



Ontario College
of Pharmacists

Putting patients first since 1871

COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

2021 Report Submission

March 31, 2022

Table of Contents

Introduction 4

 The College Performance Measurement Framework (CPMF)..... 4

 CPMF Model..... 5

 The CPMF Reporting Tool 7

 Completing the CPMF Reporting Tool 8

 What has changed in 2021?..... 8

Part 1: Measurement Domains 9

 DOMAIN 1: GOVERNANCE..... 9

 DOMAIN 2: RESOURCES 29

 DOMAIN 3: SYSTEM PARTNER 33

 DOMAIN 4: INFORMATION MANAGEMENT 45

 DOMAIN 5: REGULATORY POLICIES 47

 DOMAIN 6: SUITABILITY TO PRACTICE..... 52

 DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT..... 72

Part 2: Context Measures 76

 Table 1 – Context Measure 1 77

 Table 2 – Context Measures 2 and 3 79

 Table 3 – Context Measure 4 80

 Table 4 – Context Measure 5 81

 Table 5 – Context Measures 6, 7, 8 and 9..... 83

Table 6 – Context Measure 1085

Table 7 – Context Measure 1187

Table 8 – Context Measure 1288

Table 9 – Context Measure 1389

Table 10 – Context Measure 1491

Glossary.....92

Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) 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.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a 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.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

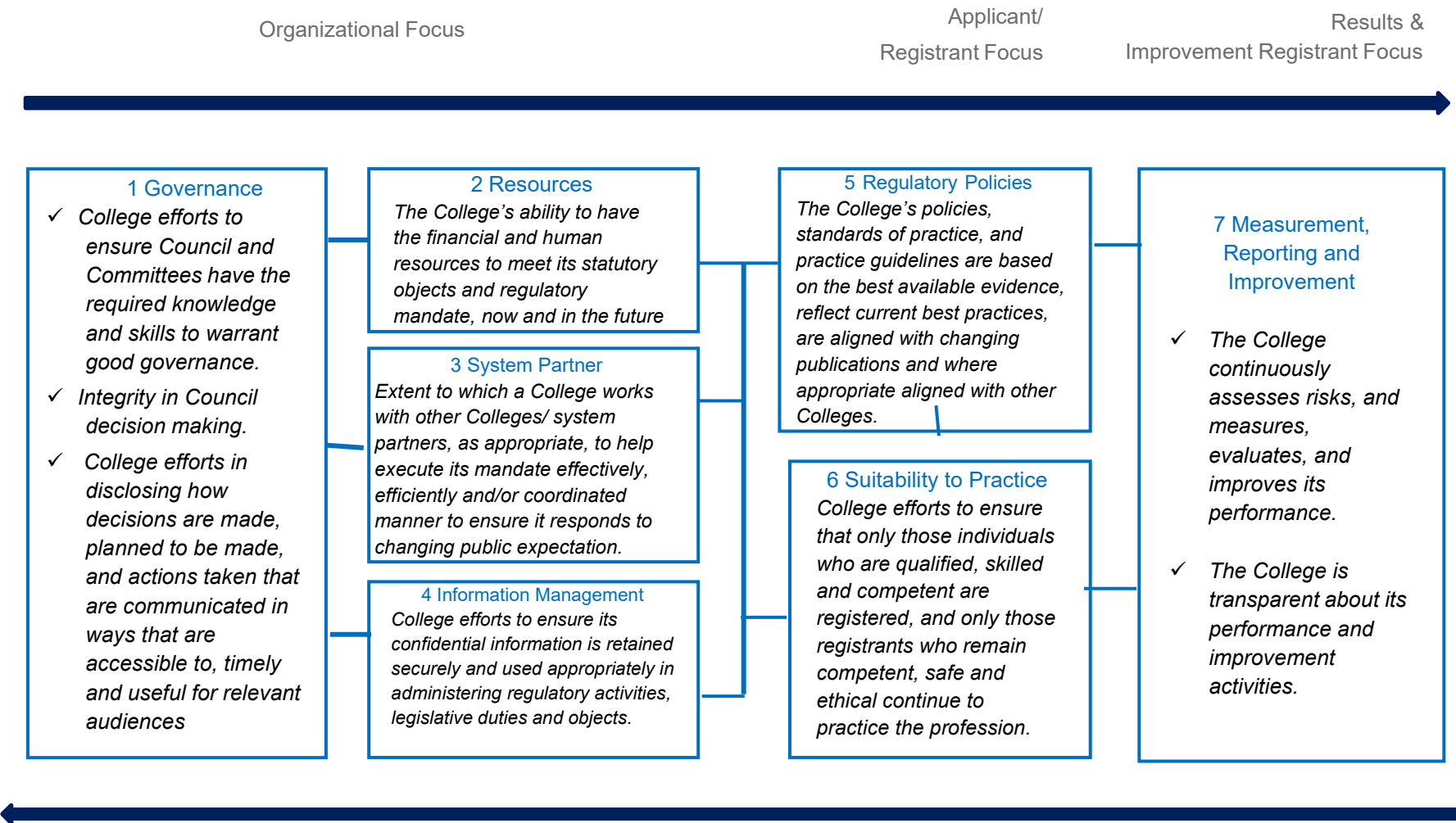


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	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.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	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.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. 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.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. 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.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. 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 and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the 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.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

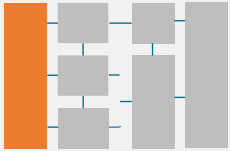
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with ‘Meets Standard’ to illustrate that the current response is consistent with last year’s response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment <u>prior</u> to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	<div> <div>The College fulfills this requirement:</div> <div>Yes</div> </div> <ul style="list-style-type: none"> <i>The competency and suitability criteria are public: Yes</i> <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>The Ontario College of Pharmacists (“the College”) implemented a comprehensive Governance Renewal initiative in 2020. The College by-laws were updated to incorporate several components of regulatory governance best practice to the extent that the Regulated Health Professions Act (RHPA), 1991 and Pharmacy Act would allow, including 1) competency-based screening of applicants for election to the Board of Directors (formerly called Council) and appointment to Statutory Committees, 2) greater separation of Board and Statutory Committees, 3) equal representation of public and elected members on the Board 4) a reduction in overall Board size, and 5) greater involvement of members of the public on Statutory Committees. These changes, which also include those related to nomenclature, guide the responses to this and several other standards within the Governance Domain of the CPMF.</p> <p>The College took the initiative to interpret and apply the by-law making power set out in the RHPA, 1991 to set the qualification of registrants seeking election to the Board of Directors. The College has enshrined in the by-laws various competencies required of individuals seeking election to the Board, including the clear articulation of the College’s public interest mandate. In June 2021 the College's Governance Committee recommended to the Board an update to the by-laws which included amending the competencies to refine the definitions of the desired knowledge, skills and experience based on the experience gained following the initial election under the new by-laws.</p> <p>The competencies include a requirement for experience serving various patient populations as well as specific knowledge, skills and experience in Board governance and oversight. Replacing the prior election model that focused on geographic representation in favor of desired competencies, skills and/or experience not only reduced the false perception of profession representation but enabled the Board to seek individuals who bring unique and diverse perspectives to the Board's consideration of decisions, oversight and overall fulfillment of the public protection mandate.</p> <p>To assess existing Board competence, Board Directors complete an annual 'skills inventory questionnaire'. Data from the questionnaire is analyzed and heat maps are created to highlight where there are gaps against required competencies. The Governance Committee uses the data to develop a Board Director Profile for the annual election, targeting recruitment for the one third of the seats up for election every year on the specific competency gaps. The questionnaire data is also used to develop a training plan for the collective Board to raise the overall competence over time.</p>

		<p>Individuals seeking election must complete the 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. The robust screening process noted above (external consultant, then Screening Committee) assesses if the applicants are qualified to run for election. 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.</p> <p>Board of Directors Application Form Board of Directors Profile</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<p><i>Additional comments for clarification (optional):</i></p> <p>The 2021 election reserved one position exclusively for a pharmacist with experience serving patients in northern and remote regions while also possessing many of the other competencies. In addition, several competencies (risk oversight, human resources, financial and legal experience), where the Board's competence could be strengthened, were prioritized with scores on those competencies weighted heavier in the screening process. While this reduced the number of applicants applying for election to the Board in the year, the overall caliber of applicants increased.</p> <p>The skills inventory questions, developed to objectively assess Board competence, were transferred to the Board election applicant questionnaire replacing the subjective open-ended questions used in the 2020 election application. While the external consultants used to undertake the initial screening of Board applicants found the objective ranked questions superior to the previous open-ended questions, they did provide feedback that suggested the questions favored current Board Directors seeking re-election.</p> <p>Accordingly, when producing the report for consideration of the College's Screening Committee (comprised of one elected and one public Board Director and two external individuals with regulatory governance expertise) the consultants produced two reports ranking the applicants - one with the questions as written and one with the biased questions removed. The two reports had an impact on the ranking of candidates but did not screen out any candidates. The consultant feedback was appreciated and shared with the Board. Review and revision of the questions for the 2022 skills inventory questionnaire to improve objectivity and reduce bias has been added to the 2022 operating plan. The revised questions will be used to re-assess the Board competence in the spring of 2022 which will in turn inform the 2022 Board Director Profile and the questions will be incorporated into the 2022 election application form.</p>	

		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:	No
			<ul style="list-style-type: none"> <i>Duration of orientation training.</i> <i>Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</i> <i>Please insert a link to the website if training topics are public OR list orientation training topics.</i> <p>The College has developed a useful and comprehensive process for assessing competence and understanding of the public interest mandate in line with its competency-based governance changes implemented in 2020. Rather than providing formal orientation training prior to election, the College believes its overall process is more effective and robust and fulfills the expectations of any pre-election training, while providing prospective candidates with the requisite information in order to determine their suitability against the competencies and corresponding information about the College’s mandate and duty made available publicly prior to election and throughout the year. Information about the role and responsibilities of Board Directors is posted on the website and circulated broadly across communication channels prior to the start of the election process.</p> <p>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. The application for prospective Board Directors is comprehensive and includes several long answer questions relating to the demonstration of key attributes and experience/understanding of serving in the public interest. Applicant responses are screened by two levels of independent screening to assess their understanding of the role of a Board Director and the required competencies.</p> <p>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. The College believes the current competency-based assessment is more robust than a general requirement to attend an orientation session.</p> <p>Policy 3.1 Orientation of Board Directors and Committee Appointees September 13, 2021 Board Orientation - Outline and Presentation</p>	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	No
			<p><i>Additional comments for clarification (optional):</i></p> <p>For the last two years new Board Directors have been required to attend external training provided by the Health Profession Regulators of Ontario (HPRO) hosted by Richard Steineke entitled <i>Governance Training for RHPA Colleges</i>. In 2021 the College developed and implemented a reformatted College Orientation program in which all new Board Directors (elected or appointed) will receive multiple comprehensive orientation sessions prior to attending their first Board meeting and have regular timed follow up contact with their Board assigned Board mentor and the Board Chair.</p>	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><i>The competency and suitability criteria are public: Yes</i><i>If yes, please insert a link to where they can be found, if not please list criteria.</i> <p>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 (Professional Committee Appointees, PCAs) as well as members of the public (Lay Committee Appointees, LCAs) seeking appointment to a Committee must complete a comprehensive application that speaks to their competence/suitability. The application questionnaire, which incorporates the Committee Competencies developed by the Advisory Group for Regulatory Excellence (AGRE), 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. A robust screening process is followed to assess if the applicants are qualified to serve on a committee. Applications are first screened by the College’s Human Resources Department and a summary report is produced for consideration by the College Screening Committee comprised of Board Directors and Lay Committee Appointees with regulatory governance experience.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional):</i> Over time the College intends to consider and implement committee-specific competencies.	

		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	No
			<ul style="list-style-type: none"> <i>Duration of each Statutory Committee orientation training.</i> <i>Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</i> <i>Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee.</i> <p>The College has developed a useful and comprehensive process for assessing competence and understanding of the public interest mandate in line with its competency-based governance changes implemented in 2020. Rather than providing formal orientation training prior to election or appointment to a Committee, the College believes its overall process is more effective and robust and fulfills the expectations of any pre-election training, while providing prospective candidates with the requisite information in order to determine their suitability against the competencies and corresponding information about the College's mandate and duty made available publicly prior to election and throughout the year. The College does not intend to provide orientation training prior to appointment to statutory committees as the process we have developed for assessing competence and understanding of the public interest mandate and the skills and competence required to enable them to be effective is more robust and fulfills the expectations of an orientation training session.</p> <p>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. 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.</p> <p>Following the Board's approval of the Committee slate in September each year all Committee Appointees (new and returning) are sent a confirmation email and package which contains the Board Policy booklet as well as the attestation and asking individuals to review the policies paying particular attention to sections regarding role, duty of care and loyalty, conflict of interest (COI), privacy and confidentiality as well as a requirement to view in a training video on <i>"Managing Cultural Differences"</i>. viewing the managing cultural differences video.</p> <p>Annual email and attestation to Committee Appointees 2021 Committee Orientation Outline (Board Chair delivered)</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			<p><i>Additional comments for clarification (optional):</i></p> <p>In 2022, the College will be developing and implementing a reformatted Committee Orientation program and all Committee Appointees will receive training from the Board Chair and Registrar & CEO at the beginning of the Board year in addition to committee specific training.</p>	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> <i>Duration of orientation training.</i> <i>Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</i> <i>Please insert a link to the website if training topics are public OR list orientation training topics.</i> <p>In 2021 the Board approved Policy 3.1 regarding Orientation of Board Directors and Committee Appointees and implemented a reformatted College orientation program in which all new Board Directors (elected or appointed) will receive multiple comprehensive orientation sessions provided by the Board Chair, Registrar & CEO and College senior staff prior to attending their first Board meeting. The orientation provides an extensive overview of the College mandate and legislative frameworks governing colleges and the profession, the operation of the College and role of Board oversight, along with specific duties of Board Directors as expressed within statute, by-laws and Board policies with an emphasis on duty to care, conduct and conflict of interest, among many others. The orientation program will continue to evolve based on feedback from participants and ongoing adoption of best practices where relevant.</p> <p>All incoming Board Directors are assigned a designated mentor and as part of the orientation have regular timed follow up contact with their mentor and the Board Chair. In addition to the 6 hours of orientation training by the Registrar & CEO and Board Chair, all Board Directors, including public Directors, participate in a six-hour <i>HPRO Governance Training for RHPA Colleges</i> session. Orientation has historically been in-person unless virtual formats are adopted for specific reasons (such as the pandemic and associated public health measures implemented restricting in-person meetings).</p> <p>As well the Ministry has now instituted a governance training course for public Directors of the Board, there will be an expectation that all public Directors maintain currency of this training (repeated every five (5) years). The Ministry Training is online via self-directed modules.</p> <p>September 13, 2021 Board Orientation - Outline and Presentation</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence		College Response
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	<ul style="list-style-type: none"> • <i>Please provide the year when Framework was developed OR last updated.</i> • <i>Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved.</i> • <i>Evaluation and assessment results are discussed at public Council meeting: Yes</i> • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> 	
	<p>In 2021 the Governance Manual (last updated in 2016) was replaced by a series of standalone policies that make up the Board Policy Booklet. Policy 3.2 is the <i>Board Meeting Effectiveness Assessment</i> policy and Policy 3.3 is related to <i>Evaluation of Directors and the Board both effectively and appropriately promote and support the evaluation of the Board's overall effectiveness</i>. The results of the prior meeting's evaluation are reviewed by the Board Chair and senior management and circulated in the next Board package and available publicly. As needed the Board Chair will address the feedback received during the Chair's report at the following meeting to highlight the feedback received and any subsequent changes implemented.</p> <p>The Board and Individual Director evaluation are reviewed by the Governance Committee as well as the Board Chair. The purpose is to ensure the Board engages in regular evaluation processes as part of its commitment to demonstrate accountability and a desire to improve both individual and collective performance and effectiveness. The Board Chair evaluations are reviewed by the Chair and the Chair of the Governance Committee. The process of evaluation of the Board Chair by other Board Directors is structured with a focus on quality improvement, to provide feedback to the individual in the role to strengthen their skill set and empower them to seek support where needed.</p> <p>Evaluations: Board meeting evaluation - December 2021 Board meeting materials 2021 Board and Director evaluation</p>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
<i>Additional comments for clarification (optional)</i> As this was the first year conducting the evaluations as written, there are plans to consider changes to the evaluations to ensure the data and feedback received is clear and actionable going forward. In addition, an evaluation of the Board Chair is conducted twice in a Board year to provide opportunity for the Chair to incorporate the feedback during the current term.		

