the roles of President and Vice President are also now referred to as Chair and Vice Chair respectively; and Non Council Committee Members are now referred to as Professional Committee Appointees (pharmacy professionals) or Lay Committee Appointees (members of the public).</li><li>The College is in the process of reviewing its governance activities as it gains more experience within this new Governance Framework and is examining the training and orientation programs for the Board. Comprehensive Board and Committee policies are in development for consideration by the Board.<ul style="list-style-type: none"><li><a href="#">December 2020 Board Materials with Index of Board Policies</a></li></ul></li><li>The College believes the current competency based assessment is more robust than a general requirement to attend an orientation session and, therefore, considers this standard as being met.</li></ul>
	b. Statutory Committee candidates have: <ul style="list-style-type: none"><li>i. met pre-defined competency / suitability criteria, and</li><li>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</li></ul>	<div>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>The competency / suitability criteria are public:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i><ul style="list-style-type: none"><li><a href="#">Professional Committee Appointee Application Guide</a></li><li><a href="#">Professional Committee Appointee Application</a></li><li><a href="#">Lay Committee Appointee Application Information (webpage)</a></li><li><a href="#">Lay Committee Appointee Application</a></li><li><a href="#">Behaviour Key Competencies for Committee Appointees</a></li></ul></li><li>Duration of each Statutory Committee orientation training:</li></ul></div>

		<p>See below</p> <ul style="list-style-type: none"><li>• Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): See below</li><li>• Insert link to website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee: See below</li></ul> <p><b>Competency Based Requirements</b></p> <ul style="list-style-type: none"><li>• As part of a broader governance renewal initiative, in 2018 the College implemented competency screening for Committee candidates prior to being considered eligible for appointment. Members of the profession (<a href="#">Professional Committee Appointees</a>, PCAs) as well as members of the public (<a href="#">Lay Committee Appointees</a>, LCAs) seeking appointment to a Committee must complete a comprehensive application that speaks to their competence/suitability. The application questionnaire clearly sets out the public interest focus of the College and seeks responses that illustrate the applicant’s understanding of the role and responsibility of a College Committee Appointee.</li><li>• A robust screening process is followed to assess if the applicants are qualified to serve on a Committee. Applications are first <a href="#">screened</a> by the College’s Human Resources Department and a summary is produced for consideration by a College Screening Committee comprised of Board Directors and Lay Committee Appointees with regulatory governance experience.</li></ul> <p><b>Training and Orientation</b></p> <ul style="list-style-type: none"><li>• Prior to applying to become a Committee Appointee, information and resources are provided along with expectations outlined in the application process which explains roles and responsibilities of members of each Committee.</li><li>• Once appointed to a Committee, members participate in a Committee-specific orientation session prior to or at the same time as their first Committee meeting. This applies to Professional and Lay Committee Appointees as well as Board Directors appointed to serve on Committees as required in statute.</li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional):</i></p>

		<ul style="list-style-type: none"><li>The College is in the process of reviewing its governance activities as it gains more experience within its new Governance Framework and may further examine training and orientation programs for the Board along with the development of specific Board and Committee policies to support the new framework where required.</li></ul>
	c. Prior to attending their first meeting, public appointments to Council (Board) undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	<div>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>Duration of orientation training:<ul style="list-style-type: none"><li>In addition to the one-hour orientation by the CEO &amp; Registrar and Board Chair, all Board members, including public members, participate in a six-hour HPRO Governance Training for RHPA Colleges session presented with each new Board orientation. As the Ministry has now instituted a governance training course for public members of the Board, there will be an expectation that all public members maintain currency of this training.</li></ul></li><li>Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):<ul style="list-style-type: none"><li>Orientation has historically been in-person with College staff, Board members and a facilitator, unless virtual formats are adopted for specific reasons (such as the pandemic and associated public health measures implemented restricting in-person meetings). In future, the format will be revisited.</li></ul></li><li>Insert link to website if training topics are public <b>OR</b> list orientation training topics:<ul style="list-style-type: none"><li>Prior to the first meeting of the Board, all new Board Directors attend an orientation meeting. In addition, at the first meeting of Board or before, the College provides training on governance in a regulatory environment (CLEAR (Council on Licensure, Enforcement and Regulation) 2018, HPRO 2020).<ul style="list-style-type: none"><li><a href="#">New Board Orientation Agenda</a></li></ul></li></ul></li></ul></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></div>
		<div>Additional comments for clarification (optional):</div> <ul style="list-style-type: none"><li>In 2021, the College has expanded its orientation program to include an in-depth review of strategic and operational plans, financial health and the College’s risk register as well as current issues facing</li></ul>

		the College and/or profession to enable incoming Board Directors to feel confident and prepared to contribute in a meaningful way as they assume their roles.
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; ii. Council	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Year when Framework was developed <b>OR</b> last updated:<ul style="list-style-type: none"><li>The current Governance Manual which includes information on the evaluation framework used at the College was last updated was 2016 (see below).</li></ul></li><li>Insert a link to Framework <b>OR</b> link to Council (Board) meeting materials where (updated) Framework is found and was approved:<ul style="list-style-type: none"><li><a href="#">Governance Manual</a></li></ul></li><li>Evaluation and assessment results are discussed at public Council (Board) meeting: Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> <i>If yes, insert link to last Council (Board) meeting where the most recent evaluation results have been presented and discussed:</i><ul style="list-style-type: none"><li><a href="#">Board Meeting Materials from December 2020 (contains Board Meeting, Board Overall and Individual Director Evaluations)</a></li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>As part of the College’s governance reform initiative, the Governance Manual currently in place will be replaced by a series of standalone policies, the first of which were passed by the Board in December 2020. Additional policies are under development and will be completed in 2021.</li></ul>
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:    Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<ul style="list-style-type: none"><li>A third party has been engaged by the College for evaluation of Council (Board) effectiveness: Yes <input type="checkbox"/>    No <input checked="" type="checkbox"/> <i>If yes, how often over the last five years?</i></li><li>Year of last third-party evaluation:</li></ul>



		n/a
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)
		<ul style="list-style-type: none"><li>The College engaged an external consultant starting in June 2019 to review the current Governance Manual and draft updated Board policies incorporating best practices to help complement the new By-Laws and support the Governance Framework.</li></ul>
	c. Ongoing training provided to Council has been informed by:	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
	i. the outcome of relevant evaluation(s), and/or	<ul style="list-style-type: none"><li>Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council (Board) training:<ul style="list-style-type: none"><li><a href="#">Board Meeting Agenda September 2020</a></li></ul></li><li>Insert a link to Council (Board) meeting materials where this information is found <b>OR</b></li><li>Describe briefly how this has been done for the training provided over the last year.</li></ul>
	ii. the needs identified by Council members.	<ul style="list-style-type: none"><li>The feedback from the June 2020 Board meeting evaluation prompted the Board Chair to circulate <i>Schedule C – Rules of Order of the Board</i> prior to the meeting and address the renewed adherence to the established rules regarding Board Directors speaking during the debate on a motion.</li><li>Training is also provided in the form of general education on specific regulatory topics of interest and relevance to the Board. These topics have included presentations on the College’s Data Strategy, Right-Touch Regulation, Outcomes-Focused Regulation, Conduct Cost Recovery, Governance Reform, Indigenous Cultural Competency, Conflict of Interest and Transparency.</li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional):

		<ul style="list-style-type: none"><li>Starting In 2021 the Governance Committee will use a skills and practice environment inventory to determine the gaps for recruitment and to identify opportunities for additional training and development.</li></ul>
<b>Standard 2</b>		
<b>Council decisions are made in the public interest.</b>		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented <b>OR</b> last evaluated/updated:<ul style="list-style-type: none"><li>Code of Conduct: 2020</li><li>Conflict of Interest: 2016 (currently under review)</li></ul></li><li>Insert a link to Council Code of Conduct and ‘Conflict of Interest’ Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved:<ul style="list-style-type: none"><li><a href="#">Code of Conduct</a> - (page 76 - 77)</li><li><a href="#">Conflict of Interest</a> - (page 45 – 46)</li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>In addition to conflict of interest expectations articulated in the Governance Manual and College By-Laws, further education regarding expectations as it relates to conflict of interest is included with annual Board orientation and is addressed by the Chair at every Board meeting and at every Statutory Committee meeting.</li><li>The College plans to develop a standalone conflict of interest policy as part of the ongoing review of governance of the College.</li></ul>
	b. The College enforces cooling off periods <sup>2</sup> .	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

		<ul style="list-style-type: none"><li>Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other &lt;please specify&gt;</li><li>The year that the cooling off period policy was developed <b>OR</b> last evaluated/updated: 2020</li><li>How does the college define the cooling off period?<ul style="list-style-type: none"><li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; <b>OR</b></li><li>insert a link to Council meeting where cooling off period has been discussed and decided upon; <b>OR</b></li><li>where not publicly available, please describe briefly cooling off policy:</li></ul></li><li><a href="#">Cooling Off Period – College By-laws</a> (see page 7)</li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

<sup>2</sup> Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

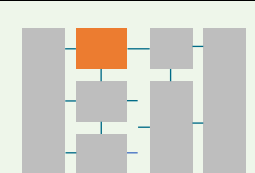
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u> <ul style="list-style-type: none"><li>the completed questionnaires are included as an appendix to each Council meeting package;</li><li>questionnaires include definitions of conflict of interest;</li><li>questionnaires include questions based on areas of risk for conflict of</li></ul>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none"><li>The year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated: 2016</li><li>Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input checked="" type="checkbox"/></li><li>Insert a link to most recent Council meeting materials that includes the questionnaire: See below (under Additional Comments)</li></ul>
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	<p>interest identified by Council that are specific to the profession and/or College; and</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"><li>• A focus on Board Director expectations regarding conflict of interest is a part of the orientation session at each new Board year and includes information on regulatory requirements and various scenarios to support Board Directors’ understanding of these expectations</li><li>• Expectations regarding conflict of interest are currently expressed in By-Laws and in the Governance Manual; however, a Board Policy is currently in development and is expected to be completed in 2021.</li><li>• The current attestations required of the Board of Directors is part of the Governance Manual and all Board Directors are required to confirm their attestation annually and declare any conflicts of interest, real or perceived, at each meeting.<ul style="list-style-type: none"><li>– <a href="#">See appendix 1 of the Governance Manual</a></li></ul></li><li>• At every Board and Committee Meeting the Chair will ask Board Directors and Committee Appointees to declare any conflicts and they are recorded and managed accordingly.</li><li>• The College plans to review the annual attestation as part of the ongoing review of governance of the College.</li></ul>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p>
		<ul style="list-style-type: none"><li>• Describe how the College makes public interest rationale for Council decisions accessible for the public:<ul style="list-style-type: none"><li>• Matters that come before the Board for approval or decision are accompanied by a supporting briefing note which includes a section that defines the public interest rationale for the item coming forward to the Board.</li><li>• The content of each briefing note reinforces the connection of the matter to the College’s mandate and Board’s role. This includes providing the necessary context and background to support the Board’s decision-making and understanding and any key considerations that must be included in order to demonstrate the item as a matter of public interest. Briefing notes are supplemented by verbal updates, and occasionally visual presentations, which are used to further emphasize the content of the matter before the Board as well as the public interest rationale.</li></ul></li><li>• Insert a link to meeting materials that include an example of how the College references a public interest rationale:<ul style="list-style-type: none"><li>• <a href="#">Meeting Materials – September 2020 Board Meeting</a></li></ul></li></ul>

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (if needed)</i>
<b>Standard 3</b>		
<b>The College acts to foster public trust through transparency about decisions made and actions taken.</b>		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert link to webpage where Council minutes are posted:<ul style="list-style-type: none"><li>Minutes are found on the Board meeting materials/reports section of the website <a href="https://www.ocpinfo.com/about/council-committees/council-meetings-reports/">https://www.ocpinfo.com/about/council-committees/council-meetings-reports/</a></li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>In addition to posting materials on our website before and after each Board meeting, the College promotes the meetings via our registrant and public/stakeholder communication channels including social media posts and e-newsletters. This also includes tweeting highlights and decisions made by the Board in real-time at each meeting.</li><li>Summary Board Reports are also posted online as a further method to communicate Board decisions and areas of focus from each meeting prior to meeting minutes being posted following their approval.</li></ul>
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). <ul style="list-style-type: none"><li>i. the meeting date;</li></ul>	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to webpage where Executive Committee minutes / meeting information are posted:<ul style="list-style-type: none"><li>Executive Committee minutes are posted online as of March 2021.</li></ul></li></ul>

	<div>ii. the rationale for the meeting;</div> <div>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</div> <div>iv. if decisions will be ratified by Council.</div>	<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div> <div><div>• Meeting minutes of the Executive Committee, which does not approve items on behalf of the Board except on matters related to governance and staff compensation or if the Board should not be fully constituted, are posted on the website as of March 2021. While the Executive Committee does preview the Board meeting material, they do not alter or amend the motions or decisions put forward to the Board.</div></div>
	<div>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</div>	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><div>• Insert a link to the College’s latest strategic plan and/or strategic objectives:</div><div><div>• <a href="#">Strategic Framework 2019-2021 (extended to 2022)</a></div></div></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div> <div><div>• In addition to posting the Strategic Framework and related priorities online, the College routinely includes the framework in every Board meeting package, at every Board and Statutory Committee orientation meeting, in regular College publications including the annual report and <i>Pharmacy Connection</i> magazine, and via social media when communicating about the role of the College and its strategic and operational priorities and mandate.</div></div>
<div>3.2 Information provided by the College is accessible and timely.</div>	<div>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</div>	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div>

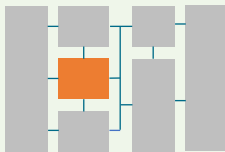
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>Board Meeting information including agendas<ul style="list-style-type: none"><li><a href="https://www.ocpinfo.com/about/council-committees/council-meetings-reports/">https://www.ocpinfo.com/about/council-committees/council-meetings-reports/</a></li></ul></li><li>In addition to posting the Board meeting materials online, the College promotes the meeting through its various registrant/stakeholder and public communication channels including social media and e-newsletters.</li></ul>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>Notice of Discipline Hearings are posted at least a week in advance with required information posted online via the website and public register. Please see the following link for more details about the Discipline Hearing process and about information posted to our Find a Pharmacy/Professional Tool (public register).</li><li><a href="#">Discipline process – information for the public and registrants</a></li><li><a href="#">Information about what is posted on our public register</a></li></ul>

