Ontario College of Pharmacists

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COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

2022 Report Submission

March 30, 2023

Table of Contents

Table of Contents 2
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 2022? 8
Part 1: Measurement Domains 9
DOMAIN 1: GOVERNANCE 9
DOMAIN 2: RESOURCES 30
DOMAIN 3: SYSTEM PARTNER 34
DOMAIN 4: INFORMATION MANAGEMENT 41
DOMAIN 5: REGULATORY POLICIES 43
DOMAIN 6: SUITABILITY TO PRACTICE 48
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT 68
Part 2: Context Measures 72
Table 1 – Context Measure 1 73
Table 2 – Context Measures 2 and 3 75

Table 3 – Context Measure 4 76
Table 4 – Context Measure 5 77
Table 5 – Context Measures 6, 7, 8 and 9 79
Table 6 – Context Measure 10 81
Table 7 – Context Measure 11 83
Table 8 – Context Measure 12 84
Table 9 – Context Measure 13 85
Table 10 – Context Measure 14 87
Glossary 88

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;
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

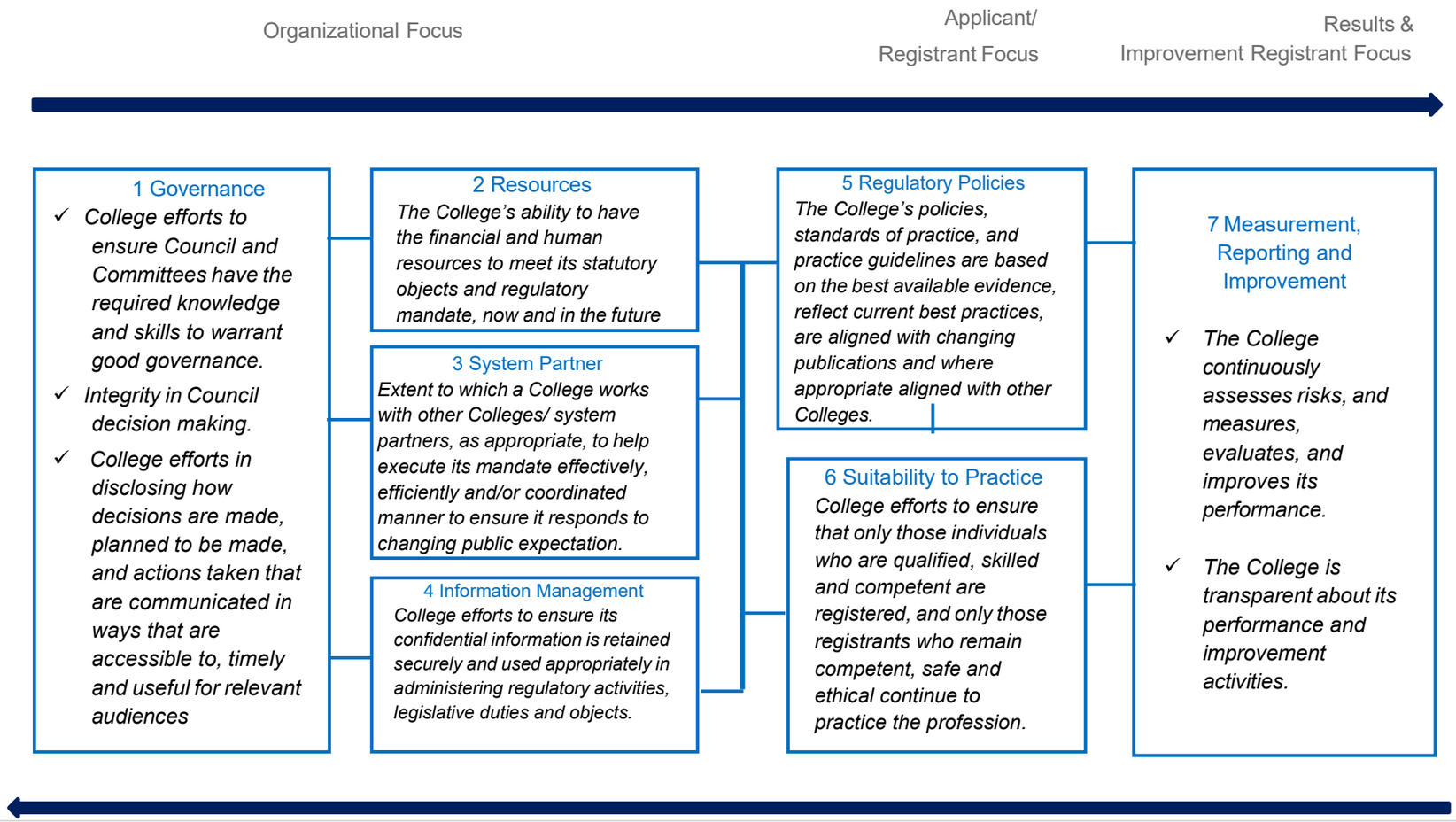

Figure 2: CPMF Domains and Standards

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 third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with 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 Tool 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 for regulatory excellence can be refined and improved. Finally, the results 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 2022 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 2021 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 will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

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 actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

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DOMAIN 1: GOVERNANCE	STANDARD 1	**Measure:** **1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**

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 *Benchmarked Evidence*	The College fulfills this requirement:	Yes

- The competency and suitability criteria are public: Yes
  If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.

In 2020 The Ontario College of Pharmacists ("the College") implemented a comprehensive governance renewal initiative. Included in this initiative was the introduction of competency-based screening of applicants for election to the Board of Directors (formerly called Council).

The competencies include a requirement for experience serving various patient populations as well as specific knowledge, skills and experience in several professional capacities such as finance, human resources, governance, legal, risk management and oversight, amongst other competencies. In June 2021, the Board approved updated by-laws that added a competency regarding diversity and inclusion. This approach has allowed the Board to be comprised of individuals who bring their unique and diverse backgrounds and perspectives to the Board's consideration of decisions, oversight and overall fulfillment of the public protection mandate.

To assess existing Board competence, Board Directors complete an annual 'skills inventory questionnaire'. Data from the questionnaire is analyzed and heat maps highlight where there are gaps. The Governance Committee uses the data to develop a Board Director Profile for the annual election, targeting the specific competency gaps for recruitment for one third of the seats every year. The questionnaire data is also used to develop a training plan for the Board to raise the overall competence over time.

Individuals seeking election must complete a comprehensive application and provide references. The application 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 Director. A robust screening process (external consultant, then Screening Committee) assesses if applicants are qualified to run for election. Individuals who are not qualified are notified of the fact, along with suggestions for how they might develop their skills if they choose to run in the future.

Board of Directors Application Form
Board of Directors Profile

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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		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
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. Despite indicating that we do not fulfill the requirements in this standard as currently stated, we believe that our process, unique to Ontario health regulators, exceeds the fundamental performance objectives of this domain. Our College does not hold orientation training **prior** to elections. Instead, we screen applicants to ensure they understand the role (especially the public interest duties of the Board) and have the competencies to serve the College's mandate. 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. In addition to general information about the College and the function of the Board, in each election cycle we also circulate a Board Director Profile which targets the specific competencies we are recruiting for during this cycle. The application for prospective Board Directors is comprehensive and includes several long answer questions relating to the 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. Once Board Directors are elected and prior to engaging in Board business, they then 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. For the last three 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 *Governance Training for RHPA Colleges*. In 2021 the College developed and implemented a reformatted College Orientation program in which all new Board Directors (elected or appointed) will receive 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. Policy 3.1 Orientation of Board Directors and Committee Appointees Annual Board Orientation - Outline and Presentation	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional): As we believe that our process, unique to Ontario health regulators, exceeds the performance objectives of this domain, there is no plan to improve performance on this standard as written.	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: Yes • The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* The College implemented competency screening for Committee candidates in 2018. Members of the profession (Professional Committee Appointees, or PCAs) as well as members of the public (Lay Committee Appointees, or 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 LCAs with regulatory governance experience. Over time the College intends to consider and implement Committee-specific competencies.
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		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
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. Despite indicating that we do not fulfill the requirements in this standard as currently stated, we believe that our process exceeds the fundamental performance objectives of this domain. Committee members complete the application and screening processes described above. This year, we implemented a Committee orientation program where all new appointees receive training from the Board Chair and Registrar /CEO at the beginning of the Board year. In addition, following the Board's approval of the Committee slate in September, all appointees (new and returning) are sent a confirmation package which contains the Board policy booklet as well as an attestation and instruction to review the policies, paying particular attention to sections regarding role, duty of care and loyalty, conflict of interest (COI), privacy and confidentiality. This includes a requirement to view a video on *"Managing Cultural Differences"*. New Committee appointees also participate in Committee-specific orientation 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. Feedback from appointees receiving the orientation sessions in 2021 and 2022 has been very positive. The College reviews the orientation program annually to ensure it is up to date and effective in providing appointees the information they need to perform their duties as Committee appointees. The sessions also allow the appointees the opportunity to meet the Board Chair and Registrar & CEO and ask any questions they may have regarding the work of the College and the expectations of them as Committee appointees. Annual email and attestation to Committee Appointees 2022 Committee Orientation Outline	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional): The College does not intend to provide orientation training ***prior*** to appointment to statutory Committees. As with the Board screening process, the College is confident that our application and screening process ensures that those who wish to serve on Committees are well-oriented to the mandate and role expectations before they are appointed. We are confident that this process exceeds the objectives of the Committee orientation referred to in this domain.	