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			<ul style="list-style-type: none"><i>A third party has been engaged by the College for evaluation of Council effectiveness:</i> No<i>If yes, how often over the last five years?</i><i>Year of last third-party evaluation.</i> <p>The College engaged an external consultant starting in June 2019 to review the Governance Manual and draft updated Board policies incorporating best practices and reflective of the new governance framework embedded in the by-laws. As the new framework was only implemented in 2020 the College plans to engage a third party to conduct an assessment of Board effectiveness in 2023 once the elements of the framework have been fully developed, deployed and improved.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	No
			<i>Additional comments for clarification (optional)</i> <p>In 2022, staff will conduct a governance audit, using the audit questionnaire published in the Guide to Good Governance for Not-for-Profit and Charitable Organizations¹ in preparation for the external review to identify and mitigate any gaps and ensure compliance with regulatory best practice. The internal audit will allow the Board and College to assess the degree to which the governance structure and processes are effective in supporting Board performance, and the degree to which they reflect good governance.</p>	

¹ Developed by the Governance Center for Excellence, an initiative of the Ontario Hospital Association (OHA)

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <i>Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.</i> <i>Please insert a link to Council meeting materials where this information is found OR</i> <i>Please briefly describe how this has been done for the training provided <u>over the last year</u>.</i> <p>In May of 2021, the Board hosted an education day and invited consultants who are experts in their fields to present on Board oversight and Strategy Development and Risk Oversight. This targeted training was in addition to the educational presentations that came forward during regularly scheduled Board meetings. The training sessions prioritized are aligned with the competency gaps identified in the skills inventory or are reflective of the topics or decisions coming before the Board in addition to the feedback received on evaluations.</p> <p>Training was also provided over the year in the form of general education on specific topics of interest and relevance to the Board, in line with emerging governance and regulatory best practices and in response to evolving realities within the profession and societal expectations. These topics have included presentations on Outcomes-Focused Regulation, Indigenous Cultural Competency, Review of Unscheduled Natural Health Products, Media Training - Tips and Cautions, Board Oversight and Strategy Development, Scorecard Development and Risk Oversight, College Orientation, Unconscious Bias, and Quality Indicators for Provider Experience.</p> <p>September Board meeting evaluation results (p.3) May 2021 Board Agenda Education Retreat May retreat evaluation results December 2021 Board Presentation: 8.1 Q3 2021 College Performance Scorecard December 2021 Board Presentation: 9.2 Introduction to 2022 Risk Register September 13, 2021 Board Orientation - Outline and Presentation</p>	Yes
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional):</i></p> <p>Governance training areas of focus planned for 2022 include building Board Director financial acumen, engaging in effective debate, and building on the preliminary education provided to the Board regarding Indigenous cultural competency and Equity, Diversity and Inclusion. Additionally, the Board will continue to be educated on other pharmacy practice related priorities, standard setting, risk management and on the development and oversight of internal and external indicators established by the College in support of its mandate to regulate the profession in the public interest.</p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <i>Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.</i> <i>Please insert a link to Council meeting materials where this information is found OR</i> <i>Please briefly describe how this has been done for the training provided <u>over the last year</u>.</i> <p>In 2021, as part of an increasing focus on topics related to EDI, the College facilitated training with the Board on unconscious bias, delivered through a presentation by Dr. Javeed Sukhera. This session was introduced following the Board's growing interest in topics related to EDI and given the College's participation in the anti-racism working group of the Health Professions Regulators of Ontario (HPRO). Additionally, in line with the College's commitment to enhance Indigenous cultural competency amongst its Board and staff, as well as registrants, the College welcomed presentations by Dr. Jaris Swidrovich, Canada's first Indigenous doctor of pharmacy and Troy Hill, an educator with the Grand River First Nation to provide foundational education sessions aimed at building a better understanding of need to enhance cultural competency and the importance of doing so to support the journey to Truth and Reconciliation.</p> <p>Additionally, recognizing the important role the Board plays in risk oversight and effective governance to ensure the public interest mandate is upheld consistently and effectively, in June 2021, the Board approved the Board's governance <i>Policy 4.4 Oversight Role in Risk Management</i>. This policy articulates the responsibility of the Board to understand, support and oversee the College's management of risks to achieving their public protection mandate and strategic plan. In 2021, Board also participated in an educational session on governance and risk oversight where top risk trends in the non-profit organization were presented. Board members had the opportunity to apply their learning on strategic and risk oversight through the assessment of a current regulatory topic. Feedback and recommendations from the training helped confirm the development the College's risk-based regulation framework, updates to practice guidelines and reaffirmed the College's technology roadmap.</p> <p><i>Policy 3.11 - Supporting Positive Relationships</i> was approved in March 2021. This policy articulates expectations that all Board, Committee and Staff Members are treated with, and treat each other, with dignity and respect in a manner which fosters a productive working environment for all. It expressly states that Board and Committee Appointees shall not engage in activity which could be considered discriminatory and provides a link to the policy governing the consequences should an individual's conduct is found to be in breach of the policy. As part of the annual training all Board Directors and Committee Appointees are asked to review the Board Policies and view, at least once every three years, a video produced by the College on managing cultural competency and acknowledge they have understood the concepts presented.</p> <p>Furthermore, <i>Policy 4.3 Board's Role in Policy-Making</i> was approved in June 2021 and articulates the Board's role in OCP policy making in response to key issues or problems relevant to practice and the regulatory environment. The policy-making process is triggered when the College becomes aware of significant emerging issues or problems relevant to practice and/or the regulatory environment from a variety of sources, including proactive scanning of the health care, practice and legislative/regulatory environments by staff, the Board or OCP Committees, or issues raised by other stakeholders.</p>	Yes
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (optional):</i></p> <p>The Risk Management Program will continue to evolve to identify and incorporate new and emerging risks in real time through formalized incident reporting processes. A mid-year Risk Report will be presented to the Board in June 2022 and the Board will be engaged in discussions to determine risk appetite with respect to specific risks. In late 2021 the College added policy staff resources with expertise in equity, diversity and inclusion with a view to the late-2022 development of a comprehensive EDI strategic plan which will focus on promoting and fostering EDI (including Indigenous cultural competency) at and within the College, including the identification and implementation of training opportunities for the Board and Committees in 2023.</p>	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure	
		2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p>
			<ul style="list-style-type: none"> <i>Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</i> <i>Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.</i> <p>The College's Code of Conduct was last evaluated in 2020 and the Conflict of Interest Policy was updated in 2021. In addition to conflict-of-interest expectations articulated in the Board Policy 3.9, further education regarding expectations as it relates to conflict of interest is included with annual Board and Committee orientation included on the annual attestation.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>As part of the College's broader EDI strategy currently in development the language used in the Board Policies will be reviewed to ensure an anti discriminatory culture is embedded and explicitly referred to in the Code of Conduct.</p>	

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. <p>The College's Code of Conduct was last evaluated in 2020 and the Conflict of Interest Policy was updated in 2021. Both documents are available on the College's website.</p>	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> <i>Cooling off period is enforced through: By-law</i> <i>Please provide the year that the cooling off period policy was developed OR last evaluated/updated.</i> <i>Please provide the length of the cooling off period.</i> <i>How does the college define the cooling off period?</i> <ul style="list-style-type: none"> <i>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</i> <i>Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR</i> <i>Where not publicly available, please describe briefly cooling off policy.</i> <p>The cooling off period was embedded in the by-laws in 2020 and is for three (3) years. The College defines the cooling off period In the eligibility for election (By-Law 5.7 (h)) that states that where the Registrant was formerly a Director, but is not as of the date of the election a Board Director, it has been at least three (3) years since they were a Board Director.</p>	

			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.	
			Additional comments for clarification (optional)		
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and 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> .	The College fulfills this requirement:	No	
			<ul style="list-style-type: none">• Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated.• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No• Please insert a link to the most recent Council meeting materials that includes the questionnaire. <p>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. Expectations regarding conflict of interest are currently expressed in Board Policy and in the annual attestation. At every Board and Committee Meeting the Chair will ask Board Directors to declare any conflicts and they are recorded and managed accordingly.</p> <p>Dec 2020 Conflict of Interest (COI) training at the Board Meeting</p>		
				If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
				Additional comments for clarification (optional) The College plans to implement a conflict-of-interest questionnaire in 2022.	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale 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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"><i>Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</i><i>Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.</i> <p>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. 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.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.	The College fulfills this requirement:	Yes
		Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.	<ul style="list-style-type: none"> <i>Please provide the year the formal approach was last reviewed.</i> <i>Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities.</i> <p>The College's Risk management plan was refreshed in 2020 to integrate a prospective approach to risk management. The College devoted the resources necessary to build a formal risk management program to structure the College's approach to prospectively identify, assess, manage and regularly review risks. Identification of prospective risk is integrated into the development of our annual Operational Plans. As part of the Risk Management Program, the Board was educated on risk principles to support their oversight role and receives semi-annual summary reports on the status of enterprise risks.</p> <p>June 2021 Board Briefing Note: 9.2 2021 Risk Report (p.215) December 2021 Board Briefing Note: 9.1 2021 Risk Report (p.62) December 2021 Risk Report Summary (p.64)</p> <p>December 2021 Board Presentation: 9.2 Introduction to 2022 Risk Register December 2021 Board Briefing Note: 9.2 2022 Risk Register (p.81) December 2021 Board Meeting Appendix: OCP Risk Assessment Scale (p.77)</p>	
		Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	<p><i>Additional comments for clarification (if needed)</i></p> <p>The College continues to evolve the Risk Management Program to enhance the College's approach to formal risk management and elevate the Board's role in risk identification, risk appetite and oversight.</p>	

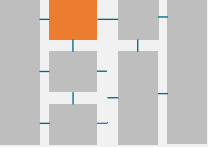
DOMAIN 1: GOVERNANCE	STANDARD 3	Measure		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> <i>Please insert a link to the webpage where Council minutes are posted.</i> <i>Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted.</i> <p>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. Summary Board Reports are also posted as a further method to communicate Board decisions and areas of focus from each meeting prior to meeting minutes being posted following their approval.</p> <p>Minutes and Reports on decisions are found on the Board meeting materials/reports section of the website Board Meeting Reports</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i> The minutes will be restructured in 2022 to capture the Board's discussion and challenge of the motions and decisions and follow up actions on decisions will be captured in the Registrar & CEO's report for the following meeting.	

		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). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><i>Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.</i> <p>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 Board meeting material available at the time of meeting, they do not alter or amend the recommendations or decisions put forward to the Board.</p> <p>Executive Committee Minutes</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> In 2022 a clear rationale for the meeting will be added to the minutes to increase transparency and public confidence.	

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <i>Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted.</i> Board Meeting information including agendas are posted online and remain available on our website for three (3) years. Board Meeting Reports	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <i>Please insert a link to the College's Notice of Discipline Hearings.</i> Notice of Discipline Hearings are posted at least one month 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). Discipline process – information for the public and registrants Information about what is posted on our public register	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

Measure		
3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.		
Required Evidence	College Response	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> <i>Please insert a link to the College’s DEI plan.</i> <i>Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.</i> <p>In late 2021 the College added policy staff resources with expertise in equity, diversity and inclusion with a view to the 2022 development of a comprehensive EDI strategic plan which will focus on promoting and fostering EDI (including Indigenous cultural competency) at and within the College, including the identification and implementation of training opportunities for the Board and Committees in 2023. This work will build on preliminary efforts over the past two years focused on enhancing Indigenous cultural competency and preliminary training on unconscious bias. The College provided education on indigenous cultural competency education and awareness initiatives to staff and had on-boarded a DEI advisor to guide the organization towards a great DEI strategy. The development of the EDI strategic plan, now a KPI on the 2022 Board Scorecard, is expected to focus on regulatory programs, professional practice, internal human resources, and governance priorities throughout the year</p> <p>2021 Operational Plan Priorities 2022 Operational Plan Priorities that came to the Board in September 2021</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional)	

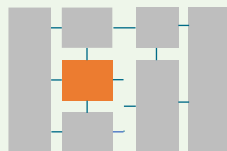
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	The College fulfills this requirement:	No
			<ul style="list-style-type: none"><i>Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments.</i><i>If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</i>	
			The College does not currently conduct equity impact assessments.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		Yes		
<p><i>Additional comments for clarification (optional)</i></p> <p>The next reporting period will involve a focus on EDI opportunities among registrants, OCP's regulatory programs, policies and procedures. This includes data collection from registrants through surveys and focus groups, which can contribute towards development of an assessment process that would potentially support health equity impact assessments across the College. This could potentially consist of the following:</p> <ul style="list-style-type: none">Evaluating the potential impacts of policies on registrants and patients from different demographic groups divided based on characteristics such as gender, sexual orientation, place of origin, ethnicity and Indigenous identity.Identification and use of equitable language and visual communication by the College.The development of a potential tool that can be used to conduct health equity impact assessments for select regulatory programs, policies and procedures. <p>In addition, it is anticipated that the HPRO working group on anti-BIPOC racism and discrimination will focus efforts on the development of tools and resources to support colleges as they consider equity impact assessments within their organizations.</p>				

		Measure 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	
DOMAIN 2: RESOURCES	STANDARD 4	Required Evidence	College Response
		a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.	The College fulfills this requirement: <div>Yes</div>
		<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.	<ul style="list-style-type: none"> <i>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to most recent approved budget.</i> <i>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</i> <p>The College follows a strategic and operational planning framework that builds upon the objects expressed in legislation and sets out the specific programs and initiatives to be undertaken to improve regulatory and operational performance over a specified period of time. Upon creation of a new strategic plan, the Board of Directors (Council) considers the high-level cost estimated to deliver on the strategies before approving the plan. Thereafter, an annual operating plan is developed by staff that sets out the priorities and initiatives for the given year, with an estimated cost of execution. Upon affirmation by the Board, staff develop detailed departmental plans with specific timelines and targets, including regulatory and operational key performance indicators (KPIs).</p> <p>The detailed departmental plans are then costed to determine what staff resources, tools or external services will be required to deliver within the desired time frame. The department budgets are consolidated to arrive at an estimated cost for the coming year. Management assesses the impact of the budget against projected revenue generated through registrant fees and scenarios are developed to consider options for addressing any shortfall of revenue over projected expenses. These scenarios are presented to the Finance and Audit Committee (FAC), a standing committee of the Board.</p> <p>The College always looks for opportunities for improvements while ensuring it has the right resources at the right time. This year, a structured approach to resource planning and cost estimation was introduced aimed at more accurate and efficient resource allocation.</p> <p> 2019-2023 Strategic Framework 2022 Operational Plan Priorities September 2021 Board Briefing Note: 10.1 Strategic Priorities Progress and Future Focus (p.57) September 2021 Board Meeting Minute: 10.1 Performance Scorecard and 2022 Operational Plan (p.6) 2022 FAC Budget Presentation: Staffing Complement for the 2022 Operational Plan (Slide.14) </p>
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? <div>Choose an item.</div>
		Additional comments for clarification (optional)	