DOMAIN 2: RESOURCES			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>Insert a link to Council meeting materials that include approved budget <b>OR</b> link to most recent approved budget:<ul style="list-style-type: none"><li><a href="#">2019 Operating Budget</a></li><li><a href="#">2019 Budget Presentation</a></li><li><a href="#">2021 Operating Budget</a></li><li><a href="#">2021 Operation Plan Priorities</a></li><li><a href="#">Deferral of Strategic Planning</a></li><li><a href="#">2019-2022/2023 Strategic Framework</a></li></ul></li></ul>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"><li>A new Strategic Framework was developed in 2018 by the Board to set the strategic priorities of the College for 2019-2021 (extended to 2022 and possibly 2023, further to the pandemic situation).</li><li>Each year, following reaffirmation of the strategic priorities defined in the Framework, the operational plan priorities for the following year are presented to the Board. These planned priorities outline the College’s annual commitment towards the Strategic Framework, which form the foundation for the development of a budget, which is then followed by budget approval.</li></ul>	
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are</p>	<p>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none"><li>Insert a link to “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved:</li></ul>	



	<p>unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<ul style="list-style-type: none"><li>• The College maintains reserve funds in order to cover variable and/or unforeseen costs and expenses in accordance with the Finance and Audit Committee Policy – Reserve Funds<ul style="list-style-type: none"><li>◦ <a href="#">Link to the Reserve Funds Policy</a></li></ul></li><li>• The College has internally restricted net assets to be used for specific purposes in accordance with the Finance and Audit Committee Policy. These reserve funds are reviewed during the audit and included as part of the notes to the audited financial statements.<ul style="list-style-type: none"><li>◦ <a href="#">Link to the 2019 audited financial statement – Notes to Financial Statements, page 9</a></li></ul></li><li>• Insert most recent date when “financial reserve policy” has been developed <b>OR</b> reviewed/updated:<ul style="list-style-type: none"><li>• Last reviewed in 2018, next review in 2021</li></ul></li><li>• Has the financial reserve policy been validated by a financial auditor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></li></ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"><li>• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.<ul style="list-style-type: none"><li>• <a href="#">2019 Budget Presentation, pages 23 &amp; 24</a></li><li>• <a href="#">2020 Budget</a></li><li>• <a href="#">2021 Budget</a></li></ul></li></ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"><li>• The new Strategic Framework created in 2018, and the subsequent annual operational plans, sets the expectation for significant new key regulatory initiatives. Accordingly, salary budgets reflect the addition of new staff in key regulatory program areas. To ensure that staff costs were effectively managed and to make greater use of the resources available, a focused effort to assess work processes</li></ul>

		<p>and seek efficiency improvement remains a priority. Wherever practical, positions are filled on a temporary contract basis to provide the greatest flexibility moving forward as efficiencies are realized. New staffing was required in 2020 and again in 2021 to address a growing Conduct caseload and increased assessment/inspection activity, which are outlined in briefing notes and appendices presented to the Board found in the links noted above.</p>
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DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i>	
	<i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"><li>Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.</li></ul>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"><li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i></li></ul> <p>In 2020, the College was invested in a number of high priority activities aimed at promoting and supporting safe and effective pharmacy practice in which engagement with health system partners and alignment of practice expectations within the profession and with other professions was critical. The following are specific examples that demonstrate achievement of this standard through a systems-based and public-informed approach. Additional details and outcomes associated with system partner engagement are further elaborated in Standards 6 and 7:</p> <p><b>Supporting Responsive, Safe and Quality Pharmacy Care During the COVID-19 Pandemic</b></p> <ul style="list-style-type: none"><li>Upon the declaration of the provincial state of emergency in response to the COVID-19 pandemic, the College shifted its focus to support the profession’s response to the pandemic in line with its legislated role as a regulator by helping to align and reinforce practice expectations of pharmacy professionals during a period of significant upheaval in how health professionals typically operated and practiced.<ul style="list-style-type: none"><li>The shift to virtual care particularly among physicians in order to maintain important access to primary care for both COVID and non-COVID patients necessitated effective communication between prescriber and pharmacy. Through engagement with partners such as the College of Physicians and Surgeons of Ontario (CPSO), College of Nurses of Ontario (CNO) and professional associations such as the Ontario Pharmacists Association (OPA) and Ontario Medical Association (OMA), changes to processes regarding acceptance of email prescriptions and better alignment of expectations across both professions were implemented in order for patients to continue to have timely access to their medications while maintaining an appropriate standard of safety, quality and protection of personal health information.</li><li>It was important that patients prescribed pain medications had timely access to their medications. With the amendments to federal controlled substances regulations, the College developed the necessary resources in collaboration with partners including other regulators such as CPSO and CNO and professional associations to support the implementation of these temporary amendments within practice in Ontario.</li><li>As an essential service to their communities, pharmacies and pharmacy professionals had to respond quickly and effectively to adapt to changes to how healthcare was to be delivered. The College produced and communicated timely and well-informed guidance from multiple system sources including the Public Health Ontario, Public Health Agency of Canada, OPA, Canadian Pharmacists Association (CPhA) to support evolving prescribing practices, regulatory changes and infection control and prevention measures to ensure that the College and its stakeholders/partners were providing appropriate support to the profession. The College has also worked with the 34 Public Health Units to provide the necessary information to assist them in capacity planning, such that there will be as many access points as possible to support the mass vaccination efforts in the province.</li></ul></li></ul> <p><b>Reinforcing Pharmacy’s Role in the Provincial Response to the Opioid Crisis</b></p> <ul style="list-style-type: none"><li>The prolonged worldwide opioid crisis has had a significant impact on the lives of Ontarians. Early engagement with health system partners, including hospitals and regulators of professions who can prescribe controlled substances such as CPSO and CNO, as well as with pharmacy stakeholders including professional</li></ul>
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	<p>associations, established that pharmacy professionals have a critical role in preventing the loss and diversion of controlled substances. The College routinely engages and collaborates with these and other partners to align professional expectations and support the development of effective working relationships between medical, dental, and pharmacy professionals.</p> <ul style="list-style-type: none"><li>• Since convening a Task Force of pharmacy professionals and a physician to develop an Opioid Strategy, the College has continued to engage patients, pharmacy professionals, hospitals, community pharmacies and government agencies that have supported the development of solutions to identified areas of risk.</li><li>• After the approval of the Opioid Strategy in 2017, the College has continued to work with various federal and provincial stakeholders, including the Office of Controlled Substances, Health Canada, the Ontario Drug Policy Research Network (ODPRN), CPSO and the Centre for Addiction and Mental Health (CAMH) to respond to the opioid crisis. This includes the establishment of a data sharing agreement with federal partners to further understand the loss or theft of controlled substances, providing research guidance to understand practice changes during the opioid crisis and working with experts in the field to share best practices with registrants.</li></ul> <p><b>Enhancing Medication Safety in Pharmacy</b></p> <ul style="list-style-type: none"><li>• All healthcare professionals that either prescribe, dispense or administer medications have a role in the prevention of medication incidents. As medication experts, pharmacy professionals play an instrumental role in helping to provide the right care to the right patient at the right time, and that includes helping to prevent medication errors and near misses within or involving pharmacies.</li><li>• Recognizing the growing awareness of medication safety in pharmacy and the impact errors can have on people’s lives in Ontario, across the country and around the globe, the College focused on the development and spread of a medication safety program first launched in late 2018 which became known as the Assurance and Improvement in Medication Safety (AIMS) Program. The program included a standardized requirement of all pharmacy professionals and pharmacies in Ontario regarding continuous quality assurance in medication safety practice including mandatory anonymous reporting of medication incidents.</li><li>• The College has worked alongside patients, registrants, pharmacy operators, including chain operators and associations to improve pharmacy professional engagement with the program and the various tools designed to promote and support continuous quality improvement and patient safety.</li></ul> <p><b>Establishing System Focused Quality Indicators for Pharmacy</b></p> <ul style="list-style-type: none"><li>• In 2018, the College undertook a significant initiative in partnership with Ontario Health (Quality) to establish <a href="#">Quality indicators for Pharmacy</a> that are aligned with Ontario health system indicators. The goal of this work is to shift the pharmacy sector, through a continuous quality improvement approach, to focus on impact of pharmacy care on patient and system outcomes, providing the public and stakeholders with a clearer picture of the overall quality of pharmacy care in Ontario.</li><li>• The work aligns with the College’s right-touch and outcomes focused approach to regulating. using data to inform decision making</li><li>• Partners from across the health system were engaged, and included academia, the Ministry of Health, physicians, pharmacists, associations, data and analytics experts, and patients.</li></ul> <p><b>Strengthening the Practice Environment in Community Pharmacy</b></p> <ul style="list-style-type: none"><li>• Pharmacies in Ontario are required to operate according to the Standards of Operation and pharmacy professionals are required to practice according to the Standards of Practice of their professions (pharmacists and pharmacy technicians). As pharmacies have evolved to play a greater role in our health system and as the scope of practice of pharmacists has evolved along with the introduction of pharmacy technicians as a regulated profession in the province, feedback from registrants and patients over the years has identified an opportunity to examine the community pharmacy practice environment in order to identify potential barriers to meeting operational and practice standards consistently. This included better understanding expectations of patients, pharmacy professionals, corporate owners/operators and professional associations as it related to a shared accountability for the provision of safe, high quality care.</li></ul>
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<ul style="list-style-type: none"><li>• In collaboration with an Advisory Group comprising of pharmacy associations, corporate owners/operators/employers, pharmacy professionals and patient advisors, the College led the development of guiding principles of shared accountability for community pharmacy. The College also facilitated focus groups with patients and registrants to further enhance the needed insights that would guide the development of accountability principles.</li><li>• Further to the work that the College started in 2018 on the development of system-based quality indicators for pharmacy with Ontario Health (Quality) that was launched in 2019, this work forms the basis for the development of Provider Experience Indicators per the Quadruple Aim healthcare improvement framework.</li></ul> <p><b>Expanding the Scope of Practice of Pharmacists to Enable Prescribing for Minor Ailments</b></p> <ul style="list-style-type: none"><li>• In 2019 the Minister of Health requested that the College develop regulations to expand the scope of practice of Ontario pharmacists, including enabling pharmacists to prescribe medications for certain minor ailments. Regulations needed to be developed that not only considered the expectations of pharmacists to engage in the expanded scope of practice safely but to do so in collaboration with other members of a patient’s healthcare team.</li><li>• With these key principles in mind, the College facilitated an extensive open consultation and stakeholder engagement strategy that included a multi-disciplinary steering group throughout 2019 and 2020 to help inform and shape the minor ailments regulation that would not only serve patients but align with the existing structures and relationships within the Ontario health system. These insights have further supported the work in preparing for implementation of the approved regulations including the development of relevant resources and guidance materials to reinforce patient- and system-informed practice expectations.</li></ul>	
<p><b>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</b></p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"><li>• <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i></li><li>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i></li></ul> <p><b>ENGAGEMENT AND COLLABORATION WITH PATIENTS/THE PUBLIC</b></p> <p>The College’s approach to patient and public engagement is aligned with the principles of the International Association of Public Participation (IAP2) Framework, with a focus on consulting, involving and collaborating with patients/public. This is an approach we have embedded in our activities over the past several years as the public/patients are considered equal partners alongside</p>	<p><b>Standard 7: The College responds in a timely and effective manner to changing public expectations.</b></p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"><li>• <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i></li><li>• <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i></li></ul> <p>The College’s systems-based approach to regulatory oversight includes close collaboration with system partners and the public which has directly influenced our ability to respond to and integrate public and system-informed practice expectations, best demonstrated using the areas of focus articulated in CPMF Standard 5.</p>