		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:	Met in 2021, continues to meet in 2022
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. In accordance with Board Policy 3.1 regarding Orientation of Board Directors and Committee Appointees all new Board Directors (elected or appointed) will receive comprehensive orientation session(s) provided by the Board Chair, Registrar & CEO and College 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. All incoming Board Directors are assigned a designated mentor and, as part of the orientation, have regular follow up contact with their mentor and the Board Chair. In addition to the training by the Registrar & CEO and Board Chair, all Board Directors, including publicly appointed Directors, participate in a six-hour *HPRO Governance Training for RHPA Colleges* 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). As well, the Ministry has now instituted a governance training course for publicly appointed Directors of the Board, there will be an expectation that all publicly appointed Directors maintain currency of this training (repeated every five (5) years). The Ministry Training is online via self-directed modules. Annual Board Orientation - Outline and Presentation	
			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: 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: i. Council meetings; and ii. Council.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please provide the year when Framework was developed ***OR*** last updated. • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* In 2021 the Board approved the last of a series of standalone policies that make up the Board Policy Booklet. Policy 3.2 is the *Board Meeting Effectiveness Assessment* policy and Policy 3.3 is related to *Evaluation of Directors and the Board,* both promote and support the evaluation of the Board's overall effectiveness. The results of the prior meeting's evaluation are reviewed by the Board Chair and senior management, and a report is circulated in the next Board package and available publicly. As needed, the Board Chair will address the feedback received and any changes it suggests will be discussed and potentially implemented. The Board and individual Director evaluations are reviewed by the Governance Committee as well as the Board Chair. The purpose is to ensure the Board engages in a 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. 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. Evaluations: Board meeting evaluation – September 2022 2022 Board and Director evaluation
	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 framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. 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.	
			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) With the new framework implemented, the College plans to engage a third party to assess Board effectiveness in 2023.	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. As we begin to fully implement our governance framework, we look forward to more precisely aligning training needs with the results of the evaluation. To date, much of the training has been self-identified by the Board, as desirable. 2022 training included the following: • Enterprise Risk Management training and development of risk appetite statements. (Board) June 2022 Board Meeting Minutes page 8: 11. Risk Appetite Working Educational Session September 2022 Board Meeting Minutes page 9: 20. Risk Appetite – Proof of Concepts • Update on all statutory programs and their corresponding Committees. (Board) September 2022 Board Meeting Material page 47: 10. Overview of Committees Regulatory Programs and Committee Reports • Trauma-informed approaches in regulation. (Board and Committees) Board & Committee Communication: Trauma-informed training • Financial literacy (Board) Board Communication: Financial literacy training	
			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. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Partially
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. In 2022, the Board actively engaged in the review of risk and progress of mitigation activities in the College's risk register. An external risk professional was engaged to educate and support our Board and leadership team in crafting the College's risk appetite statements. June 2022 Board Meeting Material page 33: Mid-year risk report June 2022 Board Meeting Minutes page 8: 11. Risk Appetite Working Educational Session September 2022 Board Meeting Material page 127: 20. Risk Appetite – Proof of Concepts September 2022 Board Meeting Minutes page 9: 20. Risk Appetite – Proof of Concepts December 2022 Board Meeting Material page 126: 8. 2022 Year End Risk Reporting As part of the College's work to develop a strategy that will promote equity, diversity, and inclusion in the regulation of pharmacy practice, training and continuous support for the Board and Committees is a key component that continues to be developed.	
			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 is looking ahead to identify areas of significance for focus in 2023/2024. This includes developing a training plan by working with the Board and Committees to identify knowledge gaps and areas for supporting skill development. A training plan will be developed for implementation in September 2023 in preparation for the next Board year. The College's EDI Strategy includes a focus on supporting equitable decision-making and fair governance practices, which continue to build on the transformative governance renewal work completed to date (See CPMF 2021-Domain 1 Governance).	

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**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: 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 <u>Further clarification:</u> 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.	The College fulfills this requirement: Yes • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. The Board Code of Conduct was last evaluated in 2020 and the Conflict of Interest Policy was updated in 2021. In addition to conflict-of-interest (COI) 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. In addition, the Governance Committee developed a table of COI considerations and precedents to assist in resolving these issues for Committee and Board Directors. The Code of Conduct and COI Policy are available on the College's website. The College is embarking on a strategy that will include reviewing various policies and procedures to assess for unintended systemic barriers and inequitable effects across people and groups. It is expected that the Board Code of Conduct and COI Policy will be part of this review. *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. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The Board Code of Conduct was last evaluated in 2020 and the Conflict of Interest Policy was updated in 2021. Both are available to the public through the College's website.	
			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). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Cooling off period is enforced through: Choose an item. • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** – Where not publicly available, please briefly describe the cooling off policy. 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.	

			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. Additionally: 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 specific to the meeting agenda.	The College fulfills this requirement:	Yes
			• 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: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. All Board Directors are required to complete an attestation of conflict of interest at the beginning of each Board year. The attestation includes a definition and has been designed to suit pharmacy professional circumstances. At the beginning of each meeting, Board Directors are asked to declare conflict with any of the items on the agenda. In the rare event where the Chair believe there may be a conflict, they will contact the Board Director in advance to ensure an understanding of the potential issue. December 2022 Board Meeting Material page 8: 3. Declaration of Conflict 2022 Annual Board and Committee Attestation Form	
			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)	

		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:	Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. 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 to demonstrate the item as a matter of public interest. Briefing notes are supplemented by presentations, which are used to further emphasize the content of the matter before the Board as well as the public interest rationale.	
			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)	

		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. 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. 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. 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.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. • 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 and indicate page number. The College's risk management plan was refreshed in 2020 and continues to be refined. We use a formal risk management program to identify, assess, manage, and review risks. Identification of risk is integrated into the development of our annual operational plans. In 2022, the College's management team elevated our transparency towards risks. Each division developed risk registers to capture their operational risks and will routinely monitor their progress. This year, the Board articulated risk appetite statements that further guide staff in operational planning and risk assessment and mitigation. June 2022 Board Meeting Material page 33: Mid-year risk report June 2022 Board Meeting Minutes page 8: 11. Risk Appetite Working Educational Session September 2022 Board Meeting Material page 127: 20. Risk Appetite – Proof of Concepts September 2022 Board Meeting Minutes page 9: 20. Risk Appetite – Proof of Concepts December 2022 Board Meeting Material page 126: 8. 2022 Year End Risk Reporting	
			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)	

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: Met in 2021, continues to meet in 2022 • Please insert a link to the webpage where Council minutes are posted. • 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. 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 at the subsequent meeting. Status reports are provided in subsequent Board meeting packages, except for actions that are taken or decisions that are implemented between meetings, which are communicated through the College's usual communication channels including our website. Minutes and reports on decisions are found on the Board meeting materials/reports section of the website 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. 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 Council or 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
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. 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. The Executive Committee did not make any decisions on behalf of the Board in 2022. Executive Committee Minutes	
			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: **3.2 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:	Met in 2021, continues to meet in 2022
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. 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:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's Notice of Discipline Hearings. Notices 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

- Please insert a link to the College's DEI plan.
- Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.

In 2021, the College committed to the development of an Equity, Diversity & Inclusion Strategy in recognition of the need to increase organizational capacity to fairly regulate the practice of pharmacy in the public interest while being an employer that fosters an inclusive diverse workforce. While working to assess the College's current state and develop a workplan to develop the EDI Strategy, College staff worked to outline an approach that would allow for multiple streams of activity to move forward simultaneously.

In March 2022, the College Board approved an equity, diversity and inclusion (EDI) Commitment Statement signaling their intent related to EDI and the relevance of this work to the College's public interest mandate.

> *"The Ontario College of Pharmacists recognizes the important role we play as an employer and as a regulator that serves and protects the public interest to help build a better health system and society. We commit to promoting equity, diversity and inclusion (EDI) with our Board and staff, in our regulatory approach and philosophy, with the profession and with pharmacy patients. We aim to enhance cultural safety including Indigenous cultural competence in an effort to minimize systemic inequities, in collaboration with registrants and stakeholders, in order to contribute to the creation of an inclusive and equitable environment for all. As we do, we will strive to listen, reflect, learn and take actions and will continue to communicate our progress along this journey."*

This commitment guided the College's activity in 2022. Initial plans included the collection of data to inform decision-making on the components of the EDI Strategy, with the recruitment of and EDI Advisory Group composed of registrants and patients to help guide the development of the components of the strategy related to external relations between the College, registrants, and the public. Internal working groups of staff from across the College guided activity that resulted in the development of an internal EDI plan focused on creating and sustaining an inclusive culture. This plan is guided by the following EDI workforce purpose statement:

> *At the Ontario College of Pharmacists, we strive to create an organization that celebrates and promotes equity, diversity and inclusion. As we continue to have a diverse workforce that represents the public we serve, we want to create an inclusive culture where people have a safe space for sharing their perspectives and feel a sense of belongingness. We further aim to support this purpose by developing and/or improving our policies and tools to mitigate barriers for all.*

Following the first meeting of the external registrants and patient EDI Advisory Group, the College recognized that the initial approach to developing the EDI Strategy needed to be reassessed to ensure an intentional approach to identifying and achieving College-wide equity, diversity and inclusion priorities and goals across the

College's regulatory programs, policy, and governance functions. To ensure that this work is able to have the intended effect, the College has established an Equity, Diversity and Inclusion department led by an EDI Manager and staffed with an EDI Strategic Advisor who are a resource to all College divisions. This team will lead the College through the development of a comprehensive strategy, the implementation of action plans, and the evaluation of impact over several years.