		<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 unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> <i>Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved.</i> <i>Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated.</i> <i>Has the financial reserve policy been validated by a financial auditor? Yes</i> <p>The financial reserve policy was reviewed and updated in the spring of 2021. Following a presentation on a technology refresh strategy to the Finance and Audit Committee, consideration was given to the embellishment of a Technology Replenishment Reserve Fund - to be revisited early 2022.</p> <p>March 2021 Board Briefing Note: 9.1 Audited Financial Statements and Review of Reserve Fund Policy (p.195)</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <i>Please insert a link to the College's written operational policies which address staffing complement to address current and future needs.</i> <i>Please insert a link to Council meeting materials where the operational policy was last reviewed.</i> <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>The Board considers the annual operating budget developed by staff and recommended by the Finance and Audit Committee. The budget is tied to the operating plan and performance targets and sets out the staffing compliment needed to be successful and sustainable. This process is outlined by the Board's governance policy 4.7 Budget Approval.</p> <p>September 2021 Board of Directors Policy Booklet: Policy 4.1 Strategic Planning - Development and Oversight (p.66) September 2021 Board of Directors Policy Booklet: Policy 4.5 Policies and Procedures for Overseeing Financial Risk (p.74) September 2021 Board of Directors Policy Booklet: Policy 4.6 Board's Financial 'Check-list' (p.76) September 2021 Board of Directors Policy Booklet: Policy 4.7 Budget Approval (p.78)</p> <p>The College addresses staffing complement needs through a structured operational planning process. Business cases are submitted and reviewed by the Human Resources and Executive teams to ensure appropriate resources are available to carry out the College's mandates for the subsequent year. Where possible, the College continues to look for efficiency in work processes and balancing of workload. New staffing allocations are approved by first exhausting improvement opportunities to people, process and technology or benchmarking to industry standards.</p> <p>New Hire/Staffing Request Business Case Template</p> <p>A senior leadership succession strategy is in place in the event of an unexpected absence of a team member and all members of the senior team are aware and support the strategy. A process for ensuring that the strategy is communicated to the Board to fulfill their responsibility for organizational oversight is in place. The Board invoked an interim succession strategy in 2021 as a result of a departure; such a structure ensures the organization could continue to successfully operate its programs and deliver on its mandate while a new Registrar/CEO was recruited.</p> <p>The College contracts an external third party to conduct regular engagement surveys of all staff including annual pulse surveys on a subset of questions to gauge the culture of the organization. The results of the 2021 Pulse survey were shared with the Board in an in-camera session in December 2021. Survey results are broadly communication to staff at all levels and strategies employed to understand and address issues that compromise retention or impede the organization in achieving its operational goals.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i>	
			In 2022, College plans to evolve the people strategy with a revised talent management and succession planning framework and planned to procure a software solution with workforce planning functionalities to understand and assess resource commitment to core regulatory functions and strategic objectives.	

		ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"><i>Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan.</i> <p>In 2021 the Technology Roadmap was created to outline the modernization of OCP’s Infrastructure, Network and Applications over the next three years. This Roadmap will implement new cloud native applications to improve collaboration, productivity, availability and security while at the same time reducing cost and downtime. The Technology Roadmap is aligned with the College’s strategy framework. Updates on the progress of the roadmap are regularly reviewed at management team and virtual town halls quarterly. As part of our continuous improvement, in 2024 a full review of our Technology landscape will be conducted and a new roadmap will be created to continue to modernize our infrastructure.</p> <p>2021 Operational Plan Priorities Technology Roadmap Technology Roadmap Update on Virtually Town Hall</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
			<i>Additional comments for clarification (optional)</i> <p>In 2022 the College will also launch a new Data strategy (Data Roadmap and Data Governance Office) that will aid the College to evolve the use of data in the organization and within the broader health system to inform decision making and performance/quality improvement.</p>	

DOMAIN 3: SYSTEM PARTNER		
STANDARD 5 and STANDARD 6		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><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 dialogue.</i></p>	
<p>The two 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 two 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>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.</p> <p><i>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession 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:</i></p> <ul style="list-style-type: none"><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> <p>Overall System Partner Philosophy</p> <p>The Ontario College of Pharmacists has adopted a systems-approach to engaging, involving and collaborating with health system partners and stakeholders. It believes this approach is necessary for the effective regulation of the profession within an integrated healthcare system that relies on effective relationships much like individual healthcare providers rely on effective collaboration with their peers. This philosophy is best exemplified and expressed in the following ways:</p> <ul style="list-style-type: none"><u>Collaborative Regulation:</u> The College routinely, and for specific priorities, engages other provincial health regulators through the Health Profession Regulators of Ontario (HPRO), particularly those whose registrants are responsible for prescribing and have ongoing and key contacts and collaborate with pharmacists and pharmacy technicians. This	