	<p>pharmacy professionals and health system stakeholders to guide and advise on policy matters that will directly impact the quality and safety of patient care, with an increased focus on regulatory and practice priorities that impact patient outcomes. These activities are over and above how the College seeks feedback on and responds to input received through open consultations.</p> <p><b><i>Targeted engagement for greater qualitative insights</i></b></p> <ul style="list-style-type: none"><li>• The College uses focus groups conducted by an independent third party to discuss specific topics and seek input from patients/public to help enhance the College’s understanding of public opinions and expectations which help inform decisions, direction, strategies and approaches used by the regulator.</li><li>• This past year, the College facilitated eight focus groups with members of the public principally on two topics: patient experiences in community pharmacies and insights on potential changes to the public register.<ul style="list-style-type: none"><li>○ As part of the <a href="#">Community Practice Environment Initiative</a>, insights into patient experiences in community pharmacies in Ontario were considered and shared with a multi-disciplinary advisory group comprised of pharmacy professionals, associations, owner/operators, and patients and used in the identification of accountability principles currently in development. These principles will address common issues raised by patients such as ways to educate and improve public understanding of the role of pharmacy professionals and the safe, quality care they should expect as patients when visiting a pharmacy.</li><li>○ Insights from the public regarding changes to the <a href="#">public register</a> helped the College understand views and opinions regarding information, functionality and design of the public register, user preferences, expectations of information related to pharmacy assessments and how information regarding concerns involving pharmacy professionals is displayed.</li><li>○ The insights also have been used to identify recommendations for implementation in 2021 that further advance the College’s <a href="#">commitment to transparency</a> including adding additional information to register related to pharmacy operational assessment outcomes and the reason/type of assessment performed.</li><li>○ These focus groups, most recently conducted by Leger on our behalf, have ensured a diverse mix of perspectives in these discussions as representation was sought from participants who</li></ul></li></ul>	<p><b>Supporting Responsive, Safe and Quality Pharmacy Care During the COVID-19 Pandemic</b></p> <ul style="list-style-type: none"><li>• Throughout 2020, the College routinely engaged stakeholders to respond to COVID-19 related practice matters, from reinforcement of registrant and public facing messaging to help clarify what patients should expect in pharmacies during the pandemic to reminders to professionals about infection prevention and control (IPAC) protocols. Examples include:</li><li>• <u>Amended regulations to enable timely access to care</u><ul style="list-style-type: none"><li>○ The Board approved the proposed provincial regulation amendments needed to enable implementation of the <a href="#">Health Canada Section 56 Exemption under the Controlled Drugs and Substances Act (CDSA)</a> permitting pharmacists to transfer, refill, renew and adapt controlled substances prescriptions, which were then promptly approved by the provincial government.</li><li>○ The College acted quickly to develop the necessary guidance to support the implementation of these temporary amendments and coordinated communication with organizations such as the CPSO and CNO as their registrants were also impacted by the Section 56 Exemption. The College also engaged broader system partners including NAPRA (National Association of Pharmacy Regulatory Authorities) which supported alignment, where appropriate, between and across jurisdictions and supported information sharing from agencies such as Health Canada and the Public Health Agency of Canada.</li><li>○ The College leveraged its relationship with the Office of Controlled Substances (OCS) at Health Canada and was able to capitalize on that relationship to ensure the regulatory changes addressed unique challenges to Ontario regulations. For example, the College was able to provide the OCS with feedback on utilization of the exemption to help inform their decision to extend regulatory amendments, by drawing on our relationships with other partners including the Ontario Drug Policy Research Network (ODPRN) and by accessing Agency for Healthcare Research and Quality (ARHQ) data.</li></ul></li><li>• <u>Developed, informed and updated practice guidance and policies</u><ul style="list-style-type: none"><li>○ The College developed and updated <a href="#">practice policy and guidance resources</a> related to the emerging and unique issues associated with providing patient care during the COVID-19 pandemic. Select</li></ul></li></ul>
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	<p>reflected Ontario’s diverse population and patient needs including those from racialized communities.</p> <ul style="list-style-type: none"><li>• The College is part of a collaborative of other provincial health regulators that sponsors a Citizen Advisory Group (CAG), patients/members of the public from throughout the province who come together quarterly to discuss various topics of interest to sponsor regulators and their respective public-protection mandates.<ul style="list-style-type: none"><li>○ Specific topics explored by the College included expanded scope of practice, supporting the College in identifying regulatory amendments to enable prescribing for minor ailments by Ontario pharmacists that considers the input of patients and the public who would potentially access these services, including what they would expect from their pharmacists engaging in such activities.</li></ul></li></ul> <p><b><i>Direct involvement in advisory capacities</i></b></p> <ul style="list-style-type: none"><li>• The College has adopted an engagement strategy that includes formal involvement of patients, patient advocates and those with lived experience as members of advisory groups, working groups and task forces on specific initiatives, programs and strategies. Examples from the reporting period include the Community Practice Environment Advisory Group, Quality Indicators Expert Panel, and Minor Ailments Advisory Group.<ul style="list-style-type: none"><li>○ Each of these groups integrated patients as equal members who worked alongside pharmacy and other healthcare professionals, health system stakeholders, pharmacy operators and academic representatives to advise on and contribute to the objectives of each of the initiatives undertaken by each group.</li><li>○ Patient representatives helped shape the development of regulations enabling prescribing for minor ailments by pharmacists, contributed to the establishment of accountability principles for community pharmacy and provided advice on the selection of specific quality indicators that will be used to measure and report on pharmacy quality across the province.</li><li>○ Examples from outside of reporting period but which are important recent examples to emphasize include the involvement of patient advisors on a Medication Safety Task Force that resulted in the introduction of Canada’s largest medication safety program of its kind for community pharmacies, our <a href="#">Opioid Strategy</a> and our <a href="#">Cannabis Strategy</a>, each designed to provide guidance and</li></ul></li></ul>	<p>policies were updated as were several practice fact sheets such as those related to <a href="#">central fill</a> and the validation of prescriptions for controlled substances, to provide further clarity for registrants.</p> <ul style="list-style-type: none"><li>• <u>Addressed barriers to effective continuity of care</u><ul style="list-style-type: none"><li>○ As challenges in practice were identified, the College worked to remove regulatory barriers where appropriate by adapting practice policies and <a href="#">providing guidance to registrants</a> so that they were able to provide the necessary pharmacy services to support their patients.</li><li>○ For example, as physicians began working from home without access to the usual forms of communication with pharmacies, College staff promptly collaborated with various stakeholders including associations and other regulators to develop a practical solution by enabling and <a href="#">permitting the use</a> of unconventional communication methods between prescribers and pharmacies to ensure continuity of care for patients while maintaining the protection of personal health information.</li></ul></li><li>• <u>Monitored and responded to inquiries and emerging priorities</u><ul style="list-style-type: none"><li>○ College staff established daily meetings and frequent stakeholder discussions to track issues related to COVID-19 in order to support prompt and effective communication to registrants. Staff also tracked and categorized inquiries from the public and registrants in order to identify where there was the greatest need for clarity and to pinpoint issues that might require specific resources or messaging.</li><li>○ Some examples included reinforcing the ability of pharmacy professionals to apply their professional judgement when <a href="#">providing care in an emergency situation</a> or when <a href="#">dispensing medications while considering the risk of drug shortages</a> during the pandemic as well as reminders on the consistent use of <a href="#">masks and other personal protective equipment</a> by professionals in pharmacies.</li></ul></li><li>• <u>Maximized its communication channels</u><ul style="list-style-type: none"><li>○ The College quickly amended its communication tools to focus on timely COVID-19-related information and practice communication. <a href="#">A dedicated and prominent webpage</a> is updated frequently and includes information on the latest updates and resources for pharmacy professionals developed by the College as well as updates and links to resources from other organizations. <a href="#">Public</a></li></ul></li></ul>
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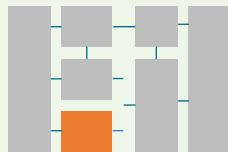


	<p>resources for pharmacy professionals to provide optimal and safe health care.</p> <ul style="list-style-type: none"><li>• This year, the College moved forward with a series of governance renewal best practices which will, among other things, result in an equal number of members of the public and elected professional members on the Board of Directors (formerly referred to as Council), in addition to two academic appointments which will provide an effective balance of public and professional perspectives as the Board executes its fiduciary responsibilities.<ul style="list-style-type: none"><li>○ The governance renewal includes the involvement of Professional Committee Appointees (PCAs) and Lay Committee Appointees (LCAs), which the College recruits from the community at large, to further support the adoption of governance best practices and ensure an equal representation of the public in our work.</li></ul></li><li>• Starting in late 2019, the College’s Patient Relations Committee discussed topics related to the College’s <a href="#">patient relations program</a> and its commitment to enhancing the <a href="#">Indigenous Cultural Competency</a> of pharmacy professionals and staff and Board of the regulator in response to the growing awareness of the health disparities faced by Ontario’s Indigenous communities and the opportunities for governing bodies and healthcare professionals to engage in reconciliation. This work included engaging directly with members of the Indigenous community.</li></ul> <p><b><i>Informal engagement through interactions with the public</i></b></p> <ul style="list-style-type: none"><li>• The College regularly analyzes trends in inquiries from the public received through the College’s Pharmacy Practice team which helps to identify education and communication opportunities on emerging issues for both registrants and the public, which are then pushed out through various communication channels. For example, inquiries from registrants regarding the safe dispensing and management of narcotics have led to the opportunity to reinforce the use of narcotics practice tools and other resources in publications such as <a href="#">Pharmacy Connection</a> and our website.</li><li>• The College routinely uses complaints-related information to educate and instruct registrants on best practices, obligations and expectations on specific practice matters that are encountered by registrants as an opportunity to improve and prevent similar incidents from occurring. For example, a complaint received by the College regarding an interaction between a patient and a registrant which left the patient feeling that their personal identity was disrespected led to the <a href="#">publication of an article under</a></li></ul>	<p><a href="#">information</a> on the website was also posted frequently, which reinforced messages from public health as well as information to help the public understand expected experiences as their pharmacies adopted public health measures.</p> <p><b>Reinforcing Pharmacy’s Role in the Provincial Response to the Opioid Crisis</b></p> <ul style="list-style-type: none"><li>• In December 2019, the College published the <a href="#">Framework for Improving the Safety and Security of Controlled Substances in Hospital High Risk Areas</a>. These recommendations were developed after the College initiated a partnered table that included representatives from Accreditation Canada/Health Standards Organization, Ministry of Health, Ontario Health (Quality), the OHA, the Institute for Safe Medication Practices Canada (ISMP), the Canadian Anesthesiologists Society, the Canadian Society of Hospital Pharmacists (CSHP) Ontario Branch and a number of academic, community and rural hospitals as well as a patient representative. In doing so the College leveraged many existing and well-established system relationships with these organizations to engage them effectively on this new initiative.<ul style="list-style-type: none"><li>○ The work of implementing and evaluating the framework is still ongoing, which includes engaging the partnered table as well as key health system stakeholders that can contribute to the prevention of drug diversion in hospitals. This work continued into early 2020 but was put on hold as a result of the COVID-19 pandemic and its impact on hospital and pharmacy operations.</li></ul></li></ul> <p><b>Enhancing Medication Safety in Pharmacy</b></p> <ul style="list-style-type: none"><li>• In late 2019, the College publicly <a href="#">released aggregate data reported</a> through the incident recording platform along with a report from an independent response team made up of pharmacy, academic and medication safety experts.<ul style="list-style-type: none"><li>○ For the first time in Ontario, the number and type of medication incidents reported by pharmacies and the causal factors associated with them was now available. The data bulletin also included analysis of a subset of the data with tips on how to prevent medication from being dispensed to the incorrect patient.</li></ul></li><li>• Through feedback from registrants, pharmacy owners and pharmacy chains, the College implemented various activities, such as utilizing existing</li></ul>
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	<p><a href="#">our Practice Insights series in Pharmacy Connection</a> reminding registrants of their individual and collective responsibility to respect patient choices, individuality and diversity, a principle under our Code of Ethics.</p> <p><b>ENGAGEMENT AND COLLABORATION WITH SYSTEM PARTNERS</b></p> <p>The College has adopted a systems-based approach to its regulatory programs and initiatives based heavily on collaboration and participation amongst and between various partners – from regulatory and government agencies, associations, hospitals and organizations focused on healthcare quality and safety, and the profession as a whole – in recognition of the role pharmacy, and its regulator, plays within an integrated healthcare system. The examples below demonstrate its approach and how the College is able to leverage these system partner relationships to respond to public and broader system expectations over the past year.</p> <p><b><i>Targeted engagement and involvement in identified regulatory priorities and programs</i></b></p> <ul style="list-style-type: none"><li>As part of the College’s COVID-19 pandemic response, which included <a href="#">providing practice supports, guidance and relevant information to registrants</a> in line with our regulatory role, the College collaborated with the College of Physicians and Surgeons of Ontario (CPSO), the College of Nurses of Ontario (CNO), the Ontario Pharmacists Association (OPA) and other stakeholders regarding regulatory amendments to Section 56 of the Controlled Drugs and Substances Act and cooperatively problem-solved in the identification and communication of appropriate solutions regarding email prescriptions as physicians turned to more virtual methods of patient care. The College continues to routinely engage these stakeholders to respond to COVID-19 related practice matters, from reinforcement of registrant and public facing messaging to help clarify what patients should expect in pharmacies during the pandemic to reminders to professionals about infection prevention and control (IPAC) protocols based on public input shared with the College, to support pharmacy professionals in their delivery of safe pharmacy services to their patients and communities.</li><li>Since the development and publication of the <a href="#">Quality Indicators in Community Pharmacy</a> in collaboration with Ontario Health Quality (OHQ) and with the direct input of a multi-disciplinary expert panel including patients in 2019, the College has continued to work with data experts and health system stakeholders, including OHQ and the Ministry of Health to</li></ul>	<p>communication tools to highlight key requirements of the AIMS Program and reinforcing key messages during operational and practice assessments.</p> <ul style="list-style-type: none"><li>In addition, <a href="#">the College developed and implemented quality improvement tools (such as the Pharmacy Safety Self-Assessment)</a> in 2020 in collaboration and with input from registrants and medication safety partners to help pharmacies track their efforts to enhance patient safety over time. These efforts have led to 99% of pharmacies in Ontario having activated the AIMS platform at the end of 2020. Throughout the year, the College has also collected feedback on the usability of the platform and will be incorporating changes to the incident-recording platform that will enhance data collection.</li><li>As part of a <a href="#">public reporting framework</a>, the College supports transparency and sharing of data for the purposes of improving quality and patient safety. The College published updated aggregate provincial AIMS data <a href="#">in the fall of 2020 on the College website</a>. This data provides insight into the type of medication incidents and near misses being recorded in community pharmacies as more and more pharmacies use the system to report on incidents and learn from them to prevent them from recurring.</li></ul> <p><b>Strengthening the Practice Environment in Community Pharmacy</b></p> <ul style="list-style-type: none"><li>Throughout the latter half of 2020, the <a href="#">Community Practice Environment Advisory Group</a> members incorporated all the feedback from patients/the public, registrants as well as their own practice insights and identified seven principles that would enable a community practice environment that supports professionalism and safe, high-quality patient care.</li><li><a href="#">The College Board unanimously endorsed the principles</a> and supported implementation across all pharmacies, commencing in 2021. Work is now underway to implement the principles with each of the stakeholders on the Advisory Group sharing responsibility for supporting their adoption within community pharmacies throughout Ontario. The work also forms the basis for the development of the Provider Experience Indicators per the Quadruple Aim framework that underpins the Quality Indicators for Pharmacy initiative that was launched in 2019.</li><li>In addition, the insights gleaned through the engagement activities with professionals and patients has shaped other strategies and activities planned for 2021, including greater public/patient education regarding what they should expect from pharmacies and regulated pharmacy professionals and the role of the College.</li></ul>
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	<p>release the quality indicators data set in November 2020. This work now includes the development of indicators related to patient experience.</p> <ul style="list-style-type: none"><li>• In July 2020, the College commenced the <a href="#">Community Practice Environment Initiative</a> aimed at enhancing the safety and accountability within community pharmacies and to respond to the insights expressed by pharmacy professionals and patients received through focus groups, surveys and consultations. In addition to the members of the <a href="#">Community Practice Environment Advisory Group</a>, registrants and patients were engaged to solicit feedback on the development of accountability principles that will serve as a foundation for collaborative work going forward.</li><li>• During the development of the amendment to the <i>Pharmacy Act, 1991 O.Reg 202/94</i>, which, if approved, will authorize pharmacists to prescribe certain minor ailments in addition to other <a href="#">scope of practice changes</a>, the College engaged other health regulatory colleges such as CPSO, CNO, the College of Optometrists of Ontario and the College of Midwives of Ontario starting from June 2019 until present. The College has also engaged pharmacist associations such as OPA, Neighbourhood Pharmacy Association of Canada, and the Canadian Society of Hospital Pharmacists (Ontario Branch) to receive their input, feedback and considerations during the drafting of the regulations. OCP also connected with other health professional associations including the OMA, the Ontario College of Family Physicians, and the Nurse Practitioner Association of Ontario to hear their recommendations, feedback and considerations given their current experience as prescribers in the Ontario health care system in order to further broaden understanding of public/patient and system expectations and perspectives.</li></ul> <p><b><i>Informal engagement to maintain responsiveness to emerging issues, public expectations and priorities</i></b></p> <ul style="list-style-type: none"><li>• The College has been collaborating with Ontario Health, Digital services to facilitate pharmacies’ access to clinical viewers. Access to these records will enable pharmacists and technicians to better serve their patients. The College also engages on a regular basis with PrescribeIT to ensure that the e-prescribing service aligns with the standards of the profession and patient expectations of pharmacy practice.</li><li>• The College regularly engages with Ontario Health (Cancer Care Ontario) to discuss practice issues, share information and ensure alignment with standards of practice and expectations of pharmacy practice and frequently</li></ul>	<p><b>Expanding the Scope of Practice of Pharmacists to Enable Prescribing for Minor Ailments</b></p> <ul style="list-style-type: none"><li>• Feedback from the <a href="#">open consultation</a> as well as from stakeholder engagement activities that started at the beginning of regulatory drafting was incorporated into the final regulatory submission to the Minister of Health in June 2020.</li><li>• As a result of these engagement activities, the College strengthened and will continue to leverage many new and existing connections and relationships as the College prepares for the <a href="#">implementation of minor ailments prescribing</a>, once the regulatory amendments are approved by the provincial government.</li><li>• In addition, the College has carefully reviewed and considered all of the <a href="#">feedback through the consultation and engagement exercises</a> and notes that the proposed regulatory changes to expand scope of practice for pharmacists will meet the Minister’s objectives to optimize the education and training of pharmacists, streamline care pathways, increase access to minor and routine care in the community and support improved patient and system outcomes, while also supporting interprofessional collaboration.</li><li>• Various health system stakeholders including public health agencies, Ontario Health Quality, the OMA, AFHTO and OCFP identified existing clinical resources that prescribers currently use, which will be critical for pharmacists to refer to. By linking to these references, all prescribers would refer to the same resources, supporting consistent prescribing practices for minor ailments.</li><li>• During the review of the regulation that refers to prescriber notification when a pharmacist administers a drug in Schedule 1 or 2 by injection or inhalation, the College consulted CNO, CPSO, OMA and OCFP in early 2020. These consultations changed the College’s approach to prescriber notification so that pharmacists are expected to notify prescribers of drug administration within a reasonable time, at every administration, unless the prescriber advises the pharmacist in advance that notification is unnecessary.</li><li>• From late 2019 until present, the College has been working with CNO, College of Optometrists of Ontario, College of Midwives of Ontario and College of Chiropractors of Ontario who received similar guidance from the Ministry as they were also drafting regulations that would authorize their registrants to prescribe a select list of drugs.</li></ul>
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	<p>engages the Ontario Hospital Association (OHA) to discuss and collaborate on issues related to hospital pharmacy practice to ensure a safe medication management system.</p> <ul style="list-style-type: none"><li>• The College engages regularly with HPRO (Health Profession Regulators of Ontario) where health regulatory colleges collectively identify opportunities to respond to changing public expectations, including opportunities related to implementing governance best practice and reform within existing legislative frameworks to strengthen public confidence in the role of regulators.</li><li>• Frequent formal and informal discussions and information sharing between the College and provincial and national pharmacy associations have enabled effective collaboration and information sharing so that regulatory perspectives and the input and experiences of pharmacy professionals who interact with patients every day on emerging practice matters and concerns can be shared openly with a view to supporting effective communication and ultimately quality pharmacy practice. Examples include the College’s role as a member of the Quality Steering Committee of the Association of Family Health Teams of Ontario (AFHTO) which works to support the implementation and growth of primary care teams by promoting best practices, and the College’s partnership with Ontario Health (North) and Ontario Health (Quality) to develop a systems approach to enable collaboration between primary care and community pharmacy to improve care for patients with depression.</li></ul>	<ul style="list-style-type: none"><li>○ The colleges collaborated to identify appropriate resources for registrants to help them understand the American Hospital Formulary Service (AHFS) classifications and how to interpret the regulation, since the reference to AHFS classifications in regulations was new to most professions. The colleges developed and shared resources to support consistency around how to use the AHFS classifications and ensure the regulation would be interpreted consistently.</li><li>• The College is working on an <a href="#">implementation</a> plan that addresses the recommendations and concerns noted through the consultation activities. The plan includes the development of mandatory education as an orientation to the regulatory requirements and expectations for minor ailment prescribing and a communication plan to inform the public and other stakeholders of what pharmacists are authorized to do and what they should expect from their pharmacies and professionals as minor ailment prescribing is enabled in the province. These messages were further refined as a direct result of the stakeholder and public engagement sessions held throughout late 2019 and into 2020.</li></ul>
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Domain 4: Information Management			
Standard 8			
Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	College response	
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non- health) or sensitive nature that it holds	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>Insert a link to policies and processes <b>OR</b> provide brief description of the respective policies and processes.</li><li><b>Governance</b> Information governance principles are in place for physical records, unstructured electronic information (email, documents, web pages), and structured information (databases). The Information and Data Management function provides policies, standards, processes, and tools for the governance of College data and information assets with:<ul style="list-style-type: none"><li><a href="#">Information Management Policy</a></li><li><a href="#">Records Management Policy</a></li><li><a href="#">Data Management Policy</a></li><li><a href="#">Email Management Policy</a></li></ul></li><li>The College’s <a href="#">Privacy Code</a> outlines the how the College manages the collection, use, disclosure, and protection of personal information and personal health information at the College.</li><li>The protection of information is supplemented by the <a href="#">Records Retention Schedule</a> that governs the life cycle of a record, or series of records, from creation or receipt to disposition or permanent preservation.</li><li><b>Security/Protection</b> Various reports and tools are used to ensure the security of data and information at the College. These include:<ul style="list-style-type: none"><li>Testing such as regular simulated cyber-attack penetration testing and cyber security updates</li><li>Education such as information security training required by all OCP staff</li><li>Incoming content security such as connection filtering and anti-malware</li><li>Outgoing content security such as email encryption</li><li>Monitoring of staff accounts for malware, phishing and virus attacks</li><li>Access controls such as different levels of access for staff and contractors</li></ul></li></ul>	