The College continues to collaborate with other Ontario health regulatory authorities through our active participation in the Health Profession Regulators of Ontario Anti-Racism/EDI Working Group. For information about this work, see Standard 8.1.c.

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)

A new senior level staff position has been created to provide strategic leadership to this multi-faceted and complex journey that the College has embarked on. The EDI team will focus on developing the College's comprehensive EDI Strategy and initial action plan to guide the first phase of implementing prioritized activities that will further the strategy's goals. The EDI Strategy and the first Action Plan will be developed by October 2023, with activities to support implementation to begin following this.

The EDI Manager will act as a change agent who is responsible for managing corporate, governance and regulatory activities intended to further integrate the principles of equity, diversity, and inclusion within all aspects of the College's operations, both internally and externally. The EDI Manager provides organization-wide leadership to cultivate and champion an equitable, diverse, and inclusive culture throughout the College.

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> 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.	The College fulfills this requirement:	No
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • 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. The College is an active member of the Health Profession Regulators of Ontario (HPRO) Anti-Racism/EDI Working Group and will be piloting the Equity Impact Assessment tool that has been developed for use by Ontario's health profession regulators. For information on this work, see Standard 8.1.c	
			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 is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Equity Impact Assessments will be used as part of the review of the College's existing policies, procedures, and processes as part of the overall EDI strategy. This work will be moving forward in 2023 and will continue into 2024.	

DOMAIN 2: RESOURCES	STANDARD 4	**Measure:** **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**

Required Evidence	College Response	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: 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.	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. Every year, the College builds the annual budget based on the resources required to complete initiatives and meet regulatory performance targets as set out in our annual operating plan, which in turn supports the achievement of goals set out the Strategic Plan established by the Board. Staff ideate on strategic objectives, improvements to our regulatory programs and supporting operations throughout the year to advance the strategic priorities. Project proposals and program improvements go through a series of rigorous resource planning and prioritization exercises before being added to the operating plan and annual budget. The final budget proposal is presented to the Finance and Audit Committee (FAC) for consideration with final approval at the College's year-end Board meeting. Links: • 2019-2023 Strategic Framework • 2023 FAC budget presentation: staff complement for 2023 Operational Plan • September 2022 Board Meeting Material page 93: 17. Briefing Note Priorities and Direction for 2023 • December 2022 Board Meeting Material page 197: 13. 2023 Operating and Capital Budget Approval • December 2022 Board Report page 1: Operating and Budget	
	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) In 2023, the College will be undergoing a new strategic planning cycle with a new strategic framework aimed to be launched for the 2024 fiscal year.	

		b. The College: 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 ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The financial reserve policy was reviewed and updated in 2021. The College maintains the required level set out in the policy, to cover any extraordinary costs not provided for in the annual budget. The reserve fund balance is reviewed annually by the Finance and Audit Committee who can recommend to the Board methods for replenishment if the balance falls below the required level. March 2022 Board Meeting Material p.12: 8. Audited Financial Statements	
			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)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: 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). *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **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. The College's annual staffing complement and budget approval process is outlined in the Board's governance policy 4.7 Budget Approval. This policy is reviewed regularly. Last revision of this policy was June 14, 2021. September 2021 Board of Director Policy Booklet page 80: 4.7 Budget Approval September 2021 Board Meeting Minutes page 6: 8.3 Governance Committee – Approval of Board Policies 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 mandate 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. In December, the Board approved a 2023 operating and capital budget which delivers a shortfall of revenue to support the planned strategic and operational priorities of acquisition of a new College database (CRM) and adding a significant number of staff to address concerns with workplace culture identified through third party engagement surveys and internal feedback sessions. The Executive Committee reviewed and supported a policy on Registrar succession in the event of their inability to serve; the existence of the policy was communicated to the Board in the Chair's report. Additionally, the College formalized a framework for a comprehensive succession program to identify risk to the organization relating to loss of individuals performing key or unique roles/functions. The program outlines how the risks will be addressed through identification of potential successors and suggested development/training plans to prepare them. September 2022 Board Meeting Minutes page 8: 17. 2023 Operational Plan December 2022 Board Report page 1-2: Operating and Capital Budget and Registrar Report December 2022 Board Meeting Material page 36: 4.1 Chair's Report for December 2022 Board (Succession Plan for Senior Leadership)	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		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
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. In 2021, the College outlined a plan to modernize its technology infrastructure over a three-year period. The plan (know as the Technology Roadmap) includes implementation of cloud-based applications to improve collaboration, productivity, availability, and security while at the same time reducing cost and downtime. Updates on the progress of the Roadmap are regularly reviewed. Links: Technology Roadmap	
			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 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response ***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.*** ***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.***
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. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	**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.** 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: • *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.).* **Overall System Partner Philosophy** The Ontario College of Pharmacists uses a systems-approach to engaging, involving, and collaborating with health system partners and stakeholders, including registrants and the public. 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. 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. Please refer to the 2021 CPMF submission for additional examples as many of the initiatives articulated in that report have carried forward in 2022. Additional notable activities from 2022 are outlined below. **Expanded Scope of Practice** Pharmacy professionals are playing an increasingly important role in our health system as their scope of practice continues to change and expand to support greater access

to timely healthcare throughout the province. The College was engaged with system partners in a number of activities to enable the expansion of the scope of practice of pharmacists and pharmacy technicians and, in doing so, supporting the delivery of safe, responsible and ethical pharmacy services.

Point-of-Care Testing

- In 2022, amendments to regulations under the *Pharmacy Act* were made that enable the administration of certain point-of-care tests (POCT) by authorizing pharmacy professionals in Ontario to perform the controlled act of piercing a patient's dermis with a lancet-type device to obtain blood for purposes beyond patient demonstration and self-monitoring of chronic diseases. The College reviewed existing policies and guidelines to identify if any changes were needed to support this new authority. Updates were made to the Performing a Procedure on Tissue Below the Dermis Guideline to reflect the amendments in the legislation and to assert the College's expectations that a pharmacy professional will only perform a POCT if a pharmacist assesses the patient and determines that the test is appropriate, based on the individual's need, history, current health status, follow up and care plan or as part of a medication monitoring program for chronic disease management.
- To support these practice expectations for pharmacy professionals, OCP continued to work collaboratively with Ontario Health to promote the use of two provincial clinical viewers ConnectingOntario and ClinicalConnect in pharmacies that decided to offer this service. The clinical viewers enable robust decision making by enabling timely access to comprehensive health care information. The College also worked collaboratively with Ontario Pharmacists Association (OPA) in providing input to Ontario Health and supported updating and then subsequently pushing out their messages in our respective communication channels.

Prescribing for Minor Ailments

In preparation for Ontario pharmacists being authorized to prescribe medications for 13 minor ailments on January 1, 2023, several meetings were held with pharmacy and health system stakeholders to assess what resources would help support the safe implementation of minor ailment prescribing in community pharmacies.

- The College worked collaboratively with partners such as the Ontario Medical Association (OMA) to develop and refine practice resources for pharmacists and communication to inform physicians of practice expectations. For example, the OMA identified areas for clarification such as recommending the College should emphasize that minor ailments are prescribed based on the patient's self-diagnosis or providing more information on when it is appropriate to refer to a physician. This ongoing dialogue and feedback between the College and OMA have helped to refine expectations, clarify communications and ensure that patients are receiving appropriate care based on their health needs. The College will continue to work with the OMA in 2023 to help refine practice resources and answer questions identified from OMA's members.

- To align with Ontario standards and guidance around antimicrobial stewardship the College collaborated with Public Health Ontario (PHO) to create treatment algorithms for the two (2) minor ailments commonly treated with antimicrobial drugs i.e., Prevention of Lyme Disease Following a High-risk Tick Bite and Uncomplicated Urinary Tract Infection (Cystitis). Throughout 2022, the College also collaborated with the Canadian Pharmacists Association (CPhA) to have existing treatment algorithms for the other eleven (11) minor ailments tailored for registrants in Ontario. Through this collaboration, the College ensured the algorithms were clinically relevant and based on up-to-date evidence for Ontario pharmacy professionals.

- The College has worked with pharmacy associations including the OPA, Neighbourhood Pharmacy Association of Canada (NPAC) and others to contribute to communications including messaging and overall approach and to help us ensure that the information being communicated addresses the needs of pharmacy professionals. The College also consulted the pharmacy regulators in other provinces who have already moved forward with similar prescribing authority to learn from their experiences and applied those to our own roll out in Ontario.

COVID-19 Response

The College continues to provide support and guidance to the profession in accordance with its role as a regulator, while ensuring that the practice of pharmacy adapts to provincial directives aimed at enabling patient access to prevention and treatment measures for COVID-19. The activities 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 continued 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.

Expanding access to vaccination, testing and treatment

- The regulatory exemption authorizing a Part A pharmacist, intern, registered pharmacy student or pharmacy technician to administer the COVID-19 vaccine without requiring delegation of authority (under the condition that they have been engaged to do so through an agreement with the Minister of Health for this purpose) was set to be revoked on June 30, 2022. With COVID-19 vaccination continuing as an important public health measure for Ontarians, *O. Reg. 107/96* under the *Regulated Health Professions Act* was amended, extending this exemption to June 30, 2023. The College continued to work with the Ministry of Health and Health Canada to ensure the necessary regulatory authority for continuity of care to patients and continues to collaborate with stakeholders, including professional associations, to ensure that awareness of the extension was achieved.