	<p>engagement helps ensure improved effectiveness and alignment on common practice related matters and also on the consistent interpretation and application of standards and regulations affecting our registrants and the patients they serve.</p> <p>In addition to engagement with provincial health regulators, the College routinely engages and collaborates with other provincial pharmacy regulators through the National Association of Pharmacy Regulatory Authorities (NAPRA) on matters of common interest such as the development and implementation of standards and best regulatory practices, as well as with other regulatory bodies such as Health Canada concerning the collaborative regulation and oversight of the profession of pharmacy, in particularly related to the management of controlled substances. The College has also collaborated with out-of-country pharmacy regulators including the National Association of Boards of Pharmacy (NABP) to share insights and learnings.</p> <ul style="list-style-type: none">• <u>Health System Integration:</u> The College regularly engages broader health system partners and stakeholders in the planning, implementation and evaluation of its mandate and oversight of the profession. Doing so enables the College to remain better connected to the opportunities and challenges associated with the regulation of pharmacy within a broader health system context and better regulate, or advise, on matters that impact not just the profession but the health system as a whole. By engaging and maintaining relationships with various organizations such as Ontario Health, Ontario Hospital Association (OHA), Health Canada, Ontario Drug Policy Research Network (ODPRN), Institute for Safe Medication Practices (ISMP), Public Health Ontario (PHO), to name a few, the College has developed a network of health system stakeholders that it can collaborate or consult with, whether it’s on a longstanding initiative or an emergent issue that requires immediate decision-making.• <u>Professional/Sector Engagement:</u> Routine engagement and collaboration with professional associations and profession-specific stakeholders is also vital for the effective regulation of a profession that is playing a growing role within the broader healthcare system. This engagement allows the College to understand the realities of the broader profession and the impact of regulation on the practice and operation of pharmacy and to share information with and amongst stakeholders to inform regulatory priorities and activities and to help promote broader compliance with regulatory expectations among the profession at large. <p>The College established ongoing relationships with: professional associations such as Ontario Pharmacists Association (OPA), Neighbourhood Pharmacies Association of Canada (NPAC), Canadian Pharmacists Association (CPhA), Canadian Society of Hospital Pharmacists (national and Ontario branches), Canadian Association of Pharmacy Technicians (CAPT), Ontario Medical Association (OMA); corporate owner/operators of community pharmacies; registrants including Designated Managers (DMs) in community pharmacy and leadership representatives with hospital pharmacy; academic/school program engagement including with the Pharmacy Examining Board of Canada (PEBC). These relationships are maintained on an ongoing and consistent basis, which has facilitated collaboration on anticipated as well as unanticipated issues and changes in the environment. This has allowed the College to act quickly and effectively while engaging the sector meaningfully.</p> <p>The College also routinely engages with broader sector stakeholders on advisory and working groups, such as our hospital practice advisory committee (HPAC), buying groups (such as HealthPRO, Medbuy), pharmaceutical suppliers and educators (such as PCCA and Medisca).</p> <ul style="list-style-type: none">• <u>Patient/Public Involvement:</u> The College has aligned its practices with several of the core principles of the IAP2 (International Association for Public Participation) public engagement framework in its approach to engagement and involving patients and the public in its work and continually looks for ways to not only listen to, but to involve those with lived
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	<p>experiences to contribute to various regulatory priorities and activities. This helps ensure that patient and public perspectives are inscribed into the planning and implementation of regulatory activities that impact the practice of pharmacy and, ultimately, patient experiences and outcomes.</p> <p>This has included patient involvement in working/advisory groups, a partnership as part of the Citizen Advisory Group collaborative with other colleges, seeking input through open consultations, and the involvement of Lay Committee Appointees on standing and statutory Committees who are appointed by the College as volunteer members of the public.</p> <p>Successes and Achievements in 2021 in Actively Engaging with Regulatory and System Partners to Align Oversight of Practice and Support Execution of our Mandate</p> <p>Below are selected examples of the successes and achievements from the past year which demonstrate how we have applied our system partner philosophy to our oversight practices, and which meets or exceeds this standard. Some of the activities have carried over from the previous year. Please see the 2020 CPMF submission for additional details on ongoing partnerships and collaborations.</p> <p><u>Practice Policies: Policy for Restocking of Drugs used for Medical Assistance in Dying (MAiD) during COVID-19</u></p> <ul style="list-style-type: none">• During the first half of 2021, hospital pharmacy professionals and system stakeholders such as the OMA, Canadian Hospice Palliative Care Association (CHPCA) and the Canadian Society of Palliative Care Physicians (CSPCP) identified a shortage of drugs used for MAiD due to an increase in usage of certain drugs that are used in the MAiD protocol for patients on ventilators in hospital ICUs, and due to an overall increase in demand for MAiD.• As the pressures on drug supply continued, there was increasing concern from healthcare providers that drug wastage was contributing to the inability to meet demand for drugs used in the MAiD protocol. Drug shortages aren't uncommon and may arise from any number of possible causes which are not in the College's control. In this situation the College was able to provide guidance to registrants to minimize wastage that may be exacerbating the shortage of drugs used in the MAiD protocol. Other provinces, such as British Columbia, Nova Scotia, and New Brunswick had implemented measures to allow the back-up kit, previously dispensed for the purpose of providing MAiD, to be returned to inventory if certain stipulations had been met.• The College also consulted with the College of Physicians and Surgeons of Ontario (CPSO) to ensure that there were no objections and discussed and reviewed with our Hospital Practice Advisory committee, as well as considered and incorporated feedback from other stakeholders such as the Canadian Society for Hospital Pharmacists (CSHP).• As a result of stakeholder feedback and engagement and identifying how the College could influence environmental factors related to drug shortages, the Restocking of Drugs used for MAiD Policy was developed, which articulated the College's expectations regarding the restocking of injectable drugs that were previously dispensed as a back-up supply for the purpose of providing MAiD. Key considerations that impact patient safety, such as storage, inventory control, recording keeping, and traceability were evaluated during the development of this temporary policy as identified by health system stakeholders.• Given the situation required expeditious advice to the profession based on current practice concerns and health system stakeholder advice, the College Board approved the policy to be used on a temporary basis during the COVID-19 public health emergency at the June 2021 Board meeting. <p><u>Scope of Practice - Enhancing access to influenza vaccination during a public health crisis</u></p> <ul style="list-style-type: none">• On October 25, 2021, the College received a letter from the Assistant Deputy Minister, Strategic Policy, Planning & French Language Services Division, requesting that the Board include pharmacy technicians in the Universal Influenza Immunization Program (UIIP), which would require regulation amendments to <i>General Regulation</i>
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	<p>202/94 under the <i>Pharmacy Act, 1991</i>. The Ministry identified there was an opportunity to provide patients with greater access to care and to improve workflow efficiency within pharmacies by enabling pharmacy technicians to use their knowledge, skills and training more effectively.</p> <ul style="list-style-type: none">• Although the College Board requested the Ministry waive the 60-day circulation period for open consultation (which was approved), the College still performed the appropriate research, regulatory analysis, environmental assessment and stakeholder engagement to consider patient safety, appropriate pharmacy technician knowledge, skills and training for the expanded scope and the realities of meeting the demands of greater access to care during a time when COVID testing, COVID vaccinations and flu vaccines were occurring in community pharmacies at the same time.• Submissions made to the Ministry from OPA and NPAC informed the regulatory submission, including the comprehensive training, knowledge and experience gained from participation in the COVID-19 vaccine rollout, which should be leveraged to support increasing vaccination rates, including the flu vaccine. The associations recommended that pharmacy technicians’ work under the supervision of a regulated health professional who has the scope to clinically assess the patient to ensure vaccine administration is appropriate.• Accordingly, technicians were required to complete an OCP approved training program that addressed the seven (7) required competencies (which OCP adopted from Nova Scotia). In order to be an OCP-approved course, the program required Canadian Council on Continuing Education in Pharmacy (CCCEP) competency mapped accreditation.• Supporting this move was the January 2021 government approval of pharmacy technicians to be among the regulated health professionals granted an exemption which allowed them to administer COVID-19 vaccines. Various continuing education programs were established by other organizations to support those who participated in this expanded scope had the training to do so safely. Because of the success of that experience, the overall effort to support the expansion of scope for flu vaccination was efficient and effective.• The Minister of Health approved the amended regulation that was first approved by the Board at a special meeting. The regulation received royal assent on November 9, 2021. <p><u>Enhancing Capacity for Quality Measurement and Improvement – Provider Experience Indicators</u></p> <ul style="list-style-type: none">• To support its mandate to serve and protect the public, the College plays an important role in encouraging continuous quality improvement within the profession of pharmacy. With better data and information, both pharmacy professionals and the College can make evidence-informed decisions to improve the quality of pharmacy care in Ontario.• In order to better understand the impact of pharmacy care on patient outcomes, in 2019 the College, in partnership with Ontario Health – Quality Branch (OH), established the first set of quality indicators for community pharmacy in Canada. These indicators will provide the public with a clearer picture of the overall quality of pharmacy care in Ontario and support quality improvement efforts by pharmacy professionals and the College.• While the expert panel identified patient and system level quality indicators, the panel recognized it was vital for practicing pharmacy professionals to define provider experience indicators to ensure they aligned with the current practice environment and the indicators identified were most important to them. The involvement of frontline pharmacy professionals throughout this process was crucial to developing meaningful quality indicators.• A working group of pharmacy professionals and other stakeholders, including patients, was established in January 2021, to identify the provider experience and engagement indicators to be used to measure and publicly report on the pharmacy professional experience in Ontario. The focus on defining and reporting on provider experience is recognized within the Institute for Healthcare Improvement’s Quadruple AIM program given the impact of provider experience on patient outcomes.
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	<ul style="list-style-type: none">• The working group used a series of meetings as well as significant pharmacy sector feedback collected through a consultation survey, to establish a final set of provider experience indicators in October 2021. The indicators data is being collected through the 2022 annual renewal process, with the public reporting of aggregate data planned for spring 2022. <p><u>Practice Standards and Priorities - Promoting uptake of clinical viewers in pharmacy</u></p> <ul style="list-style-type: none">• In a carryover initiative from 2020, the College continued to collaborate with Ontario Health to ensure uptake of the use of clinical viewers in community pharmacies throughout the province. Ontario Health is now offering patient care information to pharmacies, including laboratory results, dispensed medications, and acute care data, through one of two provincial clinical viewers (ConnectingOntario and ClinicalConnect) that are designated by region.• In June 2021, the College began supporting Ontario Health’s messaging to invite pharmacies to sign up for access to the provincial clinical viewer in their local regions. The viewer is a secure, web-based portal that provides real-time access to digital health records including dispensed medications, laboratory results, and hospital visits. As a result of the targeted communication campaign, pharmacy on-boarding from the period between June to October 2021 has increased with over 440 new pharmacy requests, and over 430 pharmacies currently in the process of on-boarding. This is in addition to the existing 176 pharmacies that were already using the viewer. The College and its stakeholders will continue to encourage registration.• In addition to collaborating with Ontario Health the College has also engaged various stakeholders including professional associations to help promote the benefits of the clinical viewers in pharmacy to help further promote uptake within the sector. This is increasingly important as the scope of pharmacy continues to evolve and as it takes on additional responsibilities in the future such as point of care testing and minor ailment prescribing, pending regulation approval. <p><u>Evolving operational assessments</u></p> <ul style="list-style-type: none">• The College’s assessment team engaged with registrants to seek their input and involvement as the College worked to develop a weighted assessment approach to pharmacy operational assessments. This engagement included a survey and then the facilitation of focus groups and focused on hazardous and non-hazardous sterile compounding assessment criteria for hospitals and community pharmacies. The feedback from this direct engagement with frontline staff and Designated Managers of community pharmacies helped support a successful development and application of a weighted assessment regime, the first of its kind at the College.• The pharmacy professionals (pharmacists and pharmacy technicians) who volunteered to be part of the focus groups, through facilitation with an external consultant, directly determined the weighting of each standard in the hazardous and non-hazardous sterile compounding assessments. The College is currently working with facilitator to ensure the weights are appropriate and realistic when coupled with current practice environment.• Work continues on other standards within the operational assessment; for example, in 2022 the College is working on non-sterile compounding, methadone and the general hospital and community operations. This work demonstrates our commitment to ensuring registrants are involved/engaged when developing risk-based approach to regulation with the right touch (self-governing, self-regulation) that is realistic and in touch with realities of the environment. <p><u>Consulting with regulatory stakeholders</u></p> <p>The College routinely participated in providing input into a number of policies developed and proposed by other regulators where there was relevance to the profession and regulation of pharmacy and where collaboration was important to ensure practice and regulatory expectations were aligned across professions. In 2021, this included but was not limited to:</p>
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	<ul style="list-style-type: none">• Participation on the Advisory Panel LTC-Medication Safety Self-Assessment (MSSA) with ISMP, which culminated in an updated MSSA adopted for long-term care to improve the safety of long-term care residents). The work is ongoing, but the College expects that this initiative will ultimately result in a modernized MSSA for community pharmacy as well.• Consultation with MOH (Emergency Health Regulatory and Accountability Branch) regarding amendments made under the Ambulance Act. Effective January 1, 2022, amendments will be made to O. Reg. 257/00 under the Ambulance Act. One of these amendments will allow non-physician healthcare professionals, including pharmacists, to confirm vaccinations for paramedics, paramedic students and other healthcare professional students involved in ambulance service delivery in a manner consistent with existing vaccination processes. Previously, only physicians can provide proof of immunization.• Participation in a collaboration with CPSO on its Dispensing Drugs policy and Advice to the Profession companion document created for consultation.• Consultation on a Draft Position Statement on Insulin Dose Adjustments by the College of Dietitians of Ontario, providing input on both the initial and final drafts of the position statement for CDO which is presently out for consultation.
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	<p>STANDARD 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.</p> <p><i>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 asked to provide information by system partners, or where the College proactively seeks information in a timely manner.</i></p> <ul style="list-style-type: none"><i>Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.</i><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> <p>Success and Achievements in 2021 in Maintaining Cooperative and Collaborative Relationships to Respond to Changing Public/Social Expectations</p> <p>The College has adopted a proactive approach when anticipating and responding to changing expectations of patients and the public in an environment that is constantly shifting. In addition to collaborating directly with patients, the College has also developed an established a network of health system partners and stakeholders (as mentioned in <i>Standard 5</i> which promotes active and timely engagement to address emerging issues. This approach has facilitated a responsive and effective regulatory framework for the profession to ensure policies, programs, standards, and expectations are addressing the acute needs of practicing pharmacy professionals and the expectations of patients/the public. The Overall System Level Philosophy, as outlined in <i>Standard 5</i>, is the same approach taken by the College when anticipating and responding to changing public and societal expectations, which has supported a response that not only aligns with our health system partners and stakeholders, but also addresses the needs of patients from a patient safety and quality of care perspective.</p> <p>Below are selected examples of the successes and achievements from the past year which demonstrate how we have established and maintained collaborative relationships to support changes is public/societal expectations and the outcomes of that work. Some of the activities have carried over from the previous year. Please see the 2020 CPMF submission for additional details on ongoing partnerships and collaborations.</p> <p><u>COVID-19 Response</u></p> <p>Since March 2020, the College has provided support and guidance to the profession in accordance with its role as a regulator. Throughout 2020 and 2021, the focus for the College has been on the collaboration with various stakeholders including professional associations, other regulators, the government/Ministry of Health, public health authorities and the profession to appropriately and effectively respond to matters requiring regulatory support and intervention as the public increasingly turned to pharmacies and pharmacy professionals for access to safe, quality pharmacy care during the pandemic.</p> <p>A number of activities in 2021 specific to the College’s response to the pandemic are aligned with maintaining the public’s trust in the profession, and the regulator, and to assure the public that pharmacy professionals are providing services in a safe and competent manner and that access to pharmacy care is maintained despite the mounting</p>
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	<p>pressures on other parts of the healthcare system. Many of these activities were accomplished in consultation with health system partners and stakeholders, which informed the College’s response and ensured the College provided support based on the needs of the current environment, in alignment with public expectations. Some specific examples include:</p> <p><u>CDSA exemption extension, provincial regulation</u></p> <ul style="list-style-type: none">• On September 30, 2021, Health Canada issued an extension to the temporary class exemption, which enabled implementation of the Subsection 56(1) Class Exemption for Patients, Practitioners and Pharmacists Prescribing and Providing Controlled Substances in Canada During the Coronavirus Pandemic until September 30, 2026. With the exemption in Ontario expiring in April 7, 2022 according to provincial regulations, Ontario had to align with Health Canada in order to enable the extension by extending the amendment to <i>General Regulation 202/94 of the Pharmacy Act, 1991, Part VII.3 (Controlled Acts)</i>, to continue to temporarily allow pharmacists to renew and adapt prescriptions for CDS until at least September 30, 2026.• Based on feedback from the field, pharmacists have been utilizing this exemption for the purposes of continuity and access to care during the COVID-19 pandemic since the exemption was granted. To confirm this current state and what the impact might be if the exemption was not extended, the College was able to access data through the Ontario Drug Policy Research Network (ODPRN) as a result of the College’s ongoing relationship with this key research and policy group. ODPRN was able to pull data on pharmacists’ activities related to renewing and adapting narcotic prescriptions through the Narcotics Monitoring System (NMS). For example, data collected showed 8,000 distinct pharmacists have used this exemption that led to a 2-fold increase in the number of opioid claims, indicating that pharmacists were utilizing the exemption.• Despite the increase in opioid prescriptions being renewed and adapted, the overall proportion of pharmacists prescribing controlled drugs and substances did not exceed 1% of total Narcotic Monitoring System (NMS, with the Ministry of Health) claims. The input provided by the data that was captured by ODPRN informed the College that patients are looking to pharmacists to renew and adapt narcotic prescriptions; however, pharmacists were utilizing the exemption in a judicious manner that balanced patient safety with patient centered care.• In addition to our data and research stakeholders, the College also sought feedback from regulated health professions that currently had prescribing authority of controlled drugs and substances (i.e. CPSO and College of Nurses of Ontario (CNO)) to understand if they had questions or concerns about extending the exemption. Both Colleges were supportive of the exemption and believed it was achieving its goal of care continuity and access to care during this period of the pandemic.• Based on feedback from health system stakeholders, the College had enough information to support the rationale for the extension to support safe patient care while ensuring appropriate access to these medications for patients was protected, which was included as part of the regulatory submission to the Ministry of Health. The amended regulation was subsequently approved by the government on November 9, 2021, and is now in force. <p><u>COVID testing</u></p> <ul style="list-style-type: none">• On November 18, 2021, the provincial government announced its plans to enhance COVID-19 testing by expanding the number of testing locations and making it more convenient to access publicly funded testing for those who need it. The government deployed several testing strategies across the province to increase access to testing and mitigate the increased risk of transmission, including access to publicly funded COVID-19 PCR specimen collection in select pharmacies for all individuals eligible for testing, including symptomatic individuals and close contacts.• The College subsequently published updated guidance on COVID-19 testing in community pharmacies. The updated guidance document outlines the College’s expectations for Designated Managers, registrants and community pharmacies opting to provide COVID-19 testing to the public. College guidance is intended to be used alongside guidance provided by the Ministry which oversees the province’s response to COVID-19.
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	<ul style="list-style-type: none">• The College has also communicated the expectation that a pharmacy’s choice to offer COVID-19 testing must not impede or limit the public’s accessibility to, or the safe delivery of, other pharmacy services.• As not all pharmacies participated in testing, in order to manage public expectations our messaging reinforced that not all pharmacies participate in the testing program and that our guidance applied to those that chose to participate. <p><u>Emergency Assignment Registration</u></p> <ul style="list-style-type: none">• Since the pandemic was first declared, pharmacy professionals have been on the frontline of the pandemic response and have continued to serve their communities as other parts of the healthcare system began to scale back or adjust the level of services as part of a broader public health response aimed at reducing the spread of the virus in the community. As the pandemic continued with higher case counts and greater confirmed community transmission of COVID-19 among the general population, pharmacies were called upon to provide and maintain valuable services to their patients and communities.• Many pharmacies took on COVID-19 testing of asymptomatic patients as part of the public health response rolled out throughout the province and once again played an active role in administering the flu shots in an environment of heightened demand for the flu vaccine. These pressures contributed to a growing perceived concern about the strain placed upon the pharmacy workforce capacity at a time when it is important to ensure sustained access and adequate numbers of pharmacy professionals to serve the public during the public health crisis.• New applicants to the profession who would have normally entered the workforce as fully licensed pharmacists and pharmacy technicians faced challenges doing so as a direct result of the pandemic. In order to be registered as a pharmacist or pharmacy technician in Ontario, pharmacist and pharmacy technician graduates are required to complete a practical assessment of competence (PACE/SPT), a jurisprudence exam and the Pharmacy Examining Board of Canada (PEBC) Qualifying entry to practice exam.• However, the pandemic and associated important health measures designed to limit the spread of COVID-19 prevented the PEBC exams to move forward in a reliable manner, with some sittings in 2020 outright cancelled, creating a backlog for 2021 and resulting in uncertainty of when graduates could complete the exam and subsequently enter the profession as licensed registrants. Although graduates remained able to practice to their full scope under the supervision of a physically present pharmacist as they wait to complete this non-exemptible registration requirement, they remained unable to practice independently as pharmacists which may limit their ability to be fully utilized in support of the broader health system response to any emergency such as a pandemic.• Furthermore, the College conducted a workforce survey for community and hospital practice that indicated stressors especially for hospital pharmacy technicians.• Due to the uncertainty and rapidly evolving situation presented by the pandemic and the prolonged and increased demand for pharmacy services during this crisis, there was a growing urgency to establish mechanisms that would enable a surge capacity of the pharmacy workforce to respond to public health and other emergencies, thereby insulating against a risk of a potential acute shortage of pharmacy professionals.• In anticipation that the necessity for additional workforce capacity might change, the College engaged in discussions with the Ministry and initiated a review of other regulatory frameworks for temporary emergency registration. Based on this review and given the similarities of the College of Nurses of Ontario registration regulation framework, their model for emergency assignment certificates was most appropriate and readily adaptable for inclusion in future registration regulation changes submitted by the College.• In March 2021, the College initiated <u>emergency assignment registration</u> to address the workforce need for additional pharmacists and pharmacy technicians due to the COVID-19 pandemic. This followed government approval of regulatory amendments to the <i>Pharmacy Act</i> that were submitted by the College to enable the creation of an emergency assignment registration certificate class of pharmacy professionals. By year-end, a total of 612 pharmacists and pharmacy technicians were granted emergency assignment registrations.
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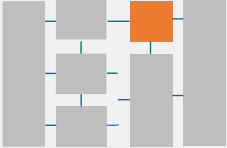
	<ul style="list-style-type: none">• As with other healthcare professionals, the College is aware that some in the pharmacy workforce are struggling with burnout as the pandemic continues and there is growing concern of workforce shortages. As such, the College believes there is an ongoing benefit in maintaining access to EA registrations by renewing existing certificate holders and allowing new EA registration of pharmacists and technicians. The College subsequently extended access to existing emergency assignment (EA) registration certificate holders until May 21, 2022, including accepting new applications for EA registration. <p><u>Virtual Care Policy</u></p> <ul style="list-style-type: none">• The provision of healthcare to patients has evolved to include virtual approaches across the health system. These approaches have become preferences for many patients over the past several years and have become prominent and vital to enable the continuity of care for patients during the current pandemic. Several health profession regulators in Ontario have responded to this shift in practice and set standards and/or provided guidance through policy, specific to the provision of professional health services using telephone and/or web-based remote access solutions.• Providing care to patients virtually requires that healthcare professionals consider certain factors such as maintaining a patient’s right to privacy, the appropriateness of using a virtual approach to care, and ensuring the same quality as in –person care is provided. The benefit to the patient must outweigh any risks to providing care virtually. Virtual care in pharmacy practice is an emerging area that is being facilitated by the growth of technological practice supports.• As an emerging practice area, the College drafted a new policy to outline the practice expectations for registrants providing care to patients using virtual approaches.• As part of the policy review process, the College engaged with health system stakeholders by reaching out to Ontario regulators as well as other provincial pharmacy regulators, pharmacy professional associations, pharmacy associations and corporate/chain pharmacies to understand the current environment and how a policy would enable and support patient care through a virtual setting. The College heard from pharmacy professionals and members of the public during open consultation, which provided insight on current pharmacy practice and patient expectations when pharmacy services were delivered virtually. During consultation, many voiced supports for enabling virtual care in pharmacy, identified points of clarification in the policy and clarified the target patient population that would be best supported through a virtual setting.• During the June 2021 College Board meeting, the Board approved the Virtual Care Policy, given the stakeholder and public feedback that was incorporated into the final draft. <p><u>EDI-B and Indigenous Cultural Competency:</u></p> <ul style="list-style-type: none">• Following its initial work and the Board’s adoption of several recommendations aimed at enhancing Indigenous cultural competency within the organization and amongst registrants in 2019, the College in 2021 continued to move forward with activities, in collaboration with health system partners and those from the Indigenous community, to advance this commitment. The College invited a member of the Grand River First Nations to present a traditional thanksgiving address and educated the Board on the importance of land acknowledgements to start meetings, and invited Dr. Jaris Swidrovich, Canada’s first self-identified Indigenous Doctor of Pharmacy to address the Board around the opportunities within pharmacy as a profession to help build Indigenous cultural competency. Following these presentations, College staff further engaged two Indigenous elders from different First Nations to explore how better to apply land acknowledgements throughout the organization as we evolved and continued our journey towards truth and reconciliation as an organization.• Additionally, in 2020 the College joined the anti-BIPOC racism and discrimination working group of HPRO to share information and insights and review opportunities for regulators to come together to influence positive change and play a role in the elimination of racism and discrimination within the health system. In 2021, the working group engaged with a diversity expert Dr. Javeed Sukhera, commissioning a report to explore and present recommendations for consideration by provincial health regulators on strategies to help address and improve equity, diversity and inclusion within health professions in Ontario and the regulatory authorities that
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	<p>govern them. These recommendations were received and reviewed by the HPRO working group, with priority areas of focus now identified for 2022. In addition to Dr. Sukhera’s work with HPRO, the College also engaged him directly to provide a session to the Board regarding unconscious bias in regulation.</p> <ul style="list-style-type: none">• The College continued to identify and make available education and training opportunities for staff and resources for the profession, it is, as part of its role as a regulator and as an employer, now developing a comprehensive EDI strategy in 2022 and will engage additional community and professional stakeholders to inform this strategy prior to its anticipated implementation in 2023. <p>Mechanisms for Developing and Maintaining Key Partnerships and Collaborations</p> <p>The College routinely employs a number of strategies throughout the year to identify, develop and maintain partnerships and collaborative relationship with stakeholders, system partners, registrants and members of the public in its work. Here are some examples utilized in 2021:</p> <ul style="list-style-type: none">• <u>HPRO and various working groups</u> In addition to its ongoing membership with HPRO including ongoing collaboration and information at an organization leadership level, the College participated in several various working groups, including the HPRO Practice Advisors Group, an informal group made up of HPRO’s Practice Advisors/Consultants/Policy who meet on a semi-regular basis to share what is happening at their respective Colleges. One of the areas of focus of this work was a think tank on Common Compassion in Digital Health Care Delivery Competencies and Guiding Principles, which was initiated by CNO to encourage regulators to think about how to maintain compassion while provide care digitally. This work resulted in a report which addressed common compassion in digital health care delivery. Overall, the College routinely engages with all other provincial health regulatory colleges as part of the HPRO related activities, or independently as appropriate to collaborate or share information and insights.• <u>NAPRA</u> In addition to participating in regular Board and leadership level meetings and discussions, the College also participated in the NAPRA Compounding Groups and engaged with NAPRA in meetings with Health Canada related to polices, drug therapeutics and controlled substances. The College has also participated in information sharing sessions related to medication incident reporting and continuous quality improvement standards and has provided input on the establishment of updated standards of practice for the profession.• <u>Professional Associations and other pharmacy stakeholders and academic partners</u><ul style="list-style-type: none">○ In addition to specific activities referenced throughout the CPMF, the College collaborates with professional associations such as the OPA, CPhA, CHSP, CAPT, NPAC among many others to share insights and learnings and actively partner, as appropriate, on various initiatives relevant to quality pharmacy practice. These routine engagements are through scheduled meetings but also through indirect and informal connections and dialogue throughout the year on various timely topics from COVID-19 to expanded scope of practice.○ The College also engages with its academic partners, including for both pharmacist and pharmacy technician programs throughout the province, and will routinely present on topics of interest to students throughout their academic careers. This engagement also includes information sharing and collaborating with academic institutions on policy and registration related matters, among other topics throughout each year.○ The College regularly engages and involves registrants and pharmacy stakeholders on an ongoing basis based on emerging priorities or related to key initiatives at the College aimed at advancing its public protection mandate. This engagement involves participation in working groups and surveys, as well as periodic focus groups or targeted discussions. The College also has established different communication mechanisms to reach sub-sets of target audiences including
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	<p>Designated Managers and owners/operators of community pharmacies, and these are employed routinely throughout the year on emerging issues, most recently related to COVID-19 and pressures on the practice environment in the community and its impact on the provision of safe quality care.</p> <ul style="list-style-type: none">• <u>Academic, Quality and Research Institutions and Groups</u><ul style="list-style-type: none">○ The College has actively engaged and supported this research group based on relevant research and strategic initiatives that align with the College’s strategic plan and mandate. For example, ODPRN has supported the College in its Quality Indicators initiative by pulling system level indicator data that supports quality improvement efforts across community pharmacy. ODPRN has also been supportive in pulling and analyzing other data sets that has informed other work moving forward. This includes pulling NMS data on the renewing and adapting of narcotic prescriptions by pharmacists (mentioned above) and other data requests in a timely manner.○ The College has maintained an ongoing relationship with the Ontario Pharmacy Evidence Network (OPEN) as a result of aligned research initiatives and opportunities for knowledge transfer that has informed the needs of different groups or underserved areas. For example, OPEN shared research studies on Francophone access to pharmacists and pharmacy technicians providing COVID vaccinations and how this access varies on whether you live in an urban or rural area of Ontario. This research led to connections with existing data and a better understanding of different ways the College could meet the need of Francophones in Ontario.○ The College sat on the Association of Family Health Teams of Ontario (AFHTO) Quality Steering Committee in 2021, which sets specific project priorities and objectives to demonstrate the value of team-based primary care and ultimately improve the quality of care delivered to primary care patients. The College provided insight on pharmacy care in the context of team-based primary care and potential alignment at a broader health system level. Involvement and engagement with the public/patients.○ The College participates as a sponsoring organization of the Citizen Advisory Group which is a group of members of the public who provide input on topics of interest of Ontario’s health regulators. The College either sponsors a topic for focused discussion, or benefits from the insights provided on topics brought forward by other Colleges for consideration. The College also involves patients/public in working and advisory groups as a way to support direct involvement and co-design opportunities with those who ultimately are impacted by regulatory policy, and recently through governance reform activities, the College has welcomed additional Lay Committee Appointees to a growing Patient Relations Committee that includes non-Board members of the public and profession.
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		Measure	
		7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.	
DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	Required Evidence	College Response
		a. The College demonstrates how it:	The College fulfills this requirement: Yes
		i. uses policies and processes to govern the disclosure of, and requests for information;	<ul style="list-style-type: none"><i>Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.</i> <p>In accordance with its legislated responsibilities as a regulator, the College takes its role as an information custodian very seriously and has a robust disclosure and request for information process which is governed through a series of safeguards by the Information Management team. The College is actively working on modernizing information management and privacy activities. The College's Privacy and Information Access Policy & Manual outlines the how the College manages the collection, use, disclosure, and protection of personal information and personal health information at the College. The manual was published in 2021 and all the College staff completed training to refresh awareness on information/data responsibilities. The protection of information is supplemented by the Records Retention Schedule that governs the life cycle of a record, or series of records, from creation or receipt to disposition or permanent preservation.</p> <p><u>Process for Request for Information</u> The 2021 updated Privacy and Information Access Policy and Manual follows section 36 of the RHPA where all external and internal data requests are triaged, documented, and logged in the College ticketing system to complete. The College commits to a lead time of 30 days to process the request.</p> <p><u>Process for Disclosure</u> College reserves the right to monitor, review, access and disclose its information, and the systems used to support it, for business, security, investigative, monitoring or legal purposes. Misuse or mismanagement of OCP data and information is reported to department supervisors, the Information Management (IM) department, and Human Resources. Staff are provided the right level of information and data access in accordance with their role, user permissions, privacy and security protections as outlined in the Information Security Classification Standard to be applied efficiently, consistently, and appropriately. This procedure safeguards the College from unauthorized access, unauthorized disclosure, use or destruction through appropriate security and access controls.</p> <p><u>Governance</u> 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 the Information and Data Management Policy and Email Management Policy.</p>
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Choose an item.
			Additional comments for clarification (optional)