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>• The College is actively working on modernizing information management and privacy activities. A new Privacy and Information Access Policy and Manual has been developed and will be published once all staff have been trained by the end of August 2021.</li><li>• An update to the Information Management policies and standards will complement the Privacy and Information Access Policy to ensure that all staff are aware of their responsibilities when handling College information/data. The Records Retention Schedule will also be updated by end of year 2021 to inform taxonomy design for a new document management system.</li><li>• Development of a cyber-attack response protocol will be completed in 2021 for implementation by 2022.</li></ul>

DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence	College response	
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	<div>The College fulfills this requirement:    Yes <input checked="" type="checkbox"/>    Partially <input type="checkbox"/>    No <input type="checkbox"/></div> <ul style="list-style-type: none"><li>Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <b>OR</b> describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how).</li><li>The College takes a multi-pronged approach to evaluating its policies, standards of practice and practice guidelines.</li><li><b>The Policy Review Process:</b><ul style="list-style-type: none"><li>As of January 2020, the College implemented the <a href="#">policy review process</a> which supports the goal of having each policy and practice guideline reviewed every three to five years per industry standards. Through this process, these documents undergo robust review including jurisdictional and environmental scans and literature reviews to ensure the policy response is appropriate and effective based on the current practice environment.</li></ul></li><li><b>External Stakeholder Engagement/Proactive Monitoring:</b><ul style="list-style-type: none"><li>In addition to the policy review process, College staff proactively monitor the practice environment via a number of different mechanisms including our practice and operational assessment process, complaints and intakes trends, practice queries from professionals and the public received by our practice consultants and collaboration with external stakeholders.</li><li>This practice highlights gaps and the potential need for the creation of new documents, revisions of old documents or pivoting to a new direction to respond to the current practice environment and emerging areas of focus or risk outside of the scheduled policy review process. It also ensures that these documents reflect current legislation and regulation.</li><li>To align with pharmacy regulators across Canada, the College adapts and/or adopts standards from the National Association of Pharmacy Regulatory Authorities (NAPRA). The</li></ul></li></ul>	

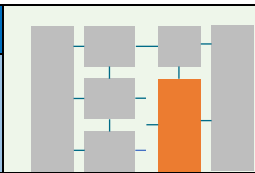


		<p>College also works alongside other provincial pharmacy regulatory authorities (PRAs) to develop and update national standards based on updates to practice and the changing landscape of pharmacy. The College periodically reviews the standards to ensure that they are relevant and responds with either creating our own standards to address the new climate or works with stakeholders to revise the document to meet the current practice environment.</p> <ul style="list-style-type: none"><li>• <b>Examples of College Policies, Standards of Practice and Practice Guidelines Under Review in 2020:</b><ul style="list-style-type: none"><li>○ <a href="#">Administering a Substance by Injection or Inhalation</a></li><li>○ <a href="#">Initiating, Adapting and Renewing Prescriptions</a></li><li>○ <a href="#">Operating Internet Sites</a></li><li>○ <a href="#">Prescriptions – Out of Country</a></li></ul></li><li>• <b>Examples of College Policies, Standards of Practice and Practice Guidelines Revised in 2020:</b><ul style="list-style-type: none"><li>○ <a href="#">Preventing Sexual Abuse and Harassment</a></li><li>○ <a href="#">Protecting the Cold Chain</a></li></ul></li><li>• <b>COVID-19 Related Revisions</b><ul style="list-style-type: none"><li>○ <a href="#">Administering a Substance by Injection or Inhalation</a></li><li>○ <a href="#">Centralized Prescription Processing</a></li><li>○ <a href="#">Faxed Transmission of Prescriptions</a></li><li>○ <a href="#">Initiating, Adapting and Renewing Prescriptions</a></li></ul></li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <p>i. evidence and data,</p> <p>ii. the risk posed to patients / the public,</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"><li>• For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) <b>OR</b> describe it in a few words.</li><li>• The College takes into account components i-vi as part of the <a href="#">policy review process</a>. There are two ways policies, standards and practice guidelines are considered for review:<ul style="list-style-type: none"><li>○ Through the policy review process of being reviewed once every three to five years.</li></ul></li></ul>



	<div>iii. the current practice environment,</div> <div>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)</div> <div>v. expectations of the public, and</div> <div>vi. stakeholder views and feedback.</div>	<div><div>○ Triggered through external engagement and proactive monitoring of current practice environment</div><div>● As such, we have provided an example of each. It is important to note that since this process started in January 2020, not all the policies have undergone a review through this process and prescribed timeline. The College is working towards ensuring that every policy meets this timeline of review.</div><div>1. <b>Protecting the Cold Chain:</b><div>a. In the first step of the policy review process, “Research and Review,” College staff explored current data and evidence around the subject matter through an intensive jurisdictional scan and an academic literature review. The policy, which is currently under review, will be updated to reflect key updates in the <a href="#">National Vaccine Storage and Handling Guidelines for Immunization Providers</a> and the <a href="#">Vaccine Storage and Handling Protocol, 2018</a>. This step also included engaging practice advisors (people who are in pharmacies daily, routinely completing assessments) and reviewing internally gathered data (such as pharmacy operational and practice assessments and complaints) for the profession. The evidence found during this step fed into the drafting and revision part of the review.</div><div>b. In addition to the jurisdictional scan and the academic literature review, the “Research and Review” step involved reviewing any complaints or patient experiences that have been documented related to the policy. During this step, College staff reviewed any legal issues or cases that had arisen around the Cold Chain. Since there were no outstanding concerns, this policy did not need to have a working group created to discuss the risks/concerns in detail.</div><div>c. The College worked with health regulators who oversee professions that store vaccines (e.g. College of Nurses of Ontario, College of Physicians and Surgeons of Ontario) through consultation and informal discussions.</div><div>d. If a policy is undergoing extensive changes and/or is deemed as a contentious/collaborative matter that would benefit from receiving feedback from the public, stakeholders or other professions, it will be posted on the College’s website for <a href="#">public consultation</a>. The Protecting the Cold Chain policy was a minor update and therefore did not go out for consultation. However, the College worked with external stakeholders, such as the Ontario Pharmacists Association and Canadian Society of Hospital Pharmacists, to review the drafted policy from the perspective of the practicing pharmacy professional as well as the community and hospital operations perspective. The feedback was considered, and when appropriate, worked into the revised policy.</div></div><div>2. <b>COVID-19 – Centralized Prescription Processing</b><div>a. As part of the policy monitoring process, the College became aware that the current <a href="#">Centralized Prescription Processing</a> policy (Central Fill) was causing barriers to practice as</div></div></div>
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		<p>the practice environment changed to respond to COVID-19. The addendum demonstrates the College’s examination of these components and the resulting update of the policy to address the change in the practice environment.</p> <p>b. The Central Fill policy review started with discussions with stakeholders to better understand the barriers and potential solutions. This lead to understanding the risk posed to patients/the public if the policy did not change. After a risk was determined, the College examined the language of other jurisdictions to understand the options available to us.</p> <p>c. As a result of this work, the College found that streamlining the Central Fill process to limit the physical contact between patients and pharmacy professionals would help in the continuity of care as well as in the fight against COVID-19. The language in the addendum addresses areas of concern, such as the integrity of the drug product as well as cross-provincial delivery. This was published on our website on April 15, 2020. As COVID-19 responses change and require different approaches, the College continues to monitor to ensure that this approach is suitable.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 10			
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.			
Measure	Required evidence	College response	
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>3</sup> .	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none"><li>Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> describe in a few words the processes and checks that are carried out:</li><li>Insert a link <b>OR</b> provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):</li></ul> <ul style="list-style-type: none"><li>To register as a pharmacist or pharmacy technician, an applicant must meet the registration requirements that are specified in the <i>General Regulation under the Pharmacy Act, 1991</i>. Some of these requirements are specific to the certificate of registration for which the applicant is applying (i.e., pharmacist vs. pharmacy technician).</li></ul> <p><b>Third Party Pharmacy Organizations That Support the College’s Registration Requirements</b></p> <ul style="list-style-type: none"><li>The College collaborates with a number of third-party Canadian pharmacy organizations to set and uphold the registration requirements. Since these organizations are referred to throughout sections 9a and 9b, their role in the College’s registration requirements and our relationships with them are briefly described below:<ul style="list-style-type: none"><li>The <a href="#">Canadian Council for Accreditation of Pharmacy Programs</a> (CCAPP) is responsible for developing and maintaining accreditation standards for educational programs for pharmacy professionals and for reviewing the Canadian programs based on these standards. The College has a memorandum of understanding with CCAPP.</li><li>The <a href="#">National Association of Pharmacy Regulatory Authorities</a> (NAPRA) provides a forum for pharmacy regulatory authorities across Canada to address common issues and share knowledge and experiences relevant to pharmacy regulation. NAPRA created and maintains the National Model Licensing Program that includes entry-to-practice competencies upon which the CCAPP accreditation standards, the College’s practice-based assessments and the Pharmacy Examining Board of Canada’s (PEBC) examinations are</li></ul></li></ul>	