- In September 2020, the College established new Guidance on COVID-19 Testing in community pharmacies. In response to changing public expectations and in response to government direction, this guidance has been updated several times to reflect the movement from testing of asymptomatic patients to symptomatic patients and then further updates to include other COVID-19 services being provided in community pharmacies. The latest version of the COVID-19 Services in Community Pharmacies guidance outlines the College's expectations for Designated Managers, registrants and community pharmacies opting to provide COVID-19 services. Routine collaboration through our monthly meetings with provincial and national pharmacy associations were instrumental in in helping to ensure guidance and related communication was well-informed and aligned with Ministry of Health expectations.

Extension of EA class of registration

- In March 2021, the College initiated emergency assignment registration 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 *Pharmacy Act* that were submitted by the College to enable the creation of an emergency assignment registration certificate class of pharmacy professionals. 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, a decision informed, in part, through routine conversations related to workforce pressures with professional associations during our pre-scheduled monthly meetings.

Focusing on mental health of registrants

- Throughout the year the College has taken steps to share information about mental health services for pharmacy professionals. This increased awareness of the importance of mental health services and helping to connect health professionals to these services is largely in response to the pandemic, but has subsequently been recognized as a priority that regulators should be more engaged in. In its promotion of various community mental health supports available to pharmacy professionals, the College worked with our partners at the Ontario Pharmacy Health Program, administered through Lifemark Health Group, to promote awareness and access to this voluntary program for all registrants of the College who are experiencing work/life stress, substance use and/or mental health disorders.

	Time Delayed Safes – Pharmacy Safety Pharmacy robberies can put people's physical and mental health at risk, and stolen prescription medications can contribute to the escalating opioid crisis. That's why the College collaborated with law enforcement stakeholders such as the Ontario Association of Chiefs of Police (OACP) and pharmacy stakeholders to identify and implement practical crime prevention strategies through a Pharmacy Safety Initiative. This includes the mandated use of time-delayed safes in community pharmacies which has proven to be an effective robbery deterrent in other jurisdictions such as British Columbia and Alberta and is a measure that is supported by OACP, local police departments, the Ontario Pharmacists Association, and various corporate and independent pharmacy stakeholders. Saskatchewan is also set to move forward with a similar requirement. The College continues to engage with these provincial regulators, pharmacy associations and pharmacy owners, and law enforcement stakeholders, and has frequently engaged with the profession including Designated Managers of community pharmacies, to inform the implementation, which will begin following Board approval of the operational standard mandating time-delayed safes in March 2023.

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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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.

- *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, mental health, labor mobility etc.). 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.*
- *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).*

Rapidly responding to emerging concerns/inquiries

The College routinely monitors emerging issues that may impact pharmacy care in Ontario and regularly sources data, collected through inquiries and public concerns shared with the College, to identify important messaging and guidance opportunities and priorities. Some examples are included below (please refer to the 2021 CPMF report submission as many of those priorities and activities have carried forward into 2022):

- **Prescriptions for children's medicine – media reports/inquiries**
  - The College closely monitors media activity and the responses from the public and the profession related to the shortage of children's medications during a heightened cold and flu season during the existing COVID-19 pandemic. In response to concerns raised by media, the public, pharmacists and physicians about conflicting information whether compounded over-the-counter children's medications require a prescription, the College promptly clarified and communicated its position to registrants, the regulator for physicians and publicly on its website and social media, and again in response to media inquiries, that a prescription to purchase over-the-counter acetaminophen or ibuprofen is indeed not required.
  - As well, as the shortage continued to create ongoing concerns related to timely access to important medicines, the College further provided guidance to the profession about how to consider alternatives to meet patient needs, including crushing adult tablets and compounding medicines (when other options have been exhausted). The College also worked with other provincial and national stakeholders and pharmacy regulators to circulate important resources to support pharmacist decision making, including the Canadian Pharmacists Association resource page regarding the supply challenges affecting pediatric formulations of both acetaminophen and ibuprofen products, including a patient tip sheet for parents.

-	• **Complaints trends – vaccination, methadone and compounding errors**
	  ○ Recognizing that complaints serve as an important form of stakeholder input, the College completed an analysis of complaints related data received over the calendar year, and identified that several of these concerns were related to medication incidents involving community pharmacies providing Methadone Maintenance Treatment (MMT). Many of these incidents involved a ten-fold increase in the dispensed dose compared to the intended prescribed dose. After this matter was flagged, the College's Conduct, Practice and Communications teams collaborated on important communication and messaging designed to highlight the significant risk to patient safety associated with these events, and the contributing factors in order to highlight key learnings aimed at prevention of similar incidents in the future.
	  ○ Over the last few months of 2022, the College analyzed its complaints related information and identified a need to reinforce the importance of vaccination safety as the College had observed an increase in complaints related to vaccine-related errors and near misses. Promptly, the Conduct, Complaints and Communications teams worked closely to identify the appropriate messaging and communication approaches to help prevent similar incidents from occurring, reinforcing existing guidance and tools available to pharmacy teams throughout the province.
	  ○ Also in 2022, the College became aware of an increased number of errors related to the compounding of acetaminophen suspensions that have resulted in patient harm. The College used these complaint and reporting trends to reinforce important and timely messaging to pharmacy teams throughout the province that compounding as an alternative solution in response to the acetaminophen shortages should only be considered when all other options have been exhausted and must be completed in accordance with NAPRA's compounding standards.
	• **Practice Insights from ICRC decisions – ongoing**
	  ○ The College regularly publishes a feature in its primary practice-focused digital publication, *Pharmacy Connection*, that focuses on the learnings from matters that come before the College's Inquiries, Complaints and Reports Committee (ICRC). These Practice Insight articles are structured in a way that provides the necessary background and context for the complaint, the details considered in the ICRC's deliberation, and the outcome/decision of the ICRC related to a particular case. The College then leverages this information to construct important learnings and insights that are communicated to registrants with a view to preventing similar incidents from occurring in the future. These remain among the most popular features of the Pharmacy Connection digital magazine.
	
	<u>Mechanisms for Developing and Maintaining Key Partnerships and Collaborations:</u>
	• 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 2022:
	  ○ HPRO and various working groups – 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.
	  ○ In addition to participating in regular NAPRA Board and leadership level meetings and discussions, the College also participated in NAPRA 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.

	○ In addition to specific activities referenced throughout the CPMF, the College collaborates with professional associations such as the OPA, Canadian Pharmacists Association (CPhA), Canadian Society of Hospital Pharmacists (CSHP), Canadian Association of Pharmacy Technicians (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 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. ○ The College has actively engaged and supported research groups based on relevant research and strategic initiatives that align with the College's strategic plan and mandate. For example, the Ontario Drug Policy Research Network (ODPRN) has supported the College in its medication safety initiative through AIMS by analyzing data for the Safety Insights Group (SIG) which is tasked with identifying practice recommendations based on the medication safety reporting shared through the AIMS platform. ○ 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 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. ○ The College worked with the College of Veterinarians of Ontario (CVO) to collaborate on important messages related to minor ailment prescribing, reinforcing that the recently approved provincial regulations and practice expectations are for human patients only and not to be applied to animal patients.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Measure:** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information.	
	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 and Data Management team. The College is actively working on modernizing information management and privacy activities and has a number of policy and process documents in place that describe the College's information sharing practices. • OCP's Privacy Policy outlines how the College adapts the 10 principles of the Canadian Standard Association's Model Code for the Protection of Personal Information in a manner appropriate for a regulatory body. This policy is publicly available on the College's external-facing website. The College discloses personal information regarding its registrants only as permitted by section 36 of the Regulated Health Professions (RHPA) or as required by law. • OCP enforces a Privacy and Information Access Policy & Manual, which outlines how the College manages the collection, use, disclosure, and protection of personal information and personal health information held by the College. All College staff are required to complete training to refresh awareness on information/data responsibilities. The protection of information is supplemented by the Records Retention Schedule, which governs the life cycle of a record, or series of records, from creation or receipt to destruction or permanent preservation. The OCP Records Retention Schedule was updated in 2022 and includes references to relevant pieces of legislation that inform the retention periods listed in the Retention Schedule. • In 2022, the College drafted a process document, Assessing External Requests for Data and Information. This document describes: the kinds of requests for information that the College receives, the differing ways that the College can fulfill those requests, the criteria used by the Information and Data Management team to assess whether the College is able to disclose the requested information, best practices for sending requested data depending on the sensitivity of the data, and "Terms of Use" that outline what the recipient shall and shall not do with the data they receive. The 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 and Data Management team, and Human Resources. OCP uses role-based security to provide the right level of information and data access to staff, in accordance with privacy and security protections policies as outlined in the Information Security Classification Standard. This procedure safeguards the College from unauthorized access, disclosure, use or destruction through appropriate security and access controls.	
	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. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• 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. 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. <u>Process for Addressing Cybersecurity Threats</u> The College subscribes to the latest collection of global cybersecurity threats and trends. Armed with this daily intelligence, the College routinely assesses our 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. Protection against cyber-attacks is integral as a regulator. The College has automated systems that proactively 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. <u>Process for Addressing Accidental or Unauthorized Disclosure of Information</u> The process for managing accidental or unauthorized disclosures of information is described in the College's Privacy Breach and Incident Protocol, a four-step protocol (Respond and Contain; Notify; Investigate; Implement Change). Any potential accidental or unauthorized disclosure of information is reported to the Privacy Officer. College staff then investigate the root cause of the breach, collaborate with IT to develop a remediation plan, and document the findings. Affected parties from the incident are notified, if necessary, and follow-up is managed. College staff are trained on the Privacy and Information Access Policy & Manual, which includes the Breach and Incident Protocol. In 2022, a Privacy Breach Summary Report template was created, which includes the cause and contributing factors related to each privacy breach, which is reviewed by the Privacy Officer and the Risk Management Steering Committee.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**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).**

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. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

- 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 and indicate the page number(s) ***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).