		ii. Uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <i>Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</i> 	
			<p>The College recognizes cybersecurity and access control as a key area of risk in the health regulatory industry. Over the years, the College has dedicated resources and established protocols to ensure an optimal protection according to industry best practices for identity, governance, and security to address cybersecurity and accidental or unauthorized disclosure of information.</p> <p>Process for Addressing Cybersecurity Threats: The College subscribes to the latest collection of global cybersecurity threats and trends. Armed with this daily intelligence, our cybersecurity team routinely assesses the College's IT/IM infrastructure and those of our vendors to ensure optimal protection. Upon identification of a potential cybersecurity threat against the College, a thorough vulnerability assessment is conducted, and countermeasures are formulated and deployed rapidly. Events are logged, monitored and reported to the leadership team in a structured approach in accordance with the incident management protocol.</p> <p>Protection against cyber-attacks is integral as a regulator. The College has automated systems that pro-actively monitor for threats 24/7. Regular in-house vulnerability testing is scheduled using AI software to scan for new vulnerabilities along with routine and expedited security updates, patches and fixes on servers, operating systems, switches and applications. Yearly penetration testing is coordinated to identify security gaps and highlight risks. If any security issues are identified, the IT team works quickly to address the threat(s) and mitigate any breaches. All staff are provided education on phishing and other cyber-threat tactics, latest cybersecurity news, tips and tricks accessible on the College's intranet.</p> <p>Process for Addressing Accidental or Unauthorized Disclosure of Information: The process for managing incidents of accidental and unauthorized information disclosure is articulated in the College's privacy breach policy and protocols. The College developed a four-step protocol: 1) Response and Contain, 2) Notify, 3) Investigate, 4) Implement Change. These steps may need to take place simultaneously, or in rapid succession, depending on the circumstances.</p> <p>Any potential disclosure is reported to the Privacy Officer, assessed and documented by the privacy management team and the remediation plan is developed in collaboration with the reporting department. Related parties from the incident are notified and follow-up is managed.</p> <p>Staff at the College were educated to the newly revised Privacy and Information Access Policy & Manual in 2021 and the training has been incorporated as part of the new employee on-boarding process. Security and access controls are established based on the College's Information Security Classification Standard and protocols are in place to proactively audit gaps to current standard and countermeasures are promptly deployed to eliminate further harm.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
			<i>Additional comments for clarification (optional)</i> In 2022, the College will further minimize risk of cyber-attacks and unauthorized disclosure of information by conducting a review our policy and processes using the Control Objective Framework based on ISO 27001.	

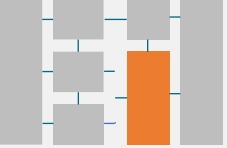
		Measure 8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	
DOMAIN 5: REGULATORY POLICIES	STANDARD 8	Required Evidence	College Response
		a. The College regularly evaluates 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.	The College fulfills this requirement: <div>Yes met in 2020, continues to meet in 2021</div>
			<ul style="list-style-type: none"> <i>Please 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 OR please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</i> <p>The College takes a multi-pronged approach to evaluating its policies, standards of practice and practice guidelines.</p> <p><u>The Policy Review Process</u></p> <p>The College continues to follow the policy review process which supports the goal of having each policy and practice guideline reviewed every three to five years per industry standards. The process is conducted alongside various teams in the organization including (but not limited to): Community Practice, Assessments, Conduct, and Strategic Policy and Analytics. An environmental analysis on the current practice environment is also conducted, which includes engaging with external stakeholders the College collaborates with on a regular basis, which may include (but not limited to): pharmacy and professional associations, government agencies, external advisory groups such as patient advisory groups, pharmacy owners and operators and registrants. The policy review process includes reviewing the full list of policies composed by the College. A select number of policies are chosen and approved for review each year; this process occurs through consultations with teams and jurisdictional scans to determine a list of policies slated for review for the year. Through this process, these documents undergo a robust review including jurisdictional and environmental scans, literature reviews and stakeholder/public consultation to ensure the policy response is appropriate and effective based on the current practice environment.</p> <p><u>External Stakeholder Engagement/Proactive Monitoring</u></p> <p>In addition to the policy review process, College staff proactively monitor the practice environment through several different mechanisms including our practice and operational assessment process, complaints and intakes trends, practice queries from professionals and the public (as received by our practice consultants), and collaboration with external stakeholders.</p>
			<div> <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> </div> <div>Choose an item.</div>
			<i>Additional comments for clarification (optional)</i>

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <i>Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College's development and amendment process.</i> <p>As shared in response 8.1.a, the College implements a policy review process, which includes the development and amendment process for policies and practice resources. To demonstrate how the policy review process incorporated the six components articulated within this standard, the following are two examples that illustrate how the College takes into account these components when developing or amending policies, standards and practice guidelines.</p> <ol style="list-style-type: none"> COVID-19: Information for Pharmacy Professionals: COVID-19 Testing and Screening in Community Pharmacies <ul style="list-style-type: none"> As part of the policy monitoring process and ever-changing healthcare needs during the COVID-19 pandemic, it was identified that there was a change in the role of how the pharmacy sector could support COVID-19 testing. At the time, symptomatic testing occurred only in assessment centres, (only asymptomatic testing was permitted outside of testing centres). However, a change in testing occurred in the fall of 2021 where the Ministry of Health (MOH) allowed pharmacies that were already conducting asymptomatic testing to also provide COVID testing for symptomatic patients as well. During this time, there were high COVID-19 rates, and a plan was implemented by the MOH to find alternative resources outside of hospitals to conduct symptomatic testing. The suggested alternative resources for testing now included pharmacies (for asymptomatic and symptomatic testing). Following the new updates to COVID-19 testing protocols, the College shared this information with registrants on its website in the fall of 2021. To align with the needs of the health care sector during the pandemic, pharmacists were given the option to administer tests for symptomatic patients. Previously, pharmacists were only testing asymptomatic patients. Other activities were required by pharmacies at this time, including COVID-19 vaccination shots and offering flu shots to the public during the fall season. These activities, along with workforce challenges (staff absences) were all considered as part of the policy decision to emphasize the option to provide COVID-19 testing in pharmacies. This increased risks to COVID-19 exposure as now, symptomatic patients were able to enter pharmacy settings with other patients and retail pharmacy customers. The MOH consulted with the College to identify risks and determine appropriate protocols for safe delivery of these services. The College provided the MOH with input on their guidance document; feedback was offered on the initial draft, along with information on safety precautions that should be considered for symptomatic testing. <p>Ongoing monitoring of this practice by the College during operational assessments is being done in the continued effort to reduce risks. Resources to support the reduction of COVID-19 exposure were created based on MOH and Public Health Ontario (PHO) guidance and can be found on the College website.</p> <ul style="list-style-type: none"> The College became aware that the current COVID-19 protocols for pharmacy practice needed to be updated and aligned with ministry communications. The guidance was updated to ensure safety of patients and pharmacy professionals if providing symptomatic testing as now allowed by the MOH. As mentioned, pharmacy professionals were already familiar with asymptomatic testing so the move to symptomatic testing from a practice perspective was not a large issue to tackle. With the ability to also provide symptomatic testing in pharmacies, it allowed for more widely available opportunities for Ontarians to be tested for COVID-19 outside of COVID-19 testing centers. The MOH consulted with the College when developing the updated guidance documents for COVID-19 testing in pharmacies. The College referenced these documents, and also referenced those developed by Infection Prevention and Control (IPAC) professionals at Public Health Ontario (PHO) to update resources 	