		<p>based, as well as the language proficiency requirements for licensure. In addition, NAPRA, along with the provincial pharmacy regulatory authorities, developed the <a href="#">Pharmacists' Gateway Canada</a>, as the starting point for international pharmacy graduates and Accreditation Council for Pharmacy Education (ACPE)-accredited program graduates to begin the initial credentialing process.</p> <ul style="list-style-type: none"><li>○ The <a href="#">Pharmacy Examining Board of Canada</a> (PEBC) is the authorized professional credentialing organization for immigration purposes (federally), and is responsible for assessing the qualifications and competence of pharmacy professionals. The College has a memorandum of understanding with PEBC.</li></ul> <p><b>Registration Requirements and Document Authentication Processes</b></p> <ul style="list-style-type: none"><li>• For each of the eight registration requirements, the required standard(s) is briefly described below to promote understanding of what the applicant must meet for their application to be considered. The College's processes for document authentication are then described for each registration requirement.</li></ul> <p>1. <b>Education</b> – Graduation from an educational institution that is:</p> <ul style="list-style-type: none"><li>• accredited by the <a href="#">Canadian Council for Accreditation of Pharmacy Programs</a> (CCAPP)</li><li>• accredited by the <a href="#">Accreditation Council for Pharmacy Education</a> (ACPE) which is the American counterpart to CCAPP, or</li><li>• recognized by the <a href="#">Pharmacy Examining Board of Canada</a> (PEBC)'s evaluation process to become eligible to take the PEBC's Qualifying Exam and successful completion of:<ul style="list-style-type: none"><li>○ Parts I and II of the relevant PEBC Qualifying Exam on the first attempt, or</li><li>○ College Board approved bridging education for international graduates:<ul style="list-style-type: none"><li>▪ Pharmacist applicants - <a href="#">International Pharmacy Graduate (IPG) Program</a> or <a href="#">University of Toronto, PharmD for Pharmacists Program</a></li><li>▪ Pharmacy technician applicants - University of Toronto, School of Continuing Studies <a href="#">Canadian Health Care System, Culture and Context for Internationally Educated Healthcare Professionals course</a> in addition to any other course(s) or program as identified by the Registration Committee</li></ul></li></ul></li></ul> <p>a. <b>Document Authentication: CCAPP</b> The College receives graduation lists directly from the CCAPP-accredited programs for pharmacists and pharmacy technicians in Ontario. For graduates of a CCAPP-accredited program outside of Ontario, the College requires an official letter directly from the education institution confirming the applicant's graduation.</p> <p>b. <b>Document Authentication: NAPRA</b> Through NAPRA, the College has agreed on national standards for registration including documentation and the authentication process. The <a href="#">Pharmacists' Gateway Canada</a> is the</p>
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		<p>starting point for international pharmacy graduates and ACPE-accredited program graduates to begin the initial credentialing process.</p> <p>c. <b>Document Authentication: PEBC</b> <i>PEBC Identification Authentication and Document Evaluation Process:</i> Proof of identification and graduation from a recognized pharmacy education program for international graduates are confirmed by the PEBC and scanned into the Pharmacists’ Gateway Canada for pharmacist applicants or stored by the PEBC for pharmacy technician applicants. International pharmacist applicants must also successfully complete the <a href="#">PEBC Pharmacist Evaluating Exam</a> that tests applicants’ background knowledge base in the pharmaceutical sciences and preparation for the practice of pharmacy. Documents submitted to the PEBC are also reviewed by College staff upon application. The College accepts the documentation process that PEBC follows to verify the identification and education credential requirements and any determination that PEBC has made using an alternative verification approach. Information about <a href="#">identification requirements and alternatives for required documentation</a> is provided.</p> <p>2. <b>Jurisprudence Examination</b> – Successful completion of an exam based on an <a href="#">examination blueprint</a> that has been approved by the Registration Committee to assess a candidate’s knowledge of federal and provincial legislation affecting pharmacy practice in Ontario.</p> <p>a. <b>Document Authentication:</b> The College manages applications for this computer-based exam and informs candidates of their result.</p> <p>b. <b>Identification Authentication:</b> Candidates must submit proof of identification when they apply to register with the College and must present proof of their identification at the testing centre or to the remote proctor on the day of the exam. Information about <a href="#">acceptable identification</a> for this exam is provided.</p> <p>3. <b>Practice-based assessment</b> – Successful completion of the <a href="#">Practice Assessment of Competence at Entry (PACE) for pharmacist applicants</a> or <a href="#">Structured Practical Training (SPT)</a> for pharmacy technician applicants. These practice based assessments are administered by the College.</p> <p>a. <b>Document Authentication:</b> The College manages applications to undergo these practice-based assessments, and informs candidates of their outcome.</p> <p>b. <b>Identification Authentication:</b> PACE candidates must provide valid, government-issued photo identification to their assessor.</p> <p>4. <b>Pharmacy Examining Board of Canada (PEBC) Qualifying Examination</b> – Successful completion of the national certification exam for <a href="#">pharmacists</a> or for <a href="#">pharmacy technicians</a>. These exams are based on the NAPRA <a href="#">Professional Competencies for Canadian Pharmacists at Entry to Practice</a> or</p>
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		<p>the <a href="#">Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice</a>, respectively.</p> <p>a. <b>Document Authentication:</b> A pass result list with the successful candidates on each exam is electronically transmitted directly to the College from the PEBC. An individual candidate’s pass result is also posted in their Pharmacists’ Gateway Canada profile if applicable and available.</p> <p>b. <b>PEBC Identification Authentication:</b> Candidates must submit proof of identification with their application for each part of the relevant Qualifying Exam and must present proof of their identification at the testing centres (or to the remote proctor) on the day(s) of the exams. Information about the identification requirements and alternatives for required documentation for <a href="#">pharmacist candidates</a> and <a href="#">pharmacy technician candidates</a> is provided.</p> <p>5. <b>Language proficiency</b> – International applicants must meet the minimum acceptable test scores for one of the objective, high stakes tests as set by NAPRA for <a href="#">pharmacists</a> or <a href="#">pharmacy technicians</a>, provide acceptable <a href="#">non-objective evidence of language proficiency</a>, or request that a <a href="#">panel of the Registration Committee</a> consider other evidence of the applicant’s language proficiency. Graduates of a CCAPP- or ACPE-accredited education program are considered to have met this requirement.</p> <p>a. <b>Document Authentication:</b> Language proficiency test score reports must be provided directly to the College (or the Pharmacists’ Gateway, if applicable) from the testing institution, or are confirmed online with the testing institution by College staff. The language testing centres evaluate proof of identification for all test takers. Letters or transcripts submitted as non-objective evidence must be sent directly to the College from the applicant’s pharmacy school, employer, secondary school or school board, and/or undergraduate university.</p> <p>6. <b>Good character</b> – <a href="#">Police background check</a> with no positive findings and a self-<a href="#">declaration of good character</a>.</p> <p>a. <b>Document Authentication:</b> The police background check must be provided through an OCP-contracted background and identity services provider (accessed directly by staff), or obtained at the applicant’s local police station and submitted as a notarized copy or original of the documentation. The declaration of good character is completed within the College’s online application.</p> <p>7. <b>Canadian citizenship or legal status in Canada</b> – Must be legally entitled to live in Canada and to work in a pharmacy in Ontario.</p>
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		<p>a. <b>Document Authentication:</b> The applicant must provide a notarized copy or original documentation of their identity and citizenship or status in Canada. Documentation is reviewed by College staff for authenticity, and retained in the applicant’s file.</p> <p>8. <a href="#">Personal professional liability insurance</a> – Must have required coverage as prescribed in OCP By-Laws.</p> <p>a. <b>Document Authentication:</b> The applicant must complete a declaration confirming that they have obtained and will maintain personal professional liability insurance as specified in the College’s By-Laws while registered with the College. College staff may review evidence of personal professional liability insurance as needed.</p> <p>• <b>Mobility within Canada</b> - Applicants who are currently licensed as a pharmacist or pharmacy technician in another Canadian province are considered to have met, and do not need to provide documentation of the education, practice-based assessment (i.e., PACE or SPT) and PEBC Qualifying Exam requirements in accordance with the <a href="#">labour mobility</a> provisions of the Agreement on Internal Trade (AIT). These applicants must provide evidence of meeting the other registration requirements as described above.</p> <p>a. <b>Document Authentication:</b> A current letter of standing as validation of current licensure must be provided directly to the College from the pharmacy regulator of any Canadian province or territory where the applicant holds an active license. College staff may verify the applicant’s registration information using the public register of the other province(s).</p> <p>b. The College’s expectations for document authentication are provided for candidates on the <a href="#">Supporting Documentation for Registration</a> page.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

<sup>3</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

	b. The College periodically reviews its criteria and processes for determining	The College fulfills this requirement:    Yes X    Partially <input type="checkbox"/> No <input type="checkbox"/>
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	<p>whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<ul style="list-style-type: none"><li>• Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon <b>OR</b> describe in a few words the process and checks that are carried out.</li><li>• Provide the date when the criteria to assess registration requirements was last reviewed and updated.</li></ul> <p><b>Review of Registration Criteria and Processes</b></p> <ul style="list-style-type: none"><li>• The primary purpose of the College’s registration resolutions and the registration policies is to set the criteria for assessment of applications. The <a href="#">Registration Resolutions</a> are updated as required (last updated December 2019). The <a href="#">Registration Policies</a> are reviewed every year (last reviewed November 2019). The resolutions and policies are based on best practices in professional regulation and assessment.</li><li>• The College is involved with a number of professional regulatory organizations including the <a href="#">Canadian Network of Agencies for Regulation</a> (CNAR), the <a href="#">Council on Licensure, Enforcement &amp; Regulation</a> (CLEAR), and <a href="#">Ontario Regulators for Access Consortium</a> (ORAC). By attending and presenting at conferences organized by these organizations, College staff keep abreast of best practices and developments in registration and assessment for entry to practice. Staff in the College’s Registrant Competence department also attend educational events hosted by companies such as <a href="#">Touchstone Institute</a> and <a href="#">Steinecke Maciura LeBlanc</a> to learn about best practices in assessment and registration.</li><li>• Changes in best practices in registration criteria or processes are monitored by College staff and may trigger an evaluation. In general, the steps outlined below are followed:<ol style="list-style-type: none"><li>1. Conduct preliminary background research and an environmental scan.</li><li>2. Contract with an external consultant to gather data and/or provide expert knowledge.</li><li>3. Review research findings and expert recommendations to determine the changes required.</li><li>4. If further development is required, pilot test the proposed changes.</li><li>5. Launch the changes.</li><li>6. Evaluate the impact of the changes</li></ol></li><li>• The Registration Committee and/or Board is informed and approves decisions as necessary, at key milestones.</li><li>• This data-informed process was followed for these changes to the College’s registration criteria or processes:<ul style="list-style-type: none"><li>○ 2015 – <a href="#">Non-objective evidence of language proficiency policy</a> updated</li><li>○ 2016 – <a href="#">Assessment tool for Relevance to Suitability to Practice, Operate a Pharmacy or be Registered as a Member</a> introduced for use by panels of the Registration Committee (Reference: September 2015 Council minutes, item 19.1)</li><li>○ 2018 – <a href="#">Practice Assessment of Competence at Entry (PACE)</a> for pharmacist applicants</li></ul></li></ul>
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		<p>launched (Reference: June 2019 Council minutes, item 10.2)</p> <ul style="list-style-type: none"><li>○ 2018 – <a href="#">Structured Practical Training (SPT)</a> activities for pharmacy technician applicants updated</li><li>○ 2018 – <a href="#">Registration and Quality Assurance regulation changes</a> submitted to Government (Reference: December 2017 Council minutes, item 9.1)</li><li>○ 2019 – <a href="#">Guidelines for testing accommodations</a> updated (Reference: March 2019 Registration Committee minutes)</li><li>○ 2019 – <a href="#">Police background check</a> requirement introduced for all applicants</li><li>○ 2019 – Competency based blueprint for a new Jurisprudence, Ethics and Professionalism assessment approved by Committee</li><li>○ 2019 – Academic misconduct added to <a href="#">Declaration of Good Character</a></li><li>○ 2020 - <a href="#">TOEFL iBT Special Home Edition</a> test accepted due to COVID-19 pandemic</li><li>○ 2020 – Computer-based format for <a href="#">Jurisprudence Exam</a> launched due to COVID-19 pandemic</li></ul> <p><b>Third Party Pharmacy Organizations Review that support the College’s Registration Criteria and Processes</b></p> <ul style="list-style-type: none"><li>• According to the College’s memorandum of understanding with the,<ul style="list-style-type: none"><li>○ <a href="#">Canadian Council for Accreditation of Pharmacy Programs (CCAPP)</a>, CCAPP is responsible for developing and maintaining up-to-date accreditation standards for educational programs for pharmacy professionals using a valid, reliable and defensible process, and for reviewing the Canadian programs based on these standards. CCAPP’s Board of Directors is composed of representatives appointed by the Association of Faculties of Pharmacy of Canada, the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, the National Association of Pharmacy Regulatory Authorities, The Pharmacy Examining Board of Canada and the Canadian Pharmacy Technician Educators Association. College staff are invited as observers to the CCAPP site visits;</li><li>○ <a href="#">National Association of Pharmacy Regulatory Authorities (NAPRA)</a> works with pharmacy practitioners, educators and other stakeholders to ensure their programs and processes are current and follow best practices;</li><li>○ <a href="#">Pharmacy Examining Board of Canada (PEBC)</a>, PEBC is responsible for assessing the qualifications and competence of applicants through a valid, reliable and defensible evaluation and certification process, and for maintaining up-to-date examinations for pharmacy professionals. The PEBC is governed by a national Board of Directors comprised of representatives of the provincial pharmacy regulatory authorities (including the College), the Association of Faculties of Pharmacy of Canada, the Canadian Pharmacists Association, the Canadian Society of Hospital Pharmacists, the Canadian Association of Pharmacy Technicians, and the Canadian Pharmacy Technician Educators Association. PEBC staff participate in the same conferences and educational events as College staff to</li></ul></li></ul>
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		<p>learn about and share best practices in qualification assessments.</p> <ul style="list-style-type: none"><li>Some examples of changes by these third party pharmacy organizations include:<ul style="list-style-type: none"><li>2015 – PEBC <a href="#">Pharmacist Qualifying Exam blueprint</a> updated</li><li>2016 – PEBC <a href="#">Pharmacy Technician Qualifying Exam blueprint</a> updated</li><li>2018 – CCAPP <a href="#">Accreditation Standards for Canadian First Professional Degree in Pharmacy Program</a> and <a href="#">Accreditation Standards for Canadian Pharmacy Technician Programs</a> updated</li></ul></li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"><li>The College will be initiating a standard operating procedures review in 2021.</li></ul>
10.2Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency <sup>4</sup> and other ongoing requirements are continually met (e.g., good character, etc.).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"><li>Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon <b>OR</b> provide a brief overview:<ul style="list-style-type: none"><li>Upon annual renewal, pharmacists are required to complete self-declarations regarding,<ul style="list-style-type: none"><li>Practice requirement (for pharmacists providing patient care)</li><li>Good standing</li><li>Code of Ethics</li><li>Personal professional liability insurance</li><li>Injection authority</li><li>Completion of any required training (for 2020 annual renewal cannabis training was required)</li></ul></li><li>Upon annual renewal, pharmacy technicians are required to complete self-declarations regarding<ul style="list-style-type: none"><li>Good standing</li><li>Code of Ethics</li><li>Personal professional liability insurance</li></ul></li><li>Once the revised Registration/QA regulations are approved by government, both pharmacists and pharmacy technicians will be required to (1) make an annual declaration of competence</li></ul></li></ul>