The College utilizes a multi-pronged approach to developing and evaluating its policies, standards of practice and practice guidelines.

<u>The Policy Review Process</u>

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 with whom the College collaborates on a regular basis and which may include (but is not limited to): pharmacy and professional associations, health regulators, 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.

<u>External Stakeholder Engagement/Proactive Monitoring</u>

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.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	The College fulfills this requirement:	Yes

- 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 and indicate the page number(s) ***OR*** please briefly describe the College's development and amendment process.

As shared in response 8.1.a, the College implements a policy review process, which includes the development, review, 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 two examples illustrate how the College takes into account these components when developing or amending policies, standards, and practice guidelines.

- Pharmacists Prescribing Paxlovid - Initiating, Adapting and Renewing Prescriptions Guideline

As part of the policy monitoring process and ever-changing healthcare needs during the COVID-19 pandemic, the provincial government identified a change in the role of pharmacy in Paxlovid prescribing. In April 2022, pharmacists were eligible dispensers of Paxlovid. However, in an effort to enhance access to treatment and reduce the burden on the healthcare system, on December 12, 2022, the *Ontario Regulation* 107/96 – *Controlled Acts* under the *Regulated Health Professions Act* (RHPA) was amended to authorize Part A pharmacists (those who provide patient care) to prescribe Paxlovid antiviral treatment for COVID-19. Following the new authorization, the College pushed communication to pharmacists via multiple channels in December of 2022.

Although pharmacists were already familiar with dispensing Paxlovid, they must posses the required clinical knowledge, skills, and competency to prescribe Paxlovid. Additionally, Paxlovid requires a comprehensive patient assessment to identify and manage potential drug therapy problems that can commonly occur with this particular drug and patient population. The MOH consulted with, and incorporated feedback from, the College to identify risks to prescribing, limitations to who can prescribe (only Part A pharmacists vs emergency assignment pharmacist) and the appropriate eligibility criteria.

Ongoing monitoring of this controlled act by the College is facilitated through the operational and practice assessments in the continued effort to reduce risks and promote quality, ethical and safe care. Resources to support the pharmacists engaging in Paxlovid prescribing were created based on MOH guidance and can be found on the College website, which was routinely updated to provide registrants with quick access to the resources they needed to support their practice and compliance with expectations.

As part of work to prepare for this new authority, the College became aware that the current guideline for pharmacy practice needed to be updated and aligned with Ministry communications. The guidance was updated to ensure safe prescribing by pharmacists. With the ability to prescribe Paxlovid, an alternative pathway was created for Ontarians to access COVID-19 treatment in a timely manner and reduce the burden on the healthcare system which was an increasingly important public and government expectation.

The MOH consulted with the College when developing the updated guidance documents for Paxlovid prescribing by Part A pharmacists. The College referenced these documents, and also referenced the clinical viewers (Ontario Health) information, resources from the Ontario COVID-19 Science Advisory table, clinical references from University of Waterloo School of Pharmacy and University of Toronto Leslie Dan Faculty of Pharmacy, treatment information from the Canadian Pharmacists Association, clinical guidance from the Centre of Effective Practice and the Government of Canada as well as various clinical tools including renal function calculators. These resources were actively pushed to Part A pharmacists coupled with the College's updated guidance on initiating, adapting, and renewing prescriptions.

- Cross-Jurisdictional Pharmacy Services Policy

Patients access healthcare services across Canada and other jurisdictions, including services provided by pharmacy professionals. For example, an Ontario patient may have a prescription written from an Ontario prescriber to have the prescription filled in Alberta where they are visiting family. With healthcare professionals increasingly using new technologies to provide care, public expectation for the delivery of services across jurisdictions is likely to increase. In anticipation of these shifts in practice and public expectation, regulators need to ensure there are no gaps in accountability and that patients receive safe, quality care regardless of where they are located within Canada. This policy aligns with a pan-Canadian framework recently developed by the members of the National Association of Pharmacy Regulatory Authorities (NAPRA), and centers on patient care and safety by mandating that services are reflective of legislative and regulatory frameworks based on the patient's place of residence within Canada.

During public consultation conducted from March to May of 2021, the College received feedback from respondents and organizations requesting significant changes to the draft Cross-Jurisdictional Pharmacy Services Policy. Due to this feedback, the College made significant revisions and engaged with pharmacy professional associations, pharmacy chains, other regulatory colleges across Canada and NAPRA to identify and address any potential unintended barriers to accessing pharmacy care across jurisdictions that could result if the policy was to be implemented as written. Some concerns identified included:

a. Ensuring the policy reflects the importance of patient choice
b. Providing more clarity around informed consent
c. Providing more clarity around practices such as co-signing of prescriptions
d. Ensuring alignment between the draft Cross-Jurisdictional Pharmacy Services Policy and the Virtual Care Policy
e. Providing more clarity around the use of technology in pharmacy care
f. Outlining how registrants licensed in other provinces are to abide by this policy

Throughout the development of this policy and the subsequent consultation period where OCP heard feedback from stakeholders, NAPRA continued to develop the national framework which is in the final stages of approval by all the national pharmacy regulatory authorities, including OCP.

After incorporating the feedback from stakeholders and ensuring alignment with the Pharmacy Regulatory Authorities of Canada Cross-Jurisdictional Practice Agreement, the final Cross-Jurisdictional Pharmacy Services Policy was approved at the June 2022 College Board meeting. In support of the released policy, additional resources were provided to registrants, including; Virtual Care Policy – Frequently Asked Questions, Virtual Care Guide – Ontario Pharmacists Association, and Fact Sheet – Releasing Personal Health Information. The College continues to receive feedback on the policy and will continue to monitor the environment to determine if additional resources are required to support registrants.

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		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:	Partially

- Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.
- Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.

The ethical principle of 'Respect for Persons/Justice' within the College's Code of Ethics sets the foundation for initiatives that advance diversity and strive towards equitable access to safe, quality care and full inclusion by asserting that:

3. *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.*

   3.14 Members ensure that their views about a patient's personal life, religious beliefs, and other morally irrelevant factors such as: race, gender, identity, sexual orientation, age, disability, marital status and any other factor(s), do not prejudice their opinion of the patient and affect the quality of service that they provide to the patient.

   3.16 Members provide fair and equitable access to pharmacy services and deliver consistent quality of care to all patients regardless of socio-economic status, culture, disease state or any other related factor that might unfairly bias patient care.

   3.17 Members advocate for the fair treatment and fair distribution of resources for those in their care.

The College's approach to the development and review of practice standards, policies, and guidelines is guided by the rights of everyone to equal opportunities without discrimination, harassment, and reprisal as set out in Ontario's *Human Rights Code, 1990*. We are prioritizing the review of existing standards, policies, and guidelines related to the practice of pharmacy and the operation of pharmacies to assess the existence of bias and resulting effect on patients and registrants of different races, gender identities, sexual orientation, ages, disability status, parental status, and other characteristics.

To support this, and to further our commitment to collaborative approaches to regulation in Ontario, the College is an active member of the Health Professions Regulators of Ontario's (HPRO) Anti-Racism in Health Regulation Steering Committee that is stewarding a grant from the federal Community Support, Multiculturalism, and Anti-Racism Initiatives (CSMARI) program. Throughout 2022, this HPRO Steering Committee has led the development of a project to support Ontario's health profession regulatory authorities critically assess their current operations and strive towards embedding Anti-Racism and EDI approaches into daily operations. HPRO Members will be piloting the resources developed in early 2023, and our College will be an early adopter.

While working with HPRO, the College has engaged in initial work to set the foundation for future progress towards the development of a comprehensive EDI Strategy. This includes the development and approval of a commitment from the Board to promote equity, diversity, inclusion, and Indigenous cultural competency, the development of web-based resources for pharmacy professionals to support their practice (EDI Resources, Indigenous Cultural Competency Resources), and sharing information with registrants on how they can embed EDI within their practice using the College's Pharmacy Connection newsletter (e.g. Importance of EDI, Allyship, Pronouns).

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 HPRO Anti-Racism in Health Regulation project will achieve it's initial deliverables by April 2023. To support this, the College will be piloting and evaluating the use of the toolkit components in March. The components of the toolkit include:

			• An anti-racism and equity, diversity, and inclusion framework and action plan that sets out the vision, guiding principles, and best practice steps that can successfully integrate EDI within the HPRO colleges and the professions. • An anti-racism / EDI self-assessment and reporting tool for HPRO colleges to evaluate themselves on key domains that contribute to the effective delivery of the key statutory functions and key organizational aspects in the context of EDI best practices. • An equity-impact assessment tool that applies an anti-oppression and anti-racism lens to policy, procedure, and program reviews and any future development. • A training package that will assist HPRO colleges in using the framework and tools to uncover bias, dismantle systemic barriers, and build a strategic framework for developing and maintaining racially inclusive practices and processes. Given this, the College will be prioritizing assessment of our current state in relation to our EDI goals while using and adapting the HPRO toolkit as needed to support the review of our policies, processes, and programs.