	<p>for registrants. Updates for registrants included infection control measures such as providing appropriate spaces for testing, protective gear and supplies for testing.</p> <ul style="list-style-type: none">○ The decision was made by the MOH to provide additional health care services (from asymptomatic to symptomatic testing) in pharmacies. There was a risk to the patients and the public if the COVID-19 guidance was not updated. The update ensured that the pharmacy sector knew where to find information to ensure the safety of patients and staff when testing both asymptomatic and symptomatic patients. The College provided updated streamlined information on its website that was current and easy to consume by pharmacists and the public.○ The current health care environment is ever-changing and fluid as the COVID-19 pandemic continues. Any updates in how patients can receive their health care services needs to be shared in a timely manner to ensure patient safety; providing information in a clear and timely manner assists in supporting their role of safe health care services to patients. As a result of this work, the College updated information to registrants regarding COVID-19: Information for pharmacy professionals. The Ontario Pharmacists Association and Neighbourhood Pharmacy Association of Canada were also supportive of the MOH directive made to COVID-19 testing (from asymptomatic to symptomatic testing in pharmacies). Updated information included links to guidance documents on testing in the community; Guidance: COVID-19 Testing in Community Pharmacies and it's to be used in conjunction with the Guidance: Testing of Individuals in Pharmacies provided by the Ministry of Health (MOH) which oversees the province's response to COVID-19. <p>2. Virtual care</p> <ul style="list-style-type: none">○ The manner in which health care services are offered is changing; the environment was shifting from traditional appointment and services (for example, in-person), to more virtual care appointments and services. Prior to COVID-19, there were discussions around providing more patient focused care. The pandemic heightened the concept for virtual care. The virtual care policy was further encouraged as a result of the consultation for minor ailments. Following the consultation for minor ailments, feedback was received from the sector to consider enabling virtual care; there was a recognition that pharmacy services were starting to shift outside of dispensaries, and an acknowledgment that clinical services could be performed by a pharmacist outside of a pharmacy setting. The development of the virtual care policy was a result of the following (included, but not limited to); changes in pharmacy practice, an increased need for pharmacy care and providing it in an accessible and timely manner, increased preparation for meeting the needs of patients, and more focus on patient centered care.○ Providing care to patients virtually requires that healthcare professionals consider a few factors; including maintaining a patient's right to privacy, the appropriateness of using a virtual approach to care, and ensuring the same quality of care as in - person patient care. The benefit to the patient must outweigh any risks to providing care virtually.○ As the need for more virtual care support for patients increased, the move for more virtual health appointments from pharmacists also increased in order to provide patients with the continued care and services that they need in a timely manner during the pandemic. The provision of healthcare to patients has evolved to include virtual approaches across the health system. These approaches have become prominent and vital to enable the continuity of care for patients during the current pandemic. Several health profession regulators in Ontario have responded to this shift in practice and set standards and/or provided guidance through policy, specific to the provision of professional health services using telephone and/or web-based remote access solutions. Virtual care in pharmacy practice is an emerging area that is being facilitated by the growth of technological practice supports and is expected to be an option that patients want available to them from their pharmacy professional into the future.
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		<ul style="list-style-type: none">○ A comprehensive review of pharmacy regulatory authorities across Canada and of health professional regulators in Ontario, alongside a review of privacy legislation and guidance from external organizations, has informed the development of this new policy in a manner that aligned with the messaging of other Colleges.○ In providing virtual care services, it was important that they were delivered in a manner consistent with patient expectations such as equal access and patient safety, (including the security of patient information online).The Personal Health Information Protection Act was referenced as a tool to support this.○ Feedback from stakeholders was received during open consultation, (from the public, from the profession and associations) in the development of the policy. While many stakeholders supported the policy, they provided advice, feedback and guidance on how to ensure registrants understood the College's expectations and where the College can provide clarity through practice resources. To provide further support for this newly developed policy, OCP developed additional resources, such as a Virtual Care Policy: Frequently Asked Questions.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

		c. The College's policies, guidelines, standards, and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	No
			<ul style="list-style-type: none"> <i>Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</i> <i>Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</i> <p>In December 2015, the College updated its Code of Ethics, which included the addition of the following ethical principle that governs the practice of pharmacy professionals:</p> <p><i>The ethical principle of Respect for Persons/Justice refers to the healthcare professional's dual obligations to respect and honour the intrinsic worth and dignity of every patient as a human being and to treat all patients fairly and equitably.</i></p> <p>This principle sets the foundation for the Diversity and Inclusion (EDI) initiatives the College has undergone and will move forward with into the future. In 2021, the College started its EDI journey with an external focus on registrants, which included development of Indigenous cultural competency for registrants by adopting the following strategies:</p> <ul style="list-style-type: none"> Dedicated page and E-Connect based communications celebrating important Indigenous dates and providing learning resources on the topic for registrants. Sharing resources to support Indigenous Cultural Competency in Pharmacy Connection. <p>The College also participated in HPRO's working group for identifying EDI issues to be addressed by regulators, which has contributed towards the development of the College's external EDI approach for 2022. However, the College recognizes the need to include EDI perspectives in review of policies, guidelines and Code of Ethics for its registrants moving forward, with work planned for 2022.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
			<p><i>Additional comments for clarification (optional)</i></p> <p>During the next reporting period, the College plans to include an EDI focus when reviewing policies, guidelines, standards and the Code of Ethics. The following actions are being planned for 2022 to accomplish this objective:</p> <ul style="list-style-type: none"> Inclusion of EDI perspective while reviewing external policies, guidelines and standards that would incorporate: <ul style="list-style-type: none"> Inclusive language. Assessment of policies' potential impact on individuals with different gender identities, sexual orientation, age, disability status, parental status and other demographic characteristics. Potential development of a health equity impact assessment tool for review of these policies would help in achieving this. Identification and removal of subtle-isms from the language used in policies. Emphasizing on registrants' feedback on policies from an inclusivity perspective. Establishment of resources, guidelines and training for staff members to review policies and practice resources from an EDI lens. The external EDI strategy to be identified and adopted by the College in 2022-23 would also help in identifying additional opportunities that would help in applying an EDI lens to our policies, guidelines and code of ethics. 	

		Measure 9.1 Applicants meet all College requirements before they are able to practice.	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	Required Evidence	College Response
		<p>a. Processes are in place to ensure that 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.)².</p>	<div> <div>The College fulfills this requirement:</div> <div> Yes met in 2020, continues to meet in 2021 </div> </div> <ul style="list-style-type: none"> <i>Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out.</i> <i>Please insert a link OR please briefly describe 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.).</i> <p>The processes used by the OCP and its third-party service providers for document authentication and identification authentication have not changed since the previous 2020 CPMF report. In collaboration with several partners across Canada, the College utilizes a comprehensive approach to its registration practices as applicants are required to satisfy a total of eight requirements in order to be registered to practice pharmacy in the province. Some of these requirements are specific to the certificate of registration for which the applicant is applying (e.g. pharmacist or pharmacy technician). These robust practices ultimately help to assure the public that only those who are qualified and competent to provide pharmacy care as regulated health professionals are able to do so.</p>
			<div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div> <div>Choose an item.</div> </div>
			Additional comments for clarification (optional)

² 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 whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <i>Please 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.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out.</i> <i>Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</i> <p>The process used by the OCP to identify best practices and developments in registration and assessment for entry to practice has not changed since the previous 2020 CPMF report. The OCP is waiting for the government to approve changes to the College's registration and quality assurance regulations. The Registration Committee reviews and approves all of its policies every year, most recently in June 2021. These policies set the criteria for assessment of applications. For new policies or those that require significant changes, a briefing note is prepared by staff for the Registration Committee so that informed decisions can be made.</p> <p>The Registration Committee Annual Report - December 2020 to August 2021 submitted to the September 20, 2021 Board meeting (page 102) provides a summary of new policies approved and information items reviewed.</p> <ul style="list-style-type: none"> Approved a new policy for French Language Proficiency Assessment Tests to define the French language proficiency requirements that demonstrate the applicant's ability to communicate and comprehend, both orally and in writing. The policy incorporates the tests and test scores recommended by the Centre for Canadian Language Benchmarks. Approved a new Jurisprudence, Ethics and Professionalism Exam policy which incorporates the exam blueprint, format, eligibility requirements and limit on number of re-attempts. Reviewed an interim guidance document that provides support for Registration Panels determining bridging courses for international pharmacy technician applicants who do not pass the Pharmacy Examining Board of Canada's (PEBC) Qualifying Examination on their first attempt. Reviewed the process for extending the validity of emergency assignment certificates of registration for pharmacists and pharmacy technicians. 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

Measure 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
	a. A risk-based approach is used to ensure that currency ³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:
		Yes
		<div><ul style="list-style-type: none"><i>Please briefly describe the currency and competency requirements registrants are required to meet.</i><i>Please briefly describe how the College identified currency and competency requirements.</i><i>Please provide the date when currency and competency requirements were last reviewed and updated.</i><i>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</i></div> <p>The description of how the College identified currency and competency requirements, the date these were last reviewed and updated and how the College monitors requirements has not changed since the previous 2020 CPMF report.</p> <p>Currency and Competency Requirements: For Part A (patient care) pharmacists include the following:</p> <ul style="list-style-type: none">600 hours of patient care over the presiding 3 years,participation (and successful completion) in the self-assessment, practice assessment or knowledge assessment when selected,ongoing continuing professional development and documentation in a learning portfolio <p>For Part B (no patient care) pharmacists are required to maintain a learning portfolio, but there are no practice hour requirements or other quality assurance requirements.</p> <p>Pharmacy Technicians are not yet included in the Quality Assurance Regulations (awaiting government approval). As a result, there are no currency or quality assurance requirements for pharmacy technicians. They are participating on a voluntary basis.</p> <p><u>Risk-based Approach</u> For currency requirements, Part A pharmacists are required to declare that they have met the requirements on an annual basis through the annual renewal process. (If they are unable to make this declaration, they are unable to proceed with registration renewal.)</p> <p>For competency requirements, all Part A pharmacists are required to complete quality assurance assessment activities when selected. A risk-based approach is applied after the initial assessment - only those pharmacists that are unsuccessful, move on to remediation (coaching) and reassessment. Because OCP's Quality Assurance Program has been designed as a quality improvement activity as well as a quality assurance activity, it is important to have all Part A pharmacists engaged in the initial assessments to drive continuing professional development in the areas where gaps are identified. (Once the program is well established, the College will consider introducing additional risk-based elements, specifically, extended exemptions for those that met all standards on the assessments. This will allow more resources for those that are not meeting all standards.)</p>

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

³ 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).

Measure		
9.3 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 met in 2020, continues to meet in 2021
	<ul style="list-style-type: none"><i>Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report.</i><i>Where an action plan was issued, is it: Choose an item.</i> <p>OCP submits a Fair Registration Practices Report to the Office of the Fairness Commissioner every year. For past submissions, the College’s performance met standards and, in some cases, the College was commended for exemplary practice (e.g. introduction of Practice Assessment of Competence at Entry for pharmacist applicants). The College did not have any improvement requirements resulting from the most recent audit.</p> <p>The 2021 report has been delayed by the Office of the Fairness Commissioner to the fall of 2022.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
	Choose an item.	
	<i>Additional comments for clarification (if needed)</i>	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	College Response
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<div>The College fulfills this requirement:</div> <div>Yes met in 2020, continues to meet in 2021</div>
		<p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Yes If not, please provide a brief explanation: <p>The 2020 CPMF report provides a detailed example of the supports the College routinely provides to registrants when introducing new standards of practice or practice guidelines.</p> <p>In 2021, policy revisions were primarily associated with ongoing public health measures, such as testing and vaccination, to combat the impact of the pandemic. A detailed description of one of these policy revisions can be found in Domain 5: Regulatory Policies. It outlines the College's timely response and support to registrants based on changes in the environment with the release of amended practice guidance on COVID-19 testing in community pharmacies. The amended Guidance: COVID-19 Testing in Community Pharmacies is to be used in conjunction with the Guidance: Testing of Individuals in Pharmacies provided by the Ministry of Health (MOH) which oversees the province's response to COVID-19. Timely communication of the policy was critical and managed through the College's electronic bulletin and social media communication channels. Notice of this policy was further reinforced through coordinated communications with the MOH and professional association. Effectiveness of this resource is monitored through the operational assessment program.</p> <p>Additionally, in 2021, in response to feedback obtained directly from registrants as well as through the collection and analysis of data obtained through operational assessments, College staff recognized a gap in the implementation of the non-sterile compounding standards and the subsequent need for additional supporting resources aimed to assist registrants. In December 2017, the Board adopted the National Association of Pharmacy Regulatory Authorities (NAPRA) Model Standards for Pharmacy Compounding of Non-Sterile Preparations. In March 2020, as a result of the pandemic, the Board approved an extension of the implementation deadlines. Throughout this time, using information obtained from the practice and assessment departments, the College continued to monitor registrants' readiness and degree of implementation of the standards. Accordingly, the College identified that additional resources were required with the goal to provide further guidance to support registrants in implementing the new non-sterile compounding standards including:</p> <p><u>E-Connect</u></p> <ul style="list-style-type: none"> Non-Sterile Compounding Phase 3 Deadline is January 1, 2022 (December 17) Non-Sterile Compounding Phase 3 Deadline is January 1, 2022 (Oct 7) Implementation of Non-Sterile Compounding Standards (Aug 12)

		<ul style="list-style-type: none">• Non-Sterile Compounding Phase 2 Deadline is July 1, 2021 (June 17)• Continuity of Care for Patients Receiving Compounded Preparations (July 29) <p><u>Pharmacy Connection</u></p> <ul style="list-style-type: none">• Up to Standard: Tips on Meeting Non-Sterile Compounding Standards (December 16)• Pharmacist Q&A: Implementing Non-Sterile Compounding Standards (November 22)• Non-Sterile Compounding Phase 2: How to Meet the July 1, 2021 Deadline (Winter 2021 issue)• Master Formulation Records and Compounding Records: What’s the Difference? (Winter 2021 issue)• Non-Sterile Compounding: Frequently Asked Questions (Winter 2021 issue)• Implementation of Non-Sterile Compounding Standards (Summer 2021 issue) <p>Also in 2021, the College recognized a gap in the implementation of one of the components of the mandatory medication safety program, as required under the supplemental standard of practice, specifically as it pertains to the requirement to complete a pharmacy safety self-assessment by December 31, 2021. Using information obtained in a formal feedback survey that was available to all registrants as well as data completion metrics provided by the system platform, the College identified that additional assistance was required to support registrants in meeting this requirement of the standard. While work in this area is evolving and continues into 2022, College staff developed the following resources in 2021 which were communicated to registrants to support their understanding of the supplemental standard of practice and facilitate their compliance with the pharmacy safety self-assessment requirement:</p> <p><u>E-Connect</u></p> <ul style="list-style-type: none">• Has your Pharmacy Completed the PSSA? (December 17)• Final Reminder: Mandatory Pharmacy Safety Self-Assessment Deadline is December 31 (Dec 2)• Two Months until Mandatory Pharmacy Safety Self-Assessment Deadline (Nov 4)• Three Months until Mandatory PSSA Deadline (Sept 24)• Community Pharmacy Safety Self-Assessment (PSSA): A Systems Approach to Patient Safety (June 30)• Community Pharmacy Safety Self-Assessment (PSSA): A Systems Approach to Patient Safety (March 11) <p><u>Pharmacy Connection</u></p> <ul style="list-style-type: none">• A Proactive Approach to Medication Safety: The Pharmacy Safety Self-Assessment (PSSA) (Winter 2021 issue)• How Swiss Cheese Can Help Visualize Medication Safety Risks (Sept 23)• Using Continuous Quality Improvement to Enhance Medication Safety (May 13)• Tips for Incorporating AIMS in a Busy Pharmacy (July 8)
		<div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</div><div>Yes</div></div>
		<p><i>Additional comments for clarification (optional)</i></p> <p>In 2022, as a result of a regulatory amendment that comes into effect July 1, 2022, which enables registrants to perform certain point-of-care tests (POCT), the College has planned work which includes implementation of amended practice resources to support registrants.</p>

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ⁴ .		
	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;	The College fulfills this requirement:
		<ul style="list-style-type: none"> <i>Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found.</i> <i>Is the process taken above for identifying priority areas codified in a policy: No</i> <i>If yes, please insert link to policy:</i> <p>The following links provide information on the College's priority areas of focus for QA assessment and how they have been identified:</p> <ul style="list-style-type: none"> General information about practice assessments can be found in the QA program section of the College's website. General information about the College's QA program is available in the Winter 2020 Pharmacy Connection magazine. <p>Although the College has engaged in recognized processes for identifying priority areas of focus for QA assessment (e.g. job analysis, standard setting and weighting through engagement with subject matter experts and consultants), this process has not yet been codified in policy. As such, the College partially fulfills this requirement.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Practice assessments have been in place for community pharmacists since 2016. The assessment tools were created in 2016 and refined in the years since; however, it is now time to re-evaluate both the assessment tools and the assessment process.</p> <p>As a first step, the Quality Assurance Committee, this spring, will review and approve the process to identify priority areas and how these will be evaluated. With this QA Committee approval, the process for identifying priority areas will be codified in policy. It is expected that this process will include a job analysis, input from subject matter experts, psychometrician support and a plan for ongoing review.</p>

⁴ “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>).