		<p>and (2) identify a designated place of practice where patient care is provided in preparation for a practice assessment when selected.</p> <ul style="list-style-type: none"><li>List the experts / stakeholders who were consulted on currency:<ul style="list-style-type: none"><li>Currency requirements were last reviewed in 2016. The College’s Board reviewed proposed Registration/QA regulations in <a href="#">September 2016</a> (pg.14) and finalized regulations in December 2017 after public consultation. A <a href="#">jurisdictional scan</a> regarding the requirements of other regulators was provided to the Board. The Registration Committee and Quality Assurance Committee were informed of the proposed regulation changes.</li><li>Experts/stakeholders consulted included other Ontario regulators, pharmacy regulators across Canada, and academics with expertise in continuing competency and assessment.</li></ul></li><li>Identify the date when currency requirements were last reviewed and updated:<ul style="list-style-type: none"><li>Policy change approval occurred in 2016, followed by development and consultation on regulation throughout 2017. <b>(The regulation was submitted to government in February 2018; awaiting approval)</b></li></ul></li><li>Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.<ul style="list-style-type: none"><li>Pharmacists complete a self-declaration indicating that practice hours have been met every year upon annual renewal (pharmacy technicians are not required to self-declare currency as this portion of the regulations have yet to be approved by government.) In addition, pharmacists that engage in patient care are subject to a practice assessment which assesses competency. The goal is to assess all pharmacists providing patient care over six years once supporting legislation (see comment on regulation above) is in place. Ultimately, with the collection of more data, risk-based criteria will be incorporated into the model to determine the frequency of assessments.</li></ul></li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <ul style="list-style-type: none"><li>The College is initiating a standard operating procedures review in 2021 which will include documentation of the process for currency and other requirements through annual renewal.</li></ul>

<sup>4</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to the most recent assessment report by the OFC <b>OR</b> provide summary of outcome assessment report:<ul style="list-style-type: none"><li>Fair Registration Practices Reports for pharmacists and pharmacy technicians:<ul style="list-style-type: none"><li><a href="https://www.ocpinfo.com/wp-content/uploads/2020/02/2019_Pharmacists_Fair_Registration_Practices_Report.pdf">https://www.ocpinfo.com/wp-content/uploads/2020/02/2019_Pharmacists_Fair_Registration_Practices_Report.pdf</a></li><li><a href="https://www.ocpinfo.com/wp-content/uploads/2020/02/2019_Pharmacy_Technician_Fair_Registration_Practices_Report.pdf">https://www.ocpinfo.com/wp-content/uploads/2020/02/2019_Pharmacy_Technician_Fair_Registration_Practices_Report.pdf</a></li></ul></li><li>Where an action plan was issued, is it: Completed <input type="checkbox"/>    In Progress <input type="checkbox"/>    Not Started <input type="checkbox"/>    No Action Plan Issued <input checked="" type="checkbox"/></li></ul></li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (if needed)
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of	a. Provide examples of how the College assists registrants in implementing	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Provide a brief description of a recent example of how the College has assisted its registrants in</li></ul>

practice and practice guidelines applicable to their practice.	required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>the uptake of a new or amended standard:</p> <ul style="list-style-type: none"><li>• Name of Standard</li><li>• Duration of period that support was provided</li><li>• Activities undertaken to support registrants</li><li>• % of registrants reached/participated by each activity</li><li>• Evaluation conducted on effectiveness of support provided</li></ul> <p><b>Opioid Strategy for Pharmacy</b></p> <ul style="list-style-type: none"><li>• In 2017, the College published an <a href="#">Opioid Strategy for Pharmacy</a>. The Strategy, developed by a multi-disciplinary Opioid Task Force, addresses relevant areas of practice, and considers the health and social factors that are related to problematic opioid use.</li><li>• As part of the Strategy, an <a href="#">Opioid Policy</a> was developed in 2018 outlining the College’s expectations for pharmacy professionals regarding opioids. To support the application of the policy in practice, the College created an <a href="#">Opioid Practice Tool</a> as a hub for relevant resources. <a href="#">External resources on best opioid prescribing and dispensing practices</a> were promoted.</li><li>• The College collaborated with the University of Waterloo School of Pharmacy to develop, <a href="#">Pharmacy5in5</a> which is an interactive, online and app-based teaching tool that houses self-assessment quizzes and other educational resources. Specific modules addressing guidance for Naloxone, Assessing Opioid Prescriptions and Managing Narcotic Inventory were developed.</li><li>• Through pharmacy and practice assessments that take place at the pharmacy, College Operations Advisors and Practice Advisors are able to provide education <a href="#">regarding security of narcotics and controlled drugs</a> as well as focus on appropriate pharmacist assessment, decision making, documentation and patient communication in relation to dispensing these drugs.</li><li>• <a href="#">Guidance on the dispensing</a> of naloxone was developed. Additionally, practice consultants provide support and resources to pharmacy professionals who contact the College with specific questions.</li><li>• <a href="#">Quality indicators and interactive tools</a> have been published which identify regional and provincial trends that can help registrants and teams focus their efforts when developing continuous quality improvement initiatives in their own practice as it relates to safe and effective opioid dispensing.</li></ul> <p>• Does the College always provide this level of support:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i></p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>5</sup> .	a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:    Yes       Partially X    No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> link to website where this information can be found:<ul style="list-style-type: none"><li>General information about the College’s QA program is available in the <i>Winter 2020 Pharmacy Connection</i> magazine.<ul style="list-style-type: none"><li><a href="https://pharmacyconnection.ca/quality-assurance-supporting-safe-and-quality-care-winter-2020/">https://pharmacyconnection.ca/quality-assurance-supporting-safe-and-quality-care-winter-2020/</a></li></ul></li><li>General information about practice assessments could be found in the QA program section of the College’s website.<ul style="list-style-type: none"><li><a href="https://www.ocpinfo.com/practice-education/qa-program/practice-assessments/">https://www.ocpinfo.com/practice-education/qa-program/practice-assessments/</a></li></ul></li></ul></li><li>Is the process taken above for identifying priority areas codified in a policy:    Yes <input type="checkbox"/>    No X <i>If yes, please insert link to policy</i></li><li>The College's practice historically has been to have QA program policies approved by the QA Committee; however, this process has not been codified in policy. With the development of new governance and operational policies underway there is an opportunity to formalize these activities through policy.</li><li>Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <b>OR</b> describe right touch approach and evidence used:</li><li>Several sources of evidence were used to inform the assessment approach.<ul style="list-style-type: none"><li><a href="#">An extensive scoping review</a>, conducted by Dr. Zubin Austin, an academic researcher in competence assessment, provides the basis for the multi-modal QA process that the College has adopted.</li><li>A QA Re-design Advisory Group, with representatives from the QA Committee, pharmacists, pharmacy technicians and the public, was established to guide the creation of a new QA program.</li><li>In addition, a number of panels (with pharmacists from various practice settings, pharmacy technicians from various practice settings, and academic representatives) were established to provide input in the development of assessment tools and processes.</li><li>Finally, an assessment consultant/ psychometrician was contracted to evaluate the</li></ul></li></ul>

		<p>assessment tools and processes for practice assessments (the first portion of the QA re-design which is nearing completion).</p> <ul style="list-style-type: none"><li>• Throughout the re-design, changes were approved by the QA Committee and the Board.<ul style="list-style-type: none"><li>○ <a href="#">Literature review / Environmental scan</a></li><li>○ <a href="#">Logic model for OCP’s QA Program</a></li><li>○ Review of policy options for the College’s QA Program - <i>An Authentic, Practice-Based Assessment as a Catalyst for Continuous Professional Development</i> (published article) <a href="https://www.mdpi.com/2226-4787/8/1/15">https://www.mdpi.com/2226-4787/8/1/15</a></li><li>○ <a href="#">Evaluation of practice assessment by assessment consultant</a></li></ul></li><li>• Provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none"><li>- <i>Public</i> Yes <input type="checkbox"/> No <input type="checkbox"/></li><li>- <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/></li><li>- <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/></li><li>- <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/></li></ul></li><li>• The College’s approach to regulation has evolved over the past several years in order to adapt to emerging best practices and in 2011 began to implement a number of practices aligned with a right-touch approach to regulation which was first signaled to registrants through a series of engagement activities called <a href="#">Navigating the Grey</a> in 2011 and <a href="#">Moving the Mountain</a> in 2015.</li><li>• This approach, among other things, informed the development of a redesigned QA program which considers the core principles of right-touch regulation such as proportionality and risk-informed interventions and the growing use of data in decision making. The QA program for pharmacists and pharmacy technicians was subsequently evaluated and re-designed starting in 2014.</li><li>• As the College has continued to consider such practices in its regulatory activities, it has remained focused on implementing a balanced and flexible approach to regulatory oversight, with outcomes at the centre of everything it does. Grounded in core practices of right-touch and risk-based regulation, the College is further evolving its overall oversight approach through the adoption of outcomes-focused regulation principles which further considers the use of data to define the most appropriate regulatory actions and interventions to take in order to reduce risk and influence better regulatory, patient and system outcomes through continuous quality improvement. Implementation of the systems-based Quality Improvement indicators for Pharmacy and the Assurance and Improvement in Medication Safety (AIMS) Program are examples of the evolution of the College’s outcomes focused approach to regulating</li></ul>
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		<ul style="list-style-type: none"><li>• Insert link to document that outlines criteria to inform remediation activities <b>OR</b> list criteria:</li><li>• The following practice assessment criteria serve as a self-evaluation for pharmacists and pharmacy technicians. In addition, the results of a practice assessment using these criteria form the basis for remediation activities.<ul style="list-style-type: none"><li>○ <a href="#">Practice Assessment Criteria – Community Pharmacists</a></li><li>○ <a href="#">Practice Assessment Criteria – Hospital and other Healthcare Facility Pharmacists</a></li><li>○ <a href="#">Practice Assessment Criteria – Community and Hospital Pharmacy Technicians</a></li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>• The College’s QA program redesign, intended to align with right-touch regulatory principles and practices, includes the following:<ul style="list-style-type: none"><li>○ Focusing QA activities on those providing patient care (OCP’s two-part public register enables easy identification of pharmacists providing patient care; a similar two-part register will be available for pharmacy technicians once the proposed regulations are approved);</li><li>○ Increasing registrants’ interactions with various QA activities, ranging from self-assessment to practice assessment (and assessing every registrant approximately every 6 years);</li><li>○ Transitioning assessments to the place of practice to ensure that registrants not only know what to do and how to do it, but that they actually are engaging in the appropriate activities;</li><li>○ Providing remediation up-front when gaps are identified so that only those that are unable to improve practice are referred to the Quality Assurance Committee;</li><li>○ Increasing frequency of assessments based on risk (For example, those not meeting standards could potentially undergo a reassessment by a QA practice advisor, and a reassessment by the QA peer assessor;</li><li>○ Adding a post-remedial assessment which takes place approximately one year after remediation; and</li><li>○ Using a CQI model for practice assessments so that practice is improved for all registrants, even those already meeting standards.</li></ul></li><li>• The College has invested significant effort into determining appropriate remediation for those with identified gaps, including the establishment of a professional development and remediation business unit in 2017. A consistent classification scheme was developed and is now used across</li></ul>



		<p>College programs in order to gather data on gaps and in order to classify appropriate remediation resources. The remediation resource catalogue is used by adjudicatory committees.</p> <ul style="list-style-type: none"><li>• The College is interested in measuring outcomes. Pharmacy quality indicators have been developed and will be used to gather data to provide a broader understanding of competency gaps and impact on patient outcomes which will be influenced through broad quality improvement activities.</li></ul>
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<sup>5</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> describe the process:<ul style="list-style-type: none"><li>• As outlined in the practice assessment process diagram (link below), the primary method for ensuring that registrants complete remediation is a follow-up practice assessment. Follow-up assessments are scheduled for those registrants that are determined unsuccessful in an initial practice assessment (conducted by the College’s practice advisor) and after coaching is provided by a pharmacist assigned by the College. If the registrant is still unsuccessful (does not demonstrate the competencies assessed), a QA assessment is required and the case is referred to the QA Committee.</li><li>• When the QA Committee orders specified remediation, the registrant is required to submit a self-declaration indicating completion of the remediation or evidence of successful completion of the remediation if there is an assessment component. In addition, a post-remedial assessment is required one year later.<ul style="list-style-type: none"><li>◦ <a href="#">General information about OCP’s QA program (College’s Pharmacy Connect newsletter, Winter 2020)</a></li></ul></li></ul></li><li>• Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> describe the process:<ul style="list-style-type: none"><li>• Registrants that are required to complete specified remediation by the QA Committee are</li></ul></li></ul>

		<p>required to undergo a post-remedial assessment approximately one year later to determine if they have adopted the required knowledge, skills and judgement to continue practicing in an active role as a pharmacist.</p> <ul style="list-style-type: none"><li>○ <a href="#">QAC Policy – Post-Remedial Assessment</a></li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p> <ul style="list-style-type: none"><li>• The <i>Pharmacy Act</i> regulations do not yet incorporate pharmacy technicians. This regulation has been submitted to government and is awaiting approval. The pharmacy technicians that have engaged in QA activities, which were initiated in 2019, have done so voluntarily.</li></ul>
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none"><li>• Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:</li><li>• The College’s complaints process is prescribed in the <i>Health Professions Procedural Code (“the Code”)</i> under the <i>Regulated Health Professions Act (RHPA) 1991</i>.</li><li>• Once the College receives a formal complaint, the complaint will be investigated by staff, including follow-up discussions to clarify the complainant’s concerns. In some cases resolution of the complaint may be appropriate. Investigated complaints are reviewed by the Inquiries, Complaints and Reports Committee (ICRC), and may result in a number of actions, including advice or recommendations, direction to complete remediation, a caution in person, or a referral of specified allegations to the College’s Discipline Committee. Complainants and registrants are kept apprised of the progress of the complaint.</li><li>• Link to Complaints Information: <a href="https://www.ocpinfo.com/protecting-the-public/complaints-reports/">https://www.ocpinfo.com/protecting-the-public/complaints-reports/</a></li><li>• Link to File a Complaint: <a href="https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint">https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint</a></li></ul>