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Measure:** **9.1 Applicants meet all College requirements before they are able to practice.**
	Required Evidence	**College Response**
	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.)[1].	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number ***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.). The processes used by the OCP and its third-party service providers for document authentication and identification authentication have not changed since the previous 2021 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. Please refer to the previous CPMF submission for more details about how the College meets this standard.

[1] 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.

			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 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
			• 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 and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The process used by the College to identify best practices and developments in registration and assessment for entry to practice has not changed since the previous 2021 CPMF report. The College is waiting for the provincial government to approve changes to the College's registration and quality assurance regulations. The Registration Committee reviews and approves its policies every year, most recently in June 2022. 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. The Registration Committee Annual Report – 2021-2022 submitted to the September 12, 2022 Board meeting (page 102) provides a summary of new policies approved and information items reviewed. • The new competency-based Jurisprudence, Ethics and Professionalism (JEP) Exam Blueprint was reaffirmed in preparation for implementation, as it continues to reflect current pharmacy practice expectations with greater emphasis on scope, ethics and professionalism. Recent changes to the scope of practice and professional expectations due to current health care issues emphasizes the need for pharmacists and pharmacy technicians to make sound ethical decisions and practice pharmacy in the best interest of patients. The JEP Blueprint was approved with the addition of sub-topics to highlight what is assessed under each key topic area. This adds clarity to the key topics being assessed on the exam for greater transparency and fairness for candidate assessment. A new JEP policy was also approved to support the implementation of the new Blueprint in 2023. • The Registration Committee approved the competency framework and bridging program for internationally educated pharmacy technician applicants, in January 2022. The bridging program meets the requirements of the Board resolution as a program "whose graduates should possess knowledge, skill and judgement at least equivalent to a current graduate of a program" referred to in the Registration Regulation. Both the competency framework and the bridging program are being evaluated to ensure that the learning needs are aligned. The Ontario government has approved new registration requirements. For the most part, OCP's activities are already in compliance with the regulations. • Colleges are required to provide applicants with confirmation of receipt of their application materials and details regarding any missing information. This is OCP's current practice.	

- Timelines: Application decisions, or a referral to the Registration Committee, must be made within 30 days of receipt of the complete application. OCP meets these timelines.

- Language Proficiency: Language proficiency testing requirements have now been codified. The requirement is that the College accept a test approved under the Immigration and Refugee Protection Act (Canada). OCP accepts at least one of these approved tests.

- Canadian Experience: Canadian experience may not be required as a condition of registration. Section 4(3) of the regulation stipulates that this requirement does not apply to the structured practical training program for pharmacy technicians until December 31, 2024, by which time OCP will have implemented PACE for pharmacy technicians.

- Emergency Class of Registration: Effective August 31, 2023, Colleges are required to establish an emergency class of registration. OCP has had a successful emergency class since March of 2021, however, is making minor amendments to codify current practice and policy to be consistent with the other health Colleges and align more directly with the new RHPA regulation.

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: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
c. A risk-based approach is used to ensure that currency[2] 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
	• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • 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. 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 from our original 2020 CPMF submission. Currency and Competency Requirements for Part A (provides patient care) pharmacists include the following: • 600 hours of patient care over the presiding three (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 For Part B (does not provide patient care) pharmacists are required to maintain a learning portfolio, but there are no practice hour requirements or other quality assurance requirements. Pharmacy Technicians are not yet included in the Quality Assurance Regulations (awaiting provincial government approval). As a result, there are no currency or quality assurance requirements for pharmacy technicians. They are participating on a voluntary basis. <u>Risk-based Approach to Practice Assessment</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.) 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.)	
	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)	

[2] 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:	Met in 2021, continues to meet in 2022
	• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued In 2022, the Office of the Fairness Commissioner (OFC) transitioned to a risk informed compliance framework. The new framework incorporates both historical performance and forward-looking risk factors. Based on OFC's assessment, (1) OCP was in full compliance with respect to historical factors, (2) no risk was noted in a review of forward looking risk factors and (3) a cumulative risk rating of low-risk for 2022-2023 was awarded.	
	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)	

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). Further clarification: 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.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
  - 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:

Assurance and Improvement in Medication Safety (AIMS) Program

In early 2022, the College carried out a third party facilitated engagement survey of all its registrants in response to an identified gap in medication incident recording levels as a component of the AIMS mandatory medication safety program, as required under the Supplemental Standard of Practice. Based on administrative data obtained through the platform, it was evident to the College that registrants were facing barriers with implementing the medication safety standard. Information gathered through the formal feedback survey enabled the College to make immediate changes to the software platform used for recording medication incidents and near misses, and College resources to better support registrants in meeting this standard. Educational awareness of the platform and the mandatory medication safety program itself were identified as additional opportunities to explore to increase compliance. The detailed report was shared with registrants: Survey Results Highlight AIMS Engagement

Furthermore, over the course of multiple months in 2022, extensive one-on-one outreach was completed by a dedicated College resource with those registrants whose pharmacies had not completed the mandatory pharmacy safety self-assessment (PSSA), another component of the mandatory medication safety program, as required under the supplemental standard of practice. Again, based on administrative data, the College engaged with registrants who had been identified as not meeting the medication safety standard to better understand any barriers, opportunities and to provide support to ensure future compliance. Using feedback obtained directly from these registrants through this informative process, additional resources were developed to support a better understanding of the process and a step-by-step interactive educational module was launched: Pharmacy Safety Self-Assessment (PSSA) Module

While work in this area is evolving and continues into 2023 with further platform enhancements, College staff developed and/or updated the resources in 2022 which were communicated to registrants to support their understanding of the Supplemental Standard of Practice and facilitate their compliance with the mandatory medication safety program. Additionally, practical application of the program through focused articles in College publications demonstrating the outcome of reporting and sharing best practices were shared with the profession:

		Focus on Error Prevention: Impact of Salt Selection in Compounding (November 2022) Focus on Error Prevention: Importance of Assessing for Therapeutic Appropriateness (June 2022) Focus on Error Prevention: Preventing Dispensing Errors of Similarly Named Drugs (February 2022) Administrative data obtained in late 2022 demonstrate the follow -up and development of appropriate supporting resources has positively impacted compliance with the mandatory medication safety program (recording events is trending positively, PSSA completion rates are increasing).	
		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)	

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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[3].**		
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:	Yes
	• 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 and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • *If yes, please insert link to the policy.* The following links provide information on the College's priority areas of focus for QA assessment and how they have been identified: • 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. The Quality Assurance Committee, at the June 2022 meeting, approved a policy on Practice Assessment Review and Update Policy and, as such, now has recognized processes for identifying priority areas of focus for QA assessment. The policy requires a five-year review schedule for all assessment tools. The review assesses both the assessment tools and the assessment process and includes the following steps: (1) Research, (2) Analysis and Drafting, (3) Consultation, (4) Review of Feedback and Re-drafting, (5) Final Policy and Implementation, (6) Measuring Outcomes.	
	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)	

[3] "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:	Met in 2021, continues to meet in 2022

- 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 and indicate page number(s).
  OR please briefly describe right touch approach and evidence used.
- Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable).
  If evaluated/updated, did the college engage the following stakeholders in the evaluation:
  - *Public* Yes
  - *Employers* Yes
  - *Registrants* Yes
  - *other stakeholders* Yes

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 (for both the Practice Assessment and Knowledge Assessment). 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.)

In 2022, an additional quality assurance activity – the Knowledge Assessment – was added for Part A pharmacists. Whereas the purpose of the Practice Assessment is to focus on whether the pharmacist is engaging in the right processes for quality patient care, the purpose of the Knowledge Assessment is to focus on whether the pharmacist has the appropriate knowledge (clinical knowledge and jurisprudence/ethical knowledge) to provide quality patient care. All Part A pharmacists will be randomly selected to complete the Knowledge Assessment once in each five (5) year period (so 100% Part A pharmacists will have completed this QA activity in 5 years). As a result of the introduction of this QA activity, the Self-Assessment for Part A pharmacists has been transitioned to voluntary.

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.

For additional details on how the College uses a right-touch, evidence-based approach in meeting this standard, please refer to previous CPMF submissions.

		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. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. 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. Practice Assessment Criteria – Community Pharmacists Practice Assessment Criteria – Hospital and other Healthcare Facility Pharmacists Practice Assessment Criteria – Community and Hospital Pharmacy Technicians	
		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 judgement.**		
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 practicing.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • 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. For QA Committee-required remediation and for ICRC-required remediation, the College has implemented a post-remedial assessment process. 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. Registrants who are required to complete specified remediation by the ICRC are being tracked for completion and will be required to undergo a post-remedial assessment once their remediation is complete. This is a new process that was designed and developed in 2021, and the first post-remedial assessments occurred in April 2022. Evaluation of this approach will occur over the coming years. Regarding ethics remediation, upon consultation with experts, ethics related remediation was added to the SCERPs (Specified Continuing Education or Remediation Program) eligible for follow up. Effective June 2022, ICRC decisions involving ethics related remediation require a post remediation assessment. The College tracks remediation activities ordered by the Discipline Committee and now has 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.	
	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)	

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: 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;	The College fulfills this requirement:	Yes

- 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.