		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 of multiple assessment activities); and	The College fulfills this requirement:		Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"><i>Please 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 OR please briefly describe right touch approach and evidence used.</i><i>Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable).</i> <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i><ul style="list-style-type: none"><i>Public</i> Yes<i>Employers</i> Yes<i>Registrants</i> Yes<i>other stakeholders</i> Yes		
			<p>As described in the CPMF 2020, the College’s approach to regulation has evolved over the past several years, starting in 2011. A key component of the transition to a right-touch approach was the evaluation and redesign of the QA program. The new QA program, the first part of which was initiated in 2015, considers the core principles of right-touch regulation such as proportionality and risk-informed interventions and the growing use of data in decision making. Specifically, the new program incorporates the following:</p> <ul style="list-style-type: none">Focusing QA activities on those providing patient care,Increasing registrants’ interactions with various QA activities, including from self-assessment, practice assessment and starting this year knowledge assessment,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 are engaging in the appropriate activities,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,Increasing frequency of assessments based on risk (For example, those not meeting standards could undergo a reassessment by a QA practice advisor, and a reassessment by the QA peer assessor),Adding a post-remedial assessment which takes place approximately one year after remediation, andUsing a continuous quality improvement model for practice assessments so that practice is improved for all registrants, even those already meeting standards.		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
<i>Additional comments for clarification (optional)</i>					

		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 met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"><i>Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria.</i> <p>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.</p> <ul style="list-style-type: none">Practice Assessment Criteria – Community Pharmacists (https://www.ocpinfo.com/library/practice-related/download/PracticeAssessmentCriteria.pdf)Practice Assessment Criteria – Hospital and other Healthcare Facility Pharmacists (https://www.ocpinfo.com/wp-content/uploads/2020/08/HOHF-Assess-criteria-info-chart.pdf)Practice Assessment Criteria – Community and Hospital Pharmacy Technicians (https://www.ocpinfo.com/wp-content/uploads/documents/PharmacyTechnicianPracticeAssessmentCriteria.pdf)		
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?		Choose an item.
			Additional comments for clarification (optional)		

Measure: 10.3 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 any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:
		Yes
		<ul style="list-style-type: none"> <i>Please insert a link to the College's process for monitoring whether registrant's complete remediation activities OR please briefly describe the process.</i> <i>Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process.</i> <p>For QA Committee-required remediation and for ICRC-required remediation, the College has implemented a post-remedial assessment process.</p> <p>Registrants who are required to complete specified remediation by the QA Committee are 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.</p> <ul style="list-style-type: none"> QAC Policy - Post-Remedial Assessment <p>Registrants who are required to complete specified remediation by the ICRC are being tracked for completion and most registrants (with the exception of those required to complete ethics remediation) will be required to undergo a post-remedial assessment once their remediation is complete. This is a new process that was developed in 2021 with the first post-remedial assessments planned for April / May 2022. Evaluation of this approach will occur over the coming year. In addition, the College also plans to explore how to approach ethics remediation.</p> <p>The College tracks remediation activities ordered by the Discipline Committee but does not currently have a formal mechanism in place to assess whether the registrant subsequently demonstrates satisfactory knowledge, skills, and judgment. In some cases, the Discipline Committee will include a Compliance Audit/Review (CAR) as part of its order. In 2021, the College finalized a process to monitor CARs stemming from Discipline orders, which includes a mechanism to report non-compliance with the order or other concerns observed.</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
		Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are:	<div>The College fulfills this requirement:</div> <div>Yes</div>
		i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly 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); and	<ul style="list-style-type: none"> <i>Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</i> <p>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>.</p> <p>Once the College receives a formal complaint, the complaint is 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 several 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.</p> <p>Links to relevant pages on the College’s website:</p> <p>Complaints Information: https://www.ocpinfo.com/protecting-the-public/complaints-reports/ File a Complaint: https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint Video: How to File a Complaint: https://www.youtube.com/watch?v=B0wxBG-6R9E Complaints Process: https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/complaints-process/ Complaints Process Infographic: https://www.ocpinfo.com/wp-content/uploads/2019/05/Complaints_Process_Infographic.pdf FAQs: https://www.ocpinfo.com/protecting-the-public/complaints-reports/file-a-complaint/faq-complaint/ Funding for Sexual Abuse Therapy: https://www.ocpinfo.com/protecting-the-public/your-pharmacy/patient-relations-program/funding-therapy/</p> <ul style="list-style-type: none"> <i>Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible.</i>

		<ul style="list-style-type: none"> • An information sheet for sexual abuse complainants/witnesses is in development and will be published in 2022. • The intake processes are well documented, and procedures are in place for gathering information and evidence. • A standard operating procedure (not publicly accessible) has been created for ensuring all relevant information is received during intake. The key steps are as follows: <ul style="list-style-type: none"> ○ Perform preliminary review of the intake and determine what information (if any) is required to satisfy the complaint criteria ○ If required, gather information from the pharmacy and/or complainant and acknowledge the intake ○ Information to be gathered can include: <ul style="list-style-type: none"> ▪ Clarification of intent from complainant ▪ Specific details of incident(s) being complained of (e.g. patient information, medication information, etc.) ▪ Pharmacy records indicating registrant(s) involved in incident(s) • As part of a College-wide project to create and/or formalize standard operating procedures for all College processes, all intake and ICRC processes were completely documented in 2021. The process to formalize investigations and complaints SOPs was started in 2021 and this work is ongoing in 2022. 	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:		Yes
			<ul style="list-style-type: none"> <i>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</i> 		
			<ul style="list-style-type: none"> 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. 		
			<ul style="list-style-type: none"> 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. 		
			<ul style="list-style-type: none"> 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, which is then summarized and shared with the Patient Relations Committee for discussion and feedback. In 2021, the OCP undertook an end-to-end review of its Conduct processes, of the experience of sexual abuse complainants, from Intakes through Hearings, to determine possible improvements. Several process improvements in Intakes and Investigations were instituted, and the decision made to develop an Information Sheet. In addition, in 2022, the OCP will be developing a list of community resources available to sexual abuse complainants. In 2022, the College is incorporating a number of suggestions from the consultant's new report into the Patient Information Sheet, before it is to be published. 		
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
			<i>Additional comments for clarification (optional)</i> 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.		
			The College fulfills this requirement:		Yes
			<i>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</i> <ul style="list-style-type: none"> The College responds to 97% of inquiries from the public within five business days. 		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
			<i>Additional comments for clarification (optional)</i>		

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <i>Please list supports available for public during complaints process.</i> <p>Below is a list of supports available for the public during the complaints process including:</p> <ul style="list-style-type: none"> 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 Provision of additional information and supports for those reporting sexual abuse Provision of translation services as required/requested Provision of paper copies of the College’s complaint form mailed directly to potential complainants who do not have access to email/the College’s website 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"> 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, Explaining the various steps in the complaints process and their associated timelines, Clarifying the complainant’s concerns and confirming the scope of the complaint, Explaining the reasons why certain registrants have been named in the complaint, and For suitable cases, exploring with the complainant if they are open to a resolution other than the formal complaints process. 	
			<ul style="list-style-type: none"> <i>Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</i> <ul style="list-style-type: none"> Intakes staff are trained to inform complainants during the initial point of contact any supports that they may require to file a complaint. Once a complaint has been filed, complaints are assigned a Complaints and Resolutions Officer (CRO). Complainants can contact the CRO with any questions or supports they may need throughout the process. Provision of additional, non-legal and confidential support to sexual abuse complainants and witnesses, through a third-party consultant Information about the College’s commitment to accessibility is available on our website: https://www.ocpinfo.com/about/accessibility/ 	
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure		
11.2 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, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <i>Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description.</i> The College's website contains multiple references to the appropriate contact information for complaints (or concerns), including on the contact page: https://www.ocpinfo.com/about/contact/ During the complaint process, the complainant is provided with the email address and phone number for the Complaints and Resolutions Officer assigned to their file. If a complaint is referred to discipline, the complainant is provided with contact information for the staff person who will be providing support during the discipline process; legal staff and prosecutors act as a point of contact for registrants and complainants in the discipline process. <i>Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description.</i> The College provides regular correspondence to the complainant throughout the various stages of the investigation including acknowledgement of complaints, notification that the investigation is complete and the approximate number of weeks until the matter will be reviewed by ICRC. If the complaint process exceeds the statutory timeline, in accordance with s. 28 of the Code, correspondence is sent to update the complainant at regular intervals. 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. In 2022, the OCP is investigating whether additional support should be put in place for sexual abuse complainants/witnesses. 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). Complainants receive written decisions and reasons following hearings. In 2022, the OCP is instituting a process change so that sexual abuse complaints/witnesses will be contacted before discipline decisions are sent to them, to advise them that the decision is being sent. Additional information is also made available through the following resources: <ul style="list-style-type: none"> Upcoming discipline hearing dates and a summary of the allegations are posted to OCP website: <ul style="list-style-type: none"> https://www.ocpinfo.com/protecting-the-public/discipline-process/upcoming-discipline-hearings/ Public website includes a section describing the discipline process: 	

- <https://www.ocpinfo.com/protecting-the-public/discipline-process/>
- The Discipline Committee’s Rules of Procedure and related forms are available on the OCP website
- <https://www.ocpinfo.com/library/other/download/Rules%20of%20Procedure.pdf>

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure	
		12.1 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> <div>The College fulfills this requirement:</div> <div> <div>Partially</div> <div> <ul style="list-style-type: none"> <i>Please insert a link to guidance document OR please briefly describe the framework and how it is being applied.</i> 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. 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. <i>Please provide the year when it was implemented OR evaluated/updated (if applicable).</i> 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. A new tool is under development to incorporate all components of the risk assessment framework for Complaints and Reports and promote consistent application among all those who use it, to be fully implemented and published in 2022. </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?</div> <div>Yes</div> </div>	
		Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure	
		13.1 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.	<div> <div>The College fulfills this requirement:</div> <div> <div>Partially</div> <div> <ul style="list-style-type: none"> <i>Please insert a link to the policy OR please briefly describe the policy.</i> <ul style="list-style-type: none"> The College has a policy regarding responding to information requests from police: <ul style="list-style-type: none"> https://www.ocpinfo.com/extra/CPMF/Police-Request-for-Member-Information.pdf When new information is received about a registrant’s conduct or practice, College staff review the information to determine 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. This review continues through any subsequent investigation. 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). The College readily shares information requested by other regulators, on request, under the relatively broad exemption granted under s. 36(1)(c) of the RHPA. . 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. The College may confirm that an investigation is taking place, if there is a compelling public interest in such disclosure, under s. 36(1)(g) of the RHPA. <i>Please 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’).</i> Other pharmacy regulators: <ul style="list-style-type: none"> Nova Scotia College of Pharmacists (NSCP): Registrant registering in another jurisdiction. NSCP requested information about a complaint involving the registrant. The registrant authorized the complaint to be provided to the NSCP. Saskatchewan College of Pharmacy (SCP): Registrant completing a declaration form in another jurisdiction. SCP requested information about a complaint involving the registrant. Ordre des Pharmaciens du Quebec (OPQ): Provided OPQ with information received about a former registrant currently registered in Quebec. </div> </div> </div>

		<ul style="list-style-type: none">• Other RHPA regulators:<ul style="list-style-type: none">○ College of Nurses of Ontario (CNO): Information was reported to the CNO about the conduct of several of their registrants.○ College of Physicians and Surgeons of Ontario (CPSO): Information was requested by CPSO about an investigation file and discipline hearing exhibits.○ Royal College of Dental Surgeons of Ontario (RCDSO): Provided RCDSO with information received from a pharmacist about a dentist.• Third party insurers:<ul style="list-style-type: none">○ Telus Health: Information requested about the usual and customary fee for a pharmacy.• Government agencies:<ul style="list-style-type: none">○ Ministry of Health (Ontario) (MOH): Information was requested by the MOH about investigation files.○ Health Canada (HC): Information was reported to HC about the conduct of one of our registrants relating to a concern not within the College’s jurisdiction.• Law enforcement:<ul style="list-style-type: none">○ Ontario Provincial Police (OPP): Provided a contact at the OPP with information received from a pharmacy professional registered in another jurisdiction about a possible fraudulent prescription.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
		<i>Additional comments for clarification (if needed)</i> The College is currently working with a number of other health regulators to develop a common Information Sharing Policy, which will apply to information-sharing between regulators and other regulators, police, employers and other third parties. It is anticipated this work will continue through 2022.	