		<ul style="list-style-type: none"><li>• Video: How to File a Complaint: <a href="https://www.youtube.com/watch?v=B0wxBG-6R9E">https://www.youtube.com/watch?v=B0wxBG-6R9E</a></li><li>• Complaints Process: <a href="https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/complaints-process/">https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/complaints-process/</a></li><li>• Complaints Process Infographic: <a href="https://www.ocpinfo.com/wp-content/uploads/2019/05/Complaints_Process_Infographic.pdf">https://www.ocpinfo.com/wp-content/uploads/2019/05/Complaints_Process_Infographic.pdf</a></li><li>• FAQs: <a href="https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/faq-complaint/">https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/faq-complaint/</a></li></ul> <ul style="list-style-type: none"><li>• Does the College evaluate whether the information provided is clear and useful:    Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></li><li>• A review of website content and other communication (e.g. templates) is conducted regularly and feedback received from members of the public and complainants is considered when making any revisions.</li><li>• Feedback is collected during introductory phone calls with complainants for the purpose of verifying the accuracy of the information, obtaining additional information, explaining the process and timelines and obtaining feedback about whether the call was helpful.</li><li>• Feedback is also received as part of a report provided by an independent third-party consultant as it relates to the experience of complainants who have made allegations of sexual abuse. The College has contracted with the consultant as a way to provide additional supports to victims of alleged sexual abuse and to provide non-legal guidance to complainants to help orient them through the college’s complaints and discipline processes. The consultant provides a report to the College on an annual basis that includes high-level recommendations on how the College can improve its complaints processes for vulnerable complainants.</li></ul> <ul style="list-style-type: none"><li>• Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process:                      Yes <input checked="" type="checkbox"/>    No <input type="checkbox"/></li><li>• The intake and complaints processes are well documented and procedures are in place for gathering information and evidence and obtaining responses during the investigation.</li><li>• Every investigation has a documented investigation plan which sets out the requirements with respect to:<ul style="list-style-type: none"><li>○ Which information is required to be gathered in light of the allegations</li><li>○ Who will be interviewed</li><li>○ Records required and from whom and where</li></ul></li></ul>
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		<ul style="list-style-type: none"><li>○ Additional information required to corroborate or refute the allegations</li><li>○ Whether a site attendance is required or whether the information be obtained from another source</li><li>○ If an analysis is required, what constitutes a representative sample and a reasonable time-frame</li><li>○ Whether there is sufficient information for the ICRC to make a decision</li><li>○ Whether special powers under s. 76 of the <i>Code</i> will be required to conduct an adequate investigation (e.g., issuing a summons)</li><li>○ Whether legal input is required (e.g., a prosecutorial assessment)</li><li>○ Estimated timelines for completion of investigation and listing for ICRC</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> <ul style="list-style-type: none"><li>• The College intends to implement a survey to solicit further feedback on information provided to the complainants and their interactions with staff during the investigation of their complaint.</li></ul>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none"><li>• The College responds to 97% of inquiries from the public within five business days (see companion document: technical specifications for quantitative CPMF measures)</li></ul></div> <div><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></div> <div><i>Additional comments for clarification (optional)</i></div>
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	<ul style="list-style-type: none"><li>• List all the support available for public during complaints process:</li></ul> <p>Below is a list of supports available for the public during the complaints process including:</p> <ul style="list-style-type: none"><li>• Facilitation of requests for accommodation to access the complaints process; for example, if someone is unable to write or type, staff will assist a complainant in recording their concerns in alternative means; large font correspondence; and any other accommodations required for the complainant to meaningfully participate in the process</li></ul>

		<ul style="list-style-type: none"><li>• Provision of additional information and supports for those reporting sexual abuse</li><li>• Provision of translation services as required/requested</li><li>• For every complaint filed, staff assigned to the complaint conduct an introductory call with the complainant within five days of receipt of the complaint for the purposes of:<ul style="list-style-type: none"><li>○ Introducing themselves to the complainant as the person who will be conducting the investigation and with whom the complainant will be interacting throughout the course of the investigation;</li><li>○ Explaining the various steps in the complaints process and their associated timelines;</li><li>○ Clarifying the complainant’s concerns and confirming the scope of the complaint;</li><li>○ Explaining the reasons why certain registrants have been named in the complaint; and</li><li>○ For suitable cases, exploring with the complainant if they are open to a resolution other than the formal complaints process.</li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none"><li>• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process <b>OR</b> provide a brief description:<ul style="list-style-type: none"><li>• The College provides regular correspondence with the complainant throughout the various stages of the investigation including notification that the investigation is complete and the approximate number of weeks when the matter will be reviewed by ICRC.</li><li>• If the complaint process exceed the statutory timeline, in accordance with <i>s. 28 of the Code</i>, regular correspondence is sent to update the complainant and registrant at regular intervals</li><li>• Legal staff and prosecutors act as a point of contact for registrants and complainants in the discipline process.</li><li>• Complainants in sexual abuse cases can access additional confidential support through an independent support person retained by the College for this purpose as they move through the investigation and discipline process.</li><li>• Registrants are provided with Notices of Hearing and Allegations following a referral of allegations or incapacity information to the Discipline Committee or Fitness to Practise Committee.</li><li>• Registrants are provided with disclosure in advance of hearings.</li></ul></li></ul>

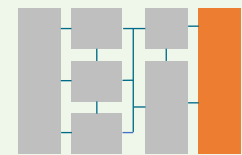
		<ul style="list-style-type: none"><li>• Registrants participate in pre-hearing conferences and, if needed, case management conferences as well as their contested and uncontested Discipline and Fitness to Practise Committee hearings.</li><li>• The College considers and supports accommodation requests from parties and witnesses to participate in hearings (e.g., interpreters; ability for vulnerable witnesses to testify behind screens, other supports).</li><li>• Registrants and complainants receive written decisions and reasons following hearings, including (for registrants), information about appeal rights.</li><li>• Additional information is also made available through the following resources:<ul style="list-style-type: none"><li>○ Upcoming discipline hearing dates and a summary of the allegations are posted to OCP website:<ul style="list-style-type: none"><li>○ <a href="https://www.ocpinfo.com/protecting-the-public/discipline-process/upcoming-discipline-hearings/">https://www.ocpinfo.com/protecting-the-public/discipline-process/upcoming-discipline-hearings/</a></li></ul></li><li>○ Public website includes a section describing the discipline process:<ul style="list-style-type: none"><li>○ <a href="https://www.ocpinfo.com/protecting-the-public/discipline-process/">https://www.ocpinfo.com/protecting-the-public/discipline-process/</a></li></ul></li><li>○ The Discipline Committee’s Rules of Procedure and related forms are available on the OCP website<ul style="list-style-type: none"><li>○ <a href="https://www.ocpinfo.com/library/other/download/Rules%20of%20Procedure.pdf">https://www.ocpinfo.com/library/other/download/Rules%20of%20Procedure.pdf</a></li></ul></li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
<b>Standard 13</b>		
<b>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</b>		
<b>Measure</b>	<b>Required evidence</b>	<b>College response</b>
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></div> <ul style="list-style-type: none"><li>• Insert a link to guidance document <b>OR</b> describe briefly the framework and how it is being applied:<ul style="list-style-type: none"><li>• Risk is initially assessed based on the likelihood of patient and public harm including consideration of the need for an Interim Order under the <i>Code</i>. As additional information is obtained during the course of conducting an investigation, the risk level is adjusted and prioritization may change in accordance with the most recent risk assessment.</li></ul></li></ul>

		<ul style="list-style-type: none"><li>Risk is assessed as high, medium, or low depending on the category(ies) of concern(s), the seriousness of the concerns, and whether there is a prior history of similar or other concerning conduct on the part of the registrant.</li><li>Provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable):<ul style="list-style-type: none"><li>The College has always assessed risk once the complaint is first received for all concerns to determine priority, urgency, and how quickly a site attendance might be required. In 2017, the Conduct Division adopted a qualitative risk framework for conducting a risk assessment of new complaints and reports, and tracking began. This risk assessment carries into the investigation stage. In 2020, the process was updated to document any changes to the risk assignment of the complaint or report as more information becomes available.</li><li>A new tool is under development to incorporate all components of the risk assessment framework and promote consistent application among all those who use it, to be implemented in 2021-22.</li></ul></li></ul>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <ul style="list-style-type: none"><li>The College intends to publish the new risk assessment tool once finalized, in 2021-22.</li></ul>
		<p><i>Additional comments for clarification (optional)</i></p>
<b>Standard 14</b>		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>The College fulfills this requirement: Yes Partially R No <input type="checkbox"/></p> <ul style="list-style-type: none"><li>Insert a link to policy OR describe briefly the policy:<ul style="list-style-type: none"><li>The College has a policy regarding responding to information requests from police: <a href="https://www.ocpinfo.com/extra/CPMF/Police-Request-for-Member-Information.pdf">https://www.ocpinfo.com/extra/CPMF/Police-Request-for-Member-Information.pdf</a></li><li>Although the College does not currently have a written policy for sharing information with other relevant regulators and external system partners such as the Ministry, law enforcement or Health Canada, the College reviews information obtained during the course of an</li></ul></li></ul>

		<p>investigation and determines if there is evidence of concerning conduct on the part of another regulated health professional which should be reported to the health professional’s regulator or elsewhere to protect the public interest.</p> <ul style="list-style-type: none"><li>• If concerning conduct is identified and the pharmacy professional is also licensed with another regulator, the College discloses that information to the health professional’s other regulator in accordance with that specific exception under <i>Section 36 (1) of the Regulated Health Professions Act, 1991</i> (RHPA).</li><li>• Occasionally, other regulators may request information from the OCP. The College intends to develop a policy and procedure addressing the criteria and process for sharing information under Section 36 of the RHPA within the next two years.</li><li>• The College has conducted joint investigations in collaboration with other health regulatory colleges when the alleged misconduct under investigation overlaps with the conduct of another regulated health professional, there is a shared practice site and/or it is a multidisciplinary setting where there may be a financial connection.</li></ul> <p>• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</p> <ul style="list-style-type: none"><li>• <b>Whom:</b> <i>College of Physicians and Surgeons of Nova Scotia, Florida Department of Health and Minnesota Board of Medical Practice</i> <b>Purpose:</b> The Inquiries, Complaints &amp; Reports Committee (ICRC) directed that the College disclose information to these organizations with respect to a physician licensed in all of these jurisdictions, and who was involved in a specific prescription scheme. The ICRC also directed that information be provided to the Mississippi State Board of Medical Licensure about a different physician also involved in the scheme.</li><li>• <b>Whom:</b> <i>Police and Ontario Drug Benefit (ODB) Plan:</i> <b>Purpose:</b> The ICRC directed that information regarding a pharmacist’s misconduct be brought to the attention of law enforcement and ODB.</li><li>• <b>Whom:</b> <i>College of Nurses (CNO) of Ontario:</i> <b>Purpose:</b> The ICRC directed information to be shared with the CNO regarding a nurse.</li><li>• <b>Whom:</b> <i>Royal College of Dental Surgeons (RCDSO) of Ontario:</i> <b>Purpose:</b> ICRC directed that information regarding a dentist’s possible misconduct be brought to the attention of the RCDSO.</li></ul>
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		<ul style="list-style-type: none"><li>• <b>Whom:</b> College of Physicians and Surgeons (CPSO) of Ontario: <b>Purpose:</b> The ICRC directed that information regarding a physician’s prescribing be brought to the attention of the CPSO.</li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i> <ul style="list-style-type: none"><li>• The College is developing a policy to identify matters which contain information that, in the interest of public protection and patient safety, should be disclosed to other parties.</li></ul>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection:</li><li>In 2018, the College instituted a balanced scorecard approach using the performance categories suggested by the Council on Licensure, Enforcement and Regulation (CLEAR), an internationally recognized organization of regulatory organizations. Key performance indicators (KPIs) are selected annually by the executive team based on the public interest, commitment and duty as a health professional regulator, the College’s Strategic Framework and the annual operating plan that sets out new initiatives to advance these priorities. On the scorecard, each KPI is aligned to at least one of the three strategic priorities (SP1, SP2 and SP3) on the 2019-2021 (2022) Strategic Framework.<ul style="list-style-type: none"><li><a href="#">2020 KPI selection rationale</a></li><li><a href="#">2019 Meeting material with draft scorecard (page 322 Section 12.2d, Appendix 12.2)</a></li></ul></li></ul>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/> No <input type="checkbox"/>
	Additional comments for clarification (if needed)	
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes:</li></ul>

	<ul style="list-style-type: none"><li>At each quarterly Board meeting, the CEO &amp; Registrar presents on the College’s progress towards meeting the College’s strategic and regulatory priorities and outcomes followed by an interactive discussion.<ul style="list-style-type: none"><li><a href="#">Section 6.3 Registrar Report - March 2020 BOD Meeting Material (page 310)</a></li><li><a href="#">2020 Q2 Registrar Report – September 2020 BOD Meeting (page 49)</a></li><li><a href="#">2020 Q2 BOD Strategic Performance Scorecard</a></li><li><a href="#">2020 Q2 Board of Director Strategic Performance Descriptive Summary.</a></li></ul></li><li>Since 2015, an annual risk report is presented at the March Board meeting detailing the College’s efforts in risks mitigation from the year prior. A prospective risk register was prepared for the Board’s consideration in December 2020.<ul style="list-style-type: none"><li><a href="#">2019 Risk Management Report</a></li><li><a href="#">2021 Prospective Risk Register, 2020 Risk Register and Risk Management Plan</a></li></ul></li><li>The College’s performance and risk information are reviewed quarterly with the Board. Financial, regulatory and organizational performance are presented by Committee Chairs and the CEO &amp; Registrar respectively. The Board assesses the information brought forward and votes on next steps.<ul style="list-style-type: none"><li><a href="#">Financial Risk: 2020 Operating and Capital Budget (December 2019 BOD Meeting, Section 11.2, page 293)</a></li><li><a href="#">Strategic Objective: Scope of Practice Minor Ailments (March 2020 BOD Meeting, Section 5.2, page 96)</a></li></ul></li><li>During the COVID-19 pandemic, the College reviewed its performance and strategic commitments as a health professional regulator in the context of the pandemic. As a result, pandemic-related indicators were introduced along with a reforecast of the 2020 budget.<ul style="list-style-type: none"><li><a href="#">2020 Q1 BOD Strategic Performance Scorecard with NEW Pandemic Measures</a></li></ul></li><li>The Board discussion on the College’s performance and risk reporting has not been outlined in detail in the Board minutes.</li></ul> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p> <ul style="list-style-type: none"><li>In 2021, the College will,<ol style="list-style-type: none"><li>Build capacity to orient the Board of Directors on their role in regularly assessing the College’s progress against strategic and regulatory priorities and outcomes.</li></ol></li></ul>
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		<div>2. Document performance and risk discussion in Board meeting minutes.</div> <div>3. Review and restructure the College’s scorecard and risk presentation at Board meetings.</div>
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div><div><div>• Insert a link to Council meeting materials where relevant changes were discussed and decided upon:</div><div><div>• The Board works through the CEO &amp; Registrar to operationalize the College’s Strategic Framework and “as a result, the Board does not involve itself in operational matters but rather holds the Registrar accountable for operational performance outcomes” - OCP Board of Directors Governance Manual (Updated April 2016)</div><div>• The College continuously evaluates and makes improvements. The College has produced an annual retrospective risk management report since 2015 which summaries risks encountered throughout the year and the mitigation activities that were put into place. In 2019, a multi-year Data Strategy was launched to strengthen the College’s use of data insight and trends for more comprehensive and timely decision making and evolution of an outcomes-focused approach to regulation.<div><div>• <a href="#">2019 Risk Management Report</a></div><div>• <a href="#">2019 Data Strategy</a></div></div></div><div>• As an example of how the identification of risk contributed to policy decision from the Board, in response to the COVID-19 pandemic, the Board held a special meeting to consider the issue of mandatory masking in pharmacies.<div><div>• <a href="#">Regulatory: Approach to Masking in Pharmacies (July 2020 Special BOD Meeting, Section 4.1, page 2)</a></div></div></div></div></div><div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div><div><div>• In 2021, the College will,<div><div>1. Review and evaluate the Board role and responsibility for oversight of the College’s performance and risk management.</div><div>2. Embed topics of risk identification, risk priority and risk tolerance in 2021 Board meetings.</div><div>3. Operationalize the College’s risk management program including the 2021 prospective risk register.</div></div></div></div></div></div>