The College's complaints process is prescribed in the Health Professions Procedural Code ("the Code") under the *Regulated Health Professions Act (RHPA) 1991.*

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, or a referral of specified allegations to the College's Discipline Committee. Complainants and registrants are kept apprised of the progress of the complaint.

Links to relevant pages on the College's website:

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/

- Please insert a link to the polices/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.

An information sheet for sexual abuse complainants/witnesses was published in 2022:
https://www.ocpinfo.com/protecting-the-public/reporting-sexual-abuse/?hilite=sexual+abuse

The intake processes are well documented, and procedures are in place for gathering information and evidence when a new inquiry is received.

A standard operating procedure (not publicly accessible) has been created for ensuring all relevant information is obtained during intake. The key steps are as follows:

- 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:
    - Clarification of intent from complainant
    - Specific details of incident(s) being complained of (e.g., patient information, medication information, etc.)
    - Pharmacy records indicating relevant to incident(s)

As the inquiry proceeds beyond the initial intake stages, college staff assigned to the file will reach out to the complainant to further explain the complaints process and potential next steps. This can be accomplished through various options including:

- Detail letters that explain the process and outline actionable items at key milestones during the complaints process such as when an investigator is assigned, when the registrant supplies a response, or when the file has been scheduled for a review by the ICRC.
- Calls with the complainant at key milestones during the complaints process to establish rapport, provide support and explain the process

Additional support for complainants such as translation or other accommodations are handled on a case-by-case basis and identified through the regular correspondence with assigned college staff. Cases involving sexual abuse are handled with urgency to minimize any delays to accessing therapy and counselling. The investigator assigned will proactively explain the counselling support available for the victim and the application for funding is initiated as soon as eligibility is confirmed.

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 continued 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. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. 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. Another such review is to be undertaken in 2023. Feedback is collected during introductory phone calls with complainants for the purpose of verifying the accuracy of the information, obtaining additional information and clarification, explaining the process and timelines and obtaining feedback about whether the call was helpful. 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 College 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 for publication on the College's website (see https://www.ocpinfo.com/protecting-the-public/reporting-sexual-abuse/?hilite=sexual+abuse). In 2022, the College incorporated a number of suggestions from the consultant's latest report into this Information Sheet. In addition, in 2023, the College will be developing a list of community resources available to sexual abuse complainants for its website.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Partially
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The College's rate for responding to public inquiries within five (5) business days was 89% in 2022. This is just under this measure, such that the target is substantially met. The average response rate was two business days. This is a decrease from 2021 mainly due to staff turnover in the Conduct department.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) With staffing stabilized in 2023, the College expect this measure to be back to above 90% in the next reporting cycle.	

		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:
			• Please list supports available for the public during the complaints process.
			
			Below is a list of supports available for the public during the complaints process including:
			
			• 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 by alternative means; and use 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 (e.g., access to external consultant for information about investigations and discipline processes).
			• 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
			• In 2021, a process change was instituted whereby for every complaint filed, staff assigned to the complaint would conduct an introductory call with the complainant within five days of receipt of the complaint for the purposes of:
			  ○ 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.
			
			This introductory call was not consistently completed in all cases in 2022, due to issues with staff turnover and shortages. However, it is being re-instituted in 2023.
			
			• Provision of documentation for complainants that outlines possible outcomes that can be adopted by the ICRC to dispose of a complaint. Documentation to explain next steps of the complaints process is also included with each complaint investigation as standard procedure.
			
			• Detailed information pertaining to the complaint process is made available on the College website
			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:
				Met in 2021, continues to meet in 2022

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/

- Please briefly describe at what points during the complaints process that complainants are made aware of supports available.

Intakes staff are trained to ask complainants during the initial point of contact about any supports that they may require to file a complaint. Once a complaint has been filed, complaints are assigned to a Complaints and Resolutions Officer (CRO). Complainants can contact the CRO with any questions or supports they may need throughout the process.

College staff also provide additional, non-legal and confidential support to sexual abuse complainants and witnesses is available from a third-party consultant retained by the College.

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
	• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description. 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 the Discipline Committee, 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. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. 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 external consultant retained by the College for this purpose, as they move through the investigation and discipline process. 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 discipline hearings. Additional information is also made available through the following resources: ○ Upcoming discipline hearing dates and a summary of the allegations are posted to OCP website: 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).	The College fulfills this requirement: Yes
			• Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied. Risk is initially assessed based on the likelihood of patient and public harm including consideration of the need for an Interim Order under the *Code.* 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. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). 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 was developed to incorporate all components of the risk assessment framework for Complaints and Reports and promote consistent application among all those who use it. The tool is in use by staff and will be ready for publication on the website in early 2023.
			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 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.	The College fulfills this requirement:	Partially

- Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy.

The College has a policy regarding responding to information requests from police: 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 *Section 36 (1) of the Regulated Health Professions Act, 1991* (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.

- Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home').

The College engages with a number of system partners when sharing relevant information in the course of its regulatory responsibilities:

- Other pharmacy regulators:
  - College of Pharmacists of British Columbia (CPBC): Provided information about an applicant also registered with OCP. Information also provided in relation to a complaint investigation.
  - College of Pharmacists of Saskatchewan (CPS): Provided information about an applicant also registered with OCP.
- Other RHPA regulators:
  - College of Physicians and Surgeons of Ontario (CPSO): Information was requested by CPSO about an investigation.
- Government agencies:
  - Ministry of Health (Ontario) (MOH): Information was requested by the MOH about investigations.
  - Health Canada (HC): Information shared with HC regarding a joint investigation.

			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 (if needed) The College continues to work 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 2023.	

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DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT

STANDARD 14

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.

Required Evidence	College Response	
a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022

- 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 and indicate page number ***OR*** list KPIs and rationale for selection.

The College continues to select and report on a set of Board-monitored key performance indicators (KPIs) which align to the achievement of the strategic objectives. The KPIs on the Board monitored scorecard are a subset of performance indicators monitored across the College. Each year, staff develop and vet this subset of Board-monitored KPIs through a multi-gated operational planning process. Historical data are gathered and analyzed if available to support target setting. The rationale for all the Board-monitored KPIs selection and detailed descriptions for each indicator are available in the Board briefing notes and scorecard definition document respectively.

Links

- College Performance Scorecard: Q3 2022 Scorecard with Definitions
- September 2022 Board Meeting Material page 93: 17. Priorities and Direction for 2023
- December 2022 Board Meeting Material page 119: 7. Proposed College Performance Scorecard 2023
- December 2022 Board Meeting Report page 2: College Performance Scorecard
- March 2023 Board Meeting Material page 33: 6.2 Proposed Targets and Definition for College Performance Scorecard 2023

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)

In 2023, the College will be embarking a new strategic planning cycle with the Board and staff defining the strategic priorities of the College over the next five years starting in 2024. Operational planning with follow and specific performance measures will be selected along with appropriate targets.

		b. The College regularly reports to Council on its performance and risk review against: 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.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to Council meeting 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 and indicate the page number. The College regularly reports on the College's progress towards its strategic goals, regulatory outcomes, and risk to the public through the quarterly Registrar's Report, the Performance Scorecard, semi-annual risk reports and other agenda items at the quarterly Board meetings. The College's Performance Scorecard is aligned with the domains set out in the CPMF to capture the desired regulatory outcomes defined in the framework. Presentations were made to the Board throughout 2022 on topics of strategic objectives, overview of the College's program and risk management oversight were scheduled to heighten the Board's understanding of regulatory expectations and risk management. These topics ranged from updates on a university-led mobile learning platform which the College has cosponsored and the development of the Board's risk appetite statements, to the planning and implementation of a pharmacy safety initiative and the roll out of minor ailment prescribing authority for Ontario pharmacists, among many other topics. The College continues to report top College-wide risks to the Board in the form of a risk dashboard with interactive discussion of the impacts and associated mitigation efforts. Links • June 2022 Board Meeting Material page 75: 13. Acting Registrar Report June 2022 • June 2022 Board Meeting Material page 25: 8. Q1 2022 College Performance Scorecards • June 2022 Board Meeting Material page 33: 9. 2022 College Mid-year Risk Report • September 2022 Board Meeting page 85: 16. Q2 2022 College Performance Scorecard • December 2022 Board Meeting Material page 111: 6. College Performance Scorecard Q3 • September 2022 Board Meeting Report page 2: College Performance Scorecard Q2 • June 2022 Board Meeting Material page 33: 9. 2022 College Mid-year Risk Report • September 2022 Meeting Material page 127: 20. Risk Appetite – Proof of Concept • December 2022 Meeting Material page 126: 2022/2023 Risk Management Report	
			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)	

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. *Benchmarked Evidence*	The College fulfills this requirement:	Yes

- 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 and indicate the page number.

The College reviews data collected from various channels to identify where the College needs to focus improvement activities. The College reviews both quantitative data from Board-monitored scorecards, divisional scorecards, divisional and College-wide risk registers, and other quarterly reporting as well as qualitative data from registrants, the public and system partners across Canada.

Examples of improvement activity prompted by performance and risk reviews throughout 2022 include:

- In March, the Board reviewed the Q4 2021 College Performance Scorecard and discussed of additional support should be considered to boost AIMS (Assurance and Improvement in Medication Safety) program reporting amongst registrants. The College established a dedicated medication safety-focused staff role in 2022 to lead this program and strengthen the understanding of the role of pharmacy owners, Designated Managers and registrants in the program. This includes supporting the important message of the value of reporting and using data to make improvements and both identifying and removing barriers to reporting. Feedback obtained through this engagement has and will continue to help streamline and enhance features of the medication incident recording software.