		Measure		
		14.1 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.		
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT	STANDARD 14	Required Evidence	College Response	
		a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"><i>Please insert a link to a 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), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection.</i>	
			<p>In 2021, the College continued to evolve the Board-monitored KPI selection process and promote alignment of the College performance towards the strategic framework. The Board reaffirmed the College's strategic framework for 2022 and deferred the strategic planning cycle to 2023 due to the ongoing pandemic pressures on the public and profession. New in 2021, all KPIs on the Board monitored performance Scorecard have an explanation of target rationale added to the definition document. This refinement promotes the College's ongoing strive towards transparency behind its decision-making process. New for the College's operational planning process, proposed 2022 Board-monitored KPIs were presented to the Board for discussion and consideration prior to their approval.</p>	
			<p>Furthermore, the College modified the Board Scorecard to align with the domains of the CPMF to ensure greater consistency on performance measures that the Board would be interested in monitoring each year. The approved KPIs reflect strategic and operational initiatives and activities that fall within each of the seven domains of the CPMF and which align with the College’s mandate and annual operational plan as well as Board-defined strategic priorities. The College also defines KPIs that are reported within divisions and at the departmental level to support effective operational performance monitoring and improvement by staff and College leadership.</p>	
			<p>September 2021 Board Briefing Note: 3.2 Ontario College of Pharmacists Strategic Planning Process (p.105) 2021 Board-monitored College Performance Scorecard Definitions December 2021 Board Presentation: 8.1 Q3 2021 College Performance Scorecard December 2021 Board Briefing Note: 8.2 2022 Board-monitored College Performance Scorecard Measures (p.55) December 2021 Board Meeting Minutes: 8.2 2022 Scorecard without targets (p.5)</p>	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	Choose an item.		
	Additional comments for clarification (if needed)			

		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <ul style="list-style-type: none"> i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach. 	<p>The College fulfills this requirement:</p>	Yes met in 2020, continues to meet in 2021
			<ul style="list-style-type: none"> <i>Please insert a link to Council meetings materials where the College reported to Council on its 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.</i> <p>In 2021, the College continued to improve on the ways it reports on performance against its strategic priorities. Briefing notes were introduced alongside the Board Scorecard referenced in the previous standard in an effort to provide better context of the College's performance on a quarterly basis and to provide the Board the opportunity to routinely review, discuss and scrutinize in its oversight capacity the College's progress against the strategic priorities.</p> <p>2021 Operational Plan Priorities September 2021 Board Briefing Note: 10.1 Strategic Priorities Progress and Future Focus (p.57) December 2021 Board Briefing Note: 8.2 2022 Board-monitored College Performance Scorecard Measures (p.55) December 2021 Board Presentation: 8.1 Q3 2021 College Performance Scorecard</p> <p>In addition to the presenting a mid-year report on mitigations against risks identified in the 2021 Risk Register, significant progress was made in codifying and standardizing the College's approach to risk assessment. The Board was engaged in an interactive session in December to increase their understanding of the College's risk management program and the steps taken to mitigate risks that could compromise our ability to deliver on our core work and to meet our strategic priorities.</p> <p>June 2021 Board Briefing Note: 9.2 2021 Risk Report (p.215) June 2021 Board Presentation: 9.2 Risk Management Report December 2021 Board Briefing Note: 9.1 2021 Risk Report (p.62) December 2021 Risk Report Summary (p.64)</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Yes
			<p><i>Additional comments for clarification (if needed)</i></p> <p>The College follows a continuous quality improvement philosophy and will be evolving the risk management practices and operational planning process in 2022 to emphasis alignment to the expected goals outlined under the RHPA.</p>	

Measure		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> <i>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.</i> <p>The Board reviews the College’s performance through the College performance Scorecard quarterly and the College’s Risk Register semi-annually. Findings from both reviews were translated into program improvements in 2021 or scheduled in the operational plan for the following fiscal year. Below are highlights of improvement activities identified from the 2021 reporting period.</p> <ul style="list-style-type: none"> In 2021, the Board dedicated time to review and understand the performance of the Board-monitored measures on the Scorecard. This Board discussion yielded new KPIs proposed for the 2022 fiscal year. This improvement translated discussion to action. June 2021 Board Meeting Minute: 9.1 Registrar Report for June 2021 (p.7) 2022 Board-monitored College Performance Scorecard Measures Board discussion on the performance Scorecard that highlight delays against target for issuance of discipline decisions for uncontested discipline at the September meeting identified staff shortages and high demands on panel chairs to review decisions. This knowledge led to support for additional staff resources being incorporated into 2022 budget. September 2021 Board Briefing Note: 10.1 Strategic Priorities Progress and Future Focus (p.57) September 2021 Board Meeting Minute: 10.1 Performance Scorecard and 2022 Operational Plan (p.6) Leadership assessment of the 2021 risks highlighted business continuity concerns due to staffing turnover. The findings from this risk review led to re-prioritization of the College’s business continuity risk from a medium to high-risk rating for 2022. During the December Board Meeting, the Board reviewed all 2022 proposed risks, provided their feedback and walked through a risk rating exercise prior to their approval. The mitigation activities for the 2022 risks were endorsed in part with the 2022 budget so resources could be planned and embedded in next year's operational plan and monitored closely. December 2021 Board Briefing Note: 9.1 2021 Risk Report (p.62) December 2021 Risk Report Summary (p.64) December 2021 Board Briefing Note: 9.2 2022 Risk Register (p.81) December 2021 Board Presentation: 9.2 Introduction to 2022 Risk Register December 2021 Board Meeting Minutes: 9.2 2022 Risk Register (p.6) 	

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p> <p>In 2022, the College will seek opportunity to increase the Board's understanding and use of performance and risk reports to identify improvements, dedicating standing agenda items on both activities at each Board meeting. Focused education sessions are planned to engage the Board in determining the College's risk appetite for regulatory activities. The Board's meeting minutes will be reformatted to effectively capture Board challenges, suggested improvement activities and decision to demonstrate due diligence and active oversight.</p>	Yes
		Measure 14.3 The College regularly reports publicly on its performance.		
		a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <i>Please insert a link to the College’s dashboard or relevant section of the College’s website.</i> <p>The College continues to make our performance results and regulatory outcomes available to the public on the Performance and Accountability and the Board Meetings & Report pages of the OCP website. On these pages, the public can see the College’s Commitment to Transparency Framework, annual reports, past CPMF submissions along with quarterly performance Scorecards (embedded in the Board meeting materials).</p>	Yes met in 2020, continues to meet in 2021
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>	Choose an item.

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.

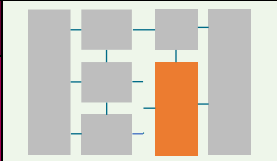
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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 a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		<p><i>What does this information tell us? 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).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QIactivities its registrants undertook to maintain competency in CY 2021. The diversityof 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 13.1(a) of Standard 11.</i></p>	
Type of QA/QI activity or assessment:	#		
i. Self Assessments (QI)	4481		
ii. Knowledge Assessment (QA and QI)	12		
iii. Routine Practice Assessments (QA and QI)	1189		
iv. Practice Assessment - Coaching (QI)	119		
v. Practice re-assessment (QA and QI)	108		
vi. Practice Assessment - QA Assessments (QA)	15		
vii.			
viii.			
ix.			
x.			

<p><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></p> <p><u>NR</u></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <ol style="list-style-type: none">1. The Pharmacy Act 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.<ol style="list-style-type: none">i. Self-Assessments (QI) (A: Pharmacists: 3570 B: Pharmacy Technicians: 911)ii. Routine Practice Assessments (QA and QI)- routine practice assessment, Part B to A (A: Pharmacists: 868 + 12 B: Pharmacy Technicians: 309)iii. Practice Assessment - Coaching (QI) (A: Pharmacists: 105 B: Pharmacy Technicians: 14)iv. Practice re-assessment (QA and QI) (A: Pharmacists: 85 B: Pharmacy Technicians: 23)v. vi. Practice Assessment - QA Assessments (A: Pharmacists: 15 B: Pharmacy Technicians: 0)	

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Recommended			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
	#	%	What does this information tell us? 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 them to the College's QA Committee.
CM 2. Total number of registrants who participated in the QA Program CY 2021	5918		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	10	0.18%	The information provided here shows how many registrants who underwent an activity or assessment 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 as of the start of CY 2021, understanding that some cases may carry over.
NR			
Additional comments for clarification (if needed)			
<p>1. The Pharmacy Act 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.</p> <p>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 prior to the practice re-assessment. If the registrant is successful upon re-assessment, referral to the QA Committee does not occur. In 2021, 119 registrants underwent coaching remediation (2.1% of those who participated); of these 108 underwent reassessment. 93 of these registrants were successful on reassessment and were not referred to the QA Committee.</p>			

Table 3 – Context Measure 4

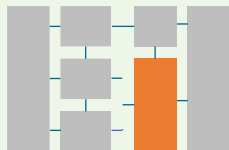
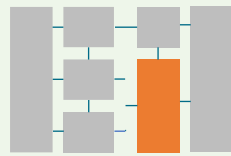
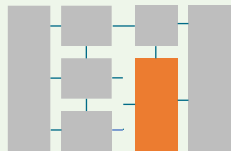
DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 11				
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended				
If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	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 QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.	
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	0	0%		
II. Registrants still undertaking remediation (i.e. remediation in progress)	10	100%		
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.				
Additional comments for clarification (if needed)				
<div>1. Based on the technical specification document, the denominator for CM4 should align with the numerator in CM3. As such, only the number of registrants who were referred to the QA Committee in 2021 and were required by the QA Committee to undertake remediation in 2021 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 judgment following remediation, but it would not occur in the same calendar year. Two registrants who were referred to the QA Committee as part of the QA program in 2019 and 2020 and subsequently completed remediation underwent a post remediation assessment in 2021. One of the two registrants passed and the other restarted the 3-step process.</div> <div>3. In 2021, 119 registrants underwent coaching remediation (2.1% of those who participated); of these 108 underwent reassessment. 93 of these registrants were successful on reassessment (i.e. demonstrated the required knowledge, skills and judgment following remediation) and were not referred to the QA Committee.</div>				

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE						
Standard 13						
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d						
If a College method is used, please specify the rationale for its use: We have used CPMF recommended methodology with explanations noted below in the comments box.						
Context Measure (CM)						
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021		Formal received	Complaints	Registrar Investigations initiated		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.
Themes:		#	%	#	%	
I. Advertising		NR	NR	NR	NR	
II. Billing and Fees		40	5.2%	20	14.9%	
III. Communication		334	43.5%	9	6.7%	
IV. Competence / Patient Care		293	38.2%	27	20.1%	
V. Intent to Mislead including Fraud		0	0	0	0	
VI. Professional Conduct & Behaviour		38	4.9%	34	25.4%	
VII. Record keeping		11	1.4%	7	5.2%	
VIII. Sexual Abuse		0	0	NR	NR	
IX. Harassment / Boundary Violations		NR	NR	NR	NR	
X. Unauthorized Practice		NR	NR	NR	NR	
XI. Other <please specify> ¹		52	6.8%	37	27.6%	
Total number of formal complaints and Registrar’s Investigations**		604	100%	118	100%	

Formal Complaints NR Registrar’s Investigation ** <i>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.</i>	
<i>Additional comments for clarification (if needed)</i> ¹ Under XI. Other <please specify>, We have included 2 OCP themes. 1. Non-practice related - Includes employment, compensation and civil proceedings. 2. Business Practices - Includes restriction of choice, refusal to transfer, offering an inducement, return to stock of previously dispensed product, conflict of interest; drug distribution unapproved / counterfeit products.	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
If a College method is used, please specify the rationale for its use: 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 2021	465		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 resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	128		
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 2021	121		
CM 9.	Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#	%	
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	545	n/a	
IV.	Formal complaints that proceeded to ICRC and are still pending	28	6%	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	68	11%	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	10	1.8%	

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>49</p>	<p>7%</p>	
<p> ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation # May relate to Registrar’s Investigations that were brought to the ICRC in the previous year. ** 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 the 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 the ICRC. </p> <p>Additional comments for clarification (if needed)</p> <p>For CM 6 and CM 7, as in 2020, 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).</p> <p>For CM 9, it indicates "formal complaints and Registrar’s Investigations received in CY 2021", though we have noted that some of the following values in CM 9 relate to files received before 2021.</p> <p>For CM 9 III, as indicated in the Technical Specifications, this value is all complaint files where a decision was issued in 2021 (though the file may have been opened prior to 2021). This excludes the 8 F&V "intakes" and the 2 F&V complaints with a disposition of F&V - these are explicitly in exclusions in the Technical Specifications.</p> <p>For CM 9 IV, the denominator is 465 (the same as CM 6) and also includes files that may have been opened prior to 2021 (but proceeded to ICRC in 2021).</p> <p>For CM 9 VI, the denominator is 555 (the same as CM 9III + 8 F&V "intakes" + 2 F&V complaints).</p> <p>For CM 9 VII, the denominator is 702, which represents all ICRC decisions issued in 2021 (complaints, RIs - health inquiries excluded, and F&V complaints and complaint intakes excluded).</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.							
If a College method is used, please specify the rationale for its use:							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	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	NR	NR	0	0	0	0	0
II. Billing and Fees	27	21	NR	7	NR	23	13
III. Communication	198	73	NR	12	0	0	5
IV. Competence / Patient Care	121	85	11	39	0	6	56
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	33	024	NR	6	NR	18	18
VII. Record Keeping	NR	245	NR	NR	NR	NR	8
VIII. Sexual Abuse	NR	NR	0	0	0	NR	NR
IX. Harassment / Boundary Violations	0	NR	0	0	0	NR	0

X.	Unauthorized Practice	NR	NR	0	0	NR	6	5
XI.	Other <please specify>	61	26	NR	NR	NR	11	11
<p>* 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 2021.</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, or decisions.</p> <p>NR</p>								
<p>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.</p>								
<p>Additional comments for clarification (if needed)</p> <p>The College does not issue ICRC decisions that are solely a specified continuing education or remediation program (SCERP). SCERP decisions are always accompanied with Advice/Recommendation or an Oral Caution. In the chart above, in order to avoid duplication of decisions, we entered Advice/Recommendation + SCERP decisions in the SCERP column and entered Oral Caution + SCERP decisions in the "Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws" column.</p> <p>Under XI Other, we have included 2 OCP themes, in addition to those files we have classified as "Other Conduct/ Behaviour":</p> <ol style="list-style-type: none"> 1. Non-practice related - Includes employment, compensation and civil proceedings. 2. Business Practices - Includes restriction of choice, refusal to transfer, offering an inducement, return to stock of previously dispensed product, conflict of interest; drug distribution; unapproved / counterfeit products. 								

Table 7 – Context Measure 11

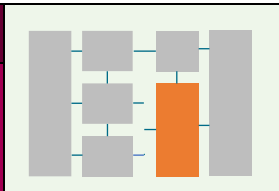
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? 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 2021	399	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 2021	657		
Disposal			
Additional comments for clarification (if needed)			

Table 8 – Context Measure 12

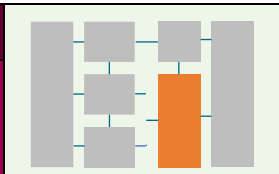
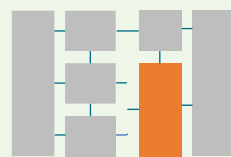
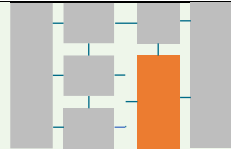
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 12. 90th Percentile disposal of:	Days	What does this information tell us? 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 2021	491		
II. A contested discipline hearing in working days in CY 2021	833		
Disposal Uncontested Discipline Hearing Contested Discipline Hearing			
Additional comments for clarification (if needed)			

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
If College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 13. Distribution of Discipline finding by type*		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>	
Type	#		
I. Sexual abuse	NR		
II. Incompetence	0		
III. Fail to maintain Standard	44		
IV. Improper use of a controlled act	NR		
V. Conduct unbecoming	NR		
VI. Dishonourable, disgraceful, unprofessional	47		
VII. Offence conviction	NR		
VIII. Contravene certificate restrictions	NR		
IX. Findings in another jurisdiction	0		
X. Breach of orders and/or undertaking	NR		
XI. Falsifying records	25		
XII. False or misleading document	48		
XIII. Contravene relevant Acts	53		

<p><i>* 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.</i></p> <p><u>NR</u></p>
<p><i>Additional comments for clarification (if needed)</i></p>

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d			
If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 14. Distribution of Discipline orders by type*		What does this information tell us? 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.	
Type	#		
I. Revocation	NR		
II. Suspension	31		
III. Terms, Conditions and Limitations on a Certificate of Registration	32		
IV. Reprimand	33		
V. Undertaking	NR		
* 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 equal the total number of discipline cases.			
Revocation			
Suspension			
Terms, Conditions and Limitations			
Reprimand			
Undertaking			
NR			
Additional comments for clarification (if needed)			

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant 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).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: 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 inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar 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.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (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 which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their 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.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: 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 their practice.

Return to: [Table 10](#)

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.

Return to: [Table 10](#)

Uncontested Discipline Hearing: 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.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)