		<i>Additional comments for clarification (if needed)</i>
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement:    Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"><li>• Insert a link to College’s dashboard or relevant section of the College’s website:</li><li>• Every year an annual report is produced to showcase the College’s strategic, regulatory and financial outcomes and to demonstrate to the Minister, stakeholders and the public its performance related to its public protection mandate and legislated objects. The report provides a summary of the College’s accomplishments and its alignment to the multi-year Strategic Framework. The report is shared publicly through our website, our Board meetings and on our social media platforms and through direct communication with stakeholders.<ul style="list-style-type: none"><li>○ <a href="#">OCP annual reports</a></li></ul></li><li>• The College regularly reports on its performance publicly via the website and in the quarterly Board meetings. Each quarter, the CEO &amp; Registrar presents the quarterly performance results and updates on key initiatives the College had committed to throughout the year. This CEO &amp; Registrar report is available in the Board meeting materials.<ul style="list-style-type: none"><li>○ <a href="#">BOD meeting materials</a></li></ul></li></ul>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?    Yes <input type="checkbox"/>    No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

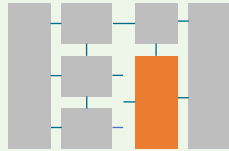
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

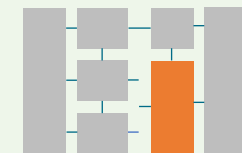
In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

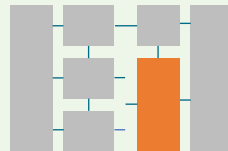
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p><b>What does this information tell us?</b> Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#	
Self Assessments completed selected for 2020 A. Pharmacists: 3061 B. Pharmacy Technicians: 998	4059 <sup>1</sup>	
Knowledge Assessment (currently only used for pharmacists moving from Part B to A)	5	
Practice Assessment <sup>2</sup> – routine practice assessment, B to A A. Pharmacists: 545 B. Pharmacy Technicians: 261	806 <sup>1</sup>	
Practice Assessment – Coaching <sup>2</sup> A. Pharmacists: 36 B. Pharmacy Technicians: 14	50	
Practice Re-assessment <sup>2</sup> A. Pharmacists: 14 B. Pharmacy Technicians: 2	16	
Practice Assessment – QA assessments <sup>2</sup> A. Pharmacists: NR B. Pharmacy Technicians: NR	NR	

<i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i>		
<b>NR</b> = Non-reportable: results are not shown due to < 5 cases		
<i>Additional comments for clarification (if needed)</i>		
<div><div>1.</div><div>The <i>Pharmacy Act</i> regulations do not yet incorporate pharmacy technicians. The regulation has been submitted to government and is awaiting approval. Those pharmacy technicians who have engaged in QA activities have done so voluntarily.</div></div> <div><div>2.</div><div>OCP’s Practice Assessment model involves three steps prior to referral to the QA Committee: (1) routine practice assessment; (2) coaching and re-assessment and (3) QA assessment. Note that remediation in the form of coaching is provided up-front. If the registrant is successful upon re-assessment, referral to the QA Committee does not occur.</div></div>		

DOMAIN 6: SUITABILITY TO PRACTICE			
<b>Standard 11</b> <b>The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care</b>			
Statistical data collected in accordance with recommended methodology or College own methodology: <div><div>X</div> Recommended <div><input type="checkbox"/></div> Collegemethodology</div>			
<i>If College methodology, please specify rationale for reporting according to College methodology:</i>			
Context Measure (CM)			
	#	%	<b><i>What does this information tell us?</i></b> <i>If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.</i>
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2020			
A. Pharmacists: 3519	3519/ 15847	22.21%	
B. Pharmacy Technicians: 1219 <sup>1</sup>	1219 / 5194	23.47%	



<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. * Pharmacists: NR Pharmacy Technicians: NR	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</i>
<i>Additional comments for clarification (optional)</i>  1. The <i>Pharmacy Act</i> regulations do not yet incorporate pharmacy technicians. The regulation has been submitted to government and is awaiting approval. Those pharmacy technicians who have engaged in QA activities have done so voluntarily. 2. OCP’s Practice Assessment model involves three steps prior to referral to the QA Committee: (1) routine practice assessment; (2) coaching and re-assessment and (3) QA assessment. Note that remediation in the form of coaching is provided up-front. If the registrant is successful upon re-assessment, referral to the QA Committee does not occur. 3. Because the technical specification document indicates the numerator as the number of registrants who undertook an activity or assessment as part of the QA program and were required to undertake remediation at the direction of the QA Committee, only those who had a routine practice assessment in 2020 were counted for this item (i.e. one registrant). Altogether, four registrants were undergoing remediation in 2020. Three registrants had the remediation ordered by the QA Committee in 2019 and one registrant had remediation ordered by the QA Committee in 2020.  <i>* NR = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</i>			

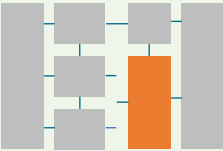
DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 11					
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.					
Statistical data collected in accordance with recommended methodology or College own methodology:				X Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:					
Context Measure (CM)					
CM 4. Outcome of remedial activities in CY 2020*:		#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the	
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**		NR	NR		

II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	<i>QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
<i>Additional comments for clarification (if needed)</i>  <div><div>1. Based on the technical specification document, the denominator for CM4 should align with the numerator in CM3. As such, only the registrant that underwent a practice assessment in 2020 and had remediation ordered by the QA Committee in 2020 is reflected.</div><div>2. Note that in addition to the 3-step OCP Practice Assessment model described above, a post-remedial practice assessment is required approximately one year after remediation is completed. Thus, registrants who have been through the process are expected to demonstrate the required knowledge, skills and judgement following remediation, but it would not occur in the same calendar year. One registrant was undertaking remediation (still in progress).</div></div>			
<i>* NR = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</i> <i>** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.</i>			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

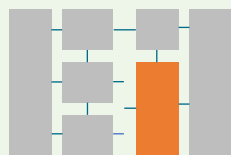


Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☒ College methodology

If College methodology, please specify rationale for reporting according to College methodology: OCP themes differ from CPMF themes. Please refer to the [attachment](#) for data and OCP theme definitions.

Context Measure (CM)				
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care	See the OCP themes <a href="#">attachment</a> for reported data			
V. Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse / Harassment / Boundary Violations				
IX. Unauthorized Practice				
X. Other <please specify>				
Total number of formal complaints and Registrar’s Investigations**		100%		100%
<p>* <b>Formal Complaint:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p><b>Registrar’s Investigation:</b> Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p>			<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i></p>	

<p>‡ <b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p>Additional comments for clarification (if needed)</p> <ul style="list-style-type: none"><li>The College’s formal complaint and Registrar investigation themes differ from the recommended themes expressed in the CPMF. The College will further examine the value of the CPMF themes in 2021 to determine their applicability to the College’s themes, and/or determine whether changes are needed to improve the current reporting framework.</li></ul>	

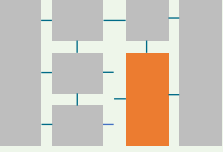
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology: <div><input checked="" type="checkbox"/> Recommended</div> <div><input type="checkbox"/> College methodology</div>			
If College methodology, please specify rationale for reporting according to College methodology: We have used CPMF recommended methodology with explanations noted below in the comments box			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	452		
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	156		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	93		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	0%	
II. Formal complaints that were resolved through ADR	0	0%	
III. Formal complaints that were disposed** of by ICRC	331		
IV. Formal complaints that proceeded to ICRC and are still pending	121	27%	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	84	17%	

VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	<i>resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.</i>
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	64	11%	
<b>** Disposal:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). <b>* Formal Complaints:</b> A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint. <b>‡ ADR:</b> Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.			
<b>Δ</b> The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest. <b>#</b> May relate to Registrars Investigations that were brought to ICRC in the previous year. <b>**</b> The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC. <b>φ Registrar’s Investigation:</b> Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days. <b>NR</b> = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
<b>Additional comments for clarification (if needed)</b> <ul style="list-style-type: none"><li>For CM 6 and CM 7, the College considered “brought forward” to be files where the ICRC reviewed the file and rendered an outcome (though the files may not be finally disposed with a decision issued yet).</li><li>For CM 9 III &amp; IV, in terms of “formal complaints received in CY 2020”, the College considered this to mean “formal complaints received by the ICRC in CY 2020” (in other words, formal complaints reviewed by the ICRC with an outcome rendered). The College’s ICRC reviewed many files in 2020 that were opened before 2020.</li><li>For CM 9 VII, the College included Registrar’s Investigations in this number as stated in the chart above, but noted that the rest of CM 9 relates only to formal complaints (the technical specifications document only refers to formal complaints as well). In alignment with CM 9 III &amp; IV, the College considered CM 9 VIII to mean “formal complaints and Registrar’s Investigations received by the ICRC in CY 2020” (both formal complaints and Registrar’s Investigations reviewed by the ICRC with an outcome of a referral to discipline).</li><li>For the rest of CM 9, the denominator was 485 which represents all formal complaints received in CY 2020.</li></ul>			

DOMAIN 6: SUITABILITY TO PRACTICE

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All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended ☒ College methodology

If College methodology, please specify rationale for reporting according to College methodology: OCP themes differ from CPMF themes. Please refer to the [attachment](#) for OCP ICRC Decision data.

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	684						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising							
II. Billing and Fees							
III. Communication							
IV. Competence / Patient Care	Please see <a href="#">attached table</a> for reported data.						
V. Fraud							
VI. Professional Conduct & Behaviour							
VII. Record keeping							
VIII. Sexual Abuse / Harassment / Boundary Violations							
IX. Unauthorized Practice							
X. Other <please specify>							

\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

† NR = Non-reportable: results are not shown due to < 5 cases.

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

**What does this information tell us?** This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

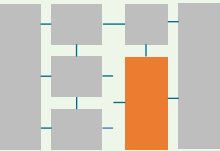
Additional comments for clarification (if needed)

- The College’s themes differ from CPMF themes. The College is exploring capturing additional data to be able to report on CPMF themes, as expressed, for 2021.
- Additional ICRC decision categories were added in the attached document to account for decisions where a SCERP was accompanied with advice/recommendations or with an oral caution so these would not be over-counted.

DOMAIN 6: SUITABILITY TO PRACTICE

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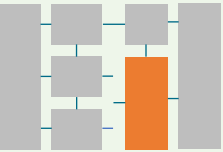
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology: We have used CPMF recommended methodology with explanations noted below in the comments box

Context Measure (CM)		
CM 11. 90 <sup>th</sup> Percentile disposal* of:	Days	<b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.
I. A formal complaint in working days in CY 2020	371	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
II. A Registrar’s investigation in working days in CY 2020	744	
<p>* <b>Disposal Complaint:</b> The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* <b>Disposal Registrar’s Investigation:</b> The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>Additional comments for clarification (if needed)</p> <ul style="list-style-type: none"><li>• CM 11 I and II exclude statutory Ontario holidays and weekend days.</li></ul>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology: We have used CPMF recommended methodology with explanations noted below in the comments box		
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	<b>What does this information tell us?</b> This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *
I. An uncontested^ discipline hearing in working days in CY 2020	497	
II. A contested# discipline hearing in working days in CY 2020	NR	
* <b>Disposal:</b> Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).		
^ <b>Uncontested Discipline Hearing:</b> In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.		
# <b>Contested Discipline Hearing:</b> In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.		
Additional comments for clarification (if needed)		
<ul style="list-style-type: none"><li>Please note, one contested hearing was completed in CY 2020; therefore, a 90th percentile cannot be calculated. This was, in part, due to the COVID-19 pandemic and the resulting temporary cancellation and rescheduling of some contested hearing days. Contested hearings have since resumed.</li><li>CM 12 I. excludes statutory Ontario holidays and weekend days.</li></ul>		



DOMAIN 6: SUITABILITY TO PRACTICE

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All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology:

X Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 13. Distribution of Discipline finding by type*	
Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	29
IV. Improper use of a controlled act	NR
V. Conduct unbecoming	NR
VI. Dishonorable, disgraceful, unprofessional	38
VII. Offence conviction	6
VIII. Contravene certificate restrictions	8
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	7
XI. Falsifying records	16
XII. False or misleading document	31
XIII. Contravene relevant Acts	36

\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

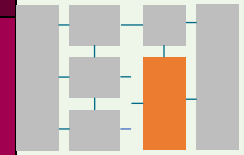
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

## DOMAIN 6: SUITABILITY TO PRACTICE

## Standard 13

**All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.**



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology: We have used CPMF recommended methodology with explanations noted below in the comments box

Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		<p><b>What does this information tell us?</b> This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</p>
Type	#	
I. Revocation <sup>+</sup>	NR	
II. Suspension <sup>\$</sup>	22	
III. Terms, Conditions and Limitations on a Certificate of Registration <sup>**</sup>	22	
IV. Reprimand <sup>^</sup> and an Undertaking <sup>#</sup>	5	
V. Reprimand <sup>^</sup>	24	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ Revocation of a registrant's certificate of registration occurs where the Discipline or Fitness to Practise Committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore his/her ability to practise the profession.</p> <p>\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none"> <li>Hold himself/herself out as a person qualified to practise the profession in Ontario, including using restricted titles (e.g. doctor, nurse),</li> <li>Practise the profession in Ontario, or</li> <li>Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.</li> </ul> <p>** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.</p> <p><sup>^</sup> A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice</p> <p><sup>#</sup> An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p><b>NR</b> = Non-reportable: results are not shown due to &lt; 5 cases</p> <p>Additional comments for clarification (if needed)</p> <ul style="list-style-type: none"> <li>There were two reprimands that were delivered in writing as opposed to attending in person or phone/video. The written reprimands are included in the totals above.</li> </ul>		

**For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:**

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Toronto, ON M5G 2K8

E-mail: [RegulatoryProjects@Ontario.ca](mailto:RegulatoryProjects@Ontario.ca)

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

**PUBLIC INTEREST**  
in the context of the College Performance Measurement Framework