  March 2022 Board Meeting Minutes page 6: 10.1 2021 Q4 Scorecard

- In September, the Board reviewed the Q2 2022 College performance scorecard and engaged in discussion on performance indicators related to the launch of data strategy plan and complaints disposed within 150 days separately. For the complaints indicator, the Board discuss the importance of the College continuing to look for upstream strategies to prevent complaints. Staff have begun to pilot an alternative dispute resolution process for complaints as a upstream strategy and separately, was able to secure new staffing to support building out the College's data roadmap.

  September 2022 Board Meeting Minutes page 7: 16. Q2 Performance Scorecard

	• In December, the Board discussed and approved moving forward to mandate the use of time-delayed safes in community pharmacies for the storage of narcotics, along with the mandatory posting of pharmacy signage indicating their use. The Board considered timely policy and jurisdictional scan insights that articulated a risk to the safety of pharmacy professionals and the public as a result of a rise in pharmacy robberies. The Board subsequently directed staff to develop the necessary regulatory tool to operationalize the mandate and provided input on its implementation as College staff begin to work on operational details in 2023. December 2022 Board Meeting Minutes page 5: 9. Time Delayed Safes
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's dashboard or relevant section of the College's website. The College continues to make our performance results and regulatory outcomes available to the public on the Performance and Accountability page of our website which includes frequently updated links to the CPMF, Performance Scorecard, and annual reports. Relevant performance information is also posted on Board Meetings & Report pages of the OCP website as it relates to upcoming and recently hosted Board meetings.	
	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)	

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 10**	
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 1. Type and distribution of QA/QI activities and assessments used in CY 2022*	
Type of QA/QI activity or assessment:	#
I. Self-Assessment (QA) • Pharmacy Technicians only	751
II. Knowledge Assessment (QA) • Unproctored: 2790 • Proctored: 10	2800
III. Routine Practice Assessment (QA) • Pharmacist: 858 • Pharmacy Technicians: 300	1158
IV. Practice Assessment – Coaching (QA) • Pharmacist: 73 • Pharmacy Technician: 26	99
V. Practice re-assessment (QA) • Pharmacist: 80 • Pharmacy Technician: 21	101
VI. Practice Assessment – (QA)	10
vii. *<Insert QA activity or assessment>*	
viii. *<Insert QA activity or assessment>*	
ix. *<Insert QA activity or assessment>*	
x. *<Insert QA activity or assessment>*	

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).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.

** 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.* *NR*	

Additional comments for clarification (if needed)

1. *The Pharmacy Act regulations do not yet incorporate pharmacy technicians. The regulation has been submitted to the government and is awaiting approval. Those pharmacy technicians who have engaged in QA activities have done so voluntarily.*

2. *OCP's Practice Assessment model involves three steps prior to referral to the QA Committee: (1) routine practice assessment; (2) coaching and re-assessment and (3) QA assessment. Note that remediation in the form of coaching is provided up-front. If the registrant is successful upon re-assessment, referral to the QA Committee does not occur.*

3. *The Knowledge Assessment was newly implemented in 2022 and replaced the Self-Assessment for Pharmacists. The Self-Assessment is still available but is voluntary.*

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Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

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)			
	#	%	*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.* *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 2022, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	3,583		
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 in CY 2022.	15 of 3,583	0.4%	

NR

Additional comments for clarification (if needed)

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1. *The total number of registrants who participated in the QA Program in CM2 is lower than the sum of registrants per activity in CM1. A number of registrants have engaged in more than one type of QA activity.*

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

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 2022:**	#	%	*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 judgement following remediation*	8 of 15	53%	
II.	Registrants still undertaking remediation (i.e., remediation in progress)	7 of 15	47%	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.*

***This measure may include any outcomes from the previous year that were carried over into CY 2022.*

Additional comments for clarification (if needed)

1. *Several post remedial assessments are pending and are to be completed in 2023.*

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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data is 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 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	0	0%	0	0%
II.	Billing and Fees	31	4.4%	15	14.0%
III.	Communication	291	41.0%	NR	NR
IV.	Competence / Patient Care	296	41.7%	52	52%
V.	Intent to Mislead including Fraud	0	0%	0	0%
VI.	Professional Conduct & Behaviour	31	4.4%	14	13.1%
VII.	Record keeping	22	3.1%	NR	NR
VIII.	Sexual Abuse	NR	NR	NR	NR
IX.	Harassment / Boundary Violations	NR	NR	NR	NR
X.	Unauthorized Practice	NR	NR	NR	NR
XI.	Other <Business Practices, Non-Practice related>	38	5.4%	26	24.3%
Total number of formal complaints and Registrar's Investigations**		516	**100%**	89	**100%**

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.

Formal Complaints *NR* Registrar's Investigation ***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.*	
Additional comments for clarification (if needed) *Under XI. Other we have included 2 OCP themes:* • *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.* • *Non-practice related - Includes employment, compensation, and civil proceedings.*	

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

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

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:

Context Measure (CM)				
CM 6.	Total number of formal complaints that were brought forward to the ICRC in CY 2022	493		*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 Inquiries, Complaints and Reports Committee.*
CM 7.	Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	105		
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 2022	89		
CM 9.	Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	
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	442		
IV.	Formal complaints that proceeded to ICRC and are still pending	73	15%	
V.	Formal complaints withdrawn by Registrar at the request of a complainant	54	9.5%	
VI.	Formal complaints that are disposed of by the ICRC as frivolous and vexatious	6	1.3%	
VII.	Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	24	4.4%	

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.*
Additional comments for clarification (if needed) • *For CM 6 and CM 7, as in 2020 and 2021, 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).* • *For CM 9, it indicates "formal complaints and Registrar's Investigations received in CY 2022", though we have noted that some of the following values in CM 9 relate to files received before 2022.* • *For CM 9 III, as indicated in the Technical Specifications, this value is all complaint files where a decision was issued in 2022 (though the file may have been opened prior to 2022). This excludes the 6 F&V* • *complaint intakes with a disposition of F&V - these are explicitly in exclusions in the Technical Specifications.* • *For CM 9 IV, the denominator is 493 (the same as CM 6) and also includes files that may have been opened prior to 2022 (but proceeded to ICRC in 2022).* • *For CM 9 VI, the denominator is 448 (the same as CM 9III + 6 F&V complaint intakes).* • *For CM 9 VII, the denominator is 548, which represents all ICRC decisions issued in 2022 (complaints & RIs - health inquiries excluded, and F&V complaint intakes excluded as per Technical Specifications).*

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

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 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# 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	0	0	0	0	0	0	0
II. Billing and Fees	24	13	NR	5	NR	9	8
III. Communication	161	39	0	12	0	NR	6
IV. Competence / Patient Care	120	60	NR	36	0	NR	42
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	23	10	0	6	0	11	13
VII. Record Keeping	9	5	NR	NR	NR	NR	NR
VIII. Sexual Abuse	0	0	0	0	0	NR	0
IX. Harassment / Boundary Violations	0	NR	0	NR	0	NR	NR
X. Unauthorized Practice	NR	NR	NR	NR	0	0	0
XI. Other <*please specify*>	35	13	NR	NR	NR	7	13

• *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 2022.* *++ 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.* *NR*
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar's Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.
Additional comments for clarification (if needed) *The College 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, 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.* *Under XI. Other we have included 2 OCP themes:* • *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.* • *Non-practice related - Includes employment, compensation, and civil proceedings.*

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Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

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 College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 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 formal complaints or Registrar's investigations are being disposed by the College.* *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.*
I. A formal complaint in working days in CY 2022	315	
II. A Registrar's investigation in working days in CY 2022	445	

Disposal

Additional comments for clarification (if needed)

- *Above calculations exclude Ontario statutory holidays.*
  -

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

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.* *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
I. An uncontested discipline hearing in working days in CY 2022	563	
II. A contested discipline hearing in working days in CY 2022	1,085	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

There are many factors that impact the length of time that it takes to dispose of both contested and uncontested matters. Several of these are out of OCP control and cannot be reliably predicted from year to year. These factors include but are not limited to issues such as high volume of proceedings, defense strategy of Registrant's legal counsel (e.g., multiple motions), scheduling delays (due to external parties and opposing counsel) and the existence of collateral proceedings (e.g., adjunct criminal proceedings). In some instances in 2022, other issues such as panel members' schedules factored into delays as well. The figure for contested hearings has been driven up this year by a very small number of unique matters that have skewed the result upwards.

- *Above calculations exclude Ontario statutory holidays.*

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Choose an item.

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		*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.*
Type		#
I.	Sexual abuse	0
II.	Incompetence	0
III.	Fail to maintain Standard	33
IV.	Improper use of a controlled act	NR
V.	Conduct unbecoming	NR
VI.	Dishonourable, disgraceful, unprofessional	37
VII.	Offence conviction	NR
VIII.	Contravene certificate restrictions	NR
IX.	Findings in another jurisdiction	0
X.	Breach of orders and/or undertaking	0
XI.	Falsifying records	20
XII.	False or misleading document	42
XIII.	Contravene relevant Acts	25

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.* *NR*
Additional comments for clarification (if needed)

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College own method: Choose an item.

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	30	
III. Terms, Conditions and Limitations on a Certificate of Registration	31	
IV. Reprimand	35	
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)

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 Professions 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, they 